

**PINELLAS COUNTY
EMERGENCY MEDICAL SERVICE
PROVIDERS COST CONTAINMENT
AND SUSTAINABILITY MODEL**



July 2011

EMERGENCY MEDICAL SERVICES

EXECUTIVE SUMMARY

Since 2008, Pinellas County has experienced an estimated loss of over 27 million dollars in Emergency Medical Services (EMS) ad-valorem revenue. This decrease in revenue has caused the county to re-evaluate how they fund the EMS system. Proposals to reconfigure the system using a committee of local stakeholders failed to produce an acceptable solution and resulted in the Pinellas County Board of County Commissioners hiring a consultant. Pinellas County contracted with Integral Performance Solutions (IPS) to evaluate the EMS system to identify ways to create efficiencies and to evaluate the service delivery model.

Pinellas County has four stated goals:

- To maintain the level of service
- To equalize funding among providers
- To contain costs
- To create a sustainable system

IPS's preliminary report recommends the county adopt a marginal engine funding approach, in which the county pays for one paramedic position for each county approved Advanced Life Support (ALS) first responder unit. This delivery approach saves an estimated 12 million dollars; however, it does not take into consideration several detrimental effects on service delivery.

During a meeting on June 26, 2011 the IPS consultant presented the findings and recommendations. It was reported that the cost to operate the current first responder system is average when compared to other major systems throughout the State of Florida, but Pinellas County delivers an above average value to its taxpayers based on system cost vs. system performance. The consultant went on to say, his first preference would be Fire-Based Medical Transport; however, he could not find a cost effective way to deliver the service.

PINELLAS COUNTY PROVIDERS PROPOSAL

The following Pinellas County EMS Providers Cost Containment and Sustainability Model exceeds the recommendations of the IPS report. This model achieves the county's four goals to: maintain the level of service, equalize funding among the providers, contain costs, and provide sustainability. This model saves the taxpayers of Pinellas County more than \$21 million dollars over the next three years, while replenishing the county's depleted reserves. Beyond the financial savings this system provides for a number of additional benefits including: breaking down barriers associated with priority dispatch, enhancing the current level of service, and delivering a higher quality of service through continuity of patient care.

"...will save Pinellas County taxpayers over 21 Million dollars during the next 3 years."

EMERGENCY MEDICAL SERVICES

Contents	
EXECUTIVE SUMMARY.....	2
INTRODUCTION	5
BACKGROUND	6
WHY FIRE BASED MEDICAL TRANSPORT	6
PINELLAS COUNTY STRATEGIC OBJECTIVE 1: MAINTAIN THE LEVEL OF SERVICE	9
PINELLAS COUNTY STRATEGIC OBJECTIVE 2: EQUALIZE FUNDING AMONG PROVIDERS	11
PINELLAS COUNTY STRATEGIC OBJECTIVE 3: COST CONTAINMENT	13
Cost Containment for Private Ambulance Provider	13
Cost Containment for First Responders	14
PINELLAS COUNTY STRATEGIC OBJECTIVE 4: PROVIDE SUSTAINABILITY	15
System Components	16
System Start-up	18
Capital Outlay	18
IMPLEMENTATION	19
Timeline	19
EPCR Training	19
Supply Warehouse	20
Staffing	20
System Supervision	21
ADDITIONAL BENEFITS	22
IPS CONCERNS	23

EMERGENCY MEDICAL SERVICES

Appendix A- Azzariti Biography	24
Appendix B – EMS Provider Map.....	26
Appendix C – Funding Chart	27
Appendix D – FY 2013 Budget	28
Appendix – E FY 2014 Budget	29
Appendix – F FY 2015 Budget.....	30

*"A great organization is one that delivers superior performance
and makes a distinctive impact over a long period of time."
- Jim Collins
Good to Great and the Social Sectors*

EMERGENCY MEDICAL SERVICES

INTRODUCTION

The purpose of this document is to address Pinellas County's Emergency Medical Services (EMS) system by proposing a Strategic Cost Containment and Sustainability Model focusing on modifying the current EMS system to implement Fire Based Medical Transport. This model addresses the strategic goals and priorities established by the Pinellas County Board of County Commissioners (BOCC), also known as the EMS Authority.



The Pinellas County EMS Providers Cost Containment and Sustainability Model continues to provide fire based medical first response through the 18 local fire departments, but also expands the current contract with the cities and special districts to provide fire based medical transport for both emergency and non-emergency patients. The Providers Cost Containment and Sustainability Model will be the cornerstone for the delivery of emergency medical services throughout Pinellas County.

To fully understand the dynamics and requirements necessary to provide fire based medical transport, Retired Fire Chief, Dan Azzariti, was contacted to assist with the evaluation and to protect cost implications of system modifications necessary to perform fire based medical transport. Chief Azzariti is considered an expert in the field of fire based medical transport and was recently employed by Marion County where he assisted the county in transitioning from a private EMS system to fire based medical transport system. This transition saved Marion County over 3 million dollars annually, while improving response times countywide.¹ Chief Azzariti's biography can be found in Appendix A.

This document is a comprehensive plan to achieve the county's four stated goals. The approach for our vision is to look at the entire system and apply fairness to all entities involved. It is the intent of this model to develop a lean and efficient system that projects a higher level of service while reducing costs to the taxpayers of Pinellas County. The Providers Cost Containment and Sustainability Model reflects an improved EMS system with sustainability and a reduction in expenditures.

Pinellas County's four stated goals are:

- To maintain the level of service
- To equalize funding among providers
- To contain costs
- To create sustainability

¹ Marion County Fire Chief, M. Stuart McElhanev

EMERGENCY MEDICAL SERVICES

BACKGROUND

On September 3, 2008 a cross-section of stakeholders within Pinellas County was brought together for the sole purpose of reconfiguring Pinellas County's EMS system. This group of stakeholders became known as the EMS Reconfiguration Committee. The committee had only 3 months to study the system and make a recommendation. The opening paragraph of the letter from Mr. Dick Williams, Director of Public Safety Service for Pinellas County, stated:



"Our goal is to ultimately reduce the cost of providing Fire and EMS services while maintaining acceptable service levels."

The EMS Reconfiguration Committee studied several different service delivery models but spent most of its time evaluating fire based medical transport for emergency medical calls; this was the most promising method to maintain service levels and still save money. The plan saved an estimated 2.9 million dollars but was ultimately rejected by the BOCC because it did not save enough money.

The Providers Cost Containment and Sustainability Model recommends the Pinellas County EMS Authority switches to fire based medical transport for both emergency and non-emergency medical transports. The economies of scale associated with transporting both emergency and non-emergency medical calls will provide an estimated savings of 21 million dollars over the next three years. While this model does not save as much money as some of the other proposals, this is the only model that provides true sustainability while maintaining system accountability and capacity.

WHY FIRE BASED MEDICAL TRANSPORT

Fire based EMS transport has become a natural evolution for systems across the country to provide a more efficient EMS delivery model. Over the last 20 years this trend has led a majority of counties and cities in Florida to switch to fire based medical transport because it provides *better, faster, and cheaper* service, while providing tax relief to the residents. Over 71% of Florida's population is served by an all-fire based EMS system leaving only rural counties to rely on other systems. See the map in Appendix B.

EMERGENCY MEDICAL SERVICES

Paramedics and EMT's hired by fire departments and private ambulance companies receive the same training and meet the same state requirements regarding pre-hospital medical care; however, paramedics and EMT's employed by the fire department have evolved into a multidisciplinary force trained for an "All Hazards" response. This cross trained/multi role approach allows firefighters the versatility to perform many different functions for the cost of a single position. These functions include the following:

Advanced Life Support – For over 40 years fire department paramedics have provided the highest pre-hospital Emergency Medical Service available, with geographically placed stations throughout the county to provide rapid response. Last year the average response time was 4min. 30sec.

Vehicle Extrication – Every Department is equipped with extrication equipment such as the "Jaws of Life" (as well as several other specialty extrication tools), allowing firefighters to rapidly remove victims entrapped in vehicle accidents.

Fire Suppression – Fire departments were established to save lives and protect property. The fire departments in Pinellas County specialize in rapid aggressive structural firefighting.

Terrorism – Firefighters are our nation's first line of defense for any terrorism response.

Natural Disasters - Firefighter paramedics are trained for response to natural disasters such as hurricanes, tornadoes, flooding, and are responsible for a number of critical functions in all emergency disaster plans.

Hazardous Material Technicians – Trained firefighters protect our community from the very special dangers associated with accidental release of hazardous materials. They are a vital component of a multi-jurisdictional team.

Technical Rescue Team – Firefighters are equipped and trained for highly specialized rescue emergencies including: high angle rope rescue, heavy equipment extrication, confined space & structure collapse rescue, and swift water rescue.

Dive Rescue Team – Firefighters certified in all aspects of rescue diving, respond to any type emergency occurring within our waterways.



In addition, firefighter paramedics can easily assume the transport duties currently being provided by the private ambulance company, while providing a more efficient and sustainable system for the tax payers of Pinellas County. The transition to fire based transport will further enhance the fire services' ability to ensure an all hazards approach no matter what the emergency.

EMERGENCY MEDICAL SERVICES

Fire department personnel work and train together more frequently and are familiar with the National Incident Management System (NIMS). This all hazards approach to incident mitigation frequently lends itself to situations where fire department employees will render patient care until the situation has been stabilized (an example would be a motor vehicle collision) and then patient care is transferred to the private ambulance provider for transport to the hospital. Fire based medical transport personnel would have the equipment and training to provide patient care and transport, allowing additional resources to care for critically injured patients.

*THIS MODEL ENSURES A
HIGHER CONTINUITY OF
PATIENT CARE*

This model places fire based transport units in the busiest fire stations throughout the county which ensures the majority of the patients will have one lead paramedic providing care throughout the call. In addition, those fire stations that do not have transport units will consistently be serviced by the same crews. This will provide a greater continuity of care than what is currently being provided. Fire Service EMS providers who work together as part of a consistent team routinely train together and receive ongoing feedback from senior employees and supervisors, ultimately providing a more consistent level of service.

Fire departments will be more likely to support priority dispatch when local fire units are being more appropriately dispatched to all of the calls in their jurisdiction. A concern that many fire departments share is the perception that tax payers will feel abandoned when their local fire department, that they pay taxes to, is no longer seen responding to their emergency. Fire based transport would ensure that the local fire department is still responsive to its tax payers. With properly distributed, statically deployed units, wait times will be decreased for low priority calls.

The Providers Cost Containment and Sustainability Model will consistently exceed the county's four strategic goal areas as described on the following pages. These objectives represent the most important topics that the Pinellas County Board of Commissioners (BOCC), Providers, and the Pinellas County EMS staff need to jointly address in order to successfully accomplish the goals.



EMERGENCY MEDICAL SERVICES

PINELLAS COUNTY STRATEGIC OBJECTIVE 1: MAINTAIN THE LEVEL OF SERVICE

The first step in reviewing any system should be to identify the desired level of service. In determining the desired level of service, nationally and locally recognized standards should be reviewed along with public expectations.

These standards are important for identifying the minimum requirements associated with EMS delivery. However, one of the most influential components in determining the level of service is the public's expectation. In Pinellas County the public has come to expect an exceptionally high level of care and a quick response from first responders providing ALS care.

ALS Fire Apparatus	60
ALS Fire Based Ambulances	35
ALS Peak Time Ambulances	16
Total Fire Based ALS Units	111

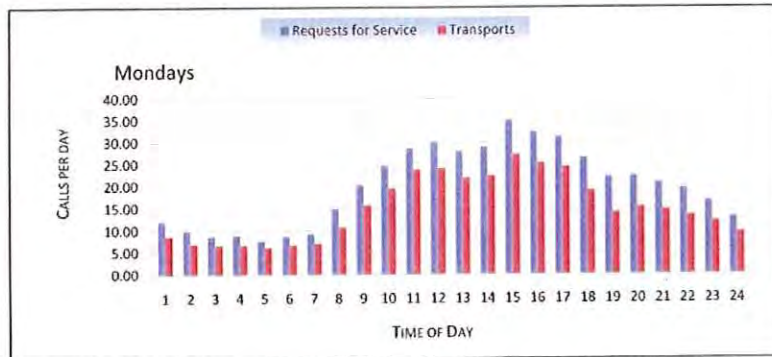
Pinellas County Resolution 09-37 requires an initial response of 7 minutes and 30 seconds 90% of the time. Currently the first responders average response time is 4 minutes and 30 seconds.

The Providers Cost Containment and Sustainability Model maintains this level of service by placing one ALS fire apparatus in each of the 60 fire stations in Pinellas County. The model also provides 35 fire based ALS ambulances operating 24 hours a day out of the busiest fire stations and 16 dynamically deployed fire based peak time ALS ambulances throughout Pinellas County. The peak time units will be strategically placed to handle the call demands for non-emergency inter-facility transports as well as, any peak demands in emergency calls "surge capacity". This deployment strategy will ensure a rapid response and maintain the expected level of service to the residents and visitors of Pinellas County.

This model maintains the expected level of service while providing cost effective efficiencies that add value to the current system.

EMERGENCY MEDICAL SERVICES

Analysis of the current system indicates the highest demand for service occurs on Mondays at 1500 hours (3 o'clock in the afternoon). The 2008 graph below shows the average number of requests for service. The total requests for service is shown in blue and the actual transports in red.



The request for service of both emergency and non-emergency responses average 35, with 27 of those requests actually resulting in a transport. The Providers Cost Containment and Sustainability Model places into service 111 ALS units ready to respond to the needs of our community, of those units 35 will be geographically based fire transport capable units operating 24 hours a day and 16 will be peak time units in operation throughout the county when calls for service are in highest demand.



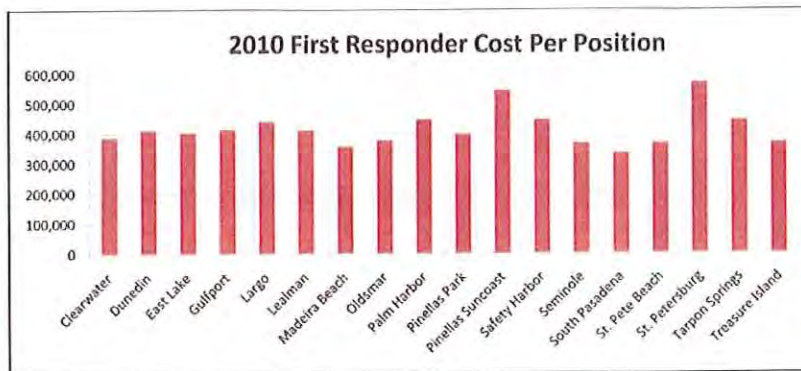
PINELLAS COUNTY EMS PROVIDERS COST CONTAINMENT AND SUSTAINABILITY MODEL

EMERGENCY MEDICAL SERVICES

PINELLAS COUNTY STRATEGIC OBJECTIVE 2: EQUALIZE FUNDING AMONG PROVIDERS

A consistent issue that arises when evaluating the current system is the funding differential between the 18 fire departments and the private ambulance company. The current system funds each first responder agency based on reasonable and customary costs, while the private ambulance company is funded primarily on a flat fee for every transport.

First responders are funded to provide coverage 24 hours a day 365 days a year; this creates confusion when comparing the system with the ambulance contractor, who is only required to meet response time percentiles. While this funding method is somewhat efficient for all parties, there is no way to properly compare the hourly operational cost.



Reasonable and customary costs include the salary and benefits for the actual first responder responding to calls, as well as funding for repair/maintenance, supervision, fuel and in some cases vehicle replacement. These variables have ensured that no two agencies receive the same dollar amount.

The BOCC has attempted to correct the funding issues between the first responders over the past several years including the passage of two resolutions in 2009. The resolutions attempt to identify reasonable and customary costs. While these resolutions have corrected some of the disparity between agencies, they have not resolved the issue of equalizing funding among providers.

EMERGENCY MEDICAL SERVICES

The Providers Cost Containment and Sustainability Model establishes a flat fee based on the type of unit being funded, not the agency being funded. This funding formula will achieve the County's stated goal of "providing equalized funding among all providers". This provides distinct benefits for both the county and the agencies providing the service.

Proposed Unit Funding

<i>ALS Fire Apparatus</i>	<i>\$360,000</i>
<i>ALS Fire Based Ambulances</i>	<i>\$720,000</i>
<i>ALS Peak Time Ambulances</i>	<i>\$360,000</i>

No longer will the county be obligated to fund changes associated with pay raises or pension costs; it will simply fund the type of unit. This funding method will also eliminate the timely and costly budget and auditing process currently in use by the county. This change is a benefit for the county, cities and special districts providing the service. The unit funding formula will allow everyone to better forecast expected revenue and expenses for future years.

In addition to the funding formula mentioned, every ALS unit will receive funding for costs associated with providing EMS including administration, vehicle expenses and fuel. This funding formula will be applied equally to all 111 units.

ADDITIONAL PER UNIT FUNDING

<i>EMS ADMINISTRATION</i>	<i>\$20,000</i>
<i>VEHICLE REPAIR & REPLACEMENT</i>	<i>\$30,000</i>
<i>FUEL</i>	<i>\$8,500</i>

Similar to the current First Responder agreement, a stipulation should be added for fuel cost overages. This approach will provide the appropriate fuel cost reimbursements for extremely busy units while not overfunding the entire system. Reimbursement should be allowed only when the agency's entire fuel budget exceeds the allowable reimbursement. Allowable reimbursement should also be correlated to a formula such as 70% for fire apparatus and 100% for transport units.

Initially the county will fund the purchase of 25 new ambulance type rescues the first year and 10 new ambulance type rescues the second year. These will be purchased by fire departments that currently do not have rescues in place and departments that need to replace their in-service rescues that are up for replacement due to life expectancy. These additional units will bring the fleet of ambulance type rescues to 51, not including reserve units. The model also provides a yearly payment cost replacement plan for each ALS unit. It will be the responsibility of each fire department to use those funds and budget accordingly for future ALS unit replacements during the third and subsequent years.

This model provides the City of St. Petersburg an additional one million dollars to help offset their actual costs, which are typically higher than the average provider.

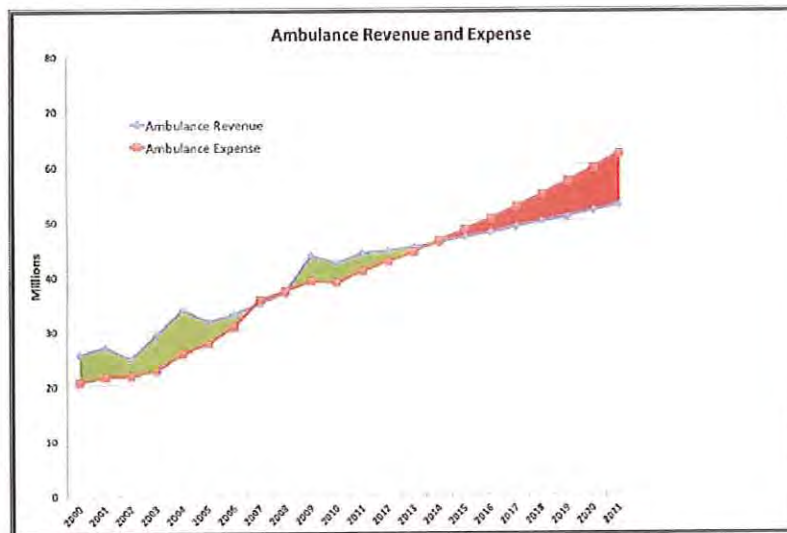
EMERGENCY MEDICAL SERVICES

PINELLAS COUNTY STRATEGIC OBJECTIVE 3: COST CONTAINMENT

Cost Containment for Private Ambulance Provider

This model achieves the goal of containing costs beyond what the IPS study recommends. While the IPS study contains costs on the first responder side, it does not offer any alternatives to contain costs on the ambulance side of the system.

Pinellas County has increased the ALS emergency retail transport rate 3 times in the past 6 years. The rate was increased in 2010 by 10.15%. Even with these increases, expenses are scheduled to outpace revenue by 2013. The Providers Cost Containment and Sustainability Model contains these costs by providing a flat fee per unit, rather than a per transport cost as is the case with the current private ambulance provider.



IPS projections show Ambulance transport expenses will outpace revenue by 2013

EMERGENCY MEDICAL SERVICES

Cost Containment for First Responders

- The Providers Cost Containment and Sustainability Model contains costs by providing a flat fee per type of response unit. The County would no longer be required to fund fluctuations in City and Special District budgets associated with salaries, pensions, or other benefits that a City or Special District may offer its employees.
 - The model further contains costs by providing perpetual vehicle maintenance and replacement cost. Historically, the county has only provided replacement funding for rescue vehicles. This model provides replacement cost for every ALS vehicle. Fire apparatus have a life expectancy of 10-12 years; transport units have a life expectancy of 5-6 years. Providing \$30,000 per year for vehicle repair and replacement will ensure a well maintained fleet with enough reserves to purchase replacement vehicles when needed.
 - The Providers Cost Containment and Sustainability Model further contains costs by limiting any annual increase to the medical consumer price index (MCPI). The only other foreseeable increases or decreases in the Fire Department funding levels will be through either the addition or subtraction of the number and type of response units with the approval of Pinellas County EMS.
- Pinellas County EMS will determine where the peak rescues are located and will determine when additional peak-time rescues are added or removed from the system based on call volume, on an annual basis.

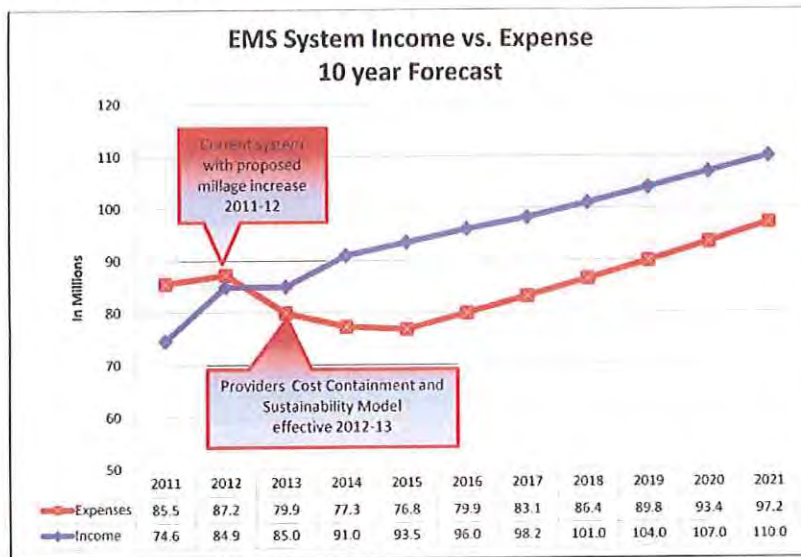


PINELLAS COUNTY EMS PROVIDERS COST CONTAINMENT AND SUSTAINABILITY MODEL

EMERGENCY MEDICAL SERVICES

PINELLAS COUNTY STRATEGIC OBJECTIVE 4: PROVIDE SUSTAINABILITY

The Providers Cost Containment and Sustainability Model will provide a savings of approximately 21 million dollars over the current system in the first 3 years alone. The chart below illustrates the long-term benefits of Fire Based Medical Transport. To demonstrate sustainability the forecast chart assumes revenue will grow by only 2.5%, while expenses will increase by approximately 4 % after the first three years. Even with this very conservative approach, sustainability is still achieved, and the County EMS reserves are replenished.



Initial projections indicate this model achieves sustainability without any increase to either the taxable millage rate or the medical transport rate. The plan achieves sustainability through a projected increase in the volume of transports. For analysis purposes, transports were increased by 4% annually. This is a conservative figure considering transports have increased by 6% annually since 2009. Once the EMS reserves are replenished, property taxes could be reduced again. With Pinellas County in complete control of transport fees, this system will remain sustainable for decades.

EMERGENCY MEDICAL SERVICES

System Components

There are a number of essential components currently being funded in the system. This proposal continues to fund these components at the same level. They are essential to the operation of the complete EMS system. The table below summarizes these components.

ESSENTIAL COMPONENTS	FUNDING
Critical Care Transport	\$ 847,491
Mental Health Transport	\$ 241,175
All Children's Transports	\$314,091
Tactical EMS Team	\$65,000
Long Distance Transports (Base + Mileage)	\$449,515
Medical Supplies	\$2,600,000
Eckerd College Marine Rescue	\$32,450
Patient Business Services (7 FTEs \$35,000 Salary and 45% Benefits)	\$355,250
Information Technology (2 additional FTEs - \$75,000 Salary and 45% Benefits)	\$217,500
Call taking and Dispatch (10 additional FTEs - \$45,000 Salary and 45% Benefits)	\$652,500
Fleet Services (1 FTEs - \$50,000 Salary and 45% Benefits)	\$72,500
Medical Supply Warehouse (3 FTEs - \$35,000 Salary and 45% Benefits)	\$152,250
Sub Total	\$5,999,722

Critical care, All Children's transport, and mental health transports could be run under several options. It should be noted that these transports are not used for the first responders. They are used to transport patients between hospitals.

- The first option would be to contract with the hospitals to run the critical transports, and contract with a company such as Wheelchair Transport to take over the mental health transports.
- The second option would be to open up a Certificate of Public Convenience and Necessity (COPCN) and allow a private provider to perform the services, saving the county an additional 1.4 million, plus supplies.
- The third option would be to contract with one or more of the 18 Fire Departments to run this type of transport.

EMERGENCY MEDICAL SERVICES

Essential Components

- The EMS Tactical team could be placed directly under the Pinellas County Sheriff. The Sheriff's office currently trains all of the SWAT medics that work with their team. This would keep everything under one department.
- Eckerd College would remain funded as they currently work with the fire departments aiding in marine rescues.
- This model adds 7 additional full time employees to aid in billing. It adds an additional 10 full time dispatchers to the 911 center. This will aid in taking on the non emergency transports and scheduling of transports.
- One full time mechanic has been added to fleet services for emergency repairs.
- This model utilizes 3 full time employees to manage and distribute the medical supplies to all 18 fire departments every week.
- With regard to long distance transport, it is recommended that each fire department submit a request for reimbursement after every long distance transport. This would be a flat hourly rate for personnel cost, and a set mileage rate of pay. The personnel and mileage rates would be set by Pinellas County EMS based on current average cost of a firefighter/paramedic. Long distance transport would be to any facility outside of Pinellas, Hillsborough, Pasco, and Manatee Counties. With preplanning of long distance transports, personnel could be hired back and a reserve unit could be used, allowing for all of the front line trucks to stay in-service.

The Providers Cost Containment and Sustainability Model agrees with the county's plan to discontinue funding for Bayflite helicopter services.

IT IS IMPORTANT TO NOTE THAT THIS MODEL ONLY REDUCES TWO SECTIONS OF THE COUNTY'S CURRENT BUDGET, THE FIRST IS THE ELIMINATION OF THE CONTRACT WITH PARAMEDICS PLUS AND THE SECOND IS THE ELIMINATION OF FUNDING FOR BAYFLITE.

EMERGENCY MEDICAL SERVICES

System Start-up

Capital Outlay

- The successful implementation of this model will require the upfront purchase of some capital equipment. Evaluation of the current system indicates three areas of initial investment: transport capable units, medical equipment and Electronic Patient Care Report (EPCR) computers. The capital equipment purchase will take place over the first two years.

Year One Capital Outlay

Item	Quantity	Price	Total
Transport Capable Unit	25	\$150,000	\$3,750,000
Medical Equipment	25	\$50,000	\$1,250,000
EPCR's	130	\$5,000	\$650,000
Total			\$5,650,000

Year Two Capital Outlay

Item	Quantity	Price	Total
Transport Capable Unit	10	\$150,000	\$1,500,000
Medical Equipment	10	\$50,000	\$500,000
Total			\$2,000,000

Transport Capable Units- System analysis indicates 27 units are currently available for frontline services and an additional 14 units are available as back-up units. The purchase of 25 additional transport capable units will provide the necessary units to implement Fire Based Medical Transport. In the second year of operation, 10 additional units will need to be purchased to replace the oldest current frontline units.

EMERGENCY MEDICAL SERVICES

Medical Equipment- The new transport capable units will need additional medical equipment including but not limited to: cardiac monitors, suction units and power stretchers. The initial start up cost for equipment per unit should be less than \$50,000 however; the additional funding will be used to purchase necessary miscellaneous equipment for any of the 51 frontline units.

EPCR Computers- 130 Electronic Patient Care Report (EPCR) computers will be purchased to provide electronic medical reports to assist in documenting patient care and billing. This purchase allows for the placement of one EPCR on every ALS unit and still maintains a 20% reserve should a unit need repaired or updated. The proposal also provides future funding for repair and maintenance of the EPCR's on an annual basis.

IMPLEMENTATION

Timeline

The Providers Cost Containment and Sustainability Model has a projected implementation date of October 1, 2012; this allows for a 14 month time period to ensure an orderly transition.

The following is a list of areas that will need to be addressed.

Adoption by the BOCC, preferably no later than October 2011, will allow 11 months to fully implement fire based transport. This will provide ample time to purchase necessary vehicles, equipment and hire employees. This will also allow Pinellas County EMS time to evaluate the proper location of peak time rescues.

Pinellas County's division of EMS, in conjunction with the county's legal department, should evaluate any necessary legal changes and draft a new Emergency Medical Service ALS First Responder Agreements to allow for Fire Based Medical Transport.

EPCR Training

Electronic Patient Care Reports (EPCR) should be purchased during the first quarter of 2012 to allow sufficient time for training and implementation. Training can be conducted through agencies providing the service or through the monthly continuing medical education (CME) training.

Additionally, all employees responsible for the billing and collecting of patient information will need to receive Health Insurance Portability Accountability Act (HIPAA) training.

EMERGENCY MEDICAL SERVICES

Supply Warehouse

A component of the system that works well is the purchase and distribution of supplies from a centrally located position. This proposal recommends that the county maintains that component. This could be a seamless transition if the county were to hire the current employees performing those duties from Paramedics Plus. The proposal budgets for 3 positions to fill these responsibilities with the assumption that one position would be a working supervisor and all employees would report to Pinellas County EMS staff.

Staffing

The introduction of 27 new fire based ALS transport capable units will provide some unique opportunities for staffing. How these units are staffed is a local decision and should be left as such. Ideally the system would at some point rely solely on multi role cross trained employees as they are capable of filling a multitude of roles and are exempt from overtime laws under Section 7(K), thus creating significant savings on the standard 56 hour work week that many fire departments employ.

Each City and Special District would be responsible for employing the appropriate number of personnel to meet the staffing demands.

A concern that arose during the EMS reconfiguration committee centered on the staffing of peak time units. These units would be staffed using the same manner in which the Cities and Special Districts staff their current units. Any call outs or scheduled absences would be filled on a peak time unit just as it is typically done for any fire unit.

As with any of the proposals being evaluated, a reduction in the workforce is required. Under this proposal many of the people currently employed by Paramedics Plus will be affected. While this is a very sensitive issue, it is one that must be addressed. This proposal cannot mandate how Cities and Special Fire District's hire future employees, but fire departments would be highly encouraged to giving current employees of Paramedics Plus first preference when filling the newly created positions associated with Fire Based Medical Transport. The transition creates as many as 200 new positions throughout Pinellas County, which will provide employment opportunities for Paramedics Plus' full time employees.

EMERGENCY MEDICAL SERVICES

System Supervision

Another key component of fire based EMS transport is that of supervision. While county staff will provide system oversight and administration, day to day operation supervision must be considered. In this fire based EMS transport proposal, this was a consideration that was analyzed. There are a number of alternatives that could be considered with this model. Specific roles and functions will have to be explored and developed as part of the transition process.

From a cost and funding standpoint, there are funds allocated in this model for EMS supervision. The current fire department first responders already have field supervision in place. These include unit supervisors or company officers, shift commanders in a district (known as district chiefs) and rescue lieutenants that supervise EMS function on a 24 hour shift (in two departments).

It is recognized that acceptable responsibilities for fire based transport cause the need for additional supervisory responsibilities, but not necessarily additional supervisory personnel. Because the fire departments currently have supervisors in place that are well trained and experienced in incident response and management, supervisory roles at incidents are easily covered.

The additional supervisory needs, such as dealing with hospitals on bed delays, can easily be rolled into the responsibilities of existing personnel. For example, if desired, the district chief who has a hospital in their district might be the primary contact for issues at that hospital.

There are a number of possibilities on how the necessary functions could be assigned. With the use of the funding in this model and the existing fire department supervisory resources, the component of supervision can be effectively and efficiently accomplished.



EMERGENCY MEDICAL SERVICES

ADDITIONAL BENEFITS

This model further contains costs by eliminating many of the expenses associated with the private ambulance company and many of the duplications involved in operating the current two tiered system. The following is a list of items the county is currently contracted to provide to the private ambulance contractor:

- The entire EMS Communication Systems infrastructure shall include: Emergency and non-emergency telephone access, centralized computer hardware, file servers and networking equipment to operate the county's integrated ambulance dispatch, ambulance billing, and electronic patient care reporting system for First Responder and Ambulance Service records.
- Dispatch console furniture for up to ten (10) dispatch positions with radio and telephone capability.
- Mobile radios sufficient to equip up to seventy-five (75) Vehicles, and UHF medical communications system and mobile radios sufficient to equip up to seventy-five (75) Vehicles.
- One hundred and fifty (150) portable radios, with the additional portable radios to be used for supervisors and management.
- 9-1-1 Pagers for up to two hundred (200) on-duty personnel.
- A portion of the centralized EMS complex.
- All utilities in the facility, including up to one hundred and forty (140) administrative telephone lines for voice and data communication.
- Basic custodial services and routine interior maintenance.

While not all of these expenses will be eliminated, many of them will be significantly reduced. This proposal does not take into consideration any of the savings associated with either the elimination or reduction of any of the above listed items.

It should be noted that with the upcoming change to the digital communication system some savings may be realized in the purchase of compatible radios and pagers because of existing resources within the fire departments.

Additional savings will be realized if the stretchers purchased through the EMS grant belong to the county, as this would eliminate the need to repurchase the equipment. Furthermore, should the cities and special districts be able to reach an agreement for the purchase of some of Paramedic Plus's current inventory of equipment and vehicles, additional savings could be achieved. This purchase would be beneficial for both Paramedics Plus and the purchasing agency.

EMERGENCY MEDICAL SERVICES

IPS CONCERNS

The IPS study recommends the county adopt a marginal engine funding approach for first response. This approach in and of itself, does not eliminate fire rescue units; it does however shift the cost to operate the unit to the city or special district. The logical approach to this change in funding is to place the one paid position on a fire apparatus and then either layoff the other employee or reduce the position through attrition. This approach will work in some locations; however, in 6 of the 12 locations, the IPS report also recommends adding one additional position to assist with high call volumes. This requires the operation of a second unit. Since the agency cannot respond a unit with one person, they are now forced to hire a third employee for which they will receive no funding. In the case of the City of Largo, IPS recommends reducing the current funding level by \$561,599, but then requires the city to hire additional personnel at an approximate cost of \$360,000. The result would be a net loss of over \$921,000 per year, adding additional fire taxes to Pinellas County taxpayers.

EMERGENCY MEDICAL SERVICES

Appendix A- Azzariti Biography

Dan Azzariti has been in the fire service since 1974. He has served as both a volunteer and career firefighter, Fire Chief of the City of New Port Richey and most recently served as Deputy Fire Chief for Marion County Fire Rescue.



Chief Azzariti has enjoyed a full and rewarding career retiring after 37 years of service. During his tenure with New Port Richey, Chief Azzariti worked to transition the Department from a First Responder agency to an Advanced Life Support (ALS) Provider and also improve the agency's ISO classification from a class 5 to a class 3 allowing reductions in insurance premiums within the City. After leaving New Port Richey, he was employed by Marion County Fire Rescue to assist in their transition to a fire based ALS Transport provider. That transition improved patient care and service delivery and also reduced the overall cost of providing that service.

Chief Azzariti has served for many years as the Chairman of the Florida Fire Chiefs' Association EMS Section and is currently President of the Association of Emergency Medical Services Providers of Florida. He regularly attends conferences and meetings where he interacts with State and National Fire and EMS leaders to help establish policy direction. He has served as Co-Chair of the Florida EMS Advisory Council's Legislative Committee, has promulgated both Statute and Rule that has improved the quality and efficiency of EMS delivery in the State of Florida. He was appointed by Florida's Secretary of Health to serve on several task forces and work groups. Chief Azzariti has held the position of EMS Administrator, (Fire Based) on the State of Florida, Bureau of EMS Advisory Council. He served on the Florida Fire Chiefs' Association Board of Directors and is the current President of the Pasco/Hernando Fire Chiefs' Association. Chief Azzariti serves as Co-Chair of the Florida Fire Chiefs Legislative Committee.

Soon after the September 11th, 2001 tragedy, Chief Azzariti was invited to address the Florida House of Representative's Committee on Domestic Security to discuss the pre hospital response capabilities of our State. He has also been invited to speak at numerous conferences and professional seminars specializing in EMS and the fire service. In addition, he has authored numerous articles on Florida's EMS delivery system and the laws that govern it.

Chief Azzariti has Degrees in Emergency Medical Services, Nursing (RN), Fire Science and also has a Bachelor Degree in Management. He holds certifications as Firefighter II, Inspector I & II, Instructor III, EMT, Paramedic and is a licensed Florida Residential Building Contractor.

EMERGENCY MEDICAL SERVICES

Chief Azzariti was awarded the Al Ridgeway Award for Administrative Excellence in EMS, received the Lifetime Achievement Award from the Florida Department of Health, Bureau of EMS and was inducted into the EMS hall of Fame. In 2010, Chief Azzariti was presented the Mark Fingerett EMS Administrator of the year award from the Florida Association of County EMS.

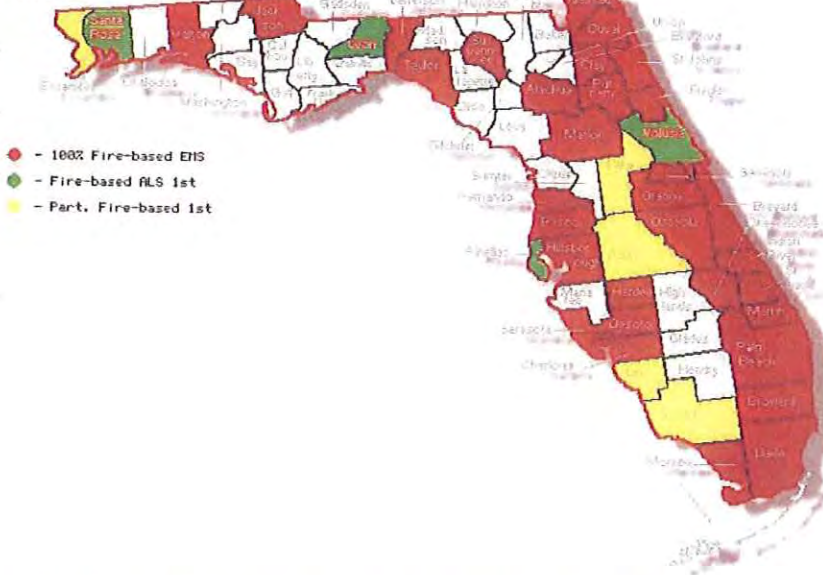
Professional Affiliations

- Florida Fire Chiefs Association – Board of Directors (2002-2008)
- Pasco Hernando Fire Chiefs Association – President
- Pasco Hernando Community College Fire Science Advisory Board
- Florida Society of Fire Service Instructors (FSFSI) – Past Chair Person
- Florida Fire Chiefs Association EMS Section – Section Council, Past Chair Person
- Association of EMS Providers of Florida (A-EMSP) President
- Florida State Emergency Services Task Force – Municipal EMS Provider
- State of Florida, Bureau of EMS – State EMS Advisory Council: 2002-2004
- State of Florida, Bureau of EMS – Trauma System Study Task Force
- State of Florida, Department of Community Affairs – State Working Group
- State of Florida, Department of Health – CDC Bio-terrorism Advisory Committee
- American Heart Association – Pasco/Hernando Affiliate Member
- Florida League of Cities- Home Rule Policy Committee
- Leadership Pasco – Graduate, Class of 2004
- Leadership Ocala/Marion, Class of 2010
- Leadership Ocala/Marion Board of Regents 2010/11

EMERGENCY MEDICAL SERVICES

Appendix B - EMS Provider Map

Florida Fire-based EMS Response



Service Provider	Pop Served	% of State Pop
Fire Based EMS	12,859,539.00	71.09%
Fire Based First Response	1,696,946.00	9.38%
Partial Fire Based First Response	2,033,460.00	11.24%
County EMS Service	1,149,737.00	6.36%
Private Ambulance Service	173,291.00	0.96%
Hospital Based Ambulance Service	176,915.00	0.98%

EMERGENCY MEDICAL SERVICES

Appendix C – Funding Chart

	Total Funding Per Department				Total Proposed Funding
	Fire Apparatus	Full Time Transport Unit	Peak Time Transport Unit	Total Units	
Clearwater	8	5	3	16	\$ 8,436,000
Dunedin	3	2	0	5	\$ 2,752,500
East Lake	3	1	1	4	\$ 2,004,000
Gulfport	1	0	0	1	\$ 418,500
Largo	6	3	2	11	\$ 5,623,500
Lealman	3	2	1	6	\$ 3,171,000
Madeira Beach	1	0	0	1	\$ 418,500
Oldsmar	1	0	1	2	\$ 837,000
Palm Harbor	4	2	1	7	\$ 3,559,500
Pinellas Park	4	3	0	7	\$ 4,009,500
Pinellas Suncoast	2	1	0	3	\$ 1,585,500
Safety Harbor	2	1	0	3	\$ 1,585,500
Seminole	4	2	1	7	\$ 3,559,500
South Pasadena	1	1	0	2	\$ 1,197,000
St. Pete Beach	2	1	0	3	\$ 1,615,500
St. Petersburg	12	10	6	28	\$ 16,138,000
Tarpon Springs	2	1	1	4	\$ 1,974,000
Treasure Island	1	0	0	1	\$ 418,500
Total	60	35	16	111	\$ 59,303,500

EMERGENCY MEDICAL SERVICES

Appendix D – FY 2013 Budget

	Fire	EMS	Total
Personnel Services	\$314,720	\$2,604,520	\$2,919,240
Operating Expenses	\$3,562,990	\$4,882,600	\$8,445,590
Capital Outlay	\$325,000	\$5,325,000	\$5,650,000
Machinery & Equipment			
EPCR (130 Units @ \$5,000 apiece)	\$325,000	\$325,000	\$650,000
Ambulances (25 Units @ \$150,000)	\$0	\$3,750,000	\$3,750,000
Equipment (stretcher, monitor, etc. @ 50,000 per unit)		\$1,250,000	\$1,250,000
Grants & Aids	\$32,450	\$1,917,272	\$1,949,722
Bayflight	\$0	\$0	\$0
Eckerd College Maritime Agreement	\$32,450	\$0	\$32,450
Critical Care Ambulance (BayFront Hospital)	\$0	\$847,491	\$847,491
All Childrens Ambulance (All Childrens Hospital)	\$0	\$314,091	\$314,091
Mental Health Transport (Wheelchair Transport)	\$0	\$241,175	\$241,175
Long Distance Transport	\$0	\$449,515	\$449,515
Tactical EMS (Sheriff's Office)	\$0	\$65,000	\$65,000
Transfers	\$995,890	\$0	\$995,890
Transfer to Tax Collector	\$620,890	\$0	\$620,890
Transfer to Property Appraiser	\$375,000	\$0	\$375,000
New EMS Expenses	\$0	\$1,450,000	\$1,450,000
Patient Business Services (7 FTEs - \$35,000 Salary and 45% Benefits)	\$0	\$355,250	\$355,250
Information Technology (2 FTEs - \$75,000 Salary and 45% Benefits)	\$0	\$217,500	\$217,500
Call taking and Dispatch (10 FTEs - \$45,000 Salary and 45% Benefits)	\$0	\$652,500	\$652,500
Fleet Services (1 FTEs - \$50,000 Salary and 45% Benefits)	\$0	\$72,500	\$72,500
Supply Warehouse (3 FTEs - \$35,000 Salary and 45% Benefits)	\$0	\$152,250	\$152,250
Sub Total	\$5,231,050	\$16,179,392	\$20,789,552
First Response & PM Plus Contracts	\$59,483,500	\$0	\$59,483,500
New Total	\$64,714,550	\$16,179,392	\$80,425,302
Current System			\$85,518,160
Immediate Savings			-\$5,092,858

EMERGENCY MEDICAL SERVICES

Appendix - E FY 2014 Budget

	Fire	EMS	Total
Personnel Services	\$320,228	\$2,650,099	\$2,650,099
Operating Expenses	\$3,625,342	\$4,968,046	\$8,593,388
Capital Outlay	\$25,000	\$2,025,000	\$2,050,000
Machinery & Equipment			\$0
EPCR Maintenance	\$25,000	\$25,000	\$50,000
Ambulances (10 Units @ \$150,000)	\$0	\$1,500,000	\$1,500,000
Equipment (stretcher, monitor, etc. @ 50,000 per unit)	\$0	\$500,000	\$500,000
Grants & Aids	\$33,018	\$1,493,443	\$1,526,461
Bayflight	\$0	\$0	\$0
Eckerd College Maritime Agreement	\$33,018	\$0	\$33,018
Critical Care Ambulance (BayFront Hospital)	\$0	\$862,322	\$862,322
All Childrens Ambulance (All Childrens Hospital)	\$0	\$319,588	\$319,588
Mental Health Transport (Wheelchair Transport)	\$0	\$245,396	\$245,396
Long Distance Transport	\$0	\$457,382	\$457,382
Tactical EMS (Sheriff's Office)	\$0	\$66,138	\$66,138
Transfers	\$1,013,318	\$0	\$1,013,318
New EMS Expenses	\$0	\$1,475,375	\$1,475,375
Patient Business Services (7 FTEs \$35,000 Salary and 45% Benefits)	\$0	\$361,467	\$361,467
Information Technology (2 FTEs - \$75,000 Salary and 45% Benefits)	\$0	\$221,306	\$221,306
Call taking and Dispatch (10 FTEs - \$45,000 Salary and 45% Benefits)	\$0	\$663,919	\$663,919
Fleet Services (1 FTEs - \$50,000 Salary and 45% Benefits)	\$0	\$73,769	\$73,769
Supply Warehouse (3 FTEs - \$35,000 Salary and 45% Benefits)	\$0	\$154,914	\$154,914
Sub Total	\$4,385,150	\$12,611,962	\$16,997,113
First Response	\$60,357,000	\$0	\$60,357,000
Total New System	\$64,742,150	\$12,611,962	\$77,354,113
Current System			\$85,518,160
Immediate Savings			-\$8,164,047

EMERGENCY MEDICAL SERVICES

Appendix – F FY 2015 Budget

	Fire	EMS	Total
Personnel Services	\$326,632	\$2,703,101	\$3,029,733
Operating Expenses	\$3,697,849	\$5,067,406	\$8,765,256
Capital Outlay	\$25,500	\$25,500	\$51,000
Machinery & Equipment			
EPCR Maintenance	\$25,500	\$25,500	\$51,000
Ambulances (10 Units @ \$150,000)	\$0	\$0	\$0
Equipment (stretcher, monitor, etc. @ 50,000 per unit)	\$0	\$0	\$0
Grants & Aids	\$33,678	\$1,989,841	\$2,023,519
Bayflight	\$0	\$0	\$0
Eckerd College Maritime Agreement	\$33,678	\$0	\$33,678
Critical Care Ambulance (BayFront Hospital)	\$0	\$879,569	\$879,569
All Childrens Ambulance (All Childrens Hospital)	\$0	\$325,979	\$325,979
Mental Health Transport (Wheelchair Transport)	\$0	\$250,303	\$250,303
Long Distance Transport	\$0	\$466,529	\$466,529
Tactical EMS (Sheriff's Office)	\$0	\$67,460	\$67,460
Transfers	\$1,033,584	\$0	\$1,033,584
New EMS Expenses	\$0	\$1,504,883	\$1,504,883
Patient Business Services (7 FTEs - \$35,000 Salary and 45% Benefits)	\$0	\$368,696	\$368,696
Information Technology (2 FTEs - \$75,000 Salary and 45% Benefits)	\$0	\$225,732	\$225,732
Call taking and Dispatch (10 FTEs - \$45,000 Salary and 45% Benefits)	\$0	\$677,197	\$677,197
Fleet Services (1 FTEs - \$50,000 Salary and 45% Benefits)	\$0	\$75,244	\$75,244
Supply Warehouse (3 FTEs - \$35,000 Salary and 45% Benefits)	\$0	\$158,013	\$158,013
Sub Total	\$4,472,853	\$11,290,731	\$15,763,584
First Response	\$61,564,140		\$61,564,140
Total New System	\$66,036,993	\$10,824,202	\$76,861,195
Current System			\$85,518,160
Immediate Savings			-\$8,656,965
Total Savings Over 3 Years			-\$21,913,870