Fire Based EMS: The City of Franklin
Versus
The Joint Emergency Medical Service

Identifying methods and benefits for combining Fire and EMS Services for the City of Franklin.

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CERTIFICATION STATEMENT

I hereby certify that this paper constitutes my own product, that where the language of others is set forth, quotation marks so indicate, and that appropriate credit is given where I have used the language, ideas, expressions, or writings of another.

Joshua C. Reed
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Abstract

In the beginning the ambulance functions for the city fell under the responsibility of the funeral home in town, which lasted until the need for additional emergency medical service training standards were established by the state of Ohio in 1969. This was the cause for an organization created called the Franklin Emergency Squad. This organization was comprised of Volunteer fire firefighters from the communities of Franklin, Franklin Township, and then the Village of Carlisle All three entities that were covered funded operations out of their general fund accounts splitting up expenses at the end of the year under a set percentage breakdown.

The Franklin Emergency squad lasted until 1982 until legislation was passed which stated that an ambulance organization was unable to function in a deficit. With this change, and since none of the three entities or fire departments wished or wanted the responsibility of EMS duties the Joint Emergency Medical Services (JEMS) was created. This organization similar to Franklin Emergency squad is governed under a three-person board representing all three organizations collectively.

The JEMS organization in the beginning was supported not by general fund money, but through taxes collected under a levy, which was passed, allowing for a volunteer organization to exist providing emergency medical services. Over time JEMS has passed additional levies and instituted EMS billing giving them the flexibility to become a part-time staffed ambulance district for the three above entities. The JEMS organization is comprised of approximately a 40-50 certified part-time EMT/B or Paramedics which work twelve hour shifts, manning three ALS units, with one housed in each jurisdictional entity.
The problem is that JEMS under the current model is legally the sole provider of EMS services for each of the three entities. The fire departments have no legal responsibility or protocol for EMS functions or services.

The purpose of this research project is to explore a viable solution for establishing a Fire Based EMS system for the City of Franklin. The ARP answers the following questions: (a) funding for the new Fire Based EMS. (b) Retention of employees from both organizations. (c) What are the benefits of a Fire Based EMS model? (d) How do you implement the new system?

**Background**

The city of Franklin Division of fire covers an area between Dayton and Cincinnati of approx. 25 square miles out of a centrally located station. Out of the house we can staff a 110’ aerial, three 1500 gpm pumpers, one heavy rescue, two boats, and one supervisor vehicle. We consist of a combination department with a 35-member roster. With a daily staff of five personnel on a 24/48 rotation, and the ability for automatic callback we cover an average of 950 calls for service per year protecting a populous of approximately 15,000 citizens. We currently manage four divisions Suppression, Training, Prevention, and Administration. Based on an interpretation from the city Law Director we currently have no responsibility for any EMS services for the citizens of Franklin, but currently we have on staff eight certified paramedics, and 18 certified EMT basics, each shift currently comprises of a minimum of one paramedic, and four EMTs.

Just like any other department nationally we find ourselves dealing varying types of calls, but unlike a lot of other departments we legally are unable to perform any
emergency medical skills regardless of our certification level. Although through current activities we have began finding ourselves in positions on scenes where crews have had to assist with medical needs caused by lengthened response times due to short staffing issues. With no responsibility or legal right to do so the issue of liability has been raised. In the past fire department staff responded to and assisted with ALS calls performing skills in correlation to their certified ems level. This service requested by JEMS continued until it was realized that the fire department was performing these skills without a medical director or adopted protocol.

Since 2001 the city of Franklin Fire department administration began discussion for integrated Fire and EMS services. Using any source, or any opportunity available as an attempt to persuade city council that there is a better way to do business.

In February 2007 the city of Franklin took the chance and in public meeting discussions for funding a Fire Based EMS option for the city of Franklin began. The initial plan for funding the EMS service was to use a reduction of 1% of reciprocity for Income Tax collections. During public meetings several citizens from all three involved entities (approximately one hundred mostly JEMS supporters) packed council chambers and opposed the creation of a city of Franklin fire-based EMS model. Council decided that at that time the reciprocity issue was too hot of a topic and even though still supportive of fire-based ems, the decision to look for alternatives for funding was needed before this model would be funded.

During this time, as a result from the city of Franklin, discussion for a consolidated fire/ems service encompassing all 4 organizations (Franklin, Franklin Township, Carlisle, and JEMS) was identified. Under this module it was identified that a
complete joint district would increase service delivery and create greater efficiency. Throughout this discussion opposition from each political entity involved was expressed which attacked development for this type of service model. During this same time the administration of JEMS began publicly launching negative attacks against fire-based EMS in an attempt to discredit the benefits of the fire-based EMS model. With the identification for a fulltime chief the JEMS board replaced the old administration for JEMS with a chief officer from the outside. Once established dialogue between both organizations (JEMS and Franklin Fire) began to increase and the identification of the antiquated system that both organizations were operating under began to be discussed.

With the current economy and the current economic conditions of both JEMS and the City of Franklin the discussion for additional sources of revenue for both have began and are being sought out. One way identified that should be explored would be the consolidation of services of both entities Fire and EMS. The citizens of Franklin demand quality Fire and EMS services from each organization, and with the economy, as it is we both have found ourselves in a position that has dictated we provide more with less. The ability of our members to deliver services must be done in an efficient, yet safe manner if they are to be effective in mitigating the emergency situations that they are faced with.

This research for this ARP relies on the information from the “Whitepaper” from the International Association of Firefighters. The purpose of this is to identify a cost effective manner to consolidate services, for the city of Franklin, along with identifying a manner for employee retention of all organizations involved, along with leaving an option for the other two communities, if they do not want or wish to control the EMS responsibilities for their communities.
Literature Review

The Federal EMS Act of 1973 defined an EMS system as “an entity that provides for the arrangement of personnel, facilities, and equipment for the effective and coordinated delivery of health care services under emergency conditions in an appropriate geographic area”. Pre-hospital 911 services are a key functions provided by the fire service in the United States. “Fire service-based EMS provides this pivotal public safety service while also emphasizing responder safety, competent and compassionate workers, and cost-effective operations.” 1 Research shows that “38% of fire departments in the United States are staffed with cross trained personnel, 4% of the fire departments are staffed with separate EMS personnel”. 2 The Bureau of Labor statistics shows that employment for paramedics is expected to grow 19% by 2016 3.

While searching for Fire Based EMS a coalition comprised of five organizations consisting of the International Association of Fire Chiefs (IAFC), the International Association of Fire Fighters (IAFF), the Congressional Fire Service Institute (CFSI), the National Fire Protection Association (NFPA), and the National Volunteer Fire Council was discovered. This coalition, even though linked by their environment generally has, based on their membership makeup, strong differing positions on services along with how the services are provided. Identifying the importance and as advocates for fire-based EMS the creation of this coalition was in response to several factors, such as the personal biased opinion by a medical doctor in Washington, DC, which sat on the Judiciary

1 The White paper pg. 3
2 EMS Magazine 4th Annual National EMS System Survey
Oversight Commission for EMS, and along with the Institute of Medicine's report detailing problems with EMS and the emergency system in the U.S. In this report the fire service was hardly mentioned, although the fire service continues to be the largest provider of emergency medical care in the country. As a way to combat these negative opinions on Fire-Based EMS, one report was continually referenced while searching for information on this subject. As a method for information the IAFF’s “Pre-hospital 9-1-1 Emergency Medical Response: The Role of the United States Fire Service in Delivery and Coordination” (The White paper), was created.

The white paper is a 16 page report that is intended to help fire service organizations educate local, state and federal officials on the role the fire service plays in the delivery of EMS. The report looks at the history of the fire service and the role that they played with enhancing prehospital EMS, why the fire service makes sense to be the delivery model of pre-hospital medical care, and funding dollars lost by fire departments for not providing EMS.

“What this white paper represents is an awareness that EMS begins the second a 911 call is placed and highly skilled and trained emergency medical personnel from the local fire department are dispatched to the scene to provide the first level of care to victims.”

Even with the fire service being an important part of the medical response financial and political issue play heavily on the decision to offer additional services to already cash strapped budgets. The fact is “the fire service is an efficient method for offering emergency care rather than creating a completely separate service with separate communications, vehicles, housing, and personnel.” (Dr. Eugene Nagel) The use of the

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4 Dennis Compton, a 34-year veteran of the fire service who was the fire chief in Mesa, AZ, and assistant fire chief in Phoenix
fire service based system using cross-trained/multi-role personnel makes more sense economically and strategically. As the report enforces, the time for more mistakes to be made in medical care is when care is transferred from one provider to another.

The report states that of the 200 largest cities in the United States 97% have fire service-based prehospital 9-1-1, and the fire service provides ALS and care in 90% of the 30 most populated U.S. jurisdictions.\(^5\)

Another thing that needs to be considered is what occurs when non fire based EMS arrive on the scene and they find that they are unable to perform actions because of fire suppression needs, extrication, needs or technical rescue needs. These crew must notify dispatch and request fire units to the scene, lengthening response times that can have a negative effect on victims and their outcomes, along with increasing the risk to the rescuers. Rapid, efficient, and effective delivery of emergency response and care is dependent on sending the closest trained personnel to the scene, and with already established rank and file the most reliable organization to provide this response is generally the fire department.

Although in the past the medical components were funded solely out of the budget of the fire department, the need for pay for EMS was realized and payment from federal money was given for transporting as this is considered to be the greatest area of need. This is until recent recommendations for ensuring that federal payment is given for medical care not associated with transport, which is a stance that the fire service supports.

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\(^5\) The White paper pg. 6
Results

The findings of the White paper lean heavily to fire service based EMS, as the model that is best for both the public and the public entity. With all options that were discussed the most effective and efficient model is the one that uses cross-trained fire and EMS personnel. This model provides the best ability to provide enhanced emergency care on the scene at it quickest no matter what the emergency need is.

The report enforces that the need for quality assurance for ems services is most effective when the fire department is responsible for administering and monitoring the performance requirements. With the ability for reimbursement of services this model shows to be the best return on investment of public dollars.

Discussion

The city of Franklin Division of Fire administration and the new JEMS administration are making positive moves in the direction in establishing the ability for fire members to operate on an EMS scene. Looking at the data that is presented you can see that the current way things are done is extremely inefficient, and ineffective.

Currently you have available resources, between the two organizations where there are thirteen personnel working at any given time which are performing duplicate services, but residing under different roofs. With current budgetary problems of both organizations you must take a look at the makeup of the services that are provided.

The need for the city of Franklin to be in control of the EMS decisions for the citizens is important, the way that the current system is set the city is the biggest user of the service and also the biggest financial supporter of the current system. Currently the city has only one voice when dealing with EMS concerns for city residents. Not a very
effective control of quality assurance. The city currently holds no responsibility or ability to provide any EMS service to a citizen in his or her time of need.

The biggest roadblock with the total pullout of the current system is the unknown of the funding that would be generated for the city of Franklin through billing. The current numbers represent a call volume for JEMS at approximately three thousand seven hundred calls for service. Sixty-five percent of these occurred within the municipal boundaries of Franklin. Giving a run volume of twenty four hundred calls from this area. From information gathered all calls that are billable result in thirty percent collection of funds this number represent seven hundred twenty calls for service that return a payment at a rate of eight hundred dollars per call, which equates to five hundred seventy six thousand dollars in collection of EMS Money.

Previous legislative meeting minutes identified that there is a need for four hundred ninety thousand dollars additional to sustain EMS Services for the city of Franklin for a fire-based EMS system. The political pressure for the current system to stay in place also has an impact on the full pullout. If the city decided to pull from the current JEMS model the other two organizations as they set would be unable to sustain their EMS service, which in turn would be harming the citizens of these communities. As you look at specific numbers you will see that the current budget for the fire department is 1.6 million, the current budget for JEMS is 1.3 million. If the two organizations were able to combine they could share in the wealth. With a joint contract for service venture you could save on cost of facilities, utilities, maintenance, and ETC. With JEMS joining with the city under a contract for service the money currently collected could be used without having to burden taxpayers for additional sources since
duplication of expenses could be eliminated. The biggest benefit of this model would be the speed and ability to have a sufficient number of personnel on the scene of any EMS detail, along with enough fire personnel to effectively mitigate most emergency calls. With this merger the retention of employees would still be possible, as there would still be need for services. The remaining entities if still not wishing to provide their own EMS service could still be covered under a city of Franklin/JEMS contracted joint service as they would be represented and covered under the current JEMS model. Although at the same expense for their community their ability to have responsibility for quality assurance would be greatly impacted.

When looking at the system that we currently operate under you can see that the need for change is present. As we look toward the future decisions will need to be made that will have impacts on the fire and EMS services for the community. If we look to this report as template the most appropriate fiscally responsible model can be developed.

**Recommendations**

- Review cost associated with each operation and identify the items that would be eliminated by combining Franklin Fire and JEMS.
- Establish a merged fire based EMS system for the City of Franklin, under a contract for service from JEMS making the city responsible for EMS services.
- Keep all current employees including administration at the same level that they currently hold, even if not currently cross-trained, you would replace personnel with cross-trained applicants through attrition.
➤ Provide EMS services to the other two entities at the current service rates if they do not wish to control their own EMS service.
References


4th Annual National EMS System Survey


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