

Fire Based Medical Transport

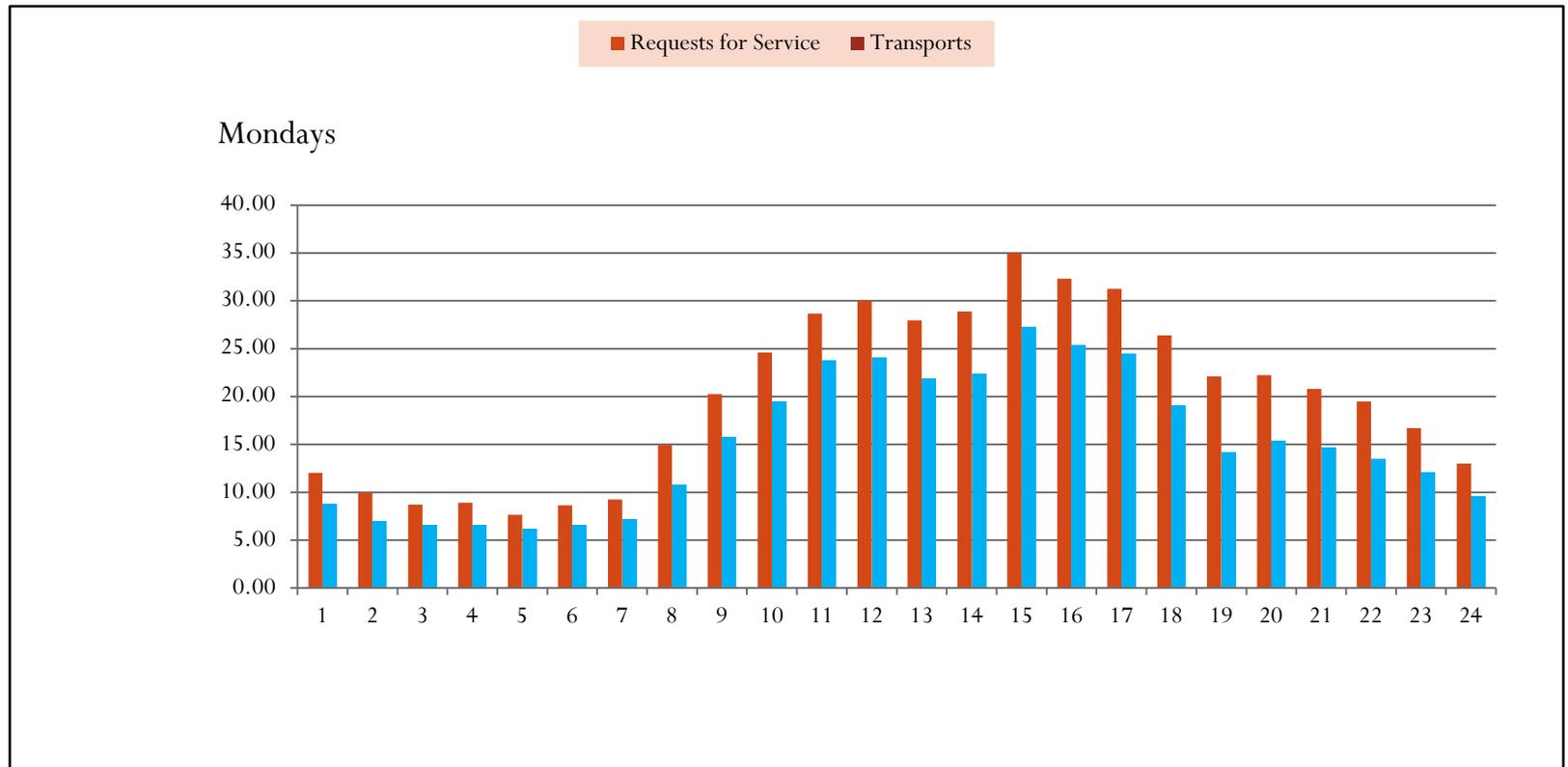
Better Faster Cheaper

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

Fire based transport achieves all of these goals and saves over \$20,000,000 over the next three years!

GOAL 1: MAINTAIN THE LEVEL OF SERVICE



Request for service of both emergency and non-emergency responses peaks at around 35, with 27 of those requests actually resulting in a transport.

MAINTAINS THE LEVEL OF SERVICE

This plan provides the following apparatus to meet the needs of the community.

ALS Fire Apparatus	60
ALS Fire Based Ambulances	35
ALS Peak Time Ambulances	<u>16</u>
Total Fire Based ALS Units	111

This maintains our current average response time of 4 minutes and 30 seconds.

MAINTAINING THE LEVEL OF SERVICE

- The IPS plan reduces the level of service by removing 23 rescues from the fire departments.
- This eliminates at least 166 firefighter/paramedic positions, therefore reducing your fire fighting force.
- The IPS plan increases the response time from the current average of 4 minutes and 30 seconds to 7 minutes and 30 seconds 90% of the time.

GOAL 2: EQUALIZE FUNDING AMONG PROVIDERS

EACH PROVIDER WILL BE FUNDED ACCORDINGLY PER UNIT

- ALS Fire Apparatus \$360,000
- ALS Fire Based Ambulances \$720,000
- ALS Peak Time Ambulances \$360,000

IN ADDITION EACH UNIT WILL RECEIVE THE FOLLOWING FUNDING

- EMS ADMINISTRATION \$20,000
- VEHICLE REPAIR & REPLACEMENT \$30,000
- FUEL \$8,500

Goal 3: COST CONTAINMENT

- This plan contains cost by funding each unit, rather than paying for each employee or for each transport
- The IPS study does not contain private ambulance cost
 - The private ambulance contract has increased 97% since 2003
 - Since 2010 the private ambulance company has increased \$4,135,044 compared to \$435,303 for first responders
 - The retail user rate has been increased 4 times in the past 7 years
 - With these increases, expenses will still out pace income by 2013 according to the IPS study

Ambulance Expenses vs Revenue

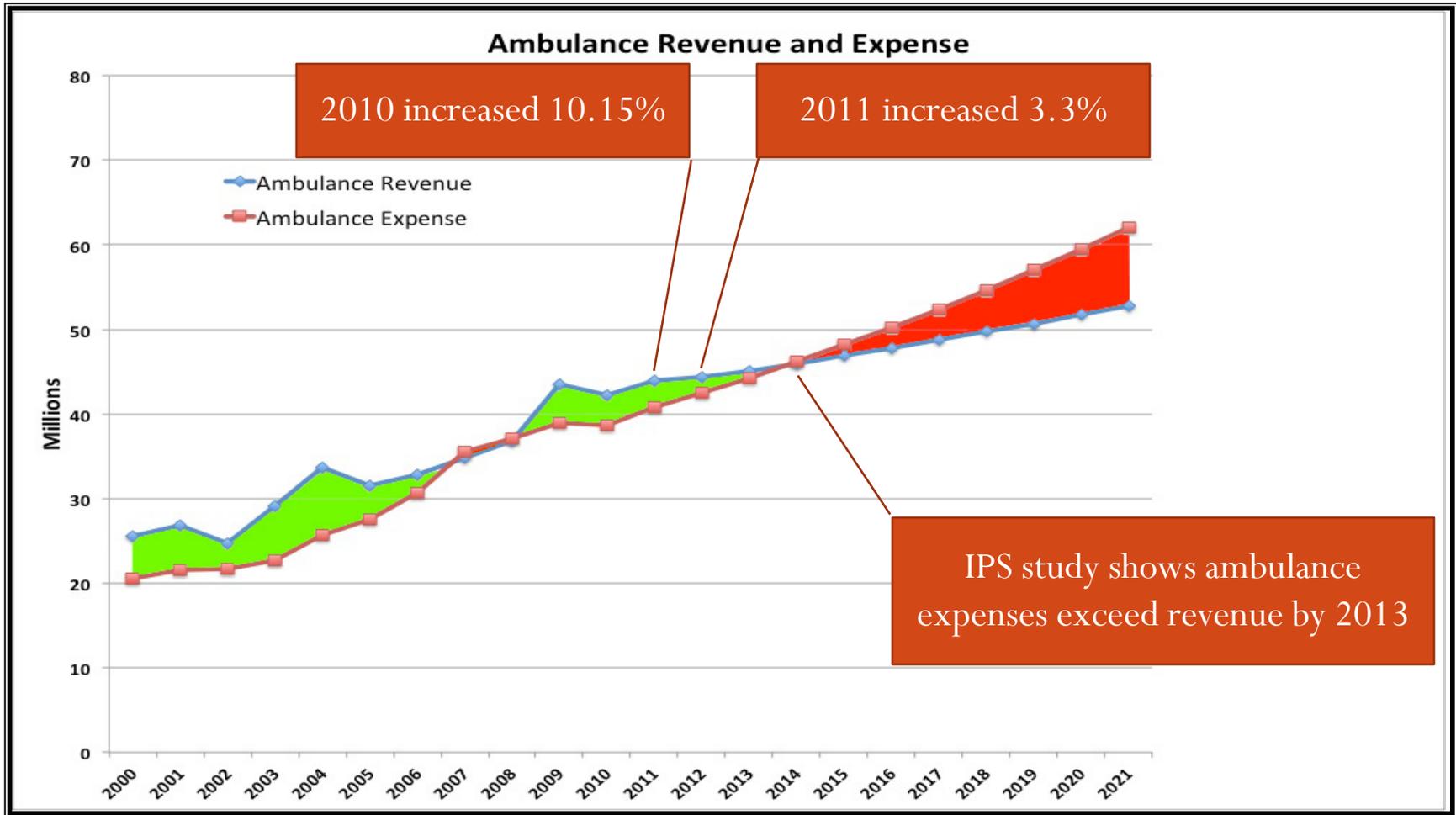


Chart from IPS Study

GOAL 4: PROVIDE SUSTAINABILITY

EMS System Income vs. Expense 10 year Forecast



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.

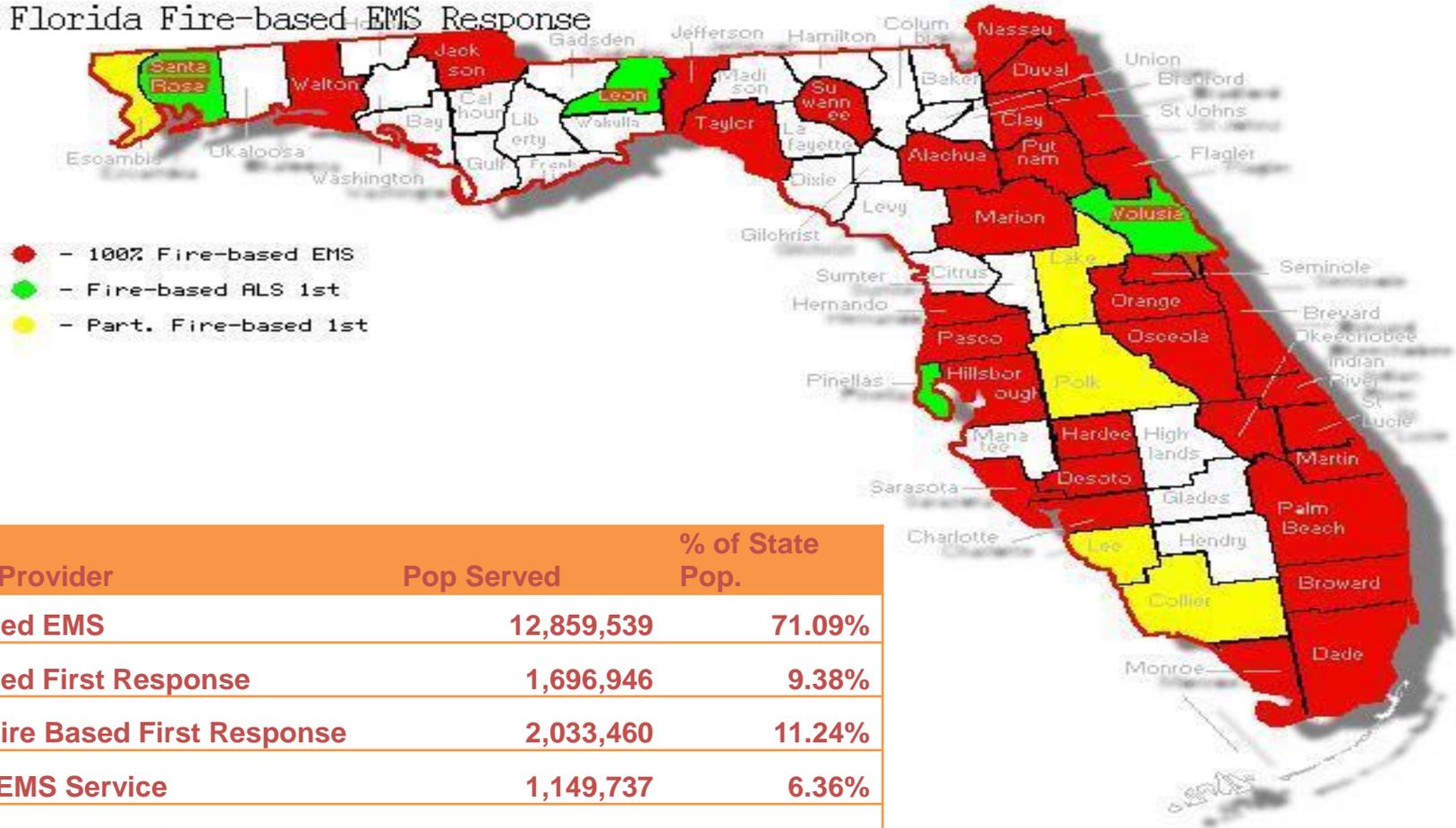
Critical Components	Funding
Critical Care Transport	\$ 847,491
Mental Health Transport	\$ 241,175
All Children's Transports	\$314,091
Tactical EMS Team	\$65,000
Long Distance Transports (Base + Mileage)	\$449,515
Medical Supplies	\$2,600,000
Eckerd College Marine Rescue	\$32,450
Patient Business Services (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

WHY FIRE BASED MEDICAL TRANSPORT

- Fire departments have evolved into a multidisciplinary force trained for an “All Hazards” response
- Firefighter paramedics perform many different functions for the cost of a single position
- Firefighter paramedics can easily assume the transport duties, without shifting costs to taxpayers
- Leading trend over the past 20 years (71% of Florida’s population is served by Fire Based Medical Transport)

Florida Fire Based EMS

Florida Fire-based EMS Response



Service Provider	Pop Served	% of State Pop.
Fire Based EMS	12,859,539	71.09%
Fire Based First Response	1,696,946	9.38%
Partial Fire Based First Response	2,033,460	11.24%
County EMS Service	1,149,737	6.36%
Private Ambulance Service	173,291	0.96%
Hospital Based Ambulance Service	176,915	0.98%

FIRST RESPONDER MISCONCEPTIONS

- Patients are frequently transported to opposite ends of the county

Fact

- 90% of the time patients are transported to one of the three closest facilities
- With 14 hospitals located throughout Pinellas County, most patients are within 5 miles of the nearest hospital

First Responder Misconceptions

Myth the Private Ambulance Company is Cheaper

Provider	First Responder	Private Ambulance	Combined	Fire Based Transport
Total Cost	\$38,112,490	\$31,842,312	\$69,954,802	\$58,453,500
Daily Cost	\$104,418	\$87,240	\$191,657	\$160,147
Number of Units	63	70	N/A	111
Hours of Operation	1512	819	2,331	2,472
Hourly Rate	\$69.06	\$106.52	\$82.22	\$64.79

Ambulance hours based on 12 hour or less shifts

FACT; COMPARED ON AN HOURLY RATE FIRST RESPONDERS ARE 50% CHEAPER THAN THEIR PRIVATE AMBULANCE COUNTERPARTS!

BEYOND THE COUNTY'S GOALS

This Plan:

- Enhances the current level of service
- Delivers a higher quality of service through continuity of patient care
- Breaks down barriers associated with priority dispatch

Priority Dispatch

- A concern that many fire departments share is the perception that taxpayers will feel abandoned when their local fire department does not respond
- Fire based transport would ensure that the local fire department is still responsive to its taxpayers
- With properly distributed, statically deployed units, wait times will be decreased for low priority calls.

Continuity of 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
- 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 this provides a more consistent level of service.

Resolutions

- Fire Chiefs Association
- Lealman Fire District
- Palm Harbor Fire District
- Pinellas Suncoast Fire District
- City of Pinellas Park
- Town of Kenneth City
- South Pasadena
- Madeira Beach
- Redington Beach
- Tierra Verde Community Association
- CONA of St. Petersburg – Motion to Support Fire Transport

PINELLAS COUNTY EMERGENCY MEDICAL SERVICE PROVIDERS COST CONTAINMENT AND SUSTAINABILITY MODEL



July 2011

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 \$20 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 20 Million dollars during the next 3 years."

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

Appendix A - Azzariti Biography..... 24

Appendix B - EMS Provider Map.....26

Appendix C - Funding Chart 27

Appendix D - Pinellas County Fire and EMS Budget Current).....28

Appendix E - FY 2013 Budget.....29

Appendix F - FY 2014 Budget 30

Appendix G - FY 2015 Budget..... 31

Addendum..... 32

Preliminary

“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

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 project 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 McElhane

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 20 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.

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.



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	<u>16</u>
Total Fire Based ALS Units	111

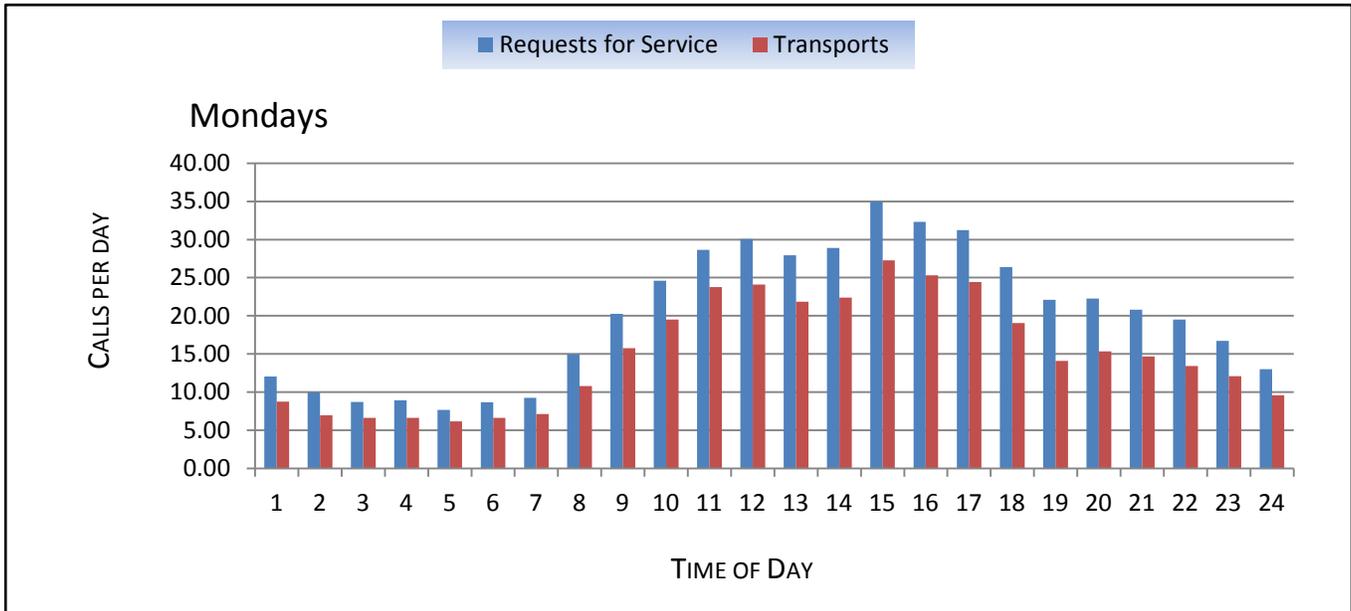
Pinellas County Resolution 09-37 requires an initial response of 7 minutes and 30 seconds 90% of the time. Currently the first responders average response time is 4 minutes and 30 seconds.

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.



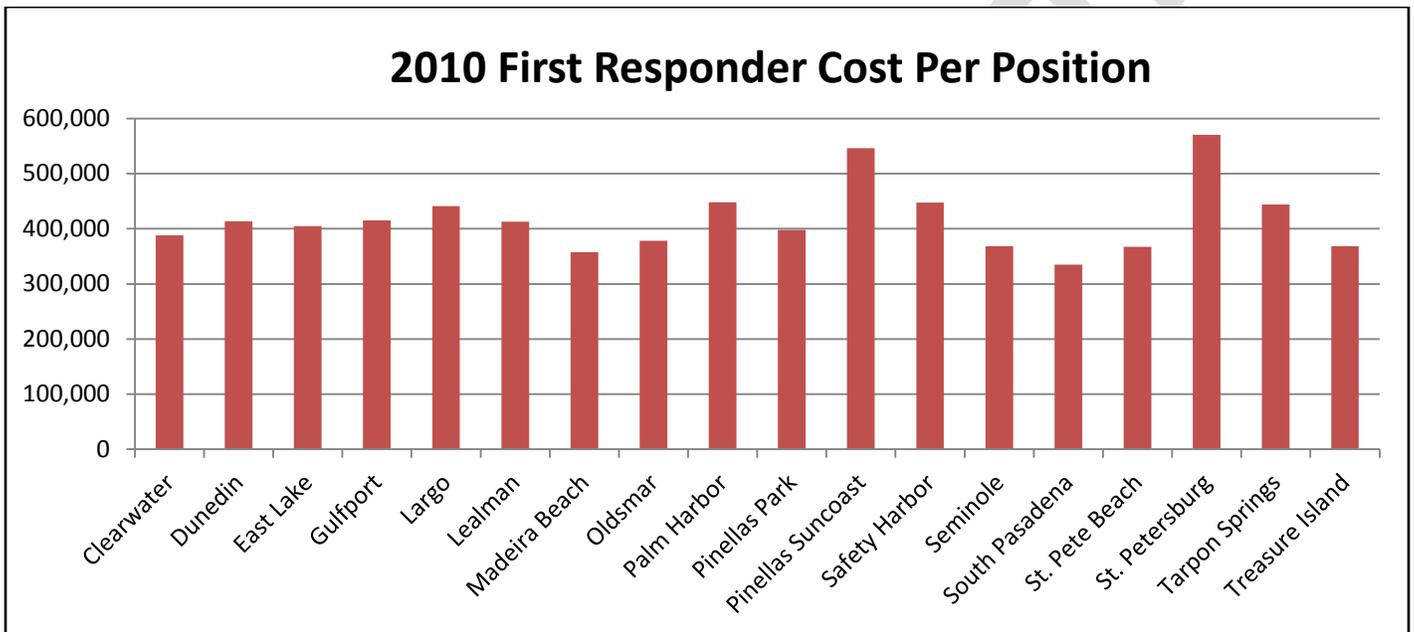
The request for service of both emergency and non-emergency responses average 35, with 27 of those requests actually resulting in a transport. The Providers Cost Containment and Sustainability Model places into service 111 ALS units ready to respond to the needs of our community, of those units 35 will 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 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.

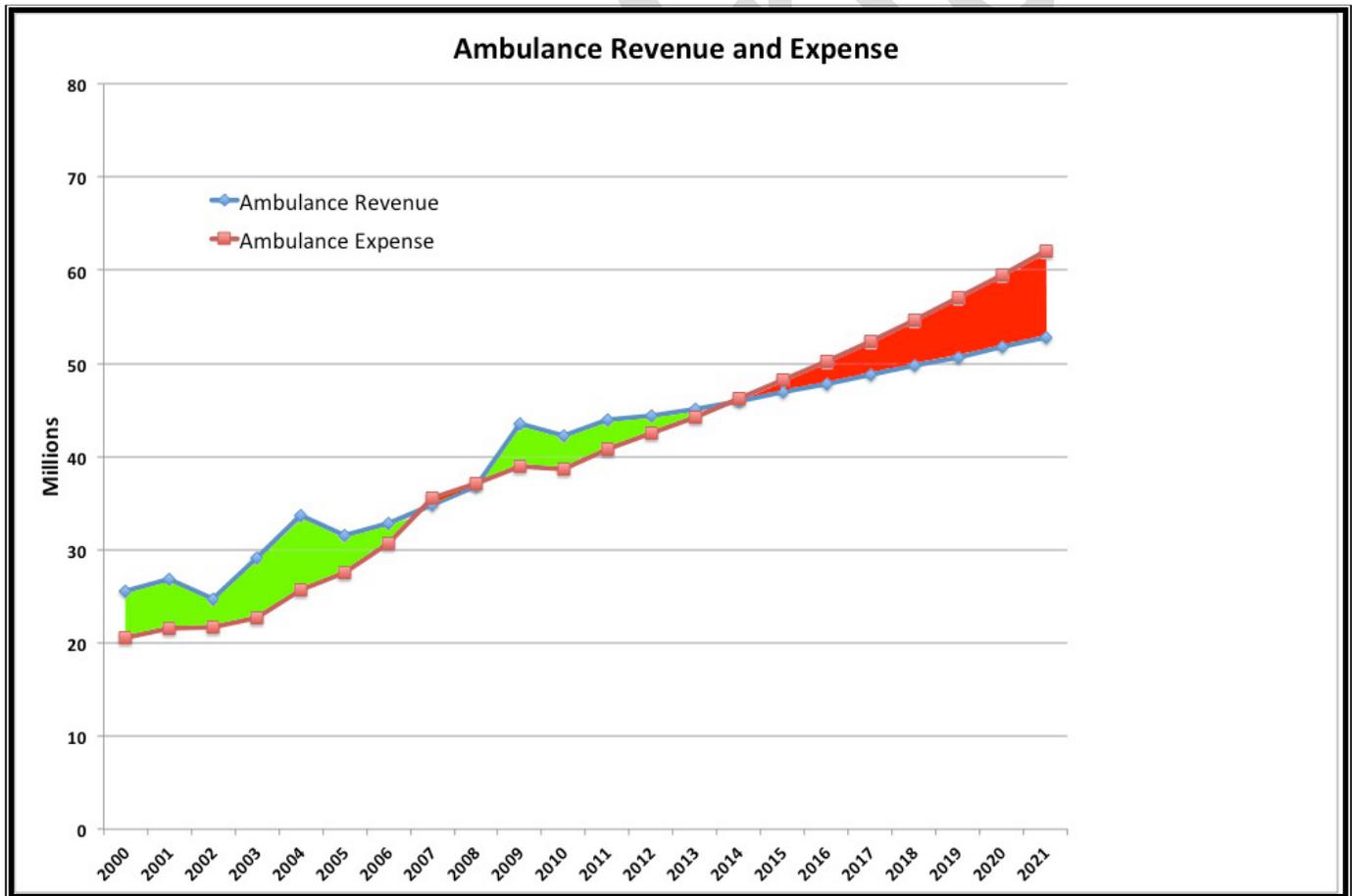
Initially the county will fund the purchase of 25 new ambulance type rescues the first year and 10 new ambulance type rescues the second year. These will be purchased for fire departments that currently do not have rescues in place and departments that need to replace their in-service rescues that are 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 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.

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 7 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

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.

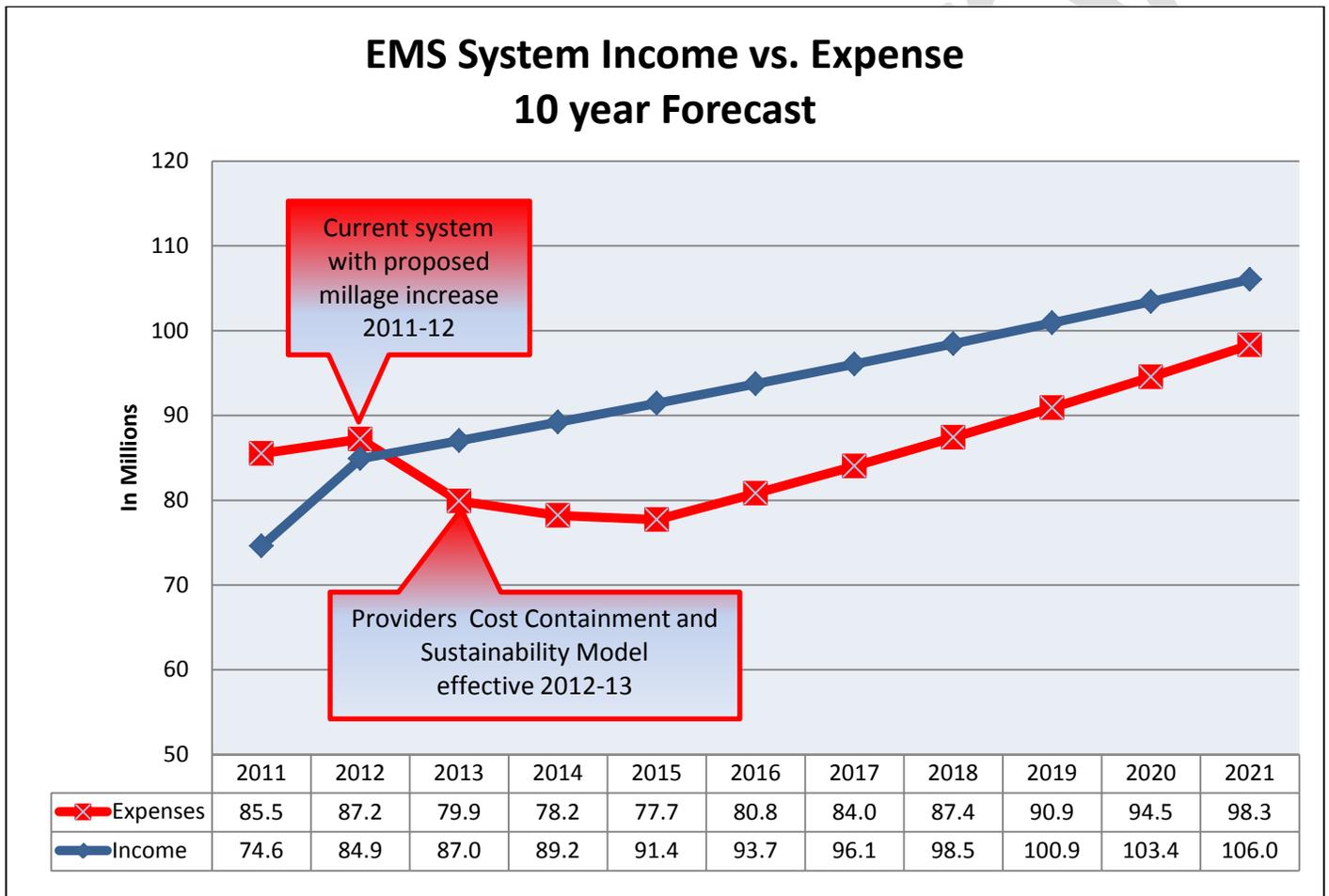
The Providers Cost Containment and Sustainability Model further contains costs by limiting future annual increase to the medical consumer price index (MCPI). The only other foreseeable increases or decreases in the Fire Department funding levels will be through either the addition or subtraction of the 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 STRATEGIC OBJECTIVE 4: PROVIDE SUSTAINABILITY

The Providers Cost Containment and Sustainability Model will provide a savings of approximately 20 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 2.5% annually. 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.

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.

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	100	\$6,500	\$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.

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- 100 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 (it should be noted that 30 EPCRs are currently in service in Pinellas County, bringing the total to 130 EPCRS) 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.

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.

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.



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.

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.

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.

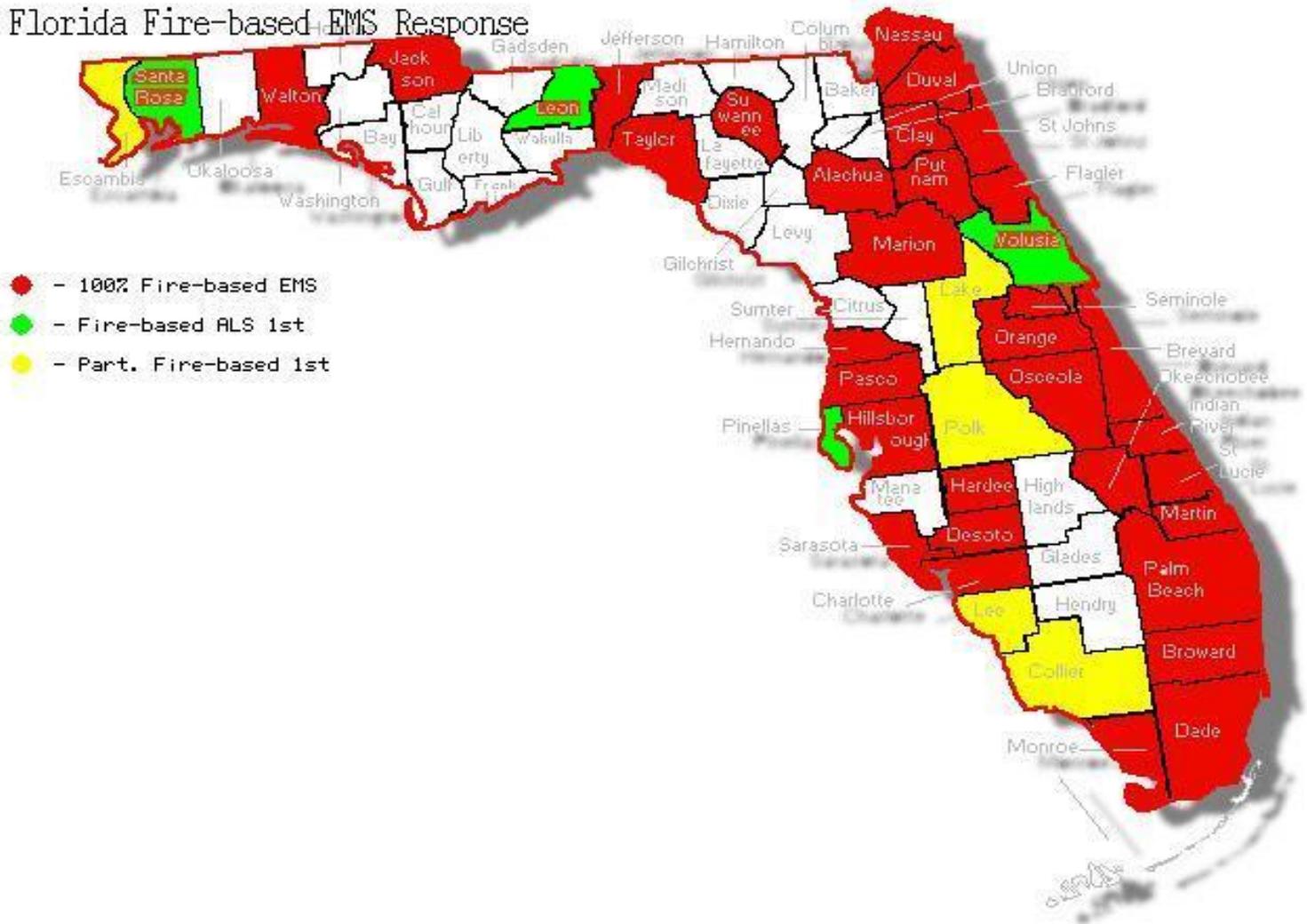
Chief Azzariti was awarded the Al Ridgeway Award for Administrative Excellence in EMS, received the Lifetime Achievement Award from the Florida Department of Health, Bureau of EMS and was inducted into the EMS hall of Fame. In 2010, Chief Azzariti was presented the Mark Fingerett EMS Administrator of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

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%

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	\$ 8,406,000
Dunedin	3	2	0	5	\$ 2,752,500
East Lake	3	1	0	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	\$ 15,318,000
Tarpon Springs	2	1	1	4	\$ 1,974,000
Treasure Island	1	0	0	1	\$ 418,500
Total	60	35	16	111	\$ 58,453,500

* The departments receiving new rescues will not receive the \$30,000 vehicle replacement funding. The placement of 5 new rescues is still to be determined.

EMERGENCY MEDICAL SERVICES

Appendix D – Pinellas County Fire and EMS Budget (Current)

	Fire	EMS	Total
Personal Services	\$314,720	\$2,604,520	\$2,919,240
Operating Expenses	\$3,562,990	\$3,282,600	\$6,845,590
Capital Outlay	\$600,000	\$0	\$600,000
Grants & Aids	\$344,950	\$0	\$344,950
Transfers	\$995,890	\$0	\$995,890
Sub Totals	\$5,818,550	\$5,887,120	\$11,705,670
First Response & PM Plus Contracts	\$38,112,490	\$35,700,000	\$73,812,490
Total Minus Reserves	\$43,931,040	\$41,587,120	\$85,518,160
Current Reserves	\$3,978,360	\$11,935,070	\$15,913,430
Total with Reserves	\$47,909,400	\$53,522,190	\$101,431,590

This budget should be adjusted when the FY 2012 budgets becomes available

EMERGENCY MEDICAL SERVICES

Appendix E – FY 2013 Budget

	Fire	EMS	Total
Personal Services	\$314,720	\$2,604,520	\$2,919,240
Operating Expenses	\$3,562,990	\$4,882,600	\$8,445,590
Capital Outlay	\$227,500	\$5,422,500	\$5,650,000
Machinery & Equipment			
EPCR (100 Units @ \$6,500 a piece)	\$227,500	\$422,500	\$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 Children’s Ambulance (All Children’s 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
Calltaking 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	\$5,133,550	\$16,276,892	\$21,410,442
First Response & PM Plus Contracts	\$58,453,500	\$0	\$58,453,500
New Total	\$63,587,050	\$16,276,892	\$79,863,942
Current System			\$85,518,160
Immediate Savings			-\$5,654,218

EMERGENCY MEDICAL SERVICES

Appendix F – FY 2014 Budget

	Fire	EMS	Total
Personal Services	\$320,228	\$2,650,099	\$2,970,327
Operating Expenses	\$3,625,342	\$4,968,046	\$8,593,388
Capital Outlay	\$39,000	\$2,039,000	\$2,078,000
Machinery & Equipment			\$0
EPCR Maintenance	\$39,000	\$39,000	\$78,000
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
			\$0
Grants & Aids	\$33,018	\$1,950,824	\$1,983,842
Bayflight	\$0	\$0	\$0
Eckerd College Maritime Agreement	\$33,018	\$0	\$33,018
Critical Care Ambulance (BayFront Hospital)	\$0	\$862,322	\$862,322
All Children's Ambulance (All Children's 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
Calltaking 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	\$5,030,906	\$13,083,344	\$18,114,250
First Response	\$60,086,936	\$0	\$60,086,936
Total New System	\$65,117,842	\$13,083,344	\$78,201,186
Current System			\$85,518,160
Immediate Savings			-\$7,316,974

EMERGENCY MEDICAL SERVICES

Appendix G – FY 2015 Budget

	Fire	EMS	Total
Personal Services	\$326,632	\$2,703,101	\$3,029,733
Operating Expenses	\$3,697,849	\$5,067,406	\$8,765,256
Capital Outlay	\$39,780	\$39,780	\$79,560
Machinery & Equipment			
EPCR Maintenance	\$39,780	\$39,780	\$79,560
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 Children’s Ambulance (All Children’s 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
Transfer to Tax Collector	\$644,391	\$0	\$644,391
Transfer to Property Appraiser	\$389,194	\$0	\$389,194
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	\$5,131,524	\$11,305,011	\$16,436,535
First Response	\$61,288,675		\$61,288,675
Total New System	\$66,420,199	\$11,305,011	\$77,725,210
Current System			\$85,518,160
Immediate Savings			-\$7,792,950
Total Savings Over 3 Years			-\$20,764,142

ADDENDUM

First Responder Misconceptions

Private Ambulance Company is Cheaper

Fire Based Medical transport is often cited as being too costly compared to the private ambulance contractor. This statement is simply not true. When compared on an hourly rate first responders cost half of the private ambulance company. The following chart compares the hourly rate on a recent day in August.

Provider	First Responder	Private Ambulance	Combined	Fire Based Transport
Total Cost	\$38,112,490	\$31,842,312	\$69,954,802	\$58,453,500
Daily Cost	\$104,418	\$87,240	\$191,657	\$160,147
Number of Units	63	70	N/A	111
Hours of Operation	1512	819	2,331	2472
Hourly Rate	\$69.06	\$106.52	\$82.22	\$64.79

† Private ambulance hours based on shifts of 12 hours or less

Private Ambulance costs were derived by subtracting the following items from the current 35.7 million dollar contract; medical supplies \$2,389,931, Critical Care transport \$847,491, All Children’s transport \$314,091, mental health transport \$241,175, and tactical EMS \$65,000, combined these deductions equal \$3,857,688.

This chart not only shows that first responders are significantly cheaper than the private ambulance providers, but fire based medical transport will further decrease the cost of EMS in Pinellas County.

Patient Destination

Patient destination is frequently discussed as a concern for fire based medical transport. Patients will continue to be transported to their hospital of choice. A misconception exist that patients are frequently transported to opposite ends of the county, thereby taking resources out of the responding city or special district. A review of 2010 patient transports by destinations shows that on average 90% of the patients are transported to one of the three closest facilities. With numerous hospitals located throughout Pinellas County, most patients are within 5 miles of the nearest hospital.

*90% OF PATIENTS ARE
TRANSPORTED TO ONE OF THE
THREE NEAREST FACILITIES*

If you have any questions or concerns please contact one of the authors

Scott Sanford (727) 647-0427

Jim Millican (727) 481-2852

Preliminary

September 20, 2011

Senator Jack Latvala
12425 28th Street North, #102
St. Petersburg, FL 33716

Dear Senator Latvala:

On September 12th the Tierra Verde Community Association heard two presentations at our regular monthly meeting regarding changes in the Emergency Medical Service system for Pinellas County. Pinellas County gave a presentation of their IPS model for changes to EMS that would accentuate private ambulance service throughout the County. Following their presentation, the Pinellas County Emergency Medical Service Providers Cost Containment and Sustainability Model was presented to our residents. A 3-hour discussion about the two models ensued by the Board and residents.

On September 16th at a special Board meeting, the TVCA Board of Directors voted unanimously to reject the County's IPS plan and support the plan that would allow EMS services to be provided exclusively by the fire departments of Pinellas County.

We wish that the County would consider the establishment of a County-run fire/EMS service in the unincorporated areas, thus reducing the number of fire districts.

Sincerely,

TIERRA VERDE COMMUNITY ASSOCIATION, INC.

Paul R. Murray
President
Board of Directors

c: Senator Jones
Representative Frishe

Pinellas County
Emergency Medical Services Providers
Cost Containment and Sustainability Model

MEMORANDUM

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

FROM: Captain Jim Millican
Lieutenant Scott Sanford
Pinellas EMS Providers

SUBJECT: County Analysis of Fire Transport Proposal
Dated September 6, 2011

DATE: September 23, 2011

As brief background, let us offer a short timeline on the events leading up to this analysis. In the first half of 2011, two firefighters with 35 years of first responder experience in the Pinellas County Emergency Medical Services system developed a model for emergency and non-emergency fire transport. A small group of Fire Chiefs and City Managers were asked to provide feedback on the plan.

In mid-July County Administrator Bob LaSala contacted Mr. Millican and Mr. Sanford and asked for a presentation of the fire transport plan, which was provided to Mr. LaSala, Maureen Freney and Craig Hare on July 14th. At that meeting, it was agreed that the providers would supply plan details in writing, the County would analyze the written plan and all parties would retain an open mind throughout the vetting process.

On July 29th the written fire transport plan was delivered for County analysis and on August 23rd all parties met again. County staff found some calculation errors and erroneous cost estimates that were corrected immediately. They also offered constructive criticism and suggestions that would make the plan more practical and politically viable. Many of the County's specific suggestions were incorporated into the fire transport plan in an effort to agree on the facts, even if we could not come to terms on our philosophical differences.

The *Pinellas County Emergency Medical Services Providers Cost Containment and Sustainability Model* presented to Cities, Fire Districts and citizen groups after the August 23rd County meeting reflects those modifications.

At the September 6th County Commission meeting, Administrator Bob LaSala brought up the question of fire transport under #17 - Other Administrative Matters and offered his concerns regarding fire transport in a memorandum. This document seeks to deal with some of the County's positions.

Cost

1) The County contends that fire transport would require a tax subsidy, whereas ambulance services are self-sustained by user fees.

The *Providers Plan* contends that there is substantial profit to be realized from transport and the taxpayers of Pinellas County should be capturing and utilizing those monies rather than sending them to a private, for-profit company in Texas.

2) The County asserts \$12.5 million in uncosted expenses which are unnecessary and countered line by line in the last page of this document.

3) The County questions whether the Cities and Fire Districts would be willing to assume the risks, increased workforce, better trained personnel and costs associated with assuming transport duties. This is a reasonable concern but needs to be examined in the context of the bigger conversation at hand. The County has been “pitching” the IPS Model since April with little success – an often outright opposition. The *Provides Plan* has been public for less than 30 days and has gathered endorsements from the Pinellas Fire Chiefs Association, several Fire Districts, at least one City provider and citizen groups. It appears that the County’s concerns in this area are unfounded.

4) Mr. LaSala cites \$1 million in additional St. Petersburg funding that was removed from the plan at County suggestion back on August 23rd. It is not an issue.

Governance

1) The County asserts that Fire Transport would “fragment” the existing consolidated system.

The *Providers Plan* asserts that this is step toward consolidation, eliminating a provider from outside our system and incorporating transport services into our existing City and District departments. Further, this consolidation will allow for improved service delivery, economy of scale and cost containment.

2) The County says transport requires centralized management, oversight and administration.

The *Providers Plan* agrees, and asserts that our system represents a consolidation of same. The *Providers Plan* relies on the same management, supervision and administration as our current system; folding first response, fire suppression, Emergency Medical Services and transport under the umbrella of one set of upper level management. In unique areas of administration (such as billing), both oversight and funding have been provided for in the *Providers Plan*.

3) The County expresses concern over licensure issues, a non-issue since report review and billing is still centralized under the *Providers Plan*.

Operational

1) The County expresses the same concerns over supervision, costs and work load as have previously been addressed.

2) The County asserts that accountability is built in to its private company contract because of the punitive payments that occur when service levels aren’t met. The *Providers Plan* relies on the exemplary record of all 18 providers and decades of public trust to assure residents that accountability will not need to be enforced monetarily under a Fire Transport system.

	ISSUE	Description
1	MFR Deployment	The County suggests that because the IPS Plan calls for 72 ALS first responder units, the Providers Plan is under staffed. The County continues to evaluate the system as two separate entities rather than looking at the system as a whole that incorporates transport services into our existing responsibilities. Furthermore the Providers Plan utilizes 111 ALS Units; therefore there is no additional cost to the Providers Cost Containment and Sustainability Model.
2	Impact Bargaining	The Providers Plan calls for a flat fee funding formula as the County requested, to eliminate the issues associated with collective bargaining. Whatever pay raise or benefits are given, has no effect on this plan or additional cost. Salaries and benefits are contained.
3	Field Supervision	The County contends that because the ambulance company provides three supervisors for the entire County, that the Providers Plan should as well. The Providers Plan utilizes the fire departments supervision. This places over 75 supervisors in the field which allows for a proper span of control, exceeding the current supervisor levels.
4	Ambulance Fleet	The County contends the private ambulance company has a fleet of 74 units and therefore the Providers Plan provides a sufficient fleet. While the private ambulance company has a fleet of 74 ambulances, they usually average less than 45 units on the road at the peak of the day, this number is significantly reduced at night. The Providers plan purchases 35 new ambulances the first two years of operation to augment the current fleet of 46 front line and reserve units for a total of 81 units. The Providers Plan places 51 units on the road, during the peak of the day.
5	Dispatch	The County suggests 27 dispatchers and call takers be added to handle the additional 43,000 calls currently being handled by the private ambulance company. The Providers Plan adds an additional 10 dispatchers and call takers to handle non-emergency transport calls. Currently Pinellas County handles 455,758 calls per year, with 53 dispatchers and call takers; this represents a work load of approximately 23 calls per day per employee. Providing 27 call takers and dispatchers to handle 43,000 calls equates to a work load of 4.4 calls per day, compared to the plans recommendation of 11.8 calls per day. Based on the current work load being performed by dispatch, the number of employees could be reduced to 5 new employees. The current dispatch system handles dispatching 911 and emergency calls effectively.
6	Reserve	Because the Providers Plan is operated by governmental agencies and not a private company, reserve contingencies are not necessary.
7	Ambulance Deployment	The Providers Plan doesn't require 53 units. Utilizing 51 units, each unit will have an average of 7.5 transports per day. However we believe the peak units will average 10 transports per day, and the full time units will average 5.5 transports per day.
8	Ambulance Fuel	The private ambulance company's fuel consumption cannot be compared to the Providers Plan. The private ambulance company by design deploys all of their units out of 4 locations countywide, this deployment model requires units to travel thousands of miles per year just to get to their staging location. If the units aren't on a call then they are sitting idle in a parking lot or roaming the streets. This causes the ambulance company to have a larger fuel budget. Additionally the Providers Plan has an option for departments to get reimbursement for any fuel overages at a rate of 100% for rescues, and 80% for ALS engines.
9	CAD	The Providers Plan agrees with the County that additional software will be needed to schedule non-emergency transports, however we disagree with the estimated costs of \$500,000. Research indicates that software can be purchased for under \$100,000. The Providers Plan will adjust future budget forecasts by adding \$100,000 for the purchase of software; however this does not change the forecasted savings of \$20 million dollars over the next three years.

11	Bed Delays	Currently the county pays the private ambulance company an additional \$450,000 for personnel costs to cover bed delays. Presumably these increased personnel costs are to add additional units. The Providers Plan already deploys more units for less money than the ambulance company; therefore there are no increased expenses associated with bed delays. Furthermore, the Providers Plan proposes that the District Chiefs in the area of each hospital can easily manage bed delays and make the necessary adjustments, while not adding any additional personnel.
13	EPCR	The Providers Plan has accepted and already corrected the cost associated with the purchase of EPCR's, as the County recommended at \$6,500. However in a recent article in the St. Pete times, Paramedics Plus, the private ambulance company states the cost of an EPCR is \$5500 while the county states the cost is \$6500.
14	Long Distance Transfers	The Providers Plan already allocates \$449,515 for Long Distance Transfers; this figure is equal to the funding allocated to the private ambulance company.
15	Ambulance Stand By	Fire Departments currently handle its own request for these services; There would be no additional fee to the county, again creating system efficiencies.
16	Materials Fleet	The Providers Plan agrees with the County that a delivery truck will need to be purchased. The Providers Plan will adjust future budget forecasts by adding \$45,000 for the purchase of a delivery truck; however, this does not change the forecasted savings of \$20 million dollars over the next three years.
18	Ambulance Oversight	Ambulances would be dispatched by central dispatch and additional dispatchers are included in the plan.
19	HIPPA	The County has already verbally agreed that this is not an issue. The necessary training will be accomplished through the Continuing Medical Education (CME) provided by St. Pete College (SPC) as part of the ongoing monthly training that firefighter paramedics already receive. This issue has already been addressed in the plan.
20	Ambulance Billing	The Providers Plan recommends maintaining the County's current billing process and includes an additional \$350,000 to assist in the process. This issue has already been addressed in the plan.
21	Ambulance Cost Allocation	The County contends that the plan does not provide adequate funding for the initial purchase of ambulances. The plan allocates \$150,000 per ambulance plus an additional \$50,000 per unit for medical equipment. A recent article published in the St. Pete times, the private ambulance company Paramedics Plus estimates the cost to fully outfit a new ambulance is \$186,000. All of the cities will receive sufficient funding to cover the cost of a Rescue/Ambulance replacement. If a city chooses to buy an upgraded model, or larger than normal vehicle that would be up to them.
22	New County Positions	The Providers Plan provides funding for all of the position outlined in both the plan and the County's rebuttal. Salaries for County employees where based on information obtained from public records request. Initially the County verbally agreed the funding allocated covered the cost of all new county employees.

**** NOTE** Numbering system above reflects the county's numbered response. Therefore the numbers don't run consecutive.**



Pinellas Suncoast Fire & Rescue

304 FIRST STREET
INDIAN ROCKS BEACH, FLORIDA 33785-2508
(727) 595-1117 FAX: (727) 595-5879
www.psfrd.org

FIRE CHIEF
ROBERT O. POLK, JR.

September 22, 2011

Mr. Robert S. LaSala, County Administrator
Pinellas County Courthouse
315 Court Street
Clearwater, FL 33756

Dear Mr. LaSala:

At our September 20, 2011, Board of Commissioners meeting, there was considerable discussion regarding the issue of EMS transport functions. Having reviewed the IPS (County) plan and the Pinellas County Emergency Medical Service Providers Cost Containment and Sustainability Model, the members of the Board have taken a position on several issues.

On behalf of the Board of Fire Commissioners of the Pinellas Suncoast Fire & Rescue District, I respectfully submit the following:

1. The Pinellas Suncoast Fire & Rescue District does not support the IPS plan;
2. The Pinellas Suncoast Fire & Rescue District strongly recommends against renewing the current transport contract; and
3. The Pinellas Suncoast Fire & Rescue District believes that the provision of EMS transport functions by current local fire department providers is an idea that deserves legitimate consideration and meaningful dialogue.

The above listed items will be further reiterated in resolution form at our October meetings.

Sincerely,

PINELLAS SUNCOAST FIRE & RESCUE DISTRICT

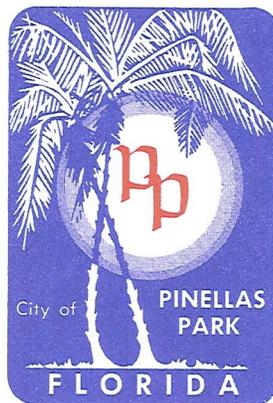
James G. Mortellite, Chairman
Board of Fire Commissioners

RP/gl

cc: Pinellas County Board of Commissioners
Susan Latvala, Commission Chair
John Morrioni, Commission Vice-Chairman
Nancy Bostock, Commissioner, District 3
Neil Brickfield, Commissioner, District 1
Norm Roche, Commissioner, District 2
Karen Williams Seel, Commissioner, District 5
Kenneth T. Welch, Commissioner, District 7

City of
PINELLAS PARK

5141 78TH AVE. • P.O. BOX 1100
PINELLAS PARK, FL 33780-1100



FLORIDA

PHONE • (727) 541-0700
FAX • (727) 544-7448
SUNCOM • 969-1011

September 23, 2011

Commission Chair Susan Latvala
Pinellas County Board of County Commissioners
315 Court Street
Clearwater, FL 33756

Dear Chair Latvala:

Attached for your review is a copy of a resolution adopted by the City of Pinellas Park at our council meeting last night. We are strongly urging the Board of County Commissioners to carefully consider the option of fire department emergency and non-emergency EMS transport. Pinellas County Administration is moving forward with a plan that they say will equalize EMS service and funding but retain the dual response system that many say contributes to slowing emergency transport and adds additional cost to the system.

We are asking that all proposals be fully vetted to assure that the final product best serves the residents of Pinellas County and the current fire departments that have successfully provided emergency medical services for more than 30 years.

We are asking that you share this information with your council/commission members and take whatever action you deem appropriate. Thank you for your consideration.

Sincerely,

A handwritten signature in blue ink that reads 'Sandra L. Bradbury'. The signature is fluid and cursive, written over a white background.

Sandra L. Bradbury
Vice Mayor

cc: Mayor and City Council
City Manager, Michael Gustafson
Fire Chief, Doug Lewis
Government Relations Administrator, Tim Caddell
Pinellas County Mayors

Enclosure



PRINTED ON RECYCLED PAPER

RESOLUTION NO. 11-19

A RESOLUTION OF THE CITY OF PINELLAS PARK, PINELLAS COUNTY, FLORIDA, SUPPORTING EMERGENCY MEDICAL CARE FIRST RESPONSE AND AMBULANCE TRANSPORT BY THE FIRE SERVICE OF PINELLAS PARK, FLORIDA; PROVIDING FOR AN EFFECTIVE DATE.

WHEREAS, the City of Pinellas Park currently provides emergency services to residents and visitors in Pinellas Park and Pinellas County; and

WHEREAS, it is the mission of the Pinellas Park Fire Department to protect the lives and property of the people from fire, natural disasters, and hazardous materials incidents; to save lives by providing emergency medical services; to prevent fires through prevention and education programs; and

WHEREAS, the provision of pre-hospital emergency medical care has been an integral part of the Fire Departments of Pinellas County for over 30 years; and

WHEREAS, the International Association of Fire Chiefs has published a position paper that urges all elected and appointed government officials, professional associations and health care providers to recognize and support the provision of emergency medical care first response and ambulance transport by the fire service; and

WHEREAS, the Pinellas County Board of County Commissioners, serving as the EMS Authority has been presented two proposals for restructuring of EMS service and funding within the County; and

WHEREAS, the Pinellas County Board of County Commissioners and current fire department providers seek to provide equity in funding to providers, contain costs and provide for a sustainable system into the future; and

WHEREAS, the proposed Pinellas County Emergency Medical Service Providers Cost Containment and Sustainability Model would shift both the emergency and non-emergency transport functions of the Pinellas County EMS system from the current private contractor to the current fire department providers, a model already in use in a majority of urbanized areas throughout the State of Florida; and

WHEREAS, this proposed model may be a viable alternative to the IPS Model, but has not been fully vetted.

NOW, THEREFORE, BE IT RESOLVED BY THE MAYOR AND CITY COUNCIL OF THE CITY OF PINELLAS PARK, PINELLAS COUNTY, FLORIDA, AS FOLLOWS:

SECTION ONE: That the City of Pinellas Park believes the assumption of emergency and non-emergency EMS transport functions by the current local fire department providers is an idea worthy of discussion.

SECTION TWO: That the City of Pinellas Park urges the Pinellas County Commission to refrain from renewing the current private transport contract in order to allow for that discussion.

SECTION THREE: That the City of Pinellas Park urges Pinellas County Administration to work with current fire departments to create and implement a system that truly represents the best interest of all residents of Pinellas County and current fire departments.

SECTION FOUR: That this Resolution shall be in full force and effect immediately after its adoption and approval in the manner provided by law.

ADOPTED THIS 22nd DAY OF September, 2011.

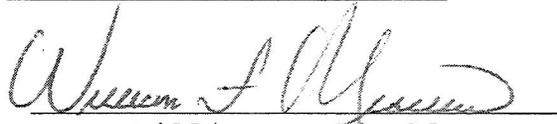
AYES: (5) Council Members; Bradbury, Butler, Mullins, Taylor, and Mayor Mischler

NAYS: (0)

ABSENT: (0)

ABSTAIN: (0)

APPROVED THIS 22nd DAY OF September, 2011.



William F. Mischler
MAYOR

ATTEST:



Diane M. Corna, MMC
CITY CLERK

RESOLUTION NO. 11-19

A RESOLUTION OF THE CITY OF PINELLAS PARK, PINELLAS COUNTY, FLORIDA, SUPPORTING EMERGENCY MEDICAL CARE FIRST RESPONSE AND AMBULANCE TRANSPORT BY THE FIRE SERVICE OF PINELLAS PARK, FLORIDA; PROVIDING FOR AN EFFECTIVE DATE.

WHEREAS, the City of Pinellas Park currently provides emergency services to residents and visitors in Pinellas Park and Pinellas County; and

WHEREAS, it is the mission of the Pinellas Park Fire Department to protect the lives and property of the people from fire, natural disasters, and hazardous materials incidents; to save lives by providing emergency medical services; to prevent fires through prevention and education programs; and

WHEREAS, the provision of pre-hospital emergency medical care has been an integral part of the Fire Departments of Pinellas County for over 30 years; and

WHEREAS, the International Association of Fire Chiefs has published a position paper that urges all elected and appointed government officials, professional associations and health care providers to recognize and support the provision of emergency medical care first response and ambulance transport by the fire service; and

WHEREAS, the Pinellas County Board of County Commissioners, serving as the EMS Authority has been presented two proposals for restructuring of EMS service and funding within the County; and

WHEREAS, the Pinellas County Board of County Commissioners and current fire department providers seek to provide equity in funding to providers, contain costs and provide for a sustainable system into the future; and

WHEREAS, the proposed Pinellas County Emergency Medical Service Providers Cost Containment and Sustainability Model would shift both the emergency and non-emergency transport functions of the Pinellas County EMS system from the current private contractor to the current fire department providers, a model already in use in a majority of urbanized areas throughout the State of Florida; and

WHEREAS, this proposed model may be a viable alternative to the IPS Model, but has not been fully vetted.

NOW, THEREFORE, BE IT RESOLVED BY THE MAYOR AND CITY COUNCIL OF THE CITY OF PINELLAS PARK, PINELLAS COUNTY, FLORIDA, AS FOLLOWS:

SECTION ONE: That the City of Pinellas Park believes the assumption of emergency and non-emergency EMS transport functions by the current local fire department providers is an idea worthy of discussion.

SECTION TWO: That the City of Pinellas Park urges the Pinellas County Commission to refrain from renewing the current private transport contract in order to allow for that discussion.

SECTION THREE: That the City of Pinellas Park urges Pinellas County Administration to work with current fire departments to create and implement a system that truly represents the best interest of all residents of Pinellas County and current fire departments.

SECTION FOUR: That this Resolution shall be in full force and effect immediately after its adoption and approval in the manner provided by law.

ADOPTED THIS 22nd DAY OF September, 2011.

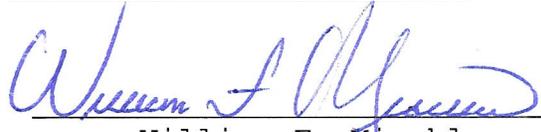
AYES: (5) Council Members; Bradbury, Butler, Mullins, Taylor, and Mayor Mischler

NAYS: (0)

ABSENT: (0)

ABSTAIN: (0)

APPROVED THIS 22nd DAY OF September, 2011.



William F. Mischler
MAYOR

ATTEST:



Diane M. Corna, MMC
CITY CLERK

RESOLUTION NO. 2011-12

A RESOLUTION OF THE CITY OF SOUTH PASADENA, FLORIDA, URGING THE PINELLAS COUNTY BOARD OF COUNTY COMMISSIONERS NOT TO RENEW THE PRIVATE EMERGENCY AND NON-EMERGENCY MEDICAL TRANSPORT CONTRACT AND INSTEAD CONSIDER IMPLEMENTATION OF THE FIRE DEPARTMENT TRANSPORT PROPOSAL.

WHEREAS, the City of South Pasadena, Florida, currently provides emergency services to residents and visitors in Pinellas County; and

WHEREAS, it is the mission of the South Pasadena Fire Department to protect the lives and property of the people from fires, natural disasters, and hazardous materials incidents; to save lives by providing emergency medical services; to prevent fires through prevention and education programs; and

WHEREAS, the provision of pre-hospital emergency medical care has been an integral part of the Fire Departments of Pinellas County for over 30 years; and

WHEREAS, the International Association of Fire Chiefs has published a position paper that urges all elected and appointed government officials, professional associations and health care providers to recognize and support the provision of emergency medical care first response and ambulance transport by the fire service; and

WHEREAS, the Pinellas County Emergency Medical Service Providers Cost Containment and Sustainability Model has been put forth which would shift both the emergency and non-emergency transport functions of the Pinellas County EMS system from the current private contractor to the current fire department providers; and

WHEREAS, the majority of urbanized areas throughout the State of Florida already utilize a model that provides for fire department ambulance transport; and

WHEREAS, this proposal provides equity in funding to the providers, contains costs and provides for a sustainable system into the future; and

WHEREAS, this proposal improves the current level of service and provides an increased continuity of care.

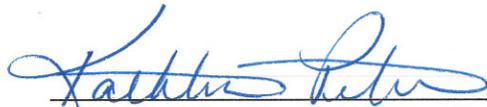
NOW, THEREFORE, BE IT RESOLVED, by the City Commission of the City of South Pasadena, Pinellas County, Florida, as follows:

SECTION 1: That the City of South Pasadena, Florida, believes the assumption of emergency and non-emergency EMS transport functions by the current local fire department providers is an idea worthy of discussion.

SECTION 2: That the City of South Pasadena, Florida, urges the Pinellas County Commission to refrain from renewing the current private transport contract in order to allow for that discussion.

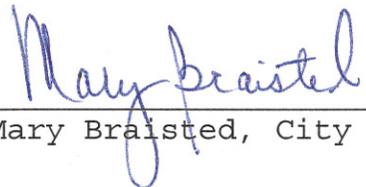
SECTION 3: That the City of South Pasadena, Florida, urges Pinellas County to adopt this proposal and work to create and implement a system where patient transport is no longer done by a private contractor but rather done by the Fire Departments.

PASSED AND ADOPTED THIS 11 DAY OF OCTOBER, 2011.



Kathleen Peters, Mayor

ATTEST:



Mary Braisted, City Clerk

THIS RESOLUTION HAS BEEN APPROVED AS TO FORM AND CONTENT BY THE CITY ATTORNEY. *Ymk*

TIERA VERDE COMMUNITY ASSOCIATION, INC.

1275 Pinellas Bayway South
Tierra Verde, Florida 33715

RESOLUTION 2011-03

URGING THE PINELLAS COUNTY BOARD OF COMMISSIONERS TO CREATE AND IMPLEMENT A SYSTEM WHERE PATIENT TRANSPORT IS NO LONGER PERFORMED BY A PRIVATE CONTRACTOR BUT RATHER BY THE FIRE DEPARTMENTS

Whereas, The TVCA Board of Directors is empowered to govern the affairs of the TVCA pursuant to its By-laws, Article 11, # 5, Powers, and,

Whereas, the Tierra Verde Community Association, Inc. has a compelling interest in emergency services provided to our residents and visitors; and

Whereas, the provision of pre-hospital emergency medical care has been an integral part of the Fire Departments of Pinellas County for over 30 years; and

Whereas, the Pinellas County EMS Providers Cost Containment & Sustainability Model has been put forth which would shift both the emergency and non-emergency transport functions of the Pinellas County EMS system from the current private contractor to the current fire department providers; and

Whereas, the Pinellas County Fire Chief's Association adopted Resolution 11-01 endorsing the proposal of shifting emergency and non-emergency EMS transport functions as outlined in the Pinellas County EMS Providers Cost Containment & Sustainability Model to the current local fire department providers; and

Whereas, the Pinellas County Fire Chief's Association Resolution 11-01 urges the Pinellas County EMS Authority to consider such proposal for implementation on October 1, 2012; and

Whereas, the majority of urbanized areas throughout the State of Florida already utilize a model that provides for fire department ambulance transport; and

Whereas, this proposal provides equity in funding to the providers, contains costs and provides for a sustainable system into the future; and

Whereas, this proposal improves the current level of service and provides an increased continuity of care.

NOW THEREFORE BE IT RESOLVED,

That the Tierra Verde Community Association believes the assumption of emergency and non-emergency EMS transport functions by the current local fire department providers is an idea worthy of discussion.

RESOLUTION 2011-03

That the Tierra Verde Community Association urges the Pinellas County Commission to refrain from renewing the current private transport contract in order to allow for that discussion.

That the Tierra Verde Community Association urges Pinellas County to adopt this proposal and work to create and implement a system where patient transport is no longer performed by a private contractor but rather by the Fire Departments.

Adopted this _____ day of September, 2011.

Paul R. Murray, President

Geoff Dyer, Director

Joe Judge, Director

Ben Liner, Director

Geri Raja, Secretary

Matt Gasper, Director

Ray Krepfle, Vice-President

Jack Parker, Treasurer

Robb Versandi, Director

RESOLUTION NO. 11-03

A RESOLUTION OF THE PALM HARBOR SPECIAL FIRE CONTROL AND RESCUE DISTRICT, PINELLAS COUNTY, FLORIDA, SUPPORTING EMERGENCY MEDICAL CARE, FIRST RESPONSE AND AMBULANCE TRANSPORT BY THE FIRE SERVICE, PINELLAS COUNTY, FLORIDA.

WHEREAS, Palm Harbor Special Fire Control and Rescue District provides emergency services to residents and visitors in Palm Harbor and Pinellas County; and

WHEREAS, it is the mission of the Palm Harbor Special Fire Control and Rescue District to protect the lives and property of the people from fire, natural disasters, and hazardous material incidents; to save lives by providing emergency medical services; to prevent fires through prevention and education programs; and

WHEREAS, the provision of pre-hospital emergency medical care has been an integral part of the Fire Department of Pinellas County for over twenty-five (25) years; and

WHEREAS, the Pinellas County EMS Providers Cost Containment and Sustainability Model has been put forth which would shift both the emergency and nonemergency transport functions of the Pinellas County EMS system from the current private contractor to the current fire department providers; and

WHEREAS, the Pinellas County Fire Chiefs Association adopted Resolution 11-01 endorsing the proposal of shifting emergency and nonemergency EMS transport functions as outlined in the Pinellas County EMS Providers Cost Containment and Sustainability Model to the current local fire department provider; and

WHEREAS, the Pinellas County Fire Chiefs Association Resolution 11-01 urges the Pinellas County EMS Authority to consider such proposal for implementation on October 1, 2012; and

WHEREAS, the majority of urbanized areas throughout the State of Florida already utilize the model that provides for fire department ambulance transports; and

WHEREAS, this proposal provides equity in funding to the providers, contains costs and provides for a sustainable system into the future; and

WHEREAS, this proposal improves the current level of service and provides an increased continuity of care.

NOW, THEREFORE, BE IT RESOLVED:

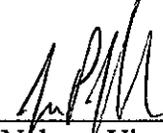
Section 1. That the Palm Harbor Special Fire Control and Rescue District believes the assumption of emergency and nonemergency EMS transport functions by the current local fire department providers is an idea worthy of discussion.

Section 2. That the Palm Harbor Special Fire Control and Rescue District urges the Pinellas County Commission to refrain from renewing the current private transport contract in order to allow for that discussion.

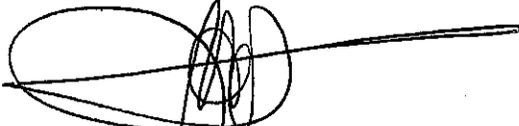
Section 3. That the Palm Harbor Special Fire Control and Rescue District urges Pinellas County to adopt this proposal and work to create and implement a system where patient transport is no longer performed by a private contractor, but rather by fire departments.

ADOPTED this 10 day of OCTOBER, 2011.


Norman Atherton, Chairman


Jim Nelson, Vice-Chairman


Joseph Petrillo, Secretary-Treasurer


Julie Peluso, Commissioner


Robert Shatanoff, Commissioner



PINELLAS COUNTY FIRE CHIEF'S ASSOCIATION

RESOLUTION 11-01 Emergency Medical Services Transport

WHEREAS, the membership of the Pinellas County Fire Chiefs' Association includes the 18 fire departments that provide emergency services to residents and visitors in Pinellas County; and

WHEREAS, it is the mission of the Fire Departments in Pinellas County to protect the lives and property of the people from fires, natural disasters, and hazardous materials incidents; to save lives by providing emergency medical services; to prevent fires through prevention and education programs; and

WHEREAS, the provision of pre-hospital emergency medical care has been an integral part of these Fire Departments mission for over 30 years; and

WHEREAS, the International Association of Fire Chiefs has published a position paper that urges all elected and appointed government officials, professional associations and health care providers to recognize and support the provision of emergency medical care first response and ambulance transport by the fire service; and

WHEREAS, the Pinellas County Emergency Medical Service Providers Cost Containment and Sustainability Model has been put forth which would shift both the emergency and non-emergency transport functions of the Pinellas County EMS system from the current private contractor to the current fire department providers; and

WHEREAS, the majority of urbanized areas throughout the State of Florida already utilize a model that provides for fire department ambulance transport; and

WHEREAS, this proposal improves the current level of service and provides for a higher level of continuity of care; and

WHEREAS, this proposal provides equality in funding to the providers; and

WHEREAS, this proposal has built-in cost containment; and

WHEREAS, this proposal provides for a sustainable system into the future;

NOW THEREFORE BE IT RESOLVED,

That the active members of the Pinellas County Fire Chiefs' Association endorse the proposal of shifting the emergency and non-emergency EMS transport functions as outlined in the proposal to the current local fire department providers and urge the Pinellas County EMS Authority to consider such proposal for implementation on October 1, 2012

Adopted at the Special Meeting of the active members of the Pinellas County Fire Chiefs' Association on August 31, 2011

A handwritten signature in black ink, reading "Michael J. Wallace", is written over a horizontal line.

Michael Wallace, President

President
Michael J. Wallace

Vice President
Bert Polk

Secretary/Treasurer
Rick Graham

North County Director
Joe Accettae

Mid County Director
George Bessler

South County Director
Dayton Salzman

Director at Large
Jim Angle

Past President
Doug Lewis



Lealman Special Fire Control District



4360 55th Avenue North
St. Petersburg, FL 33714
Phone: (727) 526-5650
Fax: (727) 525-9657

Board of Commissioners:
Kathleen Q. Litton, Chairperson
Julie Baker, Vice Chairperson
Vivian Campbell, Sec./Treasurer
Linda L. Campbell, Commissioner
Rebecca Harriman, Commissioner

Fire and EMS Administration:
Richard E. Graham, Fire Chief
David W. Brown, Deputy Chief
Randy Keirn, EMS Division Chief

Resolution 2011 – 03

Whereas, the Lealman Special Fire Control District currently provides emergency services to residents and visitors in Lealman, Tierra Verde, and Pinellas County; and

Whereas, it is the mission of the Lealman Special Fire Control District to protect the lives and property of the people from fires, natural disasters, and hazardous materials incidents; to save lives by providing emergency medical services; to prevent fires through prevention and education programs; and

Whereas, the provision of pre-hospital emergency medical care has been an integral part of the Fire Departments and Fire Districts of Pinellas County for over 30 years; and

Whereas, the International Association of Fire Chiefs has published a position paper that urges all elected and appointed government officials, professional associations and health care providers to recognize and support the provision of emergency medical care first response and ambulance transport by the fire service; and

Whereas, the Pinellas County Emergency Medical Service Providers Cost Containment and Sustainability Model has been put forth which would shift both the emergency and non-emergency transport functions of the Pinellas County EMS system from the current private contractor to the current fire department providers; and

Whereas, the majority of urbanized areas throughout the State of Florida already utilize a model that provides for fire department ambulance transport; and

Whereas, this proposal provides equity in funding to the providers, contains costs and provides for a sustainable system into the future; and

Whereas, this proposal improves the current level of service and provides an increased continuity of care.

NOW THEREFORE BE IT RESOLVED,

That the Lealman Special Fire Control District believes the assumption of emergency and non-emergency EMS transport functions by the current local fire department providers is an idea worthy of discussion.

That the Lealman Special Fire Control District urges the Pinellas County Commission to refrain from renewing the current private transport contract in order to allow for that discussion.

That the Lealman Special Fire Control District urges Pinellas County to adopt this proposal and work to create and implement a system where patient transport is no longer done by a private contractor but rather done by the Fire Departments.

Adopted this 14th day of September, 2011

Kathleen Q. Litton, Chairperson



Board of Commissioners:
Kathleen Litton, Chairperson
Julie Baker, Vice Chairperson
Vivian Campbell, Sec./Treasurer
Linda Campbell, Commissioner
Rebecca Harriman, Commissioner

Lealman Special Fire Control District

4360 55th Avenue North
St. Petersburg, FL 33714
Phone: (727) 526-5650
Fax: (727) 525-9657



Fire and EMS Administration:
Richard E. Graham, Fire Chief
David W. Brown, Deputy Chief

RESOLUTION 2011-04

Emergency Medical Services Transport

WHEREAS, the Lealman Special Fire Control District provides emergency services to residents and visitors in Lealman and Pinellas County; and

WHEREAS, it is the mission of the Lealman Special Fire Control District to protect the lives and property of the people from fires, natural disasters, and hazardous materials incidents; to save lives by providing emergency medical services; to prevent fires through prevention and education programs; and

WHEREAS, the provision of pre-hospital emergency medical care has been an integral part of the Lealman Fire Districts mission for over 30 years; and

WHEREAS, the International Association of Fire Chiefs has published a position paper that urges all elected and appointed government officials, professional associations and health care providers to recognize and support the provision of emergency medical care first response and ambulance transport by the fire service; and

WHEREAS, the Pinellas County Emergency Medical Service Providers Cost Containment and Sustainability Model has been put forth which would shift both the emergency and non-emergency transport functions of the Pinellas County EMS system from the current private contractor to the current Fire Department / District Providers; and

WHEREAS, the majority of urbanized areas throughout the State of Florida already utilize a model that provides for fire department ambulance transport; and

WHEREAS, this proposal improves the current level of service and provides for a higher level of continuity of care; and

WHEREAS, this proposal provides equality in funding to all of the providers; and

WHEREAS, this proposal has built-in cost containment; and

WHEREAS, this proposal provides for a sustainable system into the future;

NOW THEREFORE BE IT RESOLVED,

That the Lealman Special Fire Control District endorses the Pinellas County Emergency Medical Service Providers Cost Containment and Sustainability Model of shifting the emergency and non-emergency EMS transport functions as outlined in the proposal to the current local Fire Department / District Providers and urges the Pinellas County EMS Authority to consider such proposal for implementation on October 1, 2012.

Adopted this 14th day of September 2011

Kathleen Q. Litton, Chairperson



Board of Commissioners:
Kathleen Litton, Chairperson
Julie Baker, Vice Chairperson
Vivian Campbell, Sec./Treasurer
Linda Campbell, Commissioner
Rebecca Harriman, Commissioner

Lealman Special Fire Control District

4360 55th Avenue North
St. Petersburg, FL 33714
Phone: (727) 526-5650
Fax: (727) 525-9657



Fire and EMS Administration:
Richard E. Graham, Fire Chief
David W. Brown, Deputy Chief

RESOLUTION 2011-05 IPS Report as Presented

WHEREAS, the Lealman Special Fire Control District provides Emergency Services to residents and visitors in Lealman and Pinellas County; and

WHEREAS, it is the mission of the Lealman Special Fire Control District to protect the lives and property of the people from fires, natural disasters, and hazardous materials incidents; to save lives by providing emergency medical services; to prevent fires through prevention and education programs; and

WHEREAS, the provision of pre-hospital emergency medical care has been an integral part of the Lealman Fire District's mission for over 30 years; and

WHEREAS, the IPS plan was presented to the Lealman Fire District Commission members on June 6, 2011 ; and

WHEREAS, Pinellas County staff members have acknowledged that the IPS plan is still in draft form; and

WHEREAS, Pinellas County staff members have stated that the IPS plan is the only feasible plan; and

WHEREAS, Pinellas County staff members have stated that the IPS plan will go into effect October 1, 2012; and

WHEREAS, the IPS plan will decrease the level of service by shifting staffing and tax burdens to the Fire Departments / Districts; and

WHEREAS, the IPS plan will reduce system wide Fire Department Ambulance (Rescue) Vehicles thereby increasing call demand on remaining Fire Department / District ALS Apparatus; and

WHEREAS, the IPS plan does not provide for cost containment and a sustainable EMS system into the future;

NOW THEREFORE BE IT RESOLVED,

That the Lealman Special Fire Control District does not endorse the IPS plan as a viable plan to contain costs and maintain levels of EMS service within the Pinellas County Emergency Medical Service System, and that the Lealman Special Fire Control District Commissioners asks that the Pinellas County EMS Authority (Pinellas County Board of County Commissioners), to vote against the IPS plan, in the best interests of all Pinellas County residents.

Adopted this 14th day of September 2011

Kathleen Q. Litton, Chairperson

1 [An act relating to Pinellas County; amending chapter 80-585, Laws of Florida,](#)
2 [as amended;](#) requiring that effective October 1, 2012 the Authority
3 consolidate existing ALS services with fire based medical transport and
4 equalize funding among EMS Providers by adopting a funding formula
5 based on average actual costs, [providing an effective date.](#)

6 [Be It Enacted by the Legislature of the State of Florida:](#)

7 **Section 1.** Subsection (6) of section 2 of Chapter 80-585, Laws of Florida, as
8 amended is amended to read:

9 (6) To receive and disburse all funds collected through ad valorem taxation
10 and ambulance user and membership fees.

11 [Section 2. Subsection \(9\) of section 2 of chapter 80-585, Laws of Florida, as](#)
12 [amended, is amended to read:](#)

13 (9) To establish uniform standards which shall be equal to or stricter than
14 those provided in Chapter 401, Florida Statutes, insofar as it relates to
15 Emergency Medical Services and the Department of Health EMS Rules, Chapter
16 64J-1 F.A.C., as they exist and may hereafter be amended and to provide for the
17 enforcement of same.; The Authority shall coordinate countywide emergency
18 medical services by providing a 911 system. billing, training, medical direction
19 and administration and by contracting with City Fire Departments and Fire
20 Districts who are currently providing ALS services, (herein after referred to as
21 EMS Providers).to provide ALS services including emergency and non-
22 emergency medical transport provided that levels of service on or after the
23 effective date of this act may not be lower than levels of service as of January 1,
24 1989, without the consent of the affected EMS providers; and provided further that
25 an EMS provider may not be required to increase its level of service to a level of
26 service established by the authority that results in the authority reducing the
27 payment of reimbursable costs to EMS providers because the total reimbursable
28 costs would exceed the ambulance fees and 1.5 millage authorized by this
29 act.[Section 3 of chapter 80-585, Laws of Florida, as amended, is](#)
30 [amended to read:](#)

31 Section 3. Beginning October 1, 2012 The Authority shall contract with EMS
32 Providers for countywide ALS services including emergency and non-emergency
33 medical transport, with the goal of maintaining the existing level of service
34 (average 4.5 minute response). The service shall be provided utilizing ALS Fire
35 Apparatus, ALS transport capable vehicles and ALS peak time ambulances
36 operated by the EMS Providers as outlined in the Providers Cost Containment and
37 Sustainability Model dated July 2011 The Authority shall reimburse each EMS
38 Provider for all reasonable costs of providing the service. In determining what is a
39 reasonable cost, the Authority shall adopt a funding formula based on the average
40 cost of salary and benefits in Pinellas County. No provider shall receive less than
41 current reimbursable expenses until such time as current labor agreements expire.
42 The number of positions funded shall be based upon the number of personnel and
43 skill level required to provide the service in accordance with the requirements of
44 the County Medical Director. Reimbursement for vehicles including repairs and
45 fuel, equipment, training, licenses and other supplies shall be provided directly by
46 the authority, or by cost reimbursement. In the case of Fire Apparatus the authority
47 shall contribute a dollar amount equivalent to the cost of a transport capable
48 rescue. The Authority shall make use of all existing ALS Fire Apparatus, Fire
49 based transport capable rescues and EMS Providers will cooperate with the

50 Authority in establishing additional fire based ALS peak time units. The EMS
 51 Providers will operate under the direction of the EMS medical director, carrying
 52 out such policies and programs as the authority deems necessary. Any current
 53 EMS Provider not wishing to continue to provide ALS services including
 54 transport shall provide 6 months notice to the Authority and the Authority will
 55 replace that Provider with another EMS Provider. ~~In determining reimbursable
 56 costs pursuant to this section, where EMS are already being provided, the
 57 authority may take into consideration the standards and levels of service
 58 established pursuant to section 2 and may reimburse the EMS providers for
 59 reasonable actual costs incurred in providing EMS in accordance with the
 60 standards and levels of service established by the authority. However, neither the
 61 authority nor the Board of County Commissioners may be required to pay or
 62 budget for the payment of reimbursable costs to the EMS providers if that
 63 payment would cause the annual budget of the authority to exceed the
 64 ambulance fees plus 1.5 millage authorized by this article. If budget requests
 65 approved by the authority for the new fiscal year exceed the total estimated
 66 revenue available, including ad valorem tax revenue generated by 1.5 mills, the
 67 authority shall:~~

68 ~~(1) Calculate the percentage of each provider's share of the total requested
 69 and approved increases in the authority's budget for the new fiscal year.~~

70 ~~(2) Calculate the revenue available for funding increases by subtracting the
 71 approved authority budget for the current fiscal year from the total estimated
 72 revenue available for the new fiscal year.~~

73 ~~(3) Multiply the percentage calculated in subsection (1) for each provider
 74 requesting an increase, by the amount calculated in subsection (2), and add the
 75 resulting amount to that provider's approved budget for the current fiscal year.
 76 This amount will be the total budgeted for that provider for the new fiscal year.~~

77 **Section 4.** Section 7 of Chapter 80-585 Laws of Florida as amended is
 78 amended to read

79
 80 Section 7. The Authority shall cause to be levied an ad valorem tax not to exceed 1.5 mills on all
 81 real estate within Pinellas County which together with fees collected for emergency and non-
 82 emergency medical transport shall be sufficient to reimburse EMS Providers for reasonable
 83 costs and reimburse Pinellas County for the costs of administering the countywide system.

Section 5. This act shall take effect upon becoming a law.

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WAKE UP
PINELLAS
SUPPORT THE
SANFORD MILLICAN
PLAN

My (city/district) ran the numbers to compare the County-IPS plan against the Sanford-Millican plan. Our calculations show that our taxpayers fare much better under Sanford-Millican, and we can maintain our current level of service.

It's pretty simple. The County's plan cuts funding for both equipment and positions within my department. It will force my (city/district) to raise taxes in order to maintain our current level of service. If a change in County EMS funding is inevitable, (city/district X) prefers the Sanford-Millican plan.

I like my job and my (Council/Commission) counts on me to manage our budget efficiently and effectively. I've crunched the County's numbers and the Sanford-Millican numbers and applied both to the real costs of delivering top notch fire, EMS and transport services to our taxpayers. Based on that fiscal analysis, we have decided to support the Sanford-Millican plan.

My neighbors and I are sick of the County raising EMS taxes and fees over and over and over again. It's time to stop kicking this can down the road and adopt the real solution of simply allowing the firefighters who are already on scene to drive patients to the hospital. It's a no-brainer way to save both lives and money. That's why my neighborhood association supports fire transport.

As the Fire Chief, it is my job to budget for fire protection and EMS. I have run the numbers from the Sanford-Millican and their numbers work in my budget. I do not support the county's IPS plan, as it will reduce the level of service my citizens are currently receiving. In order to maintain the level of service under the county's IPS plan we would have to raise their taxes. This would be tax shifting. The county saves money, but every city or district would have to increase their taxes to maintain the current level of service.