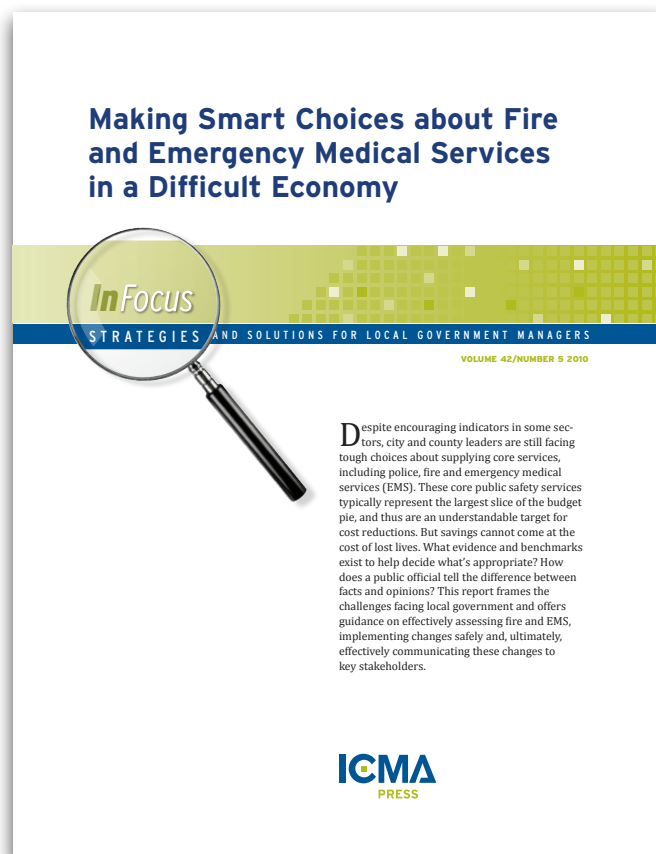


# EXECUTIVE SUMMARY Making Smart Choices About Fire and Emergency Medical Services in a Difficult Economy



## ABOUT THIS PUBLICATION

*InFocus* is a bi-monthly publication produced by the International City/County Management Association. It is intended to provide timely information on subjects of practical interest to local government administrators, department heads, budget and research analysts, and others responsible for and concerned with operational aspects of local government. The ICMA is the premier organization of professional local government leaders building sustainable communities to improve lives worldwide.

This executive summary is designed to provide a brief overview and sampling of the publication. The full report, 22 pages long and published in December 2010, is a comprehensive examination, including references, footnotes, charts, and additional resource information. It can be purchased for \$24.95 at <http://bookstore.icma.org> or by calling 1-800-745-8780.

## AUTHOR INFORMATION

**Joseph J. Fitch, PhD**, is the founder and president of Fitch & Associates ([www.fitchassoc.com](http://www.fitchassoc.com)), a fire service and ambulance consultancy based in metropolitan Kansas City, Missouri. He can be reached at [jfitch@fitchassoc.com](mailto:jfitch@fitchassoc.com). **Michael G. Ragone** is a senior associate at Fitch & Associates and leads the fire service practice. He can be reached at [mragone@fitchassoc.com](mailto:mragone@fitchassoc.com). **Keith Griffiths** is the editor-in-chief of Best Practices in Emergency Services and president of the RedFlash Group, providing research and communications to public health and safety. He can be reached at [kgriffiths@redflashgroup.com](mailto:kgriffiths@redflashgroup.com).



### CONTENTS

The full report addresses the following issues:

- The impact of budget cuts on public safety
- How fire service is traditionally organized in the U.S.
- The role of the fire service as medical first responder
- The advantages and disadvantages of six different EMS service delivery approaches (fire service, public utility model, third government service, private for-profit, community-based or volunteer nonprofit agency, and hospital-based.)
- The differing perspectives of fire and private providers
- Current fire/EMS reimbursement issues, future trends, and healthcare reform
- Compounding issues, including expanded fire service missions, fewer fire calls, post 9-11 disaster readiness, decline in volunteers, fire service overtime, response time standards and changing public expectations
- The impact of rolling brownouts and similar cost-reducing tactics
- The “balanced decision process” for making tough decisions about public safety
- Considerations for putting your ambulance service out to bid

### OVERVIEW >>>

Even as the U.S. economy slowly recovers from recession, communities are expected to face tight budgets for years to come—and in some cases, unprecedented cuts will have to occur. While across-the-board reductions may seem fair, public safety agencies, and in particular fire and EMS, have special considerations to take into account. The core mission of fire departments has changed dramatically in the past 50 years, as medical-related calls have far outpaced fire suppression, yet true fire emergencies require more personnel on scene than do EMS assignments.

Some communities have used the budget crisis to fundamentally rethink their approach to fire and EMS. Doing so effectively requires access to data and a systematic approach to engaging key stakeholders with an unvarnished discussion of implementation options and policy choices. This report was created to educate city officials about their options, so they can make informed decisions concerning how out-of-hospital emergency

medical care is provided to their communities, especially as it relates to their fire department.

### THE RELATIONSHIP BETWEEN THE FIRE SERVICE AND EMS >>>

The fire service has always had some level of involvement in medical emergencies. Over the past 30 years, however, the mission of most fire departments has evolved to include out-of-hospital emergency medical response in a more integrated way. This may range from offering basic care at the scene to providing full paramedic-level EMS/medical care and transportation to a hospital. In just about every community, fire departments provide at least medical first response due to short response times, skilled manpower, and the ability to bring time-sensitive, life-saving interventions to a patient quickly.

The fire service’s role as a medical first responder is rarely challenged. What is debated is the expense of getting the right resources to the right place in the right amount of time: Citizens are understandably puzzled when a fire engine with four firefighters, a rescue truck, a police vehicle and an ambulance all arrive at the scene of what appears to be a rather routine call. Isn’t that a waste of resources? Not necessarily, but it does raise legitimate concerns. While cities report that half of all calls are responded to using advanced life support (paramedic) resources, only a fraction of those are actually life-threatening.<sup>1</sup> Research shows that paramedic-level care is beneficial in a handful of critical instances,<sup>2</sup> however, the Institutes of Medicine has called for additional study to better understand how EMS can most effectively improve patient outcomes.<sup>3</sup>

In the meantime, is it sound public policy for fire agencies to provide a lights-and-sirens response to every 911 request for service, or for personnel on every apparatus to be paramedics? With the above in mind and for safety purposes, a number of communities limit the fire department’s first response to only those requests prioritized as life-threatening emergencies, in accordance with strict medical dispatch protocols.<sup>4</sup>

Fire departments facing budget constraints are exploring alternative strategies for meeting demand. Several have successfully implemented approaches to accomplish that goal. For example, in suburban Portland, Ore., Tualatin Valley Fire and Rescue (TVFR) deploys peak demand engine companies or rescue response vehicles to match demand. During times of peak requests for service, response times can be maintained to the benefit of patients in need. To reduce the service level impacts associated with shutting down fire companies, the San Jose Fire Department is using an innovative resource man-



agement strategy they devised called “dynamic deployment.” It requires an additional investment in resource-management software tools, communication center personnel and ongoing data gathering and analysis, but is anticipated to reduce service level impacts to the most critical calls.

Several communities, including Louisville, Ken., Richmond, Va., and Cleveland, Ohio, are experimenting with protocol-based triaging of non-emergency calls at the 911 dispatch level, providing callers with alternatives such as a nurse-assist line or an appointment and transporta-

tion to a clinic. This approach reduces responses to non-life-threatening calls, lowering costs and enabling scarce resources to remain ready for life threatening calls.<sup>5</sup>

## **MAKING TOUGH CHOICES >>>**

Fire service leaders are facing difficult decisions, many on an unprecedented scale. Strategies that worked in the past may not be effective today. Traditionally, reducing expenses meant reducing training and travel, eliminating civilian positions, cutting back on the quality and quantity of office supplies and other non-essential materials or de-

*Continued on next page*

## **20 QUESTIONS TO DISCUSS WITH YOUR FIRE CHIEF**

1. How does the performance and cost of our program objectively benchmark against others with similar volumes and demographics, and where can we get the data to answer questions?
2. Are stations in the right locations to optimize our response capabilities and resources?
3. How many response resources is the “right” amount for fire calls? For medical calls? What tells us that this is correct?
4. What is an acceptable productivity level to expect from EMS personnel?
5. What is an evidence-based and legally defensible response-time goal for our community and how often do we reach critical response levels (i.e., too few units)?
6. Many communities use a 90th percentile response time as a standard for first arriving units. What is our response time standard?
7. Do we need to send a fire apparatus to calls, including all medical requests from 911?
8. Do units need to respond with lights and sirens to all 911 calls, despite the nature of the complaint?
9. How much down time do our fire and EMS personnel have while waiting for calls? How do we evaluate the “right” number and schedules for staffing?
10. How does our department treat the standards that are published by the National Fire Protection Association (NFPA) and the Insurance Services Office (ISO)—as requirements or as guidelines?
11. Fire-related responses are declining significantly. When are the numbers low enough to consider consolidating, or contracting with another community? Are there other alternatives to having our own fire department?
12. Some communities are selectively closing stations (i.e., enacting rolling brownouts) to reduce costs. What are the benefits and risks of this strategy?
13. In addition to providing medical first response service, should our fire department get into or out of the business of transporting patients?
14. Should we consider getting into the business of non-emergency transports (interfacility and scheduled transports) and the extra revenue that might bring?
15. Regardless of what others are doing, is our fire department better positioned to provide EMS transportation in our community than other organizations? What factors should be considered?
16. Besides privatization, what strategies could be used to improve efficiency of our service?
17. Can service levels be enhanced without changing the governance structure or making significant additional investments?
18. How can we be assured that the processes, procedures and protocols utilized in managing our emergency service agencies reflect current best practice? Where are we getting our information?
19. Fire and EMS are dangerous occupations and generate significant internal and external litigation. How should our fire and EMS system evaluate and mitigate both safety and legal risks associated with providing these services?
20. Emergency services represent a large percentage of our community’s budget. How do we show the taxpayers we are getting the best value for the dollars we spend?



laying a new cadet academy or new stations. What happens when those tactics don't come close to closing the budget gap? How do fire service and civic leaders make the right choices not just to meet this year's budget, but for the long-term health and benefit of their department and the community? (For a list of tough questions that city/county managers should be ready to discuss with their fire chief, see page 3.)

**DEFINE THE CORE MISSION >>>**

The process for making decisions may not be as complicated as it seems. First, departments must refocus on core services. A detailed understanding of what fire departments are called on to do by their constituents will aid in clarifying their core mission. For the vast majority of departments, response to medical emergencies is the most requested service, followed by other calls including motor vehicle collisions and fire-related calls—but each department needs to establish its own set of priorities based on community needs and values.

Once core priorities are established, the department can focus on ensuring those priorities get proper attention. Establishing core priorities enables critical decision-making about where to invest time, cut costs, or consider service elimination. Fire departments, like other public safety organizations, need to consider two foundational elements when matching resources to service needs: 1) provide geographical coverage so that appropriate resources can respond in an evidence-based timeframe for medical and fire calls and 2) supply those resources in adequate numbers to meet fluctuations in call demand.<sup>6</sup>

Police and EMS agencies have been experimenting with these concepts, but the fire service has limited experience with them. The key is to focus on what you're

trying to achieve. For example, research shows that the minimum number of firefighters to safely enable entry into a house is four.<sup>7</sup> To achieve that goal, fire departments have focused on putting four personnel on every apparatus versus creatively looking at achieving the result of four personnel at the scene. The difference may be subtle, but it could mean that two apparatus cover a wider area with 2-3 people so that the system is designed for the ideal number to arrive on the scene together. Focusing on the outcome or the result helps define the "what" and hopefully not get anchored by the "who" or "how."

The key in these examples is clarity on the goal and using data and information to drive the decision. By having a clear aim and good data, it's not only easier to make sound decisions, but also easier to communicate those decisions to staff and the public in a way that is clear, factual, logical and free of the traditional selling that comes with decisions not made methodically.

**CONCLUSION >>>**

Decisions to close stations, reduce staffing, change schedules, work rules and other mechanisms to control costs are often complex and always controversial. Making a difficult decision in such an emotionally charged environment requires special attention to the process of *making the decision* in a disciplined manner and then *implementing the decision* with positive action. The balanced decision process developed by the City of Cedar Rapids, Iowa, is a solid guide that other communities can adapt. For a more thorough discussion of these issues and a detailed description of the Balanced Decision Process, please read the complete report.

<sup>1</sup> Ian G. Stiell, MD, February 25, 2005, Ontario Pre-hospital Advanced Life Support (OPALS) Study, Canadian Health Services Research Foundation.

<sup>2</sup> National EMS Advisory Council Position Paper, EMS Makes a Difference: Improved Clinical Outcomes and Downstream Healthcare Savings, <http://www.ems.gov/pdf/nemsac-dec2009.pdf> (accessed June 29, 2010)

<sup>3</sup> Institutes of Medicine White Paper, June 13, 2006, "Emergency Medical Services at the Crossroads"

<sup>4</sup> Clawson, Dernocoeur, Principles of Emergency Medical Dispatch, 2005, The National Academies of Emergency Dispatch

<sup>5</sup> Jenifer Goodwin, "Precious Resources," Best Practices in Emergency Services, July 2010, Vol. 13 No. 7: 1, 10, 11.

<sup>6</sup> *ibid*

<sup>7</sup> *ibid*

