August 2, 2012

WORK SESSION AGENDA

9:30 a.m.

1. **Domestic Registry**

2. **Emergency Medical Services Priority Dispatch**

Order of Items is Subject to Change. All Times are Approximate.

***************

“Citizens’ Comments” Will Follow Each Presentation

Any Person Wishing to Speak During the “Citizens’ Comments” Portion of the Work or Budget Information Session Agenda Must Have a Yellow Card Completed and Given to Staff at the Staff Table. The Chairman Will Call the Speakers, One by One, to the Podium to be Heard. Each Speaker May Speak up to Three (3) Minutes.

Persons Who Have Been Authorized to Represent an Organization with Five (5) or More Members or a Group of Five (5) or More Persons Should Complete a Yellow Card, Submit it to Staff at the Table Located at the Front of the Board Room, and Should Limit Their Presentation to Ten (10) Minutes. It is Expected that Others in the Organization or Group Will Waive Their Time.
Memorandum
from
Office of Human Rights

To: Board of County Commissioners
From: Paul Valenti, Director of Human Rights
Through: Robert LaSala, County Administrator
CC: The Honorable Ken Burke, Clerk of the Circuit Court
    The Honorable J. Thomas McGrady, Chief Judge, Sixth Judicial Circuit
    Administrative Office of the Courts, Sixth Judicial Circuit
    Pinellas County School Board
    Jim Bennett, Pinellas County Attorney
    Christina LeBlanc, Sr. Assistant County Attorney

Date: July 25, 2012
Re: Proposed Ordinance Creating Domestic Partnership Registry

Background:
Domestic Partnership Registries have been approved, or are being considered, in sister jurisdictions across Florida1, as well as in incorporated areas within Pinellas County2. The Board has asked staff to prepare for their consideration an ordinance creating a Domestic Partnership Registry in Pinellas County.

Staff members from various Appointing Authorities have worked collectively to prepare a proposed ordinance, a draft of which is attached as Exhibit A.

To further assist your consideration of the proposed ordinance, attached as Exhibit B is a comparison of Domestic Partnership Registries (current through June 25, 2012) which exist in Florida.

Summary of Proposed Ordinance:
Substantive Provisions
The proposed ordinance would authorize two consenting adults (regardless of sex) to register as each other’s domestic partner when said persons:

1 Including, but not limited to, Orange, Broward, Sarasota, Miami-Dade, and Palm Beach Counties, as well as the cities of Tampa, Miami, and Orlando.

2 Including St. Petersburg, Gulfport, and Largo.

Please address reply to:
Pinellas County Office of Human Rights
315 Court St.
Clearwater, FL 33756

www.pinhelascounty.org/humanrights
• Are not married, or are not partners in another domestic partnership or civil union;
• Are unrelated by blood as defined by Florida law;
• Reside together in a mutual residence;
• Consider themselves to be members of the immediate family of the other, with attendant responsibility for the joint maintenance and support of each other;
• Expressly declare their intent to each other to serve as a healthcare surrogate, as well as agent for the disposition of the other's body after death; and
• Agree to notify the Clerk of the Circuit Court, in writing, if the terms of the domestic partnership are no longer applicable, or one of the domestic partners wishes to terminate the domestic partnership.

Upon registering with the Clerk of the Circuit Court as domestic partners, the ordinance would, to the extent not precluded by state or federal law, authorize the domestic partners to:

• Visit their domestic partner in health care facilities throughout Pinellas County;
• Participate in discussions relating to the health care of their domestic partner, and act as their domestic partner's healthcare surrogate as defined by Florida law, within Pinellas County;
• Make funeral and burial decisions relating to their domestic partner within Pinellas County;
• Receive notifications, including emergency notifications, relating to their domestic partner in instances where family members would receive such notifications;
• Act as a pre-need guardian designate as defined under Florida law upon the incapacity of their domestic partner; and
• Participate in the education of a dependent of their domestic partner within Pinellas County consistent with state and federal law, and the policies of the School Board of Pinellas County.

Other Provisions
The proposed ordinance also:
- Specifically states that domestic partnerships are not recognized or treated as a marriage;
- Specifically requires applicability of the provisions within to be consistent with federal, state and local law, as well as with court orders and other contractual agreements;
- Allows for judicial enforcement of the rights created within through the Sixth Judicial Circuit Court;
- Recognizes domestic partnerships established in other jurisdictions upon the proof of same; and
- Underscores that the Clerk’s administration of the domestic registry is purely ministerial, that the Clerk has no responsibility for adjudicating disputes which may arise from creation of a domestic registry, and that the Clerk is to be immune from liability in administering the domestic registry.

**Administration of the Domestic Partnership Registry:**

The proposed ordinance invests the Clerk of the Circuit Court with responsibility for creating and maintaining the Domestic Partnership Registry, and for establishing the fees (subject to Board approval) associated in relation thereto.

The following factors were considered in assigning the Clerk of the Circuit Court responsibility for the creation and administration of the Domestic Partnership Registry:

- The Clerk’s office is one of the few agencies within Pinellas County which regularly engages in, and already has existing operations for, collection of fees;
- The Clerk’s office currently engages in duties relating to the filing of documents with legal effect;
- Other jurisdictions within Florida which have adopted (or are considering) a similar ordinance have delegated responsibility for administration of the domestic registry to the Clerk of Court, City Clerk, or other analogous office; and
- The willingness and graciousness of the Clerk to assume responsibility for the creation and maintenance of the contemplated registry.

As currently contemplated, the Domestic Partnership Registry would be a separate database available on the Clerk’s webpage. It would be searchable by name, and would provide a hyper-link to an image of the document creating the domestic partnership.
Other methods for maintaining the registry were considered, and rejected, for the following reasons:

- The database described above would be easier for the Clerk’s staff to update;
- The database described above will more easily allow persons or entities to confirm the existence of a domestic partnership, without concern for cross-referencing other, potentially contradictory, filings (i.e. it would not require the time, resources or expertise to conduct an “abstract” of names of persons claiming domestic partnership status); and
- Recording domestic partnerships within the official record books is not expressly authorized by Florida law, and may in fact conflict with the same.

I remain available to answer any questions you may have.
Exhibit A

Proposed Ordinance
ORDINANCE NO. 12-

AN ORDINANCE OF THE COUNTY OF PINELLAS; ADDING ARTICLE III OF CHAPTER 70 OF THE PINELLS COUNTY CODE; CREATING SECTIONS 70-236 THROUGH 70-243; PROVIDING TITLE TO BE NAMED “DOMESTIC PARTNERSHIP REGISTRY”; PROVIDING FOR DEFINITION OF TERMS USED IN THE ORDINANCE; PROVIDING FOR REGISTRATION OF DOMESTIC PARTNERSHIPS; PROVIDING FOR TERMINATION OF DOMESTIC PARTNERSHIPS; PROVIDING FOR MAINTENANCE OF RECORDS; PROVIDING FOR FILING FEES; PROVIDING FOR LEGAL EFFECT OF DOMESTIC PARTNERSHIP; PROVIDING FOR ENFORCEMENT; PROVIDING FOR AREAS EMBRACED; PROVIDING FOR SEVERABILITY; PROVIDING FOR INCLUSION IN THE PINELLAS COUNTY CODE; PROVIDING FOR AN EFFECTIVE DATE; AND PROVIDING FOR OTHER MODIFICATIONS THAT MAY ARISE FROM REVIEW FOR THE ORDINANCE AT THE PUBLIC HEARINGS AND WITH RESPONSIBLE AUTHORITIES.

WHEREAS, the Pinellas County Board of County Commissioners finds that County residents establish and maintain important personal, emotional, and economic relationships with persons to whom they are not married under Florida law; and

WHEREAS, individuals forming such domestic partnerships often live in a committed relationships as domestic partners; and

WHEREAS, providing the opportunity for such partnerships to register will provide public acknowledgment of their relationship status within the County; and

WHEREAS, this Ordinance shall not be construed to supersede any federal or state law or regulation, nor shall this Ordinance be interpreted in a manner as to bring it into conflict with federal or state law; and

WHEREAS, nothing in this Ordinance shall be construed as recognizing or treating a domestic partnership as a marriage.

NOW, THEREFORE, BE IT RESOLVED BY THE BOARD OF COUNTY COMMISSIONERS OF PINELLAS COUNTY THAT:

Section 1. Article III of Chapter 70 of the Pinellas County Code is created to read as follows:

ARTICLE III. DOMESTIC PARTNERSHIP REGISTRATION

Section 2. Article III of Chapter 70 of the Pinellas County Code is created to read as follows:

Section 70-236. Definitions:

(a) Affidavit of Domestic Partnership means a sworn form, under penalty of perjury, that is created by the Board of County Commissioners, which certifies that two (2) domestic partners meet the registration requirements as described in Section 70-237.
(b) **Affidavit of Termination of Domestic Partnership** means a sworn form, under penalty of perjury, which certifies that two (2) domestic partners have terminated the domestic partnership and all rights and duties included therein as described in this Article.

(c) **Clerk** means the Clerk of the Circuit Court, Pinellas County, Florida.

(d) **Dependent** is a person who resides within the household of a Registered Domestic Partnership and is:

1. A biological, adopted, or foster child of a Registered Domestic Partner; or
2. A dependent as defined under IRS regulations; or
3. A ward of a Registered Domestic Partner as determined in a guardianship or other legal proceeding.

(e) **Certificate of Domestic Partnership** means the certificate received from the Clerk after registration as Domestic Partners under this Article.

(f) **Domestic Partnership Registry** means a public record maintained by the Clerk which includes those persons who have met the domestic partnership requirements set forth in this Article and have registered with the Clerk.

(g) **Health care facility** includes, but is not limited to, hospitals, nursing homes, hospice care facilities, convalescent facilities, walk-in clinics, doctor’s offices, mental health care facilities, and any other short-term or long-term health care facilities located within Pinellas County.

(h) **Jointly responsible** means each domestic partner mutually agrees to provide for the other partner’s basic needs while the domestic partnership is in effect, except that partners need not contribute equally or jointly to said basic needs such as food and shelter.

(i) **Mutual residence** means a residence shared by the Registered Domestic Partners; it is not necessary that the legal right to possess the place of residence be in both names. Registered Domestic Partners do not cease to share a mutual residence if one leaves the shared place but intends to return.

(j) **Registered Domestic Partners** means two (2) adults who are parties to a domestic partnership and who meet the requisites for a domestic partnership as established pursuant to the registration requirements of this Article and who have registered as a domestic partnership under this Article.

Section 3. Article III of Chapter 70 of the Pinellas County Code is created to read as follows:
Section 70-237. Registration of Domestic Partnerships

(a) A domestic partnership may be registered by any two (2) persons by filing an Affidavit of Domestic Partnership with the Clerk which Affidavit shall comply with all requirements set forth in this Article for establishing such domestic partnership.

(b) Upon payment of any required fees, the Clerk shall file the Affidavit of Domestic Partnership electronically and issue a Certificate of Domestic Partnership reflecting the registration of the domestic partnership in the County.

(c) The Clerk shall maintain a Domestic Partnership Registry which shall be an online searchable database of the domestic partnerships which have been registered with the County.

(d) A notarized Affidavit of Domestic Partnership, on such form as created by the County, shall be presented to the Clerk by both partners, physically present, who shall provide proof of identification; and shall contain the name and address of each domestic partner, the signature of each partner, the signatures of two (2) witnesses for each partner signature, and each partner shall swear or affirm under penalty of perjury that:

(1) Each person is at least eighteen (18) years old and competent to contract;

(2) Neither person is currently married under Florida law or is a partner in a domestic partnership or a member of civil union with anyone other than the co-applicant;

(3) Neither person is related by blood as defined in Florida law;

(4) Each person considers themselves to be a member of the immediate family of the other partner and to be jointly responsible for maintaining and supporting the Registered Domestic Partnership;

(5) The partners reside together in a mutual residence;

(6) Each person expressly declares their desire and intent to designate their Registered Domestic Partner as their healthcare surrogate and as their agent to direct the disposition of their body after death.

(7) Each person agrees to immediately notify the Clerk, in writing, if the terms of the Registered Domestic Partnership are no longer applicable or one of the domestic partners wishes to terminate the domestic partnership; and

(e) Any partner to a domestic partnership may file an amendment with the Clerk to the Domestic Partnership Registry, on the form created by the County, to reflect a change in their legal name or address. Amendments shall be signed by both members of the Registered Domestic Partnership under oath and must be accompanied by the applicable fee as determined by the Clerk.
Section 4. Article III of Chapter 70 of the Pinellas County Code is created to read as follows:

Section 70-238. Termination of Registered Domestic Partnership

(a) Either partner to a Registered Domestic Partnership may terminate such registration by filing, in person, a notarized Affidavit of Termination of Domestic Partnership with the Clerk which shall become effective on the date of filing.

(b) The Clerk shall file the Affidavit of Termination and update the online registry to remove the domestic partnership.

(c) A Registered Domestic Partnership will terminate by operation of law upon occurrence of the following events:

(1) One of the domestic partners marries in Florida;

(2) One of the domestic partners dies; or

(3) One of the domestic partners registers with another partner.

(d) The marrying, surviving, or re-registering Domestic Partner(s) shall file an Affidavit with the Clerk terminating the domestic partnership within ten (10) days of one of the occurrences listed in (c) above.

(e) The surviving domestic partner, pursuant to subsection (c)(2) of this section, shall retain funeral and burial decision rights as provided for in Section 70-240(c).

Section 5. Article III of Chapter 70 of the Pinellas County Code is created to read as follows:

Section 70-239. Maintenance of Records; Filing Fees

(a) The County shall prepare the form of all affidavits, amendments, and certificates required to be filed under this Article. The Clerk shall maintain electronic copies. Domestic Partnerships which have properly registered, and have not been terminated, will appear on the online registry. Records regarding a terminated registration can be requested from the Clerk.

(b) The Clerk shall establish fees for the filing of any affidavits, amendments, the issuance of any certificates required by this Article, or for the provision of copies of documents subject to the approval by the Board of County Commissioners. Any fees established under this section shall be reasonable and commensurate with the actual costs of administering the provisions of this Article.

(c) The Clerk is authorized and directed to take all actions necessary to implement the provisions of this section within ninety (90) days after this Article is enacted.
Section 6. Article III of Chapter 70 of the Pinellas County Code is created to read as follows:

Section 70-240. Legal Effect of Registered Domestic Partnership

To the extent not superseded by federal, state, or other city law or ordinance, or contrary to rights conferred by contract or separate legal instrument, Registered Domestic Partners shall have the following rights:

(a) Health Care Facility Visitation. All health care facilities operating within the County shall honor the Registered Domestic Partnership documentation issued pursuant to this Article as evidence of the partnership and shall allow a Registered Domestic Partner or dependant visitation rights as provided for under 42 CFR 482 and 485.

(b) Health Care Decisions. Registry as a domestic partner shall be considered to be written direction by each partner designating the other to make health care decisions for their incapacitated partner, and shall authorize each partner to act as the other’s healthcare surrogate as provided for in Chapter 765, Florida Statutes. No person designated as a health care surrogate shall be denied or otherwise defeated in serving as a health care surrogate based solely upon their status as the Domestic Partner of the partner on whose behalf health care decisions are to be made. Any statutory form, including, but not limited to, a living will or health care surrogate designation in forms provided for in Chapter 765, Florida Statutes, that is properly executed after the date of registration which contain conflicting designations shall control over the designations made pursuant to domestic partnership registration in Pinellas County.

(c) Funeral/Burial Decisions. Registry as a domestic partner shall be considered to be written direction by the decedent of their intention to have their domestic partner direct the disposition of the decedent’s body for funeral and burial purposes as provided in Chapter 497, Florida Statutes, unless, prior to death, the decedent creates written authorization and direction providing conflicting terms of disposition. Where such conflict exists, the later dated document shall control.

(d) Notification of Family Members. In any situation providing for mandatory or permissible notification of family members, including, but not limited to, notification of family members in an emergency, “notification of family members” shall include Registered Domestic Partners.

(e) Pre-need Guardian Designation. A person who is a party to a Registered Domestic Partnership, pursuant to this Article, shall have the same right as any other individual to be designated as a pre-need guardian pursuant to Chapter 744, Florida Statutes, and to serve in such capacity in the event of their domestic partner’s incapacity. A domestic partner shall not be denied or otherwise be defeated in serving as the plenary guardian of their domestic partner or the partner’s property under the provisions of Chapter 744, Florida Statutes, to the extent that the incapacitated partner has not executed a valid pre-need guardian designation, based solely upon their status as the domestic partner of the incapacitated partner.
(f) Participation in Education. To the extent allowed by federal and state law, and subject to the policies of the School Board of Pinellas County, Florida, as amended from time to time, as well any applicable court orders, agreements, or contracts, a domestic partner of a domestic partnership registered in this County shall have the same rights as the parent partner to participate in the education of a dependent of the Registered Domestic Partnership in the County. Any right to participate in the education of a dependent of the Registered Domestic Partnership shall be exercised consistently with applicable policies and procedures of the School Board of Pinellas County, Florida.

Section 7. Article III of Chapter 70 of the Pinellas County Code is created to read as follows:

Section 70-241 Limited Effect

(a) Nothing in this Article shall be interpreted to alter, affect, or contravene city, county, state, or federal law or to impair any court order or contractual agreement.

(b) Nothing in this Article shall be construed as recognizing or treating a Registered Domestic Partnership as a marriage.

Section 8. Article III of Chapter 70 of the Pinellas County Code is created to read as follows:

Section 70-242. Enforcement; Legal Remedy; and Limitation of Liability

(a) A Registered Domestic Partner may enforce rights provided for under this Article by filing a private judicial action in the Sixth Judicial Circuit Court for declaratory relief, injunctive relief, or both, or for any other available legal remedy;

(b) The Clerk acts in a purely ministerial capacity and has no authority or responsibility for the resolution of disputes arising from the domestic partnership registry. Any disputes as to registration or legal effect under this Article shall be filed with the Sixth Judicial Circuit Court.

(c) The Clerk shall not be liable for any act taken within the scope of its authority provided pursuant to this Article.

Section 9. Article III of Chapter 70 of the Pinellas County Code is created to read as follows:

Section 70-243. Reciprocity

All rights, privileges and benefits extended to Registered Domestic Partnerships as provided for in this Article shall also be extended to all persons who can provide proof of their registration as domestic partners in any other jurisdiction. In the event of a conflict between this Article and the domestic partnership laws of another jurisdiction, the provisions of this Article shall prevail.
Section 10. Severability

In the event that any court having jurisdiction over any case arising under this Article determines that any subsection or other provision of this Article is invalid for any reason, the remaining subsections or other provisions shall continue to be in full force and effect, and towards that end the Board of County Commissioners declares this Article and its subsections and other provisions to be severable.

Section 11. Effective Date

Pursuant to Section 125.66(2), Florida Statutes, a certified copy of this Ordinance shall be filed with the Clerk of State by the Clerk of the Board of County Commissioners within ten (10) days after enactment by the Board of County Commissioners. This Ordinance shall become effective upon filing of the Ordinance with the Department of State.

Section 12. Areas Embraced

This Ordinance shall be effective in the incorporated and unincorporated area of the County.

Section 13. Codification

It is the intention of the Board of County Commissioners that the provisions of this Ordinance shall become and be made a part of the Pinellas County Code; and that the sections of this Ordinance may be renumbered or re-lettered, and the word “ordinance” may be changed to “section”, “article”, or such other appropriate word or phrase in order to accomplish such intentions.
Exhibit B
Comparison of Domestic Partnership Registries in Florida
To: Jim Bennett, County Attorney  
      Carl Harness, Assistant County Administrator  
From: Carl Brody, Assistant County Attorney  
Re: Domestic Partnership Ordinances  
Date: June 4, 2012  

Florida Domestic Partnership Registry Laws

Broward County: Residents of the county or at least one partner employed by the county. Both opposite- and same-sex couples.

City of Gainesville: No residency requirement. Both opposite- and same-sex couples.

City of Key West: No residency requirement. Both opposite- and same-sex couples.

City of Kissimmee: Employees of the city. Both opposite- and same-sex couples.

Leon County: Humans Resources (Personnel) only. No residency requirement. Both opposite- and same-sex couples.

Miami-Dade County: Residents of the county or at least one partner employed by the county. Both opposite- and same-sex couples.

The cities of Miami and South Miami also grant additional benefits to domestic partners who are employees of the cities.

Monroe County: HR only. No residency requirement. Both opposite- and same-sex couples.

Orange County: HR only. No residency requirement. Both opposite- and same-sex couples.

Palm Beach County: Residents of the county or at least one partner employed by the county. Both opposite- and same-sex couples.

City of Tampa: Domestic Partnership Registry adopted unanimously by Tampa City Council to take effect on July 4, 2012. No residency requirement. Both opposite- and same-sex couples.

City of Gulfport: No residency requirement. Both opposite- and same-sex couples also grants additional benefits to domestic partners who are employees of the cities.

City of St. Petersburg: No residency requirement. Both opposite- and same-sex couples.

\[ \epsilon_x \beta \rho \log_2 \]
City of Clearwater: No residency requirement. Both opposite- and same-sex couples.

Comparison (Broward, Miami-Dade, Palm Beach and Tampa)

- Requirements for Registration: Domestic Partner – 2 adults – at 18 years old – not married – not related by blood – mutual residence (PB, MD) – jointly responsible for each other’s basic living needs and considers themselves to be immediate family
- Registration: MD – Consumer Services; PB – Clerk & Comptroller’s Office; Broward – Records Taxes & Treasury Division
- Residency: Yes – Broward and PB; No – MD; PB requires additional proof of residency
- Termination: Filing with registering agency
- Extension of benefits for County Employees & Partners: MD and Broward – Broward also extends to County Contractors
- Health Care Rights: PB and MD require health care facilities to extend rights of access to partner; Broward gives right of access
- Broward gives partner rights as a health care surrogate (765.201)
- PB gives rights in absence of advanced directive (765.401)
- Detention visitation: All give rights to visit partner or child
- Pre-need designation: Broward and PB provide specific pre-need rights (744.3045)
- Notification: Broward and PB require notification as if family
- Funeral/Burial Rights: PB gives rights to parties as if spouse
- Reciprocity with other jurisdictions: Yes - PB and MD
- Enforcement: Private civil
- All are county-wide.
- Tampa provides a right to participate in the education of the child of a partner
- All provide a certificate of registration – Tampa provides an online searchable database

Notes:
PB has most complete ordinance except for the Broward provision granting health care surrogate rights to partners and Tampa including educational rights to participate in the education of the dependent of a partner. Health care, funeral, correctional visitation, and notification rights to partner are suggested. Some ordinances also provide benefit rights to domestic partners, others provide for these rights in their HR policy.

CC: County Attorney Workgroup
MEMORANDUM

TO: The Honorable Chairman and Members of the Board of County Commissioners

FROM: Robert S. LaSala, County Administrator

SUBJECT: Board of County Commissioners August 2, 2012 Work Session – Emergency Medical Services Priority Dispatch

DATE: August 2, 2012

The following documents have been submitted for distribution in conjunction with the Emergency Medical Services Priority Dispatch presentation to the Board of County Commissioners for the August 2, 2012 work session:

- Presentation
- Draft 9-1-1 Call Processing Resolution
- 9-1-1 Call Processing Ordinance (passed December 20, 2011)
- St. Petersburg City Council Resolution 2011-442
- Palm Harbor Special Fire Control District Resolution 2011-04
- Pinellas Suncoast Special Fire Control District Resolution 2012-05
- Phase 3 Communications Plan (Plan, Fact Sheet, Stakeholder Letter, News Release)
Priority Dispatch Improvement

Phase 3

August 2, 2012
Objectives of the Workshop

- Review of Draft 9-1-1 Resolution
  - Memorializes Current Process
- Provide an Overview and History of Priority Dispatch
- Provide an Overview of Phase 3 of Priority Dispatch
- Receive Feedback from the BCC regarding Phase 3 of Priority Dispatch
Review of Draft Resolution

- 9-1-1 Call Processing Ordinance established December 20, 2011 (Pinellas County Code 54-98)

- Document framework of 9-1-1 call handling
  - Consensus of the various jurisdictions
  - PCSO, FHP, city police, fire departments, fire districts, EMS

- Memorializes standardized processes:
  - Single, consolidated 9-1-1 public safety answering point
  - Fire/Rescue dispatch *(18 agencies)*
  - Call transfer standards for police calls
  - Integrated policies designed for rapid call processing
  - Meets accreditation requirements
  - Based upon local best practices

- Includes phase 1, 2 and 3 of Medical Priority Dispatch
Use of Priority Dispatch

• First priority is quality care.

• Medical Priority Dispatch
  ▪ Effectively utilize resources
  ▪ Improve quality and efficiency
  ▪ Structured process
    – Rapidly identify severe problems
    – Triage based on call nature and severity
    – Instructions to the caller while EMS responds
    – Dispatch of appropriate units based upon the triage
Every EMS System, using NAED, determines their local response model based upon:

- Local demographics
- Available resources
- Level of service (basic or advanced life support)
- Local response time standards

Triage is an integral part of the model.
Benefits of Priority Dispatch

• Effective triage
  ▪ Proper resource utilization by call type and severity
  ▪ Preserves availability of resources
  ▪ Improve response times to serious emergencies
  ▪ “Right-sizing our response to low acuity calls”
Response Philosophy

• First Responder need?
  ▪ *Paramedic needed to quickly treat a priority symptom*
  ▪ *More than two personnel required to complete tasks on scene*

• Ambulance need?
  ▪ *Patient requires (or requests) transport by ambulance*
Preserve Availability

**First Responder**
- Life-threatening emergencies
- Fire protection

**Ambulance**
- Transport mission

“Send the right resource, the right way, at the right time.”

“When in doubt, send them out.”
Prior Improvement Phases

- **Phase 1** — *April 2009*
  - Consolidated 9-1-1 EMD call-taking function into the 9-1-1 Center
  - Savings of $500,000 annually
  - Implemented change was safe and effective

- **Phase 2** — *December 2010*
  - On specific calls one First Responder unit is sent
  - Reduced ambulance responses by 8,000 or 5.6% calls annually
  - One efficiency that reduced ambulance costs during contract extension
  - Implemented change was safe and effective
Elimination of First Responder to minor “Falls” and “Sick Person” calls

First Responder will continue to respond to all life-threatening calls and all other low severity calls (i.e. back pain)

First Responder responses would be reduced by approximately 14,000 calls per year.

This would reduce First Responder responses by approximately 10% overall.
Why Now?

- Quality improvement should be continuous
- Worked with stakeholders for 2 years on this improvement
- Concept is applicable to any EMS System design
- All current EMS System design proposals use Priority Dispatch
- Continue efforts to contain growth and manage resources
- Codify our current 9-1-1 practices by resolution
Public Perception of Inefficiency

- Complaints 9-1-1 operators receive:
  “Why are you sending a fire truck? I just needed an ambulance for a ride to the hospital.”

- Questions we hear from elected officials and citizens:
  “Why is a fire truck sent to every ambulance call?”
  (Example: Citizen University)
Medical Priority Dispatch
Phase 3 Recommendation

• Recommendation is patient-centered and improves efficiency
• Endorsed and approved by:
  ▪ EMS Medical Director
  ▪ EMS Medical Control Board
  ▪ EMS Advisory Council
  ▪ EMS Management Committee
    – Stakeholder representatives
    – Studied retrospective data
    – Worked closely together for over a year
Response Configuration

- **Current**
  - 4 to 6 personnel in 2 units
  - First Responder and ambulance (*no lights & sirens*)

- **Proposed**
  - 2 personnel in 1 unit
  - Ambulance (*no lights & sirens*)
### 9-1-1 Dispatch Example

**FALL**

<table>
<thead>
<tr>
<th>Description</th>
<th>Response</th>
</tr>
</thead>
<tbody>
<tr>
<td>Extreme or Long fall <em>(greater than 10 ft.)</em></td>
<td>Fire &amp; Ambulance <em>(lights &amp; siren)</em></td>
</tr>
<tr>
<td>Unconscious, cardiac arrest, not alert, chest or neck injury <em>(with difficulty breathing)</em></td>
<td>Fire &amp; Ambulance <em>(lights &amp; siren)</em></td>
</tr>
<tr>
<td>Unknown status, Serious hemorrhage</td>
<td>Fire &amp; Ambulance <em>(lights &amp; siren)</em></td>
</tr>
<tr>
<td>Possibly dangerous body area <em>(head, neck, chest, abdomen)</em></td>
<td>Fire &amp; Ambulance <em>(lights &amp; siren)</em></td>
</tr>
<tr>
<td>Non-recent Injuries <em>(more than 6 hrs )</em></td>
<td>Ambulance <em>(no lights &amp; siren)</em></td>
</tr>
<tr>
<td>Not dangerous body area <em>(upper/lower extremities)</em></td>
<td></td>
</tr>
</tbody>
</table>
**9-1-1 Specific Dispatch Changes**

“Falls” and “Sick Persons” are the only categories.

<table>
<thead>
<tr>
<th>Code</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>01</td>
<td>Falls Not Dangerous Body Area</td>
</tr>
<tr>
<td>02</td>
<td>Falls Non-Recent (&gt;6hrs) injuries</td>
</tr>
<tr>
<td>03</td>
<td>No priority symptoms</td>
</tr>
<tr>
<td>04</td>
<td>Blood pressure abnormality</td>
</tr>
<tr>
<td>05</td>
<td>Dizziness/Vertigo</td>
</tr>
<tr>
<td>06</td>
<td>Fever/Chills</td>
</tr>
<tr>
<td>07</td>
<td>General Weakness</td>
</tr>
<tr>
<td>08</td>
<td>Nausea</td>
</tr>
<tr>
<td>09</td>
<td>New onset of immobility</td>
</tr>
<tr>
<td>10</td>
<td>Other pain</td>
</tr>
<tr>
<td>11</td>
<td>Transportation only</td>
</tr>
<tr>
<td>12</td>
<td>Unwell/ill</td>
</tr>
<tr>
<td>13</td>
<td>Vomiting</td>
</tr>
<tr>
<td>14</td>
<td>Boils</td>
</tr>
<tr>
<td>15</td>
<td>Bumps <em>(non-traumatic)</em></td>
</tr>
<tr>
<td>16</td>
<td>Can't sleep</td>
</tr>
<tr>
<td>17</td>
<td>Can't urinate</td>
</tr>
<tr>
<td>18</td>
<td>Catheter <em>(in/out without hemorrhaging)</em></td>
</tr>
<tr>
<td>19</td>
<td>Constipation</td>
</tr>
<tr>
<td>20</td>
<td>Cramps/spasms/joint pain</td>
</tr>
<tr>
<td>21</td>
<td>Cut-off ring request</td>
</tr>
<tr>
<td>22</td>
<td>Deafness</td>
</tr>
<tr>
<td>23</td>
<td>Defecation/diarrhea</td>
</tr>
<tr>
<td>24</td>
<td>Earache</td>
</tr>
<tr>
<td>25</td>
<td>Enema</td>
</tr>
<tr>
<td>26</td>
<td>Gout</td>
</tr>
<tr>
<td>27</td>
<td>Hemorrhoids/piles</td>
</tr>
<tr>
<td>28</td>
<td>Hepatitis</td>
</tr>
<tr>
<td>29</td>
<td>Hiccups</td>
</tr>
<tr>
<td>30</td>
<td>Itching</td>
</tr>
<tr>
<td>31</td>
<td>Nervous</td>
</tr>
<tr>
<td>32</td>
<td>Object stuck <em>(nose, ear, vagina, rectum, penis)</em></td>
</tr>
<tr>
<td>33</td>
<td>Object swallowed</td>
</tr>
<tr>
<td>34</td>
<td>Painful urination</td>
</tr>
<tr>
<td>35</td>
<td>Penis problems/pain</td>
</tr>
<tr>
<td>36</td>
<td>Rash/skin disorder</td>
</tr>
<tr>
<td>37</td>
<td>Sexually transmitted disease <em>(STD)</em></td>
</tr>
<tr>
<td>38</td>
<td>Sore throat</td>
</tr>
<tr>
<td>39</td>
<td>Toothache <em>(without jaw pain)</em></td>
</tr>
<tr>
<td>40</td>
<td>Wound infected <em>(focal or surface)</em></td>
</tr>
</tbody>
</table>
**Cardiac Arrest**

- 1\textsuperscript{st} Due ALS Engine – unavailable
  
  *on a minor sick person call*

- 2\textsuperscript{nd} Due ALS Engine – 8 minute response
  
  *(compared to 4:30 average)*

- Survival decreases by 7-10\% per minute

- Under the proposed change, the 1\textsuperscript{st} Due ALS Engine would have been available to respond.
Why is this important?

Pinellas County EMS
9-1-1 Medical Incidents

28% increase in calls over 10 years
Cost Containment & Efficiency

• Cost Containment
  ▪ Each 24/7 First Responder Paramedic position is $472,000 – average annually for 3.6 personnel salary/benefits
  ▪ Reduce the justification and need for rescue units
  ▪ Reduce the justification and need for new fire/rescue apparatus

• Ambulance Contractor
  ▪ Responding on these calls already
  ▪ Compensated for transports
  ▪ Not compensated for non-transport \(\text{(patient care or refusal)}\)
Effect on Response Time

- “Downgraded,” meaning *No Lights/Sirens*
- Average downgraded time First Responder: 7 min., 16 sec.
- Average downgrade time for ambulance: 10 min.
- Response time will be an average of 2 min. 44 sec. longer
- Level of service not changed – still Advanced Life Support (ALS) to all 9-1-1 calls
- If the ambulance will be more than 15 minutes, a First Responder will be sent immediately
- If ambulance needs assistance a First Responder can be requested
- Not uncommon for communities to send only an ambulance
Public Education Plan

• Letter sent to stakeholders announcing this workshop

• Public information/media plan in workshop packet
  ▪ Plan
  ▪ Fact sheet
  ▪ Press release

• Educate each 9-1-1 caller of the expected response
  ▪ Follows National Academy Emergency Dispatch Guidelines
  ▪ Other changes have been seamless to the public
  ▪ Every community has some type of triage
  ▪ Every community sends different resources
    − Example: Hillsborough County & City of Tampa, BLS private ambulance for these calls (60 minute Response Time Goal)
Phase 3 Preparations Completed

- Medical Control Board approved the protocol; customarily changes are implemented at this level
- 9-1-1 emergency medical dispatcher software and training ready
- Public education plan developed by EMS Advisory Council with County Communications Department
Next Steps

- Bring Resolution to memorialize 9-1-1 call processing to a regular BCC meeting for adoption
- Receive feedback from BCC on Medical Priority Dispatch Phase 3
- Based upon input, implement with oversight by the Medical Dispatch Review Committee
  - 9-1-1, Fire, Sunstar, and Medical Director members
  - Phase in and monitor implementation
RESOLUTION 12- ___

A RESOLUTION OF THE BOARD OF COUNTY COMMISSIONERS
RELATING TO THE OPERATION OF THE COUNTYWIDE
911 EMERGENCY COMMUNICATIONS SYSTEM;
ADOPTING POLICIES RELATING TO DISPATCH PROTOCOLS;
AND ADOPTING PROCEDURES FOR CHANGES TO SUCH PROTOCOLS; AND
PROVIDING FOR AN EFFECTIVE DATE.

WHEREAS, § 365.171, Florida Statutes, provides for multi-jurisdictional 911 systems to
give citizens rapid direct access to public safety agencies and Pinellas County Home Rule
Charter 2.04(a) gives the County the special power to develop and operate a 911 emergency
communications system; and

WHEREAS, the Board of County Commissioners, pursuant to the County Home Rule
Charter adopted Pinellas County Code section 54-98 establishing a process for the Board to
consider when adopting policies for handling calls into the 911 system; and

WHEREAS, Pinellas County operates a countywide Primary Public Safety Answering
Point (PSAP) which receives all calls for assistance arising in Pinellas County through the 911
system; and

WHEREAS, the Sheriff, Municipal Police Departments, Florida Highway Patrol, and the
various Fire Departments are the designated authorities of their respective jurisdictions for Law
Enforcement and Fire responses respectively, the Board of County Commissioners operating in
its role as the Emergency Medical Services Authority as established by Laws of Florida 80-585,
the Fire Departments, the Ambulance Contractor, the Medical Director, the Medical Control
Board and the Emergency Medical Services Advisory Council are all interested parties in
Medical Responses and the operations of the Emergency Medical Services system; and

WHEREAS, through the evolution of the Pinellas County 911 Center and consolidation
of Fire Department dispatch services through the automatic aid agreement with cities and
districts and coordination with the Fire Chiefs, County staff has established agreements with the
various jurisdictions on how emergency calls are to be handled and developed in-depth processes
and standard operating procedures for call handling; and

WHEREAS, certain cities and the Sheriff operate secondary PSAPs for the dispatch of
law enforcement personnel and actions are coordinated between all PSAPs in the county through
a County-wide PSAP group; and
WHEREAS, the 911 Center answers all 911 calls, dispatches all calls requiring medical and fire responses and transfers calls for police responses to the appropriate law enforcement agencies; and

WHEREAS, in order to provide assistance it is necessary for a telecommunicator to determine the nature of the emergency as well as the location for which the caller is seeking services. This is complicated by the fact that 911 calls from landlines display a location on the telecommunicator’s computer screen but for the majority of calls locations must be established for calls from cell phones and voice over internet; and

WHEREAS, once a location is established the telecommunicator can identify the appropriate jurisdictions from their Computer Aided Dispatch screen which is connected to a detailed mapping system; and

WHEREAS, through working with the various law enforcement jurisdictions and fire jurisdictions County Staff has been able to populate its database to provide the telecommunicator with precise jurisdictional response for every address within the County; and

WHEREAS, responses by Fire Departments for fire and medical dispatches are normally from fire stations within the respective geographic jurisdictions, while the responses by the ambulance contractor are from various locations based upon a dynamic deployment model which uses historical data to predict patterns of need for emergency services; and

WHEREAS, medical calls for assistance can present difficult and complex situations which must be analyzed to determine the type of resources that must be dispatched and how they should respond to calls, the 911 Center uses “Medical Priority Dispatch”, an emergency medical dispatch (EMD) system promulgated by the National Academies of Emergency Dispatch which through a detailed series of questions determines whether a caller’s situation is a life or death emergency requiring an urgent maximum response with multiple vehicles or a lesser situation which does not require an urgent response and may be handled with a single vehicle; and

WHEREAS, based upon continuous review of patient care data, the Medical Director, the Medical Control Board and other interested parties have implemented and proposed certain dispatch responses based upon the use of Medical Priority Dispatch to provide the most appropriate response and maximize the availability of existing emergency resources; and

WHEREAS, the Board of County Commissioners wishes to establish the overall policy in 911 dispatch operations pursuant to the Pinellas County Home Rule Charter.
NOW THEREFORE, BE IT RESOLVED BY THE BOARD OF COUNTY COMMISSIONERS OF PINELLAS COUNTY, FLORIDA, in regular session duly assembled this _____ day of ________________, 2012, that the following policies for the 911 Center are adopted:

I. Calls For Assistance from Law Enforcement:

a. For calls involving a crime or requiring other law enforcement assistance, the call will be transferred to law enforcement based upon location and advice of the law enforcement agency with jurisdiction. The 911 Center may also notify a law enforcement agency of a call via internal lines.

b. This process may be changed by Public Safety Services staff with the consensus of affected agencies.

II. Calls Relating To Fire Hazard Emergencies:

a. If the request relates to a fire emergency, the call will be dispatched according to run cards and procedures authorized by local fire departments.

b. This process may be changed by Public Safety Services staff with the consensus of affected agencies.

III. Calls for Emergency Medical Services (Medical First Responder and Ambulance):

a. If the call is for a medical emergency, EMD will be conducted to determine the response according to protocols approved by the Medical Director and Medical Control Board existing at the time of the adoption of this resolution including the implementation of protocols which will govern the nature and number of vehicles sent to each situation.

b. Once the response is determined by EMD, the call will be dispatched according to run cards authorized by local fire departments and EMS subject to the aforementioned protocols or as otherwise required by the State of Florida Department of Health.

c. Recognizing that as technology and emergency interventional practices change, there may be reasons in the face of patient care, public safety or prioritization of resources where changes to current processes will become necessary. Such changes may be made by Public Safety Services staff after approval by the
Medical Director and Medical Control Board and after notice to the Emergency Medical Services Advisory Council which may endorse such changes.

IV. Operational Changes May Be Made By County Staff. –In the event there is a localized or system-wide emergency situation which requires a deviation from established protocols for a temporary or limited time necessary changes may be made by Public Safety Services staff after, and to the extent possible, consultation with affected local agencies and the Medical Director.

V. Effective Date: This Resolution shall become effective upon adoption by the Board of County Commissioners of Pinellas County, Florida.

Commissioner _____________________ offered the foregoing resolution and moved its adoption, which was seconded by Commissioner __________________, and upon role call the vote was:

Ayes:
Nays:
Absent and Not Voting:
AN ORDINANCE OF THE BOARD OF COUNTY COMMISSIONERS, MAKING LEGISLATIVE FINDINGS, CREATING SECTION 54-98 OF THE PINELLAS COUNTY CODE PROVIDING FOR THE PROMULGATION BY RESOLUTION OF A PROCESS FOR HANDLING CALLS RECEIVED BY THE 911 CENTER, PROVIDING FOR AREAS EMBRACED, PROVIDING FOR AN EFFECTIVE DATE AND PROVIDING FOR OTHER MODIFICATIONS THAT MAY ARISE FROM REVIEW OF THE ORDINANCE AT PUBLIC HEARING AND WITH RESPONSIBLE AUTHORITIES.

WHEREAS, the Pinellas County Charter provides that for certain countywide governmental activities the County shall have special powers which authorize it to provide certain services, take regulatory actions and enact ordinances which shall prevail over municipal ordinances impacting such functions; and

WHEREAS, the 911 communications system for Pinellas County operates a single Public Safety Answering Point for the County which transfers calls for law enforcement and dispatches Fire and Medical calls; and

WHEREAS, the Board of County Commissioners has determined to put in place a process by which an appropriate and efficient dispatch of emergency services be adopted.

NOW THEREFORE BE IT ORDAINED by the Board of County Commissioners of Pinellas County:

SECTION 1. Legislative Findings

1.1 The Florida Constitution, Article VIII, Section 1(g) provides that the charter of charter counties “shall provide which shall prevail in the event of conflict between county and municipal ordinances”; and

1.2 Section 2.04 of the Pinellas County Charter, s. 1, as adopted by the Florida Legislature and approved by a vote of the Pinellas County electorate on October 7, 1980, as amended (“Charter”), provides for all special and necessary powers of the County to provide certain enumerated services and regulatory authority; and

1.3 Section 2.04 of the Charter provides, “when directly concerned with the furnishing of the services and regulatory authority [in certain specifically enumerated areas], county ordinances shall prevail over municipal ordinances when in conflict”; and

1.4 Specifically, section 2.04 of the Charter provides that the following shall be special powers of the County:

(a) Development and operation of 911 emergency communication system.

(h) Development and implementation of civil preparedness programs.
1.5 Section 2.03 of the Charter provides that where the Charter provides no method for execution the exercise of powers of the County shall be by ordinance, resolution or action of the Board of County Commissioners.

SECTION 2 Section 54-98 of the Pinellas County Code is created to read as follows:

(a) The Board of County Commissioners may by resolution make provision for the handling of calls received by the 911 center.
(b) In providing for the handling of such calls for assistance the Board may consider the following:
   1. The nature of the call for assistance,
   2. Whether or not the request involves an agency with county-wide jurisdiction,
   3. Requests by the various jurisdictions having authority,
   4. The impact that such responses will have upon multiple agencies,
   5. Such other considerations which are appropriate and set forth in the resolution at the time of adoption.

SECTION 3 Areas Embraced Pursuant to Sections 2.01 and 2.04 of the Pinellas County Charter, this ordinance shall be effective within the boundaries of Pinellas County.

SECTION 4 Severability If any Section, Subsection, sentence, clause, phrase, or provision of this Ordinance is for any reason held invalid or unconstitutional by any Court of competent jurisdiction, such holding shall not be construed to render the remaining provisions of this Ordinance invalid or unconstitutional.

SECTION 5 Filing of Ordinance; Effective Date Pursuant to Section 125.66, Fla. Stat., a certified copy of this Ordinance shall be filed with the Department of State by the Clerk of the Board of County Commissioners within ten (10) days after enactment by the Board of County Commissioners. This Ordinance shall become effective upon filing of the ordinance with the Department of State.
A RESOLUTION OF THE CITY COUNCIL OF THE CITY OF ST. PETERSBURG IN OPPOSITION TO THE IMPLEMENTATION OF PRIORITY DISPATCH AS PROPOSED BY PINELLAS COUNTY EMERGENCY MEDICAL SERVICES AUTHORITY; NOTIFYING THE AUTHORITY THAT THE CITY COUNCIL OF THE CITY OF ST. PETERSBURG DOES NOT CONSENT TO AN ACTION WHICH MAY EFFECT THE CITY’S STATUS AS AN EXISTING MUNICIPAL EMERGENCY MEDICAL SERVICES DEPARTMENT AS SET FORTH BY LAW; REQUESTING THAT THE PINELLAS COUNTY EMERGENCY MEDICAL SERVICES AUTHORITY DEFER THE IMPLEMENTATION OF PRIORITY DISPATCH AS A SIGN OF GOOD FAITH PENDING DISCUSSION; AND PROVIDING FOR AN EFFECTIVE DATE.

WHEREAS, priority dispatch governs an emergency medical services system’s response to different types of service calls; and

WHEREAS, the City supports the concept of priority dispatch as a mechanism to provide an efficient response to service calls; and

WHEREAS, however, the manner in which the Pinellas County Emergency Medical Services Authority (Authority) proposes to implement priority dispatch in Pinellas County in response to service calls could result in a delay in dispatching a First Responder Unit to the citizen’s emergency call; and

WHEREAS, this delay in response could significantly affect the result of treatment in life threatening situations; and

WHEREAS, the manner in which the Authority proposes to implement priority dispatch in Pinellas County in response to service calls would result in instances where the dispatch of a private ambulance to a citizen of a municipality would occur without contacting or dispatching the municipality’s First Responder Unit to a citizen request for service within the City; and

WHEREAS, Laws of Florida, Chapter 80-585, as amended, recognized that no existing municipal emergency medical services (EMS) department within Pinellas County may be abolished without the express consent of the governing body of that department; and
WHEREAS, the dispatch of only a private ambulance to service calls removes the municipal First Responder from providing service to its own citizens, thereby privatizing the response to service calls; and

WHEREAS, the dispatch of a private ambulance to a call, absent a municipality’s First Responder Unit, erodes the protections for existing municipal EMS departments which are set forth in the Laws of Florida, Chapter 80-585, as amended, because a private ambulance would respond to a call without the municipal EMS department providing any service, thereby abolishing, at least in part, some of that EMS department’s service; and

WHEREAS, issues related to privatization of EMS were litigated between the City and the Authority in 1988; and

WHEREAS, the City has previously objected to privatization of EMS; and

WHEREAS, the City opposes the dispatch of only a private ambulance to a service call when requested by a citizen of the City and the City does not consent, expressly or otherwise, to an action that could result in the abolishment, in part or in total, of the City’s EMS service and their EMS department; and

WHEREAS, the City clearly does not agree with priority dispatch as proposed, and asks that the Authority defer implementation of priority dispatch, as a sign of good faith and before it is made final, until the City and Authority have discussed it.

NOW, THEREFORE, BE IT RESOLVED by the City Council of the City of St. Petersburg, that this Council opposes the manner in which the implementation of priority dispatch has been proposed by the Pinellas County Emergency Medical Services Authority which response could significantly affect the result of treatment in life threatening situations.

BE IT FURTHER RESOLVED that the Council opposes the manner in which the implementation of priority dispatch has been proposed by the Pinellas County Emergency Medical Services Authority which would result in instances where only a private ambulance would be utilized to respond to service calls in a municipality, without contacting or dispatching the City’s First Responder Unit, thereby privatizing a portion of EMS.

BE IT FURTHER RESOLVED that this Council does not consent, expressly or otherwise, to any action by Pinellas County Emergency Medical Services Authority that abolishes the City’s EMS service or EMS department, in part or total, including the dispatch of only a private ambulance to a citizen request for service within the City.
BE IT FURTHER RESOLVED that this Council clearly does not agree with priority dispatch as proposed and asks that the Authority defer implementation of priority dispatch, as a sign of good faith and before it is made final, until the Authority and City have had the opportunity to discuss it.

This resolution shall become effective immediately upon its adoption.

Adopted at a regular session of the City Council held on the 20th day of October, 2011.

Karl Nurse, Vice Chair-Councilmember
Presiding Officer of the City Council

ATTEST: EVA ANDUJAR
Eva Andujar City Clerk


EVA ANDUJAR, CITY CLERK
CITY OF ST. PETERSBURG, FLORIDA

BY: AMELIA BRET
RESOLUTION NO. 2011-04

A RESOLUTION OF THE PALM HARBOR SPECIAL FIRE CONTROL AND RESCUE DISTRICT IN OPPOSITION TO THE IMPLEMENTATION OF PRIORITY DISPATCH AS PROPOSED BY PINELLAS COUNTY EMERGENCY MEDICAL SERVICES AUTHORITY; REQUESTING THAT THE PINELLAS COUNTY EMERGENCY MEDICAL SERVICES AUTHORITY DEFER THE IMPLEMENTATION OF PRIORITY DISPATCH AS A SIGN OF GOOD FAITH PENDING DISCUSSION; AND PROVIDING FOR AN EFFECTIVE DATE.

WHEREAS, priority dispatch governs an emergency medical services system’s response to different types of service calls; and

WHEREAS, the District supports the concept of priority dispatch as a mechanism to provide an efficient response to service calls; and

WHEREAS, however, the manner in which the Pinellas County Emergency Medical Services Authority (Authority) proposes to implement Phase Three of priority dispatch in Pinellas County in response to service calls could result in a delay in dispatching a First Responder Unit to the citizen’s emergency call; and

WHEREAS, this delay in response could significantly affect the result of treatment in life threatening situations; and

WHEREAS, the manner in which the Authority proposes to implement Phase Three of priority dispatch in Pinellas County in response to service calls would result in instances where the dispatch of a private ambulance to a citizen of a municipality would occur without contacting or dispatching the municipality’s First Responder Unity to a citizen request for service within the District; and

WHEREAS, the dispatch of only a private ambulance to service calls removes the District’s First Responder from providing service to its own citizens, thereby privatizing the response to service calls; and

WHEREAS, the dispatch of a private ambulance to a call, absent a municipality or District’s First Responder Unit, erodes the protections for existing municipal EMS departments which are set forth in the Laws of Florida, Chapter 80-585, as amended, because a private ambulance would respond to a call without the municipal EMS department providing any service, thereby abolishing, at least in part, some of that EMS department’s service; and

WHEREAS, the District opposes the dispatch of only a private ambulance to a service call when requested by a citizen of the District and the District does not consent, expressly or otherwise, to an action that could result in the abolishment, in part or in total, of the District’s EMS service and their EMS department; and
WHEREAS, the District clearly does not agree with Phase Three of priority dispatch as proposed, and asks that the Authority defer implementation of Phase Three of priority dispatch, as a sign of good faith and before it is made final, until the District and Authority have discussed it; and

WHEREAS, Phase Three of priority dispatch denies Palm Harbor residents the level of emergency response that they are accustomed to as a resident of the Palm Harbor Special Fire and Control District.

NOW, THEREFORE, BE IT RESOLVED by the Commissioners of the Palm Harbor Special Fire Control and Rescue District, that this Board of Commissioners opposes the manner in which the implementation of Phase Three of priority dispatch has been proposed by the Pinellas County Emergency Medical Services Authority which response could significantly affect the result of treatment in life threatening situations.

BE IT FURTHER RESOLVED that the Board of Commissioners opposes the manner in which the implementation of Phase Three of priority dispatch has been proposed by the Pinellas County Emergency Medical Services Authority which would result in instances where only a private ambulance would be utilized to respond to service calls in a municipality, without contacting or dispatching the District’s First Responder Unit, thereby privatizing a portion of EMS.

BE IT FURTHER RESOLVED that this Board of Commissioners does not consent, expressly or otherwise, to any action by Pinellas County Emergency Medical Services Authority that abolishes the District’s EMS service or EMS department, in part or total, including the dispatch of only a private ambulance to a citizen request for service within the District.

BE IT FURTHER RESOLVED that this Board of Commissioners clearly does not agree with Phase Three of priority dispatch as proposed and asks that the Authority defer implementation of priority dispatch, as a sign of good faith and before it is made final, until the Authority and the District have had the opportunity to discuss it.

This resolution shall become effective immediately upon its adoption.

ADOPTED this ___12___ day of __December___, 2011.

Norman Atherton, Chairman

Jim Nelson, Vice-Chairman

Joseph Petrillo, Secretary-Treasurer

Julie Peluso, Commissioner

Robert Shatansoff, Commissioner

00164272.DOC
RESOLUTION 2012-05

A RESOLUTION OF THE BOARD OF COMMISSIONERS OF THE PINELLA S SUNCOAST FIRE & RESCUE DISTRICT IN OPPOSITION TO THE IMPLEMENTATION OF PHASE THREE PRIORITY DISPATCH AS PROPOSED BY PINELLAS COUNTY EMERGENCY MEDICAL SERVICES AUTHORITY; REQUESTING THAT THE PINELLAS COUNTY EMERGENCY MEDICAL SERVICES AUTHORITY DEFER THE IMPLEMENTATION OF PHASE THREE PRIORITY DISPATCH AS A SIGN OF GOOD FAITH PENDING DISCUSSION AND RESOLUTION; AND PROVIDING FOR AN EFFECTIVE DATE.

WHEREAS, priority dispatch governs an emergency medical services system’s response to different types of service calls; and

WHEREAS, the Pinellas Suncoast Fire & Rescue District (District) has been established by Charter and the Charter provides that the District is the sole provider of fire, rescue and emergency medical services within its boundaries; and

WHEREAS, the District supports the concept of priority dispatch as a mechanism to provide an efficient response to service calls; and

WHEREAS, however, the manner in which the Pinellas County Emergency Medical Services Authority (Authority) proposes to implement Phase Three of priority dispatch in Pinellas County in response to service calls could result in a delay in dispatching a First Responder Unit to the citizen’s emergency call; and

WHEREAS, this delay in response could significantly affect the result of treatment in life threatening situations; and

WHEREAS, the manner in which the Authority proposes to implement Phase Three of priority dispatch in Pinellas County in response to service calls would result in instances where the dispatch of a private ambulance to a citizen of a municipality would occur without contacting or dispatching the municipality’s First Responder Unit to a citizen request for service within the District; and

WHEREAS, the dispatch of only a private ambulance to service calls removes the District’s First Responder from providing service to its own citizens, thereby privatizing the response to service calls and potentially violating the Charter; and

WHEREAS, the dispatch of a private ambulance to a call, absent a municipality or District’s First Responder Unit, erodes the protections for existing municipal EMS departments which are set forth in the Laws of Florida, Chapter 80-585, as amended, because a private ambulance would respond to a call without the municipal EMS department providing any service, thereby abolishing, at least in part, some of that EMS department’s service; and

WHEREAS, the District opposes the dispatch of only a private ambulance to a service call when requested by a citizen of the District and the District does not consent, expressly or otherwise, to an action that could result in the abolition, in part or in total, of the District’s EMS service and their EMS department; and

WHEREAS, the District clearly does not agree with Phase Three of priority dispatch as proposed, and asks that the Authority defer implementation of Phase Three of priority dispatch, as a sign of good faith and before it is made final, until the District and Authority have discussed it and resolved the issues raised; and
WHEREAS, Phase Three of priority dispatch denies Pinellas Suncoast Fire & Rescue District residents the level of emergency response that they are accustomed and entitled to as a resident, and potentially violates the Charter.

NOW, THEREFORE, BE IT RESOLVED by the Commissioners of the Pinellas Suncoast Fire & Rescue District that this Board of Commissioners opposes the manner in which the implementation of Phase Three of priority dispatch has been proposed by the Pinellas County Emergency Medical Services Authority which response could significantly affect the result of treatment in life threatening situations.

BE IT FURTHER RESOLVED that the Board of Commissioners opposes the manner in which the implementation of Phase Three of priority dispatch has been proposed by the Pinellas County Emergency Medical Services Authority which would result in instances where only a private ambulance would be utilized to respond to service calls in a municipality, without contacting or dispatching the District’s First Responder Unit, thereby privatizing a portion of EMS.

BE IT FURTHER RESOLVED that this Board of Commissioners does not consent, expressly or otherwise, to any action by Pinellas County Emergency Medical Services Authority that abolishes the District’s EMS service or EMS department, in part or total, including the dispatch of only a private ambulance to a citizen request for service within the District.

BE IT FURTHER RESOLVED that this Board of Commissioners clearly does not agree with Phase Three of priority dispatch as proposed and asks that the Authority defer implementation of priority dispatch, as a sign of good faith and before it is made final, until the authority and the District have had the opportunity to discuss it and resolve the issues raised.

This resolution shall become effective immediately upon its adoption.

PASSED AND ADOPTED on this 17th day of July, 2012.

Lawrence G. Scheir, Chair

James G. Mortellite, Vice Chair

Franklin T. Hartzell, Secretary/Treasurer

Thomas H. Hafner, Commissioner

James C. Terry, Commissioner
Emergency Medical Services Priority Dispatch Phase 3
Public Information and Media Plan
August 2, 2012

To educate the public about Medical Priority Dispatch, we will partner with the media to tell the story in order to reach the greatest number of people. On the forefront of the issue, we will provide accurate information with which the media can frame their stories, thus giving the media the opportunity to use the facts and the background as they develop their features.

By partnering with the media we are able to make the announcement that the third phase of Medical Priority Dispatch will be implemented, if the resolution is approved by the Board of County Commissioners. If it is not approved, the educational materials will still be used as background to the media’s inquiries, as we expect media attention, and we expect media to attend the BCC meeting when the resolution will be considered.

By making the factual information immediately accessible to the media and public, we can address any questions and concerns upfront and proceed to implementation if the resolution is approved. Public discussion, then, can continue with the information we have relayed.

The approach to the stakeholders will be the same, accomplished by a letter to inform and educate them and to notify them that the issue will be discussed at an upcoming meeting to give everyone the best opportunity to join in the discussion.

**Action Plan**

**Prior to the scheduled BCC meeting:**

- Prepare a Public Information / Media Plan (Pages 1-2).
- Prepare a Fact Sheet (Pages 3-5).
- Prepare and send a Letter to Stakeholders (Pages 6-7).
- Inform stakeholders via a letter, mailed and emailed, to city managers, fire chiefs, hospital administrators, skilled nursing facilities, etc., from the Pinellas County Public Safety Services interim director. Include copy of, or attach, the fact sheet.
- Prepare a Press Release (Pages 8-9).

**At the BCC meeting, following the vote:**

- Dr. Laurie Romig, EMS Medical Director, Mike Cooksey, Interim Director of Public Safety Services and Craig Hare, EMS Division Manager to be available for questions and interviews after the vote and on request.
- If approved:
  
  Distribute
  - News release
  - Fact sheet
  - Copy of resolution

Go live with webpage, link off of EMS website. Material will include news release, fact sheet, resolution and letter to stakeholders at http://www.pinellascounty.org/publicsafety/dispatch.htm

- Post on county homepage

- If not approved
  
  Distribute fact sheet

**Actions**

- Draft letter to stakeholders.
- Draft fact sheet
- Distribute letter to stakeholders and fact sheet via email and mail
- Draft press release
- Provide copies of materials at BCC workshop meeting
- Distribute news release, fact sheet and resolution to media
- Conduct interviews
- Post on website

**Deliverables:**

- Stakeholder letter
- News release
- Fact sheet
- Web posting
- Distribution
- Facebook/Twitter
- County website homepage “news”
The first priority of the Pinellas County Emergency Medical Services continues to be quality care for each citizen. We are dedicated to this goal.

Medical Priority Dispatch is a method to effectively utilize resources in the ongoing effort to improve the quality and efficiency of the Emergency Medical System that serves Pinellas County.

Citizens will continue to receive the highest level of care that they require.

What is Medical Priority Dispatch?

Medical Priority Dispatch determines the appropriate response to each emergency and non-emergency medical 9-1-1 call.

Specially trained 9-1-1 operators, certified by the National Academies of Emergency Dispatch, will dispatch units according to national guidelines and local protocol.

In the majority of cases, dual response emergency vehicles – a first responder (defined as a paramedic on a fire engine or rescue unit) and an ambulance (with a paramedic on the unit) - will respond to a medical 9-1-1 emergency. 98% of the largest Cities in the United States utilize a dual response (First Responder and Ambulance) approach. This approach ensures enough personnel are on scene to rapidly assess, provide treatment and safely move the patient and equipment.

In potentially life-threatening situations, both responders will use lights and sirens.

In many non-emergency situations, a dual response is not necessary and multiple medical emergency vehicles do not need to respond. In many cases, one emergency vehicle can handle the call safely and effectively.

Three Phases:

This is the third phase of Medical Priority Dispatch implementation. Each phase has been approved by the Emergency Medical Services Advisory Council and Medical Control Board. We are currently looking at the implementation of the third phase.
1. April 2009, first phase:
   Goal: Improve the efficiency of dispatch
   Emergency Medical Dispatch was transferred to the 9-1-1 Center. Formerly, a 9-1-1 dispatcher would route a medical call to Sunstar Paramedics for emergency medical dispatch. Consolidation of emergency communications functions has made the system more efficient.

2. December 2010, second phase
   Goal: Improve the efficiency of ambulance response
   The number of dual responses – first responder and ambulance - was reduced. In many non-emergency calls, the ambulance is not automatically called to respond.

3. Proposed third phase, implementation to be determined
   Goal: Improve the efficiency of first response
   The response to a 9-1-1 call will be appropriate to the situation. The 9-1-1 operator will follow protocol to quickly determine if the situation requires a first responder, an ambulance or both.

How It Works:

The 9-1-1 dispatcher takes the call from a citizen.

In many cases, one emergency paramedic vehicle can handle the call safely and effectively. Rigorous protocols are followed to determine if a first responder and ambulance should be dispatched.

There are guidelines for which injuries or conditions warrant a particular response. The 9-1-1 operator will assess each and every case on an individual basis.

Two emergency vehicles – a first responder (paramedic on a fire engine or rescue unit) and an ambulance (a paramedic on the unit) – will be sent if there is a high-level emergency or if the situation is unknown.

The dispatcher will upgrade the call if the caller says that the situation is getting worse.

Once on the scene, the first arriving unit quickly assesses the situation and the call can be “upgraded” (additional resources requested) or “downgraded” (resources that are not needed are canceled).

An emergency vehicle will always respond to a medically related 9-1-1 call. Citizens will continue to receive the quality care to which they are accustomed.
Effective Date: The Pinellas County Board of County Commissioners will consider the approval of a Resolution at regular Board of County Commissioner meeting at a future date.

Background:

Pinellas County was originally served by a patchwork of fire department rescue and independent ambulance services (including funeral homes that used hearses for transport). People experiencing a medical emergency received one kind of medical treatment if they were located in a municipality and another kind of response if they lived in an unincorporated area.

On Jan. 16, 1978, Ronnie Redwine was involved in an accident that occurred outside of city limits. As a result, the city rescue unit did not respond. By the time an independent ambulance provider arrived, it was too late and the young man died. The public demanded that the system be replaced.

In 1980, voters overwhelmingly approved the establishment of the Emergency Medical Services Authority and a tax to fund a countywide emergency medical response system for the county’s 18 fire protection agencies. The Pinellas County Board of County Commissioners sits as the Emergency Medical Services Authority.

The countywide EMS has operated under a dual-response system since the 1980s. For every 9-1-1 medical emergency, a fire unit and an EMS ambulance have been dispatched simultaneously with lights and sirens.

In 1990, the Emergency Medical System adopted the use of emergency medical dispatch guidelines from the National Academies of Emergency Dispatch to follow a structured protocol to receive 9-1-1 calls and dispatch units.

A protocol was set up to discontinue the use of lights and sirens for non-emergency calls. The protocol continued to develop over time, with improvements and refinements made to the process.

With Medical Priority Dispatch, a determination is made about the urgency of a call and the appropriate response. This ensures that emergency response vehicles are available for other calls, improving response times to life-threatening emergencies.
EMS Authority approves third phase of Medical Priority Dispatch

The Pinellas County Board of County Commissioners approved a resolution to implement the third phase of Medical Priority Dispatch at its DATE meeting.

With Medical Priority Dispatch, a determination is made about the urgency of a call and the appropriate response. This ensures that emergency response vehicles are available for other calls, improving response times to life-threatening emergencies.

Pinellas County EMS has followed priority dispatch since 1990, when it adopted the use of emergency medical dispatch guidelines from the National Academies of Emergency Dispatch. Priority dispatch follows a structured protocol to receive 9-1-1 calls and dispatch units.

During the initial phase, implemented in April 2009, the emergency medical dispatch function was transferred to the 9-1-1 Center. All 9-1-1 operators were certified by the National Academies of Emergency Dispatch as Emergency Medical Dispatchers.

The second phase, implemented in December 2010, involved the assessment of medical emergency 9-1-1 calls to dispatch only fire department units in certain non-emergency situations, when a dual response with multiple emergency vehicles was not appropriate.

With the implementation of the third phase of Medical Priority Dispatch, only an ambulance unit will be dispatched to specified non-emergency medical calls. The dual response from a fire unit and ambulance, as well lights and sirens, will continue to be used for high-level emergencies.
Each stage has been approved by the Emergency Services Advisory Council and the Medical Control Board.

For more information on Pinellas County services and programs, visit www.pinellascounty.org, now with LiveChat, or create a shortcut to www.pinellascounty.org/mobile on any smartphone. Pinellas County government is on Facebook, Twitter and YouTube. Pinellas County complies with the Americans with Disabilities Act.

###
July 19, 2012

To Our Pinellas County EMS System Stakeholders:

Pinellas County Emergency Medical Services (EMS) utilizes the Emergency Medical Dispatch system established by the National Academies of Emergency Dispatch. This system provides a structured procedure for triaging and processing medical 9-1-1 calls. The protocol itself has evolved over time with continual improvements and refinements to the processes over the years.

We operate a dual-response system, which consists of a local Fire Department unit and a County Ambulance (Sunstar Paramedics) responding to medical emergencies. This approach is appropriate and necessary for life threatening and potentially life threatening situations. The dual response system will continue to be used for the high-level emergencies.

However, the dual response system needs to be refined to reduce multiple emergency vehicle responses when not necessary for the nature and severity of the problem reported. Multiple responders are a costly and inefficient use of resources for non-emergency calls that require either a Fire Department Unit or an Ambulance for transportation of a patient.

Over the last few years, the Medical Priority Dispatch System has been improved to dispatch the most appropriate resources to each emergency type. In fact, in 2010, an improvement was implemented to dispatch only a local Fire Department unit to certain non-emergency situations that don’t typically result in patient transport by Ambulance. This effort greatly reduced the number of unnecessary Ambulance responses.

With that successful efficiency achieved in Medical Priority Dispatch, we are now moving to dispatch only an Ambulance unit to those non-emergency medical calls that typically result in transport by Ambulance and do not require a Fire Department unit to respond.
An appropriate response will be dispatched to every medical call ensuring both our high quality of care and that emergency resources are properly utilized and available for high level emergencies.

The Pinellas County Board of County Commissioners will discuss 9-1-1 Call Processing and Medical Priority Dispatch during a workshop on August 2, 2012 at 9:30 a.m. The meeting will be held in the fifth-floor assembly room of the Pinellas County Courthouse - 315 Court Street, Clearwater, Florida. An agenda will be posted on the Thursday prior to the meeting at www.pinellascounty.org/agenda.

Comments may be emailed, faxed or mailed. Contact information is available on the Pinellas County website at www.pinellascounty.org. Pinellas County complies with the Americans with Disabilities Act. If you are a person with a disability who needs any accommodation in order to participate in this meeting you are entitled, at no cost to you, to the provision of certain assistance. At least seven days prior to the meeting, please contact the Office of Human Rights, 400 S. Fort Harrison Ave., Suite 500, Clearwater, FL 33756, (727) 464-4062 (Voice/TDD).

Please contact me if you have any additional questions.

Sincerely,

[Signature]

Michael Cooksey
Interim Director