

8/25/03
Handout

**County Responses to prior presentations made by Fire Chiefs and Council of
Firefighter Officials to the Pinellas Assembly
Fire & EMS Structure and Funding Task Force**

Re: Presentations to the Fire/EMS Task Force

Overall, the presentation by the Fire Chiefs accurately reflects the current state of the EMS and Fire Protection Systems in Pinellas County. The County concurs there are many world-class features of the system, which is based upon the working relationships between the Cities, Fire Districts and the County.

There are three primary areas in which the Task Force should understand the EMS Authority's perspective and how it differs from the Fire Chief's view:

Issue #1: "Over the term of the contract, costs were diverted from the EMS to the fire side because of the EMS compensation cap."

The EMS Authority disagrees. The County's EMS funding model is based upon the Marginal Cost of upgrading an existing firefighter position on a fire truck into a firefighter/paramedic position.

The County is not aware of any county in Florida, which provides funding to municipal Fire Departments or Fire Districts to provide ALS First Responder Services.

The County believes it should be paying for only "authorized" paramedic positions on first responder rescue units. In the last ten years, agencies have unilaterally promoted many paramedics into administrative positions such as: Chief Officer, Fire Prevention/Inspection, District Chief, Lieutenant and other positions not directly rendering EMS patient care, which has inflated the number of paramedics they employ, and possibly increased associated management personnel expenses.

In addition, departments have increased the number of field Firefighter/Paramedic positions in lieu of Firefighter/EMT positions. This aids in their staffing flexibility. However, this additional field paramedic staffing is not required by the County's ALS First Responder Agreement. Overall, this has equated to an increased number of system paramedics. The EMS Authority believes these positions should be funded by the various Fire Protection budgets. As of July 23, 2003, there are 549 County Certified Paramedics serving in Fire/Rescue Agencies. This compares to a contractual requirement of 296 authorized, EMS funded, paramedic positions to staff 59 ALS First Responder Engine (1 Paramedic) and Rescue (2 Paramedic) Companies. This equates to 253 additional firefighter paramedics more than required in the ALS First Responder Agreements.

If ALS First Responder funding is compared to authorized EMS positions, then most departments are appropriately funded to cover authorized EMS expenditures (i.e. paramedic salary/benefits, EMS Equipment, and EMS Coordination). There are also several agencies,

which are over funded in the current agreement, but none are considered under funded for contracted EMS services.

Issue #2: “Why are there two separate structures and charges for the same people for fire and EMS services? Approximately 80 percent of the fire departments’ responses are medical related, yet EMS funding is approximately 27 percent of the total budget.”

The EMS Authority disagrees. Call volume and the cost of rendering services are two very different things relative to the deliver of ALS First Responder Service by Fire Departments. First, an EMS call typically requires one Fire Department Unit staffed with two personnel at a minimum. There is a minimal use of equipment and the EMS Authority provides all medical supplies to the contractors at no charge.

In contrast, a Fire call requires multiple Fire Department Units and personnel. The Fire Chiefs described a typical Structure Fire response, which include three (3) Fire Engines, a Ladder Truck, a Rescue, a Squad and a District Chief. This typical response requires a great deal of specialized equipment including specialized vehicles such as aerial trucks, protective clothing, breathing apparatus, hoses, nozzles, ground adders, hydraulic and gasoline powered hand tools, etc.

The provision of Fire Service is manpower and equipment intensive. In contrast, EMS Services are not. It would be improper to push departmental funding conveniently toward the County, and EMS, when the majority of the costs are for traditional Fire Services readiness and response.

The EMS Special Act of the Legislature (Chapter 80-585, Laws of Florida), which formed the Pinellas County EMS Authority, allows for the collection and distribution of property tax solely for the provision of Emergency Medical Services.

Issue #3: “The chiefs agree emergency transport by fire departments would improve the level of service to the community through the use of cross-trained firefighter/paramedics.”

The EMS Authority disagrees. First, we do not believe all cities to be in unanimous agreement. Furthermore, all Pinellas County ALS units whether Fire/Rescue or Sunstar, carry identical equipment and medications, use the exact same protocols, and have identically trained and credentialed EMT and Paramedic personnel. There is no difference in the “level of service” between a Fire/Rescue ALS Unit and a Sunstar ALS unit.

The EMS Authority purchases Ambulance Services to meet a response time specification of 10:00 minutes, 90% of the time. If this time interval were reduced, there would be no need for ALS First Responder Services (which have a response time performance of 7:30 minutes, 90% of the time.) The “level of service” as it relates to response time is world-class. Increasing the “level of service” would mean increasing costs without an assessment of any potential clinical outcome improvement or other benefit gained, if any.

Currently, Fire/Rescue transports only one of every 1,000 patients transported on an emergency basis when a Sunstar unit has not yet arrived on the scene. By purchasing a lower response time, the private ambulance company could increase its “level of service.” However, it is unclear if

that would improve the outcome of patients, whose medical needs are met on scene, prior to transport.

Contract Ambulance Services are considerably less expensive as compared to ALS First Responder Services. This is because a private company is able to flexibly staff and deploy resources (neither is typical in the Fire Service). Further, pension and benefit costs are considerably higher for public employees as compared to private employees.

During the last Ambulance Service RFP, the consortium of cities was unable to submit a viable proposal. Further, only one city submitted a bid, and it featured a partnership with a private transport company. This bid was quoted as the highest price received, and judged by the selection committee to be lowest in points scored.

Issue #4: There is no comparison available to our fire services because we are so unique.

The County Disagrees. We believe there are numerous “general” comparisons, which may be made to compare our services with other fire service jurisdictions. These may include cost per call, number of firefighters per 1000 population, cost per station and ISO ratings as examples.

The county also believes that firefighter paramedics are routinely dispatched to fight fires (man hose lines, make interior attack, etc., and therefore reduce the number of available EMS units.

Issue #5: The ambulance system is failing by trying to do both emergency and non-emergency transports.

The County believes the ambulance service is not failing and has served the citizens and patients well over the last sixteen years using the same deployment methods and business model. Having an exclusive transport market provides economies, which balance the county’s good and poor user fee receivables. Our ambulance transport services were consolidated in 1987. This business model continues to be extremely successful and provides excellent clinical controls for medical direction.

The ambulances paramedics carry identical equipment and medications, use the exact same clinical protocols, and have identically trained and credentialed EMT and Paramedic personnel. Since Sunstar paramedics only practice medicine, (not train for and fight fires) their career is 100% focused on patient care. Ambulance paramedics work shorter shifts than the fire service and work from their vehicles, similar to the law enforcement deployment model. Flexible deployment has been serving Pinellas County, its citizens and patients well for over 16 years. The system is not failing; rather it keeps costs down; clinical quality and efficiency up.

Issue #6: “Ambulance profits should not be going out of the County.”

The ambulance company payroll, which equates to millions of dollars each year stays in Pinellas in the form of paychecks. The ambulance company is also responsible for expensive capital improvements that AMR reinvests in our system. Some examples include 51 brand new ambulances trucks every five to six years, on board truck computers, mobile data terminals, dispatch computer upgrades, etc. These reinvestments/improvements come from their profit.