

# Changing Times Committee Report

## Executive Summary

Meeting the needs of Dutchess County's fire and emergency medical services (EMS) requires a team approach, working with all levels and jurisdictions from the provider on the street through county government. The Changing Times Committee process, which lasted almost two years, was open to all fire and emergency service members. It was unbiased, and multidimensional, with every opportunity provided for those that wished to participate and contribute to do so. The system concerns discussed were of no surprise to those involved in the fire and EMS system for the past thirty years. The proposed solutions have also been bantered around for almost as many years as the concerns.

The difference today is we have an overwhelming majority of multifaceted, diverse committee members that are on the same page and like mindset: the emergency services system as it currently exists needs to adjust and change to meet the demands of not tomorrow, but of today.

As with many endeavors, the process of reaching the goal is of as much value as reaching the goal itself. With such a multifaceted and multi-jurisdictional system we must continue to focus on the process as we move forward - it's the process that will improve our system.

We must never lose sight of our primary goal: to provide the most efficient, timely, and cost-effective emergency services to our community. This goal will always be judged against the level of risk our community is willing to bear, which is directly related to what our emergency service providers will allow and our citizens will support.

## Overview

### History

The Changing Times concept was initially rolled out by the Dutchess County Department of Emergency Response Coordinator in the fall of 2003 after the "Changing Times in the Fire Service Forum" which was held at the Farm and Home Center. After the initial Changing Times meetings, chaired by the County Coordinator, Greg Becker volunteered for the appointment of committee chair. The County Coordinator insisted on a non-biased, non-county-influenced committee run by those directly involved in the day-to-day affairs of the fire and emergency medical services. From the onset of the first meeting it was clear that although EMS was the most visible issue, the fire service had similar concerns.

### Goal

The goal of the committee was to provide an unbiased tool to the Dutchess County Department of Emergency Response Coordinator on the concerns and possible solutions to fire and emergency medical service problems and issues.

### Purpose

The purpose of the committee was to provide a unified collaborative approach in identifying the needs and effects of a growing shortage of volunteer manpower and increased call volume. This purpose was to be as free as possible from influence by any one organization, position, or agency.

## Objectives

The following objectives consistently directed the committee to this final document:

1. Ensure the committee forum is open to all levels and specialties of emergency services.
2. Provide as many opportunities for provider participation and input as possible.
3. Compile an after-action report to be used as a tool for the future.

## Meetings

Changing Times meetings were held throughout Dutchess County from the fall of 2003 through the 2005-year. Meeting attendance followed a typical curve with the first half of the meetings having the most attendance. The second half of the meetings showed a decline in participation possibly due to the concerns and probable solutions being exhausted by those in attendance.

The meeting attendees were categorized as follows:

- Commissioners, Trustees
- Chief Officers
- Line Officers
- EMS Officers
- Fire & EMS Members

The member make-up of these categories was volunteer, career, active, and retired. A very important and interesting factor in the meetings was the attendee mindset, which ranged from apathetic with no problems, to overwhelmed and in need of help. This mindset is representative of current day-to-day operations. Fortunately, the majority of those in attendance fell in the mindset of needing help, willing to provide input, having a passion for emergency services and looking for a unified approach.

## Operations

### Response Concerns

The following is a list of response concerns (problems) brought forward by the committee. These concerns are in no specific order or importance.

1. **On-scene emergency operations are initially delayed and understaffed to meet the initial needs of the incident.** Fire suppression and rescue activities require a minimum number of qualified firefighters on-scene before an interior attack or rescue in an immediately dangerous to life and health (IDLH) incident, entrapment, or auto accident can be made.
2. **Of the members on-scene, minimum qualifications and knowledge level becomes a safety and liability concern.** Not only are the volunteer ranks of the fire service decreasing, but the levels of knowledge, experience, and training are decreasing, as well.
3. **With the chronic shortage of qualified manpower, mutual aid is being abused to the point that standard, routine operations require assistance, thus adding additional stress, to our neighbors.** Mutual aid is intended to provide assistance with operations at an incident that is beyond the day-to-day call volume or standard type of calls. Today we are using mutual aid a majority of the time for routine fire and emergency medical service calls to cover for the lack of response from the agency responsible for responding first-due to the incident.
4. **The decreased number of fire calls with an increase in medical calls skews the degree of deficiency in fire response.** Approximately seventy percent of total call volume within the fire and emergency medical service system are medical calls while the total number of structure fires is decreasing.

5. **The total number of structure fires has decreased.** This has become a double-edged sword. From fire prevention, life saving and cost perspectives, the decrease in the actual number of structure fires is great. From the young, new, eager firefighter who just completed firefighter training and is looking to fight “the big one”, we have a problem. It is very difficult to keep the attention and motivation of young, energetic firefighters when it could be months or a year before they actually are able to use their skills and feel the extreme positives that go along with the job.
6. **Fire apparatus are responding with insufficient manpower.** No law specifies how many trained and qualified members a fire apparatus must have on board when responding to an incident. Fire apparatus frequently respond driver/pump operator alone, with the driver unaware if there is sufficient or additional manpower on-scene to fill the roles needed to mitigate the incident. The current lack of minimum response criteria compounded by the decrease in actual structure fires is giving a false sense of security when one hears that fire apparatus are “getting off the floor” responding to calls.
7. **More and more medical calls are being supported by the commercial and community ambulance services.** The commercial ambulance services initially started out by providing a means for patients to be transported between medical facilities as their primary task. With the advent of advanced life support (ALS), they took on the role of ALS response with fly cars. As advanced life support became the standard of care for a majority of medical complaints, the commercial services started using advanced life support ambulances to also transport the patients to area hospitals. Today, the commercial services are also being used as first responders and basic life support transport providers for agencies that are unable to respond to emergency calls. This failure to respond is usually due to a lack of manpower. This additional role is placing a burden on some commercial service providers the costs for which are at best poorly funded.
8. **Lack of adequate funding for commercial community ambulance service.** This is another double-edged sword problem that was fostered by the commercial services many years ago. When ALS started to become the standard of care and areas of the county needed ambulance coverage, a commercial service provider would bid on a contract or make a non-contractual agreement to provide service. This led to bidding wars among the commercial services. In many instances, these bidding wars did not have a realistic bottom line and failed to account for the cost of service. Today we are feeling the wrath of yesteryear with the commercial services being under-funded and the services having difficulty making ends meet. A team approach with a re-education of those municipalities responsible for contracting with the commercial services is over due for the commercial services to be viable now and in the future.
9. **Decreased pool of Emergency Medical Technician Basic and Paramedic levels.** The dwindling emergency medical technician resources at the basic and advanced levels are affecting both the volunteer and paid services. The majority of commercial service agencies have low hourly pay rates and basic benefits that do not appropriately compensate for the long hours, hazards, and the daily grind of emergency medical services. These factors do not lead to a positive career move for most. The majority of people that enter the commercial services usually use their employment, training, and experience as a stepping-stone to a municipal job or to a higher level of training such as Registered Nurse, Physician Assistant, or Medical Doctor. The volunteer and paid emergency medical technicians are confronted with initial training at the basic level that takes five months, with advanced level provider training taking a year or more to complete. To keep this certification the provider needs to recertify every three years.

### Surge Capacity

Surge capacity is the ability to handle an increased number of incidents or increased number of patients per incident.

Surge capacity only exists on the pre-hospital emergency services side of the equation by the shifting of emergency service assets. Current day-to-day peak call volume taxes our current emergency medical services system to the point where there is, for all realistic purposes, no surge capacity.

### Increased Alarm Responses

As the county population has increased, so has the need for emergency services. More and more households are installing fire/smoke, carbon monoxide, and medical alert systems. The public is looking at emergency services as an “all-hazards first response” provider. Advanced Life Support service is now the standard of care for a majority of the medicals calls.

### Volunteer Applications and Retention

The recruitment and retention of members is decreasing to levels that are affecting our ability to respond in a timely, efficient, and safe manner on a daily basis. The task for the volunteer services to recruit and retain members is increasingly more difficult. The reasons behind this trend are multifaceted. The mindset of community volunteer involvement has changed from one of ownership, service, and socializing to a bedroom community mindset of long hours between commuting and work, and time with the family. Volunteer services are now competing with work and family commitments, whether it is with commuters or with two-income families.

Retention is adversely affected by the same reasons we have difficulty with bringing in new hires, time constraints to meet the minimum training standards to be a member.

### Response Times

The time it takes from dispatch to the incident mitigation and the member is back in service is increasing. On the fire side, the response time is affected primarily by a decrease in the manpower responding to an incident. With a smaller pool to draw from and an increased reliance on mutual aid, there is a decrease in the amount of equipment getting off the floor and the amount of qualified manpower on-scene in a timely manner.

On the medical side, there is a decrease in the number of volunteer ambulances along with the decrease in manpower. These decreases lead to a larger response area and increased incident times. The average ALS call time has increased the total call time as compared to basic life support (BLS) calls, where the evaluation, treatment, paperwork, and restocking is usually less. With the decreased volunteer response has come an increased first responder delay in getting to the patients side. On the national level, this has raised the question if adding advanced life support ambulances to communities without front-loading the first responders will really improve the morbidity or mortality of our patients. If this was not enough of an insult to the system, the increased traffic congestion further delays the incident time at all levels of the incident.

### What is being done?

The following actions are currently being taken to improve the concerns presented:

1. Recruitment campaigns at the agency, local, private, state, and federal levels are ongoing.
2. Incentive programs such as the service awards program and tax reductions are targeting retention and looking to entice new hires.
3. Utilization of municipal employee's during work hours to leave their job to respond to an incident as a volunteer.

4. Hiring of paid personnel, firefighters and emergency medical technicians.
5. Increased use of commercial, community ambulance services for basic life support and increased transport work.

### Solution Proposals

The solutions proposed are in no specific order, and each comes with its own pros and cons. With the makeup of Dutchess County, a solution in one area or region may not work or be feasible in another area. The following proposals are presented:

1. **Daytime open response:** The utilization of members from neighboring agencies to respond to calls within other neighboring response areas.
2. **Second dispatch automatic mutual aid:** Currently, the responsible agency can have up to three dispatches per incident before mutual aid is requested. The proposal would have a standard of automatic dispatch to a neighboring agency if the primary agency does not respond at the end of first dispatch.
3. **Consolidation of districts, departments, and agencies:** This concept can take many forms from shared resources of non-emergent support and supply assets to shared emergency response assets and duties. The consolidation could change the entire structure of all the agencies involved or leave the individual structures intact and share agreed-upon assets.
4. **Joint or mutual response through shared services:** Similar to consolidation, shared services may look at non-emergency and emergent services that each agency brings to the table, and how best to utilize those services jointly in order to improve service while decreasing duplication, improving utilization of manpower, and ultimately improving service to all agencies involved with no change or a decrease in expenditure.
5. **Paid on-call:** Members would respond as paid personnel, be covered as firefighter or emergency medical service employees. A drawback to the proposal is paid on-call members would probably have to meet the minimum standards of their full-time counterparts. For firefighters, that's currently a minimum of 229 hours of initial firefighter training and an annual requirement for 100 hours of continuing training. Currently this option is not permitted in NYS. Legislative changes would be needed to implement such a solution.
6. **Paid staff days only:** This is currently being done in the county with paid firefighters and emergency medical technicians that are hired by fire districts, towns, and volunteer ambulance services to augment the volunteer members.
7. **Full time paid staff:** This is currently being done in the county where paid firefighters and the fire districts and commercial ambulance services hire emergency medical technicians.
8. **Combination volunteer/paid county department:** Municipal fire districts are currently doing this to augment the volunteer membership.

### Fixed/Preventative/Educational Proposals

1. **Residential/commercial sprinklers:** Mandate the installation of residential and commercial sprinklers in new and renovated residences.
2. **Fire Prevention:** Continue with fire prevention efforts to further decrease structure fires and injury.
3. **Code Enforcement (Building and Fire):** Continue to improve code enforcement to decrease structure fires and injury.
4. **Public education, fire & EMS:** Increase public education and awareness on fire and medical prevention, and the emergency services system. This educational process should be geared and directed to all levels of the public, from the town supervisor to the individual homeowner. Our communities cannot make an appropriate decision on the level of risk they are willing to

assume if they don't have the supporting information and education that goes with the assessment.

## Conclusion

The overwhelming majority of the meeting attendees are aware that there is a problem and are eager to be part of the solution. These members are looking for assistance, guidance, and direction. It was a given for most that inaction is not an option. More importantly, there is an increased awareness that we are already past a comfortable point of delay and are past the power curve on these concerns.

Thanks to all the dedicated men and women of our emergency response system for their comment, input, and dedication to service.

Special thanks for CC-4, Howard Adams, for his support, input and assistance in the process.

Respectfully submitted,

Greg Becker  
Changing Times Steering Committee  
Chairman