



MEMORANDUM

To: Mayor Lee
CC: Members of the Ambulance Working Group
From: Kate Howard, Mayor's Budget Director
Date: February 23, 2015
RE: Ambulance Working Group Conclusion

This is the final memo regarding the Ambulance Working Group. It includes a summary of recommendations, an update on ambulance transport response times, a review of the group's accomplishments between September 2014 and January 2015, and a conclusion outlining next steps.

A. RECOMMENDATIONS. Based on the work of the Ambulance Working Group, the following major recommendations are being submitted. The sections following provide details on each of the major recommendations, as well as progress updates on strategies that have already been implemented.

- 1) Hiring. Immediately hold a 40 person EMT training academy, consisting of:
 - o 26 new EMT's to increase the Fire Department's Ambulance Division staffing levels to 200 FTE's, as recommended by a staffing analysis developed by the Controller's Office to net 23 additional staff; and
 - o 14 new EMT's to replace in advance the 14 H3's expected to transition from the Ambulance Division over the coming several months.

These additional staff will ensure that City residents, workers, and visitors can count on timely ambulance transport responses across the City, at all times of the day.

- 2) Station 49. The Fire Department's current ambulance facility, known as Station 49, will be replaced with a new, state-of-the-art facility. Plans for this \$40 million facility will be incorporated in the City's upcoming Ten-Year Capital Plan and into the anticipated 2016 Health Bond.
- 3) Ambulances. The Fire Department has taken delivery of 19 new ambulances, all of which are responding to calls throughout the City; 40% of the Fire Department's ambulance fleet has been replaced over the past 6 months.
- 4) Performance Data Dashboard. By June, a working group consisting of representatives from the Department of Emergency Management, the Fire Department, and the Controller's Office will work to create a set of data standards and publish an online,

publicly-accessible dashboard that will track ambulance transport response times as well as other critical public safety performance measures.

B. RESPONSE TIMES. As you recall, the working group has been focused on bringing Code 2 and Code 3 ambulance transport response times back down to meet the City’s goals. The City’s goals are to have a medical transport unit on scene within 20 minutes (Code 2) or within 10 minutes (Code 3) 90% of the time.

Code 2 calls: Through the end of January 2015, Code 2 response times averaged 11.94 minutes, and within 20.72 minutes 90% of the time. These figures represent a greater than 6% decrease since August 2014 in average response times.

CODE 2	Goal	August 2014	September 2014	October 2014	November 2014	December 2014	January 2015
Code 2 transports (minutes), average	<20 minutes	12.75	12.02	11.76	11.53	12.20	11.94
Code 2 transports (minutes), 90th percentile	90% < 20 minutes	22.16	21.22	20.97	20.37	22.14	20.72

Code 3 calls: Through the end of January 2015, Code 3 response times averaged 7.41 minutes, and within 12.49 minutes 90% of the time. These figures represent a greater than 10% decrease in average response times.

CODE 3	Goal	August 2014	September 2014	October 2014	November 2014	December 2014	January 2015
Code 3 transports (minutes), average	<10 minutes	8.26	7.38	7.25	7.28	7.70	7.41
Code 3 transports (minutes), 90th percentile	90% < 10 minutes	14.63	12.45	12.52	12.74	13.38	12.49

Reductions in response times have levelled off since new resources were added to the system in late August and early September. Response times crept up during the month of December, which is traditionally a high-demand month (2014 saw a 12% Code 3 transport call volume increase over November), however they decreased in January.

The City has made significant progress, but is not yet achieving its Code 3 response time goals. Details on steps taken to reduce them further are provided in the next section.

C. HIGHLIGHTS OF STAFFING REVIEW

In the December 2014 Ambulance Working Group memo, an H3 Level 1 EMT training academy was anticipated in early 2015. Since that memo, the Controller’s Office has completed a detailed call volume demand analysis and staffing needs projection. Key recommendations from that work are listed below:

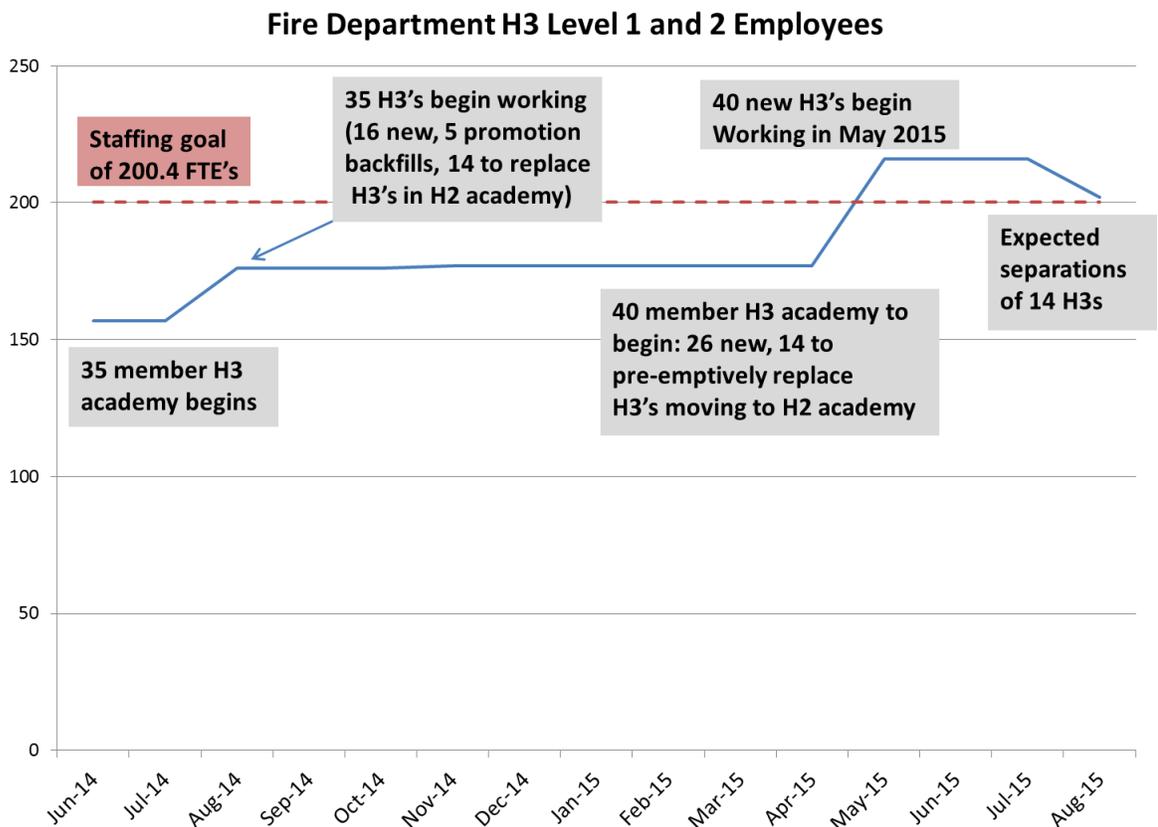
- Targeted re-alignments of the Fire Department’s shift schedule, based on an analysis of actual demand, to achieve more efficient deployment and coverage;
- A transition to a revised 12-hour shift to improve efficiency, a schedule change which DHR and the Fire Department are currently negotiating with Local 798;

- Deployment of a per diem workforce for surge and peak periods;
- Efficiency improvements at Station 49; and
- An optimal staffing level of 200.4 H3 Levels 1 and H3 Level 2 FTE's, which will allow the Fire Department to reduce response times and achieve the Fire Department's 80% market share requirement. With 177 H3 Levels 1 and 2 at the Department now, achieving optimal staffing would mean an increase of 23.4 FTE's.

The Fire Department will work to implement the recommendations above. In addition, the Department will hold an H3 academy scheduled to begin in March 2015. In order to account for academy dropouts, the academy will consist of 26 new H3's, as well as a pre-emptive backfill of 14 H3s (due to the August H2 Academy, retirements, etc.). By backfilling existing staff before their anticipated transitions, the Department will not see a reduction in staffing while replacements are being trained.

The Fire Department will use current year salary savings to fund the upcoming H3 academy, while ongoing funding needs will be incorporated into the City's budget process.

The first set of candidates for the 2015 academy was selected in December. The remainder of the class will be selected from a diverse pool of 580 candidates who qualified for the department's new H3 list, established in January. By the end of May, the Fire Department's H3 staffing levels will have grown by nearly 30% in 12 months.



- Per Diem Pool. In early November, DHR posted an announcement for a newly-created H8 classification for as-needed, per diem workers that can be called in for surge capacity during major events such as New Year's Eve, as well as to backfill behind absences. DHR received a diverse pool of 630 applicants, of which 584 were qualified. DHR continues to negotiate with Local 798 about working conditions and MOU provisions that would apply to these individuals.
- Station 49 and Improved Logistics. The Fire Department, in collaboration with DPW and the Capital Planning Program, has developed a business case for a new \$40 million Ambulance Division facility (commonly referred to as Station 49) to be included in the City's upcoming Ten-Year Capital Plan and anticipated 2016 Health Bond. The combination of a better-designed facility in conjunction with specialized warehouse staff and a computerized inventory tracking and management system will significantly reduce ambulance down time. It is anticipated that this new facility could open in 2019.
- Ambulances. The Department has deployed 19 new ambulances since August. These new ambulances will increase the number of units available to the Fire Department, spend less time out of service for maintenance and repairs, and are expected to last significantly longer than previous generations of ambulances due to the improved specifications revised by the Department.
- Staffing Flexibility and Leave Management. As noted above, the Department, in conjunction with DHR, has taken action to reduce sick leave. The issuance of sick leave restriction notices in October to certain members of the staff has significantly reduced sick calls on weekends, thereby increasing staff availability. Additionally, the Department is negotiating with Local 798 to institute different shift scheduling practices which are expected to increase employee availability.
- Coordination between City Departments and Private Providers. The Department of Emergency Management is now receiving real time staff availability data from the Fire Department and private providers. Having this data enables DEM to proactively call in additional private resources when the Fire Department is experiencing a staffing shortage.

Going forward, the Fire Department and DEM are working with the Mayor's Office to evaluate possible enhancements to the City's Computer Aided Dispatch (CAD) system.

- 9-1-1 System Usage.
 - Nurse at 1001 Polk Street. A nurse began working on February 2nd. A second nurse, stationed at the shelter at 525 5th Street, is scheduled to begin working at the end of February.
 - HOME Team. The Fire Department continues to work closely with DPH to develop a detailed proposal and approach for implementing a HOME Team type model, with particular focus on maximizing the program's impact on unnecessary 9-1-1 system usage.

- EMT and Paramedic Crews Stationed at Hospitals, Triage at ER's. Though initial expectations were that time spent waiting at hospitals was taking up a great deal of EMT/Paramedic time, further analysis has found that while some improvements can be made, the potential gains would not have a major effect on staff availability.

D. NEXT STEPS. Over the next several months, City staff will continue to work on the following outstanding items:

- Development of a public performance dashboard (June 2015)
- Full HOME Team implementation and integration with the HOT Team (June 2015)
- Further technological improvements to CAD and ambulances (Summer 2015)
- Continued monitoring of ambulance response times.

E. CONCLUSION. Strong progress has been made to date over the past several months. Additional staffing resources have been added, an as-needed per diem workforce has been proposed to handle surges, over 40% of the Fire Department's ambulance fleet has been replaced, and efforts have been implemented to reduce 9-1-1 system demand. Going forward, the City now has a detailed, funded hiring plan, a timeline for a new Ambulance Division facility and is developing a shared set of performance measures to be regularly updated and published online.

Upon full implementation of the initiatives and strategies outlined in this memo, we expect ambulance transport response times across the City to be significantly improved, and fall within our goals which will be analyzed for feasibility given the growing demands of the City. These initiatives are expected to improve the City's ability to provide high quality EMS delivery and are positive steps toward meeting the State-mandated Exclusive Operating Area (EOA) requirements. Thank you for prioritizing this important work.