



City Council Workshop

April 14, 2014

Agenda

5:30 P.M. Workshop

- A. Emergency Medical Services (EMS) Discussion (60 minutes)
- B. FY15 Budget (3 hours)
 - a. FY2015 Capital Improvement Program (CIP)
 - b. FY2015 Municipal budget – Review Budget Policy Consideration Memo
 - c. Updated budget schedule and process (5 minutes)

*****Councilors - please bring CIP notebooks and Budget notebooks*****



City Council Workshop Information Sheet

City of Auburn

Council Workshop Date: April 14, 2014

Item A

Author: Sue Clements-Dallaire

Item(s) checked below represent the subject matter related to this workshop item.

Comprehensive Plan **Work Plan** **Budget** **Ordinance/Charter** **Other Business*** **Council Goals****

**If Council Goals please specify type: *Safety* *Economic Development* *Citizen Engagement*

Subject: Emergency Medical Services (EMS) Discussion

Information: Attached are the Auburn Fire's proposal and a proposal from United. Staff is anticipating a discussion and decision regarding next steps.

Financial: Depends on preferred model but does impact the FY 2015 budget.

Action Requested at this Meeting: Discussion and policy decision.

Previous Meetings and History: 7/15/2013 Resolve and EMS report presented 10/07/2013.

Attachments:

- Description of Services
- EMS report

*Agenda items are not limited to these categories.



City of Auburn, Maine
Attn: Clinton Deschene
60 Court St.
Auburn, Me. 04240

March 25, 2014

Dear Mr. Deschene,

Located below are two options for proposal and consideration for emergency medical services (EMS) for the City of Auburn beginning on July 1, 2014.

Background:

For the past few months, United Ambulance Service, the Auburn Fire Department, Mayor, and the Auburn City Manager attended meetings to discuss EMS for the City of Auburn. During this time, United Ambulance Service and the Auburn Fire Department were requested to develop enhanced descriptions of services that could be mutually agreed upon. On March 18, 2014, the two agreeable options were finalized and are outlined as follows:

Option # 1 - Description of Services:

- United Ambulance Service will staff one (1) ambulance at the paramedic level, stationed at 215 Rodman Road, Auburn. This ambulance will be dedicated to the City of Auburn and will respond to emergency calls only. The primary response area will be the same response area as the Auburn Fire Central Station (Minot Ave.) and the New Auburn Station (Engine 2). This ambulance will be staffed 24 hours a day, 7 days a week for a total of 365 days each year.
- The area covered by Auburn Fire Engine 5 (Center Street Station) will be covered by ambulances stationed at 192 Russell St., Lewiston (or by using the closest available United ambulance based upon global positioning system (GPS) technology. In the event that there are no available ambulances in Lewiston and an emergency call is received for the Engine 5 coverage area, the dedicated ambulance at Rodman Road will be immediately dispatched.
- In the event of a Mass Casualty Incident (MCI), the dedicated ambulance for the City of Auburn may be used, and the ambulance will be replaced temporarily with a mutual aid service following United Ambulance's MCI Plan.

- During special events such as the 4th of July, the Great Falls Balloon Festival, and the Dempsey Challenge, the dedicated unit for the City of Auburn will stay dedicated for emergency services as outlined above.
- System status management (SSM) will be utilized according to United Ambulance Service's policies regarding when the dedicated Auburn ambulance is on a call. Meaning when the Auburn (dedicated) ambulance is dispatched between the hours of 8:00 am and midnight (and no other staffed ambulances are within the City of Auburn) a Lewiston based ambulance will be sent to the middle (near Lincoln and Main Streets in Lewiston) to assist in the decreasing the response time should another emergency call occur.
- If Auburn Fire Department has a structure fire, the dedicated ambulance will be sent for fire coverage and firefighter rehabilitation. If United's second Auburn ambulance is not staffed, a Lewiston ambulance will be sent to either sit in Rodman's Road Station or to the middle (SSM) with the location dependent on other available ambulances within United's system.

Option # 2 - Description of Services:

- United Ambulance Service will staff one (1) ambulance at the Advanced EMT Level, stationed at 215 Rodman Road, Auburn. This ambulance will be dedicated to the City of Auburn and will respond to emergency calls only. The primary response area will be same response area as Auburn Fire Central Station (Minot Ave.) and the New Auburn Station (Engine 2). This ambulance will be staffed 24 hours a day, 7 days a week for a total of 365 days each year. This option would require a change in United's licensing and would require approval from Maine Emergency Medical Services (MEMS) as well as from United's accrediting body the Commission on Accreditation of Ambulance Services (CAAS).
- Auburn Fire Department will staff paramedics in a response vehicle (SUV/Pick-up truck) and will be dispatched at the same time as United Ambulance's Advanced EMT ambulance. The Auburn Fire Department Paramedic will accompany the patient to the hospital.
- The area covered by Auburn Fire Engine 5 (Center Street Station) will be covered by ambulances stationed at 192 Russell St., Lewiston. In the event that there are no available ambulances in Lewiston, and an emergency call is received for the Engine 5 coverage area, the dedicated ambulance at Rodman Road Station will be sent (if available).
- In the event of an MCI, the dedicated ambulance for the City of Auburn may be used, and the ambulance will be replaced (temporarily) with a mutual aid service following United Ambulance's MCI Plan.

- System status management (SSM) will be utilized according to United Ambulance Service's policies regarding when the dedicated Auburn ambulance is on a call. Meaning when the Auburn (dedicated) ambulance is dispatched between the hours of 8:00 am and midnight, and no other staffed ambulances are within the City of Auburn, a Lewiston based ambulance will be sent to the middle (near Lincoln and Main Streets in Lewiston) to assist in the decreasing the response time when requested.
- If the Auburn Fire Department has a structure fire, the dedicated ambulance will be sent for fire coverage and firefighter rehab. If United's second Auburn ambulance is not staffed, a Lewiston ambulance will be sent to either sit in Rodman's Road Station or to the middle (SSM) with the location dependent on other available ambulances within United's system.

Recommendation:

At the conclusion of the meeting on March 18, 2014 it was determined that the best option for the City of Auburn is "**Option 1**". This option will ensure uninterrupted paramedic level services will continue without the need for MEMS approval. This option also suggests the most appropriate utilization of community resources.

If you have any questions regarding the options listed above or regarding United Ambulance Service, please feel free to contact me at anytime. It was a pleasure to collaborate with the City of Auburn to develop the options listed above. United's administration team and board of directors look forward to obtaining the city's final approval for EMS services when schedules allow.

Respectfully Submitted,

Joseph Lahood, EMT-P
Auburn/Lewiston EMS Operations Manager

Cc: Paul Gosselin, MBA
Executive Director

##END##



Auburn Fire Department

EMS Transport Evaluation

Table of Contents

Executive Summary	3
Organization of the Department	3
Background of EMS in Auburn	3
Current Environment	4
Service Demands	5
Call Comparison	5
Comparison of EMS to fire responses	7
Proposals	9
Conclusions and Recommendations	13
Appendix 1 Capital Purchases	14
Appendix 2 Financials	15
Appendix 3 Current Staff	19
Appendix 4 References	20

Executive Summary

This document has been provided in order to present recommendations regarding changes to the fire department that are intended to affect long term cost savings. During the FY 14 budget process, the Fire Department lost adequate funding to continue operating in its traditional model. This funding shortfall resulted in a plan to temporarily close fire stations, frequently leaving response districts void of adequate fire protection. In response to concerns voiced by the public as well as their own reservations, the Council allocated funds, at a subsequent meeting, to ensure adequate suppression coverage.

Following that restoration of funding, the fire department was directed to find ways to be more cost effective. Concerns over spending and a continued bleak financial picture have municipal legislators rightly responding to their constituents' concerns with aggressive economic policies. Our charge, as we understand it, is to look for cost savings or alternate, service-delivery models that could generate revenue, cut expenses, or both.

In response to that directive, we conducted a review that evaluates the possibility of performing fire service-based ambulance transport to meet most of the service demands of the city and generate revenue. This plan involves improving existing emergency medical response capabilities by enhancing dedicated 911 responses within the city, realigning staff, and deploying ambulances, in order to capture as much revenue as possible. While this option does not reflect what the fire administration believes to be the ideal operating model, it does appear to be an acceptable alternative.

Organization of the Department

Currently, the department has 65 full-time employees. There are 60 line firefighters, 1 fire prevention officer, 2 senior administrators, and 2 office- support staffers. The line staff is broken down among four, 24-hour shifts, with 15 firefighters assigned to each shift. Auburn has three fire stations that house a total of three pumpers and one aerial apparatus. Auburn Fire maintains (unstaffed) a rescue boat, a utility/forestry pickup, a medium duty rescue vehicle, and one spare pumper in reserve.

The following chart outlines how we are currently structured for the operations division.

Chart 1:

Station	Apparatus	Daily Max Staffing	Daily Min Staffing
Center Street	Engine 5	3	3
	Tower 1	4	4
Minot Ave	Engine 3	4	3
	Battalion Chief	1	1
South Main Street	Engine 2	3	3
Total per shift		15	14

Background of EMS in Auburn

For more than forty years, Emergency Medical Services (EMS) delivery has been a core mission of the Auburn Fire Department. Both the City of Auburn and its Fire Department have invested much time and monetary resources to this program, in order to better serve Auburn citizens. In the early days of EMS delivery, care provided by the Auburn Fire Department was primitive in relation to current standards. Today, the fire department delivers advanced-level care, including electrocardiogram interpretation and recording, medication administration, endotracheal tube placement, and other advanced life-support

skills all performed with equipment carried on the fire trucks. This frequently allows for faster intervention in cases where patients are critically injured or ill.

From its inception, the EMS program has struggled with an identity crisis, of sorts, with regard to what type of service should be provided. While at one point, the fire department did possess the ability to transport patients, the fire department has always been, predominantly, a first responder service. In other words, trained firefighters deploy to an emergency scene to perform any necessary medical intervention while emergency victims wait for the arrival of an ambulance. The ability to be transported to the hospital by a fire department vehicle began in 1981 on an as-needed basis and was still available to residents and visitors as late as 2008. In that year, a restructure of the department was undertaken in order to manage budgetary cuts imposed by the City Council. This restructure resulted in the Rescue vehicle being taken off the road and staff being redistributed as a cost-saving measure.

Presently, the Auburn Fire Department provides first-responder basic and advanced-level medical care from its four primary fire apparatus. In certain situations, the Battalion Chief or Deputy Chief will respond to medical calls to expedite the delivery of care if no EMS or fire units are available. Despite its limitations, this system has proven to be effective, resulting in positive impacts to the end users. One of the biggest factors in the success of the program is the time that it takes for Auburn firefighters to arrive on scene and begin delivering care. While the availability of data is limited, it suggests that Auburn firefighters typically arrive on scene between five and seven minutes ahead of the transporting ambulance. This is significant in the case of cardiac arrest, respiratory arrest, heart attack, critical illness, or other injuries where intervention within the first five minutes can have a significant impact on long-term or potentially fatal effects.

Current Environment

Slow economic recovery and reduction in state revenue-sharing have placed the city in a negative financial position the likes of which have not been seen for some time. A lack of immediate relief along with frustration about municipal expenditures expressed by taxpayers has prompted the Council to direct that cost-savings be enacted and that all revenues and potential revenues be captured. This position has demanded that administrators and department managers make some tough decisions concerning spending and service delivery.

Over the past few years, the Fire Department has taken steps to reduce expenses where it can, while remaining realistic about how to deliver services. Fiscal year (FY) 2014 proved to be extremely challenging as we pushed the boundaries of our budgetary allocation. Reductions that were enacted in the FY 14 budget caused us to triage operating expenses against staff, with the knowledge that the required cuts in either area would diminish service delivery. Simply put, in FY 14, the fire department was faced with the decision of either meeting contractual obligations such as staffing or funding the daily operations of the department.

While a bleak financial outlook is a strong motivator, it is not the sole reason to consider undertaking transport services. As previously mentioned Auburn Fire had the ability to transport patients to the hospital during an emergency but only used this option if no other ambulances were readily available. Despite being a resource of last resort, Rescue 1 was the only truly-dedicated emergency patient transport vehicle in either Lewiston or Auburn. By stripping the fire department's ability to transport, the overall EMS system was weakened and the city was forced into a position where it had to rely on a private service with split responsibilities and priorities.

Currently United Ambulance (United), headquartered in Lewiston, provides primary emergency transport services for Auburn, Lewiston, and several other communities. United is also the primary provider for non-emergency transportation services to Central Maine Medical Center, St. Mary's Regional Medical Center, and multiple health care facilities in the region. Because of United's mission and commitments to

other interests, Auburn residents are considered an equal consumer of the system and receive no special treatment. This means that there are no ambulances dedicated to emergency response in Auburn.

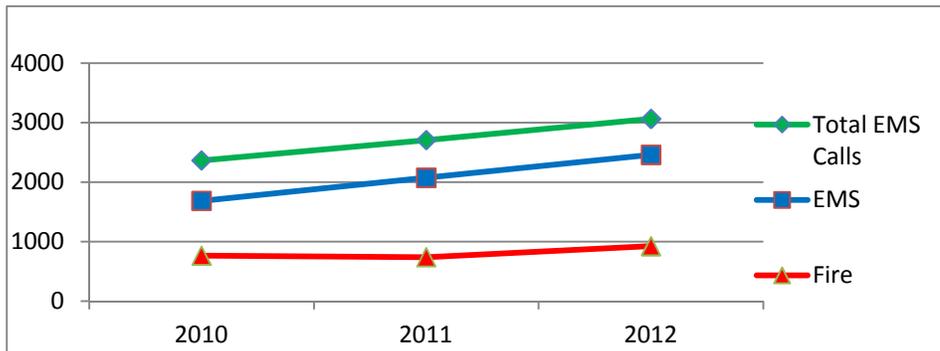
The unpredictability of emergency calls; increasing transportation demands of fixed medical facilities; and the revenue potential derived from transfers are factors which encourage private ambulance companies to answer the transfer requests when they come in – often leaving no dedicated resources for emergencies. By relying on a sole-source provider for EMS transportation services, Auburn has no resources dedicated for emergency transportation to the hospital. This has proven to be problematic at times, resulting in dependence on mutual-aid ambulance services and causing delayed transportation arrival times.

Service Demands¹

Chart 2, below, compares the total calls that the Auburn Fire Department responded to from January 1, 2010 to December 31, 2012. These numbers include total EMS calls received during that time frame and the number of EMS calls the Fire Department actually responded to. A breakdown of calls prior to 2010 is not available, due to a formatting and software change at the Communications Center.

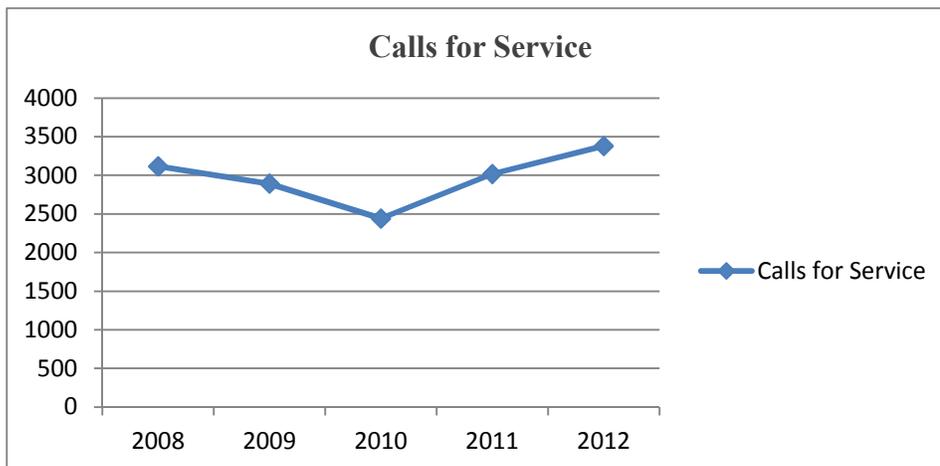
Chart 2:

Call Comparison



Charts 3 and 4 look at the demand for fire services from 2008 to 2012 and the population changes in Auburn from 1980 to 2012.

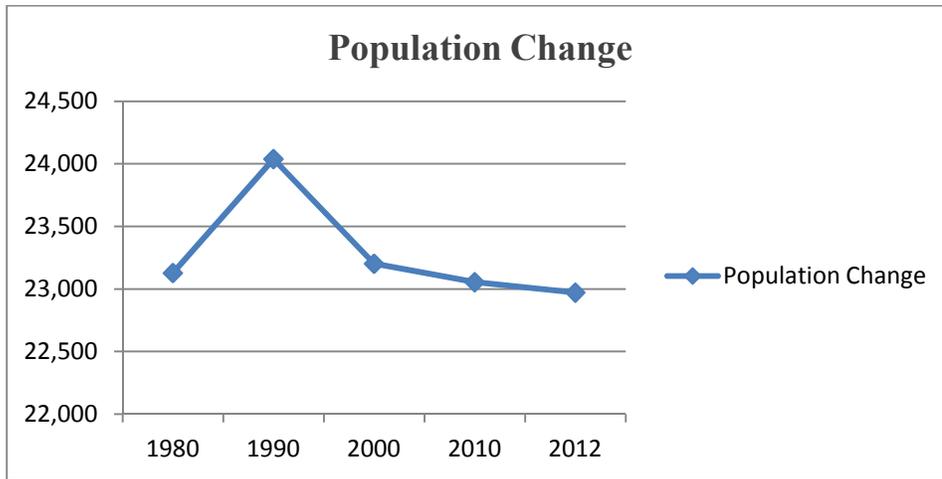
Chart 3:



¹ Information regarding service demands was provided by Lewiston/Auburn 911

Note: In November 2009 Rescue 1 was taken out of service and the types of EMS calls Auburn Fire responded to was reduced. This accounts for the reduction in volume in 2010.

Chart 4:



Despite nearly regressive growth² in Auburn’s population, the number of requests for service (911 calls) has risen. While fire-related responses³ have fluctuated over the past few years, EMS incidents have had a steady increase. From 2010 to 2012, the number of EMS-related calls in Auburn increased from 2,339 to 3,022 annually (a 29% increase) with Auburn Fire responding to 81% of those calls. Reasons noted for the increased call volume are (but not limited to):

- Aging of the population
- Decreased hospital lengths of stay
- The fact that Auburn is a service center with several major roadways and daily visitors
- Increasing prevalence of chronic illness due to longer survival times
- An increase in the number of technology-dependent people living in the community (e.g. ventilators, feeding tubes, oxygen, etc.)

In 2012, there were 484 occurrences of a second medical call occurring while Auburn fire units were already committed to an ongoing call. This frequency of multiple calls would likely be higher than the 16% represented, if Auburn responded to all medical calls under the 2008 model or if we were to adopt an EMS transport model. Additionally, second victims for the same call, such as patients in a car accident, are not represented in these figures.

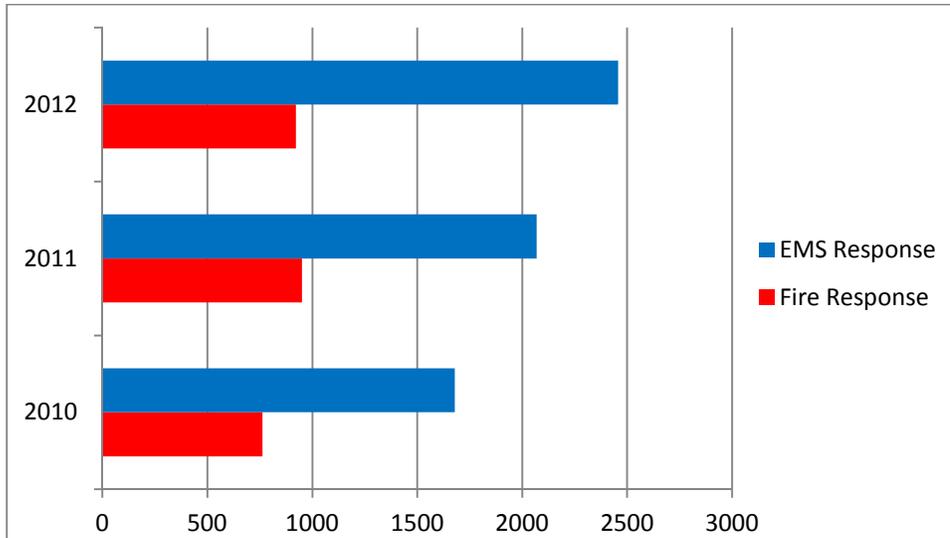
It goes without saying that as Auburn and the surrounding communities continue to develop, so will the demands for service. Expansion at the airport, a new ice arena, new modes of commuter transportation such as rail, and a growing commercial base will all add stress to the existing infrastructure and emergency response capabilities of the city, regardless of the growth in Auburn’s population.

² Information retrieved from U.S. Census Bureau records.

³ Fire-related responses include; fires, hazardous conditions, special rescue calls, hazardous materials responses and other incidents to which firefighters respond. .

Chart 5 provides a comparison of non-EMS related calls to EMS calls.

Chart 5: **Comparison of EMS to Fire Responses**



It should be noted that any change that detracts from the current operational structure will result in a reduction in service either through an actual decrease in resources or by reduced performance leading to less than desirable outcomes. This statement is validated by studies conducted in 2010 by the National Institute of Standards and Technology (NIST). Through controlled and measured assessments, NIST evaluated the abilities and effectiveness of fire crews, ranging in size from 10 to 22 firefighters on scene. To summarize their findings, NIST discovered that having an insufficient number of firefighters on scene (fewer than 15) within an established period of time, equated to slower task completion times; less efficiency; and poorer outcomes. Some of the data identified by NIST is listed below⁴.

Overall Scene Time:

Four-person crews operating on a low-hazard structure fire completed all the tasks on the fire ground (on average) seven minutes faster — nearly 30% faster — than two-person crews. The four-person crews completed the same number of fire ground tasks (on average) 5.1 minutes faster — nearly 25% faster — than three-person crews.

Time to Water on Fire:

There was a 10% difference in the “water on fire” time between the two- and three-person crews. There was an additional 6% difference in the “water on fire” time between the three- and four-person crews. (i.e., four-person crews put water on the fire 16% faster than two-person crews)

Ground Ladders and Ventilation:

The four-person crews operating on a low-hazard structure fire completed laddering and ventilation (for life safety and rescue) 30% faster than the two-person crews and 25% faster than the three-person crews.

⁴ National Institute of Standards and Technology

Primary Search:

The three-person crews started and completed a primary search and rescue 25% faster than the two-person crews. The four- and five-person crews started and completed a primary search 6% faster than the three-person crews and 30% faster than the two-person crew. A 10% difference was equivalent to just over one minute.

Hose Stretch Time:

In comparing four- and five-person crews to two- and three-person crews collectively, the time difference to stretch a line was 76 seconds. In conducting more specific analysis, comparing all crew sizes to the two-person crews, the differences are more distinct. Two-person crews took 57 seconds longer than three-person crews to stretch a line. Two-person crews took 87 seconds longer than four-person crews to complete the same tasks. Finally, the most notable distinction was the time difference between two-person crews and five-person crews — more than 2 minutes (122 seconds) difference in task completion time.

Currently, Auburn operates in a three-firefighter crew configuration. This has been a long standing policy based on community risk assessment, availability of mutual aid, and the financial resources of the city. If crews are moved from suppression apparatus to staff an ambulance, or if suppression apparatus is taken out of service to staff an ambulance, we effectively change the number of resources available to manage a fire-related incident. However, given the frequency and nature of fire-related incidents, we feel that city administrators can reasonably weigh risk against gain when determining the levels of service for the city.

With that thought in mind, the fire department offers the following models for consideration. We believe that, by adopting any of the models proposed, the reduction in service delivery for non- EMS related incidents will be incrementally minimized. It is also expected that adding EMS resources to an already-taxed system will result in benefits to the public with regard to ambulance availability and revenue generation. While not optimal, these proposals will also ensure that each response district will maintain some form of fire protection.

Proposals

Staffing Proposal 1:

In this option, we would purchase one new ambulance and one used ambulance to be utilized as a spare, in the event that a primary truck is down. While this model utilizes current staffing, it will result in higher overtime expenses because of the elimination of the float person. If available, the spare ambulance could be staffed by another crew, if necessary. This will, likely, shorten the life span of the spare truck, given that primary response is not its intended purpose.

Chart 6:

Station	Apparatus	Daily Max Staffing	Daily Min Staffing
Center Street	Engine 5	3	3
	Tower 1	3	3
	Ambulance 2	0	0
Minot Ave	Engine 3	3	3
	Battalion Chief	1	1
	Ambulance 1	2	2
South Main Street	Engine 2	3	3
Total per shift		15	15

Critical Components

- Utilizes current staffing.
- Allows primary ambulance at Minot Avenue station to be centrally located.
- Allows secondary ambulance at Center Street to be available, if needed.
- Offers some opportunities to capture additional revenue.
- Does not reduce overtime expenses.
- Employs the services of a medical billing company to capture the maximum revenue.
- Reformats the response protocol to reduce the number of times that structural apparatus respond to medical calls.
- Allows core staff to remain the same with a change in job duties and functions for the line staff and Deputy Chief.

Staffing Proposal 2:

In this model, four additional firefighter/paramedics would be hired to help reduce the costs associated with overtime. It is also recommended that a second primary ambulance be purchased --in addition to the first ambulance and spare truck. This is intended to increase the reliability of EMS coverage. At full staff, both ambulances would be able to have primary response duties. At reduced staff, the ambulance at Minot Avenue would be the primary unit and the Center Street ambulance would be available to respond to second calls, staffed by the crew assigned to the Tower Truck.

Chart 7:

Station	Apparatus	Daily Max Staffing	Daily Min Staffing
Center Street	Engine 5	3	3
	Tower 1	2	3
	Ambulance 2	2	0
Minot Ave	Engine 3	3	3
	Battalion Chief	1	1
	Ambulance 1	2	2
South Main Street	Engine 2	3	3
Total per shift		16	15

Critical Components

- Requires hiring of four firefighter/paramedics.
- Allows primary ambulance at Minot Avenue station to be centrally located.
- Allows secondary ambulance at Center Street to be available, if needed.
- Offers greater opportunity to capture additional revenue while lessening the impact on other services.
- Provides one float person to help defer some overtime expenses.
- Employs the services of a medical billing company to capture the maximum revenue.
- Reformats the response protocol to reduce the number of times that structural apparatus respond to medical calls.
- Allows core staff to remain the same with a change in job duties and functions for the line staff and Deputy Chief.

Staffing Proposal 3:

This model reflects both ambulances staffed appropriately while ensuring that adequate coverage is maintained for non-EMS related requests for service. To employ this option, four firefighter/paramedics would need to be hired. Because the float person is rolled into normal staffing, there would be no reduction in the costs associated with overtime. Ambulances located at Minot Avenue and Center Street have primary response duties and cross cover response districts.

Chart 8:

Station	Apparatus	Daily Max Staffing	Daily Min Staffing
Center Street	Engine 5	3	3
	Tower 1	2	2
	Ambulance 2	2	2
Minot Ave	Engine 3	3	3
	Battalion Chief	1	1
	Ambulance 1	2	2
South Main Street	Engine 2	3	3
Total per shift		16	16

Critical Components

- Requires hiring of four firefighter/paramedics.
- Allows primary ambulances to be located at Minot Ave and Center Street.
- Offers greater opportunity to capture additional revenue while lessening the impact on other services.
- Requires loss of the float position, which results in increased overtime expense.
- Employs the services of a medical billing company to capture the maximum revenue.
- Reformats the response protocol to reduce the number of times that structural apparatus respond to medical calls.
- Allows core staff to remain the same with a change in job duties and functions for the line staff and Deputy Chief.

Staffing Proposal 4:

This model reflects both ambulances being staffed appropriately and that adequate coverage is maintained for non-EMS related requests for service. To employ this option, four firefighter/ paramedics would need to be hired. Because the float person is rolled into normal staffing, there would be no reduction in the costs associated with overtime. Both ambulances have primary response duties and cross cover response districts. At reduced staff, the Tower would be reduced to three firefighters to affect cost savings in overtime.

Chart 9:

Station	Apparatus	Daily Max Staffing	Daily Min Staffing
Center Street	Engine 5	3	3
	Tower 1	3	2
	Ambulance 2	2	2
Minot Ave	Engine 3	3	3
	Battalion Chief	1	1
	Ambulance 1	2	2
South Main Street	Engine 2	3	3
Total per shift		17	16

Critical Components

- Requires hiring of eight firefighter/paramedics.
- Allows primary ambulance to be located at Minot Avenue and Center Street.
- Provides the best EMS model while controlling overtime and minimizing the impact to other services.
- Provides one float person to help defer some overtime expenses.
- Employs the services of a medical billing company to capture the maximum revenue.
- Reformats the response protocol to reduce the number of times that structural apparatus respond to medical calls.
- Allows core staff to remain the same with a change in job duties and functions for the line staff and Deputy Chief.

Conclusions and Recommendations

EMS delivery is not new to the fire service nor is it unique to Maine. With the exception of Lewiston and Ellsworth, all career or combination fire departments in Maine provide some level of EMS⁵. This holds true for several agencies that employ per-diem or part-time staff as well. Maine Fire Departments that do not have EMS as a core mission are typically smaller departments that are staffed by volunteers or on-call firefighters. However, even in this setting, EMS is provided by departments because municipal leaders have identified a community need. This is often due to the availability of EMS services in neighboring communities or travel distance to a specific community. For example, Lincoln Plantation, located in western Maine, has a population of 45 people -- according to the 2010 census. Because of the amount of time it takes for an ambulance to drive from Rangeley or New Hampshire, it was decided to establish a first-responder service in the Lincoln Plantation. Auburn is unique in that it is only one of three cities in Maine, (the other two being Lewiston and Waterville), with a population of more than 10,000 people that does not provide fire department-based ambulance service.

Typically a fire department will never advocate for a reduction in service. However, there are times when the agency leaders must be sensitive to the needs and finances of the population that it serves. While the fire administration does not believe the proposed options are the best solution for the community, they will concede that they are a workable alternative to the present model. The proposed models, in our opinion, accomplish the Council's objectives, do not unduly compromise employee safety, retain the core responsibility and services of the city, and do not dramatically increase the risk profile to the community.

City administrators must remember that system sustainability rivals revenue in terms of importance when committing to a program such as this. The principle issue is identifying which delivery system is best for the City of Auburn and how Auburn ensures that system's long-term success – not necessarily what the immediate gains might be. Keeping these thoughts in mind, we offer the following recommendations:

1. Council should take a comprehensive look at the emergency medical system currently in place in the City of Auburn and ask:
 - a. Does it meet the goals and objectives of the Council and guiding documents?
 - b. Does it currently meet the needs of the city?
 - c. Is the legislative body, by policy, willing to commit the needed physical and financial resources to manage a system that adheres to industry best practices?
 - d. Is the decision to develop an ambulance service based solely on the potential for revenue generation?
 - e. Is the Council willing to reduce the level of all hazards protection provided by the fire department to ensure adequate ambulance coverage?
2. Should the council direct that ambulance transportation be initiated, both a strategic plan and financial plan should be generated. These documents will provide program guidance and a means by which to measure success. Both plans should be structured so that they may be rolled in to a future fire department strategic plan.
3. Hiring practices for the fire department should be altered to reflect a preference for hiring advanced life support providers. Changes should also be made requiring EMS providers to maintain their advanced licensure for a specific period while employed. New hires that are non-paramedic providers should be required to obtain paramedic licensure within a designated period.
4. Mutual aid agreements with surrounding communities should be reviewed to ensure that responses for EMS calls are covered.

⁵ Information obtained from the Kling Report

Appendix 1 - Capital Expenditures:

In order to project a cost for purchasing ambulances as described in the proposals, we contacted an established ambulance vendor who was extremely helpful in developing projected costs associated with purchasing vehicles and equipment. These numbers are only projections, from one vendor, based on known data sets and current market costs.

Ambulance Purchase

2 New Ambulances as specified	\$466,218
1 Used 2010 Ambulance	\$146,430 (includes all equipment)
Total	\$612,648

It is projected that the life expectancy of ambulances will be 5 to 7 years. Around those times each ambulance would be sent for remounting. This consists of taking the aluminum patient care box and recycling it onto a new chassis. This would result in considerable savings and build a natural stagger to the replacement cycle of ambulances.

As noted above, there will need to be equipment purchased for the ambulances. Those items and per-unit cost are noted below and are included in the costs above.

Power Cot	\$14,675
Heart Monitor	\$28,500
Radio Allowance	\$4,000
Heart Monitor Bracket	\$ 790
Stairchair	\$3,000
Forcible Entry Tools	\$465

Appendix 2 - Financials:

The chart below outlines projected revenues and expenses associated with establishing an ambulance service operated by the fire department. Revenue figures have been estimated for actual projected return with expenses estimated high. An explanation on how we arrived at our projected revenue numbers is located at the end of the chart.

Revenue / Expense Line Items	Proposal 1 No Hiring	Proposal 2 Hire 4 (15 ff min)	Proposal 3 Hire 4 (16 ff min)	Proposal 4 Hire 8 (16 ff min)	
PATIENT REVENUE	\$1,200,000	\$1,200,000	\$1,200,000	\$1,200,000	
Medicare	654,000	654,000	654,000	654,000	
Mainecare	162,000	162,000	162,000	162,000	Estimate based on payer mix
Insurance	326,000	326,000	326,000	326,000	Estimate based on payer mix
Patient Self Pay	58,000	58,000	58,000	58,000	Estimate based on payer mix
PAYROLL	\$330,000	\$242,500	\$476,700	\$389,200	
Deputy Chief	85,000	85,000	85,000	85,000	Wages & Benefits
Wages	0	144,600	144,600	289,200	
Payroll Taxes	0	2,100	2,100	4,200	
Added Overtime due to EMS Xport	245,000	0	245,000	0	Overtime for min staffing per CBA.
Overtime Difference Medic Required	0	10,800	0	10,800	300 shifts requiring medics versus Basics difference (10 year Lt used).
BENEFITS	\$0.00	\$76,665	\$76,665	\$153,328	
Maine State Retirement	0	11,425	11,425	22,848	
Health Insurance	0	62,400	62,400	124,800	All family plans figured into budget
Uniform Allowance	0	1,240	1,240	2,480	
Benefit Strategy	0	1,600	1,600	3,200	
PROFESSIONAL FEES	\$163,100	\$163,100	\$163,100	\$163,100	
License Upgrades	20,000	20,000	20,000	20,000	2 medics & 2 Advanced EMT
Outside Training Instructors	35,000	35,000	35,000	35,000	3 programs delivered twice each (cost per student)
Overtime for training participation	38,500	38,500	38,500	38,500	50 members to certify in ACLS, PALS, PHTLS
State Service License	600	600	600	600	
Medical Billing Fees	54,000	54,000	54,000	54,000	4.5% of Collections
Medical Director	15,000	15,000	15,000	15,000	Physician contracted to help implement best practices

SUPPLIES	\$61,000	\$61,000	\$61,000	\$61,000	
Durable Medical Supplies	40,000	40,000	40,000	40,000	O2 masks, bandaging, airway, IV's, Etc.
Oxygen	6,000	6,000	6,000	6,000	Contract for Oxygen Gas
Medical Equipment	15,000	15,000	15,000	15,000	vac mats, vacuum splints, keds, reeves, etc.
VEHICLE EXPENSES	\$225,500	\$225,500	\$225,500	\$225,500	
Down Payment Ambulances	85,000	85,000	85,000	85,000	
Annual Lease Payment	115,000	115,000	115,000	115,000	Annual payment on 5 year lease
Vehicle Supplies	1,500	1,500	1,500	1,500	fluids, bulbs, etc.
Vehicle Fuel	10,000	10,000	10,000	10,000	allotment for increased fuel consumption
Tires	6,500	6,500	6,500	6,500	New tires annually for 3 ambulances
Rescue 1 Maintenance (2014 Chevy)	3,000	3,000	3,000	3,000	Preventative and Repairs
Rescue 2 Maintenance (2014 Chevy)	3,000	3,000	3,000	3,000	Preventative and Repairs
Rescue 3 Maintenance (2010 Ford)	1,500	1,500	1,500	1,500	Preventative and Repairs
OTHER PROGRAM EXPENSES	\$50,000	\$50,000	\$50,000	\$50,000	
Laundry Purchase	5,000	5,000	5,000	5,000	Blankets, Sheets, Towels, Pillow Cases
Laundry Maintenance	15,000	15,000	15,000	15,000	Contracting laundering of linens
Communications Equipment	10,000	10,000	10,000	10,000	portables, cell phones, headsets, etc.
Service Contracts	15,000	15,000	15,000	15,000	Stretchers, Monitors, etc.
Dues & Subscriptions	2,500	2,500	2,500	2,500	TCEMS, MAA, etc.
Computer Software / Hardware	2,500	2,500	2,500	2,500	Field Bridge MEMSRR, Miscellaneous
ADMINISTRATIVE EXPENSES	\$8,000	\$8,000	\$8,000	\$8,000	
Printing	1,000	1,000	1,000	1,000	Billing Sheets, Med Nec Forms, etc.
Postage	1,000	1,000	1,000	1,000	Medical Billing, EMS Transport Notifications, PR Mailings
Advertising	2,500	2,500	2,500	2,500	EMS Transport Public Advertising
Public Relations	2,500	2,500	2,500	2,500	Meetings, Supplies, public event participation
Office Supplies	1,000	1,000	1,000	1,000	Miscellaneous increase in paper, supplies, printing
TOTAL EXPENSES	\$837,600	\$826,765	\$1,060,965	\$1,050,128	
NET INCOME	\$362,400	\$373,235	\$139,035	\$149,872	

CRITERIA UTILIZED FOR REVENUE PROJECTIONS

There were three critical sets of data that were utilized to determine the revenue projections of each of the proposals within the AFD EMS transport plans. They included the 3-year average 911 emergency call volume for ambulance transports performed within the City of Auburn; the payer mix estimates of all citizens in the City of Auburn; and a 3-year average of reimbursements -- per emergency transport -- from a city with the closest payer mix and transport distances. The following will further explain each of these areas:

Three-year average of emergency transports from the City of Auburn

This figure was calculated by utilizing statistics obtained from the Maine EMS State Run Reporting Program. For this project staff compiled data taking the average number of emergency transports from 2010 through 2013. It was determined that approximately 3,200 patients are transported from the City of Auburn on an annual basis.

Payer mix calculations

In 2008, when AFD put together its first EMS transport model, we utilized the professional services of Medical Reimbursement Services (MRS). They are a private company that performs medical billing services for many of the largest municipal fire-based EMS programs in the State of Maine, including the cities of Portland, Augusta, and South Portland. MRS performed an in-depth study of all their like clients, along with current data from United Ambulance specific to the City of Auburn, and determined a “payer mix” for the City of Auburn. A “payer mix” is a determination of the types of patients encountered within a city and assigns all patients into one of five categories of insurance coverage. These categories include: patients that are most likely insured by Medicare; Medicaid; Anthem Blue Cross; have private insurance; or are patients who are uninsured. Back in 2008, the City of Auburn was determined to be virtual mirror-image of the City of South Portland. Another important value within revenue projections and calculations is the distance between local hospitals as reimbursement for transport miles from emergency scenes to hospitals can be significant. This “payer mix” is still the closest payer mix to what would likely be that of Auburn in 2013. The current payer mix values of South Portland, therefore, have been utilized in determining the payer mix for the City of Auburn since they are well within the revenue projections presented within this report. The City of Auburn payer mix projections are as follows:

1. Medicare – 43.4%
2. Medicaid – 17.3%
3. Blue Cross – 11.1%
4. Private Insurance – 21%
5. Uninsured – 7.2%

Using these payer mixes allows us to determine the average reimbursement, per call, across the spectrum of potential ambulance transports that Auburn Fire will likely perform on an annual basis. These values, once transporting services are performed, will be assessed and updated on an annual basis.

Average reimbursements per emergency transport

In utilizing the projected call volumes that Auburn Fire Department will likely perform within the first year of transport services (3,200), coupled with projected payer mix, we were able to calculate the estimated reimbursement per transport. The City of South Portland, (determined to be the most similar transport system), was utilized for the final piece of information required to make a revenue projection per call and an annual projection. Taking the City of South Portland’s data from 2010 through 2013, it was determined that they receive an average of \$380.00 in payments, per 911 ambulance transport.

Therefore, taking the \$380.00 per 911 ambulance transport figure and multiplying that by the projected 3,200 911 annual ambulance transports, gives us an annual reimbursement of \$1,216,000.00. This amount was rounded down to \$1.2 million and utilized within all four proposals within this AFD transport package.

Appendix 3 – License Levels of Current Staff:

EMT-Paramedic	EMT-Advanced	EMT-Basic
Lt. ANDREASEN	FF. BEALE	FF. ARSENAULT
FF. ARSENAULT	FF. BOUCHARD	FF. BEAULE
Lt. BALL	FF. BRABAND	FF. BOLDOC
Lt. BOULET	FF. BROCHU	FF. BURNHAM
Lt. DIONNE	FF. DEMERS	FF. CARVER
Lt. DUMONT	Lt. FIFIELD	Lt. COBB
Capt. FLANAGAN	FF. FLANDERS	FF. COOMBS
FF. LABONTE	FF. GABRI	FF. DIPPOLITO
D.C. LOW	Lt. GRAVEL	FF. GABRI
FF. MARTIN	Lt. GURSCHICK	FF. HILLIER
FF. MASSELLI	Lt. LECOMPTE	B.C. HUNTER
B.C. MILLIGAN	FF. HASKELL	FF. HUNTER
FF. MORETTO	FF. JONES	FF. HARRIS
LT. ROY	FF. SCHADTLE	FF. HART
FF. SAUNDERS		Capt. KEENE
FF. WOODHEAD		FPO. O'CONNELL
		FF. PILOTE
		FF. POLAND
		FF. POREMBY
		FF. RICKETT
		FF. SAUNDERS
		FF. SCOTT
		FF. SMITH
		Lt.THERRIEN
		FF.TRIPP
		FF. VERRILL

Appendix 4 - References:

Kling Report, "Fire Departments and Emergency Medical Services in Maine", 2012, by B. Kling

National Institute of Standards and Technology, "Report on Residential Fireground Field Experiments", 2010

City of Auburn Maine, City Ordinance, "Chapter 20. Fire Prevention and Protection"

United States Census Bureau, "American Fact Finder", 2010

Lewiston/Auburn Emergency Communications Center, Personal communications and response statistics provided

City of Auburn, Maine

"Maine's City of Opportunity"

Office of the City Manager

TO: Mayor and City Council
FROM: Clint Deschene, City Manager
DATE: March 29, 2014
RE: FY15 Budget Calendar – dates and topics are subject to change

Date	Day	Time	Meeting	Place
2014				
April 14	Monday	5:30pm	Council Budget Workshop #6: 1. EMS Discussion 2. Review Municipal Budget 3. CIP	Council Chambers
April 16	Wednesday	7:00pm	Regular School Committee Meeting: 1. Update budget for May 7 approval	Council Chambers
April 17	Thursday	5:30pm	Council Workshop: 1. Exec. Session: Labor Negotiations	Council Chambers
April 21	Monday	All Day	Patriots Day Holiday	N/A
April 22	Tuesday	5:30pm & 7:00pm	Council Budget Workshop #7: 1. Review of FY15 Municipal Budget	Council Chambers

City of Auburn

Council Meeting:

1. 1st Bond Reading

April 28	Monday	5:30pm	Council Budget Workshop #8: 1. Review updated School Budget 2. Review of Municipal Budget	Council Chambers
April 30	Wednesday	7:00pm	Regular School Committee Meeting: 1. Formal budget validation referendum warrant	Council Chambers
May 5	Monday	5:30pm & 7:00pm	Council Budget Workshop #9: 1. Review of FY15 Municipal Budget Council Meeting: 1. Municipal Budget Public Hearing 2. Council signs School Budget Validation Referendum Warrant 3. Adoption of the CDBG Budget 4. 2 nd Bond Reading	Council Chambers
May 6	Tuesday	N/A	The School will post Warrant and Publish Specimen Ballot *Absentee Ballot ready for distribution	N/A
May 7	Wednesday	7:00pm	Regular School Committee Meeting:	Council Chambers
May 19	Monday	5:30pm & 7:00pm	Council Workshop: Council Meeting: 1. Adoption of FY15 Municipal Budget	Council Chambers
May 21	Wednesday	7:00pm	Regular School Committee Meeting:	Council Chambers
May 26	Monday	All Day	Memorial Day Holiday	N/A
June 2	Monday	5:30pm & 7:00pm	Council Workshop: Council Meeting:	Council Chambers

City of Auburn

June 4	Wednesday	6:00pm	Recognition School Committee Workshop:	Council Chambers
June 10	Tuesday	All Day	School Budget Validation Referendum <i>TENTATIVE DATE</i>	Auburn
June 16	Monday	5:30pm & 7:00pm	Council Workshop: Council Meeting:	Council Chambers
June 18	Wednesday	7:00pm	Regular School Committee Meeting:	Council Chambers
June 19	Thursday	5:30pm	Council Workshop: 1. FY16 Budget Strategy – Performance Measures, Privatization, Mission Statements, etc.	Council Chambers
June 30	Monday	TBA	TENTATIVE: Joint Council Meeting w/ Lewiston	Lewiston Council Chambers

DRAFT