

**Report of
The Emergency Medical Services Work Group**

**Prepared for the Board of Selectmen
of the Town of Harpswell, Maine**

June 30, 2014

Table of Contents

I. Introduction	1
II. Recommendations	2
III. Analysis and Findings	7
Exhibit 1: Work Plan	21
Exhibit 2: Recommendations from 2008 Study	23
Exhibit 3: Agenda for Meeting with Fire/Rescue Departments.....	26
Exhibit 4: Orrs & Bailey Island Fire Department Questionnaire.....	27
Exhibit 5: Harpswell Neck Fire and Rescue Questionnaire	33
Exhibit 6: Cundy's Harbor Fire Department Questionnaire.....	36

I. Introduction

In January of 2014, the Board of Selectmen requested that the Town Administrator (Kristi Eiane), Deputy Town Administrator (Terri-Lynn Sawyer) and Town Treasurer (Marguerite Kelly) form an Emergency Medical Services (EMS) Work Group to “review current EMS rescue operations and develop recommendations regarding a service delivery model that meets future needs.”

Specific factors that the Work Group was asked to review and assess included, but were not limited to:

- Management oversight
- Regulatory requirements
- Centralized program planning
- Consistency of policies and billing practices
- Dependability of services provided
- Quality of services provided
- Equality of access for all residents 24/7
- Response times
- Cost increases/decreases due to model changes
- Availability of volunteers now and in the future

The Work Group was asked to submit its recommendations to the Board of Selectmen no later than June 30, 2014. The adopted work plan is shown in Exhibit 1.

This is the Work Group’s report. Part II contains the recommendations. Part III contains the analysis and findings.

The Work Group was assisted in writing the report by Frank O’Hara of Planning Decisions, Inc. Katherine Chatterjee, a member of the 2011 Expanded Fire and Rescue Committee for the Town of Harpswell, served as a special resource to the Work Group.

II. Recommendations

These recommendations have been formulated based on EMS data and experiences gained by the Town over the past few years. They are supported by the findings reported in Section III. The Work Group believes that discussions and actions to date provide momentum for the Town to work together with the fire and rescue services to develop a “road map” covering the stages along a continuum from a totally volunteer fire and rescue service structure to a centralized municipal department with paid staff.

Harpswell’s place on the continuum has changed very quickly in the past two years. It is presently a mixture of volunteers and contracted paid paramedics, available 24 hours a day, seven days a week. All parties agree that future change is inevitable; however, there are differing opinions as to when the next change may become necessary and what form it might take. All parties also agree that volunteerism should be supported and fostered as long as possible, since it has been and continues to be the backbone of service delivery in Harpswell.

The long-term road map should lay out how the rescue and fire system might evolve in the future -- at a time when volunteerism diminishes. The 3 fire and rescue departments believe the current system is stable and should be viable for the next 3 years, perhaps longer, but no one speaks with certainty.

In the time available, the Work Group was unable to develop a full road map for where the Town should go. However, the Group had productive discussions with members of the three fire/rescue departments and others, and believes that a continuation of these discussions can result in the creation of such a road map.

The Work Group’s recommendations are designed to achieve that goal. In preparing these recommendations, the Work Group had three overarching values:

- The backbone of the Town’s current rescue services is composed of volunteers. Not only do they help make citizens safe and protected, they also contribute to community spirit and neighborliness. **The Town should support and sustain these volunteers.**
- Because of the increased financial role of the Town in recent years – including the support of professional paramedic coverage, purchase of fire and rescue vehicles, and continued financial contributions to the three departments – **the**

Town's role must change from that of a "gap-filler" to that of a full partner in planning for the future of rescue services.

- Finally, because many of the same issues regarding rescue volunteers and coordination are present in the fire services in Town, because many of the same volunteers are involved in both efforts, and because the finances for both are intermingled, the Work Group's **recommendations in some cases pertain to fire as well as rescue services.**

The road map needs to be developed to ensure that if and when the current system is unable to adequately provide needed services, the Town and the departments will be prepared for the next stage. It would address personnel, facilities, vehicles and financing. The road map would have several waypoints designed to avoid crisis decision-making, assuring all parties of seamless transitions.

RECOMMENDATION 1: Request the Town Fire and Rescue Committee to work with Town officials to create a formal schedule of volunteer availability covering all sections of the community.

In a system requiring close coordination between paid paramedics and local volunteers, and mutual aid arrangements among several departments, predictability and clarity in the scheduling of volunteers is an important precautionary safety measure. Monitoring coverage is critical to understanding where there may be weaknesses and voids in the system and helps inform when lack of coverage issues may need to be addressed. The Department Chiefs should be responsible for scheduling volunteers; Town staff should assist in the administrative tasks of formatting and posting the schedule.

RECOMMENDATION 2: Establish a Town Committee to Create a Road Map for Future Fire and Rescue Services

The Board of Selectmen should formalize a 7-member committee, including:

- The Emergency Management Agent of the Town
- Three members, one from each of the 3 fire and rescue departments (as well as one alternate from each department)
- Three members of the public.

The committee should be supported by Town staff, and be asked to provide its recommendations by June 30, 2015. In a broad sense, the committee would be charged

with continuing the development of a road map for the future of emergency services in Harpswell. Specifically, this would require the committee to:

- A. Participate in the ongoing discussions among the three departments of creating a consolidated volunteer rescue and fire operation in Harpswell. The Work Group believes that a consolidated structure would offer great benefits to the community in terms of quality of service, cost-effectiveness, and quality of volunteer experience. This recommendation builds upon current successful efforts among the three departments to coordinate policies and procedures related to recruitment, training, and equipment standards. There are several alternative structures under consideration for achieving this operational consolidation, and the committee should identify the advantages and disadvantages of each. These options include:
 - A new nonprofit emerging from a merger of the existing departments
 - The continuation of 3 separate departments, but achieving close coordination through interoperational agreements
 - A new management structure, which could include the designation of one chief for the three departments.

- B. Make recommendations for the phasing of the expansion of centralized services located on Mountain Road next to the Town Office, possibly including the housing of an ambulance and/or fire apparatus. The phasing program should address facilities, vehicles and personnel requirements. It should include cost estimates and general timing considerations. The analysis should identify whether the growth in centralized services might allow for a reduction in the overall number of emergency service vehicles purchased by the Town, as well as enable operational improvements.

- C. Identify the advantages and disadvantages, and make recommendations, about adopting the following emergency services practices:
 - a. Paying volunteers for on-call and actual service times
 - b. Billing for transport in all parts of town.

These two issues were discussed in the course of the Work Group's deliberations, but there was not time to fully analyze their impacts. Their resolution is independent of the question of consolidation; such practices might or might not occur in a consolidated department, and might or might not occur in independent fire departments.

- D. Solicit public input and actively inform the public over the course of the planning process about possible changes in the future delivery and cost of rescue and fire services in the community.

These are issues that are critical to the future quality of life and spirit of community in Harpswell. Decisions should not be made without offering members of the broader public a chance to express their views.

RECOMMENDATION 3: Town staff should continue to be actively involved in emergency services issues.

The Board of Selectmen asked the Work Group to analyze a wide variety of issues, some of which need further exploration. Work Group members gained greater knowledge of emergency services over the last five months, this knowledge can be useful in the future to both the Board, and in the shorter term, to the proposed committee.

- A. The Town Administrator should serve as the point of contact at the Town Office for emergency services issues. Town government management responsibilities for emergency services are increasing, both in day-to-day operations and in special projects. The Town Administrator may assign specific responsibilities to individual Town staff members, such responsibilities may include a review of call data or the maintenance of a volunteer schedule.
- B. Members of the Town staff should continue to analyze the costs and benefits of service delivery models, both in response to requests from the Board of Selectmen, and to requests from the proposed committee. Included in this work should be a continuation of the exploration of the process by which the Town might become a licensed entity for insurance billing.
- C. Members of the Town staff should develop a set of recommendations for review by the proposed committee, and for submission to the Selectmen for action, that will provide the Town with the appropriate level of oversight and fiscal responsibility for overall rescue (and fire) services. As the Town moves from a role of “filling the gaps” to a role of full partner in the delivery of rescue services, these recommendations should reflect the Town’s increasing responsibilities. Possible topics include:
- A role in reviewing the departments’ capital plans and major capital expenditures for vehicles, equipment and buildings
 - A “Town of Harpswell” identity for all vehicles

- A Town policy on the appropriate level of town contributions to organizations with large fund balances
- A Town policy on the appropriate disposition of EMS capital vehicles owned by the Town
- A requirement that organizations provide their maintenance records for Town-owned vehicles and equipment
- A review of existing department contracts, leases, and service agreements with a view towards their updating and amendment.

The next section provides the analyses and findings underlying the recommendations.

III. Analysis and Findings

Background

Harpswell's emergency medical response is provided by 3 volunteer rescue services. Each is independent. Each is a part of a larger fire and rescue department. Each department provides services pursuant to a written agreement with the Town, specifying the geographic area for which the department is responsible. Those 3 areas, and the population living within them, are relatively equal in size. The departments have informal mutual aid agreements with each other and with the Town of Brunswick. The departments provide basic EMT service and transport to local hospitals. Prior to 2012, paramedic-level service, when required, was provided under contract between the Town and Mid Coast Hospital via an intercept vehicle based in Bath.

Historically, the Town has contributed annually to the operations of the three fire and rescue services, and directly incurred other related operating costs.

In 2007, the Town hired a consultant to review the operations of the three departments, with the primary purpose being the evaluation of the 20-year vehicle replacement schedule proposed to the Town by the departments. The proposal, which was subsequently adopted, made the purchase of all emergency vehicles the responsibility of the Town. The cost of these vehicles was estimated to be approximately \$3,000,000 in then-current dollars. The impetus behind this proposal was, in part, the recognition that fundraising of such a magnitude was a disincentive to volunteerism.

An additional disincentive to volunteerism is the increasing regulatory requirements and consequent administrative burden in training volunteers, maintaining skill levels and reporting actions taken in response to calls for assistance.

Further complicating the need to find volunteers, willing and able to respond to rescue calls, is the aging of Harpswell residents. The potential volunteer pool is shrinking at the very time that the demand for emergency medical services is increasing.

In 2011, the Selectmen appointed an Expanded Fire and Rescue Committee tasked with developing a strategic plan for the future delivery of emergency medical services. The primary recommendation of that Committee was to contract with Mid Coast Hospital in Brunswick for 12/5 (12 hours a day, 5 days a week) paramedic coverage to be centrally-based at the Town office. Implementation began in April of 2012 for a five-year period.

During the latter half of 2013, the Town became aware that the departments were experiencing heightened difficulty in responding to rescue calls. Town officials included a provision in the upcoming budget cycle to increase the hours in the Mid Coast contract from 60 (12/5) to 168 (24/7). Late in 2013, however, the chiefs requested that the contract change be moved up to January 1, 2014, as at least one department believed it would be unable to provide an EMT as of that date.

In December 2013 and in March of 2014, voters authorized funding to expand paramedic coverage to 24/7 in the contract with Mid Coast Hospital at an annual cost of \$278,000.

Selectmen asked for the current review to determine how best to avert any future crises, and to develop a strategy for Harpswell to plan for future changes in the delivery of emergency medical services.

The Existing EMS Service Delivery Model in Harpswell

A paramedic is stationed in Harpswell 24/7, working in conjunction with the three independent companies that provide first responders and drivers. The Town is the contracting entity responsible for the paramedic services. The Town also pays for a dedicated intercept vehicle (MC-2), and has recently completed a building for the paramedic and vehicle. The Mid Coast contract continues to include coverage by MC-1 (based in Bath) as backup to its current 24/7 services. The contract is in force until April 2017, at which time an extension could be negotiated or other options could be explored.

The Experience with Mid Coast Hospital

Of the factors that the Work Group was asked to consider (see page 1), a number are addressed through the paramedic contract with Mid Coast Hospital, including: regulatory requirements, dependability and quality of services, equality of access for all residents and response times. The response to the paramedics in Harpswell has been overwhelmingly positive. Their assistance with training and advice as to purchasing and equipment have enhanced cooperation among the three departments.

In addition, the reliable presence of a paramedic response has supported current volunteers and encouraged new ones to enlist. The volunteer population seems to have stabilized for now. Long-term retention needs to be evaluated.

The other factors that the Work Group was asked to address -- management oversight, centralized program planning, consistency of policies and billing practices, cost increases/decreases due to model changes, and availability of volunteers -- are dealt with in the Work Group's recommendations in Section II.

The Work Group's Tasks and Findings

A. Review Background Materials

1. Fire and Rescue Services Study by Emergency Services Consulting, 2008, for the Town of Harpswell. Recommendations are contained in Exhibit 2.

Findings: Exhibit 2 lists recommendations made to the Town. Some of these have been implemented; some may be resolved as the 3 departments continue their efforts towards standardization of policies and equipment. Some of the recommendations pertain to the Town and its administrative and fiscal oversight. These recommendations are incorporated in the Work Group's recommendation that the Town should take a more active role in the oversight of the overall system.

2. Strategic Plan for Emergency Medical Services in Harpswell by the Expanded Fire and Rescue Committee including minority reports, 10/04/2011.

Findings: The following were issues unresolved by the expanded Fire and Rescue Committee. Some are in varying stages of implementation; others need more study and discussion. These are addressed in the recommendations:

- Scheduling of volunteers--individual departments versus town-wide, drivers only and/or all personnel
- Central command of all EMS personnel, i.e. one EMS chief
- Compatibility of equipment, methods and forms for training, communications, record-keeping, and others
- Billing for transports.

3. Reports and data on changes made to EMS in other Maine municipalities.

Findings: The various models for providing rescue services fall along a continuum, with a totally volunteer structure at one end, and a centralized municipal department with paid staff on the other. Many Maine municipalities have been challenged in providing services due to a decline in volunteers.

B. and C. Define Service Delivery Options and Develop and Analyze Cost Data

The Work Group discussed many of the multiple options for providing reliable EMS coverage during its review, but had no basis for selecting a particular model without having a better idea as to what service model(s) might be acceptable to the community, and when any changes might be needed. Further, estimating the cost of each could not be completed, as there were so many variations that could change the cost outcomes.

It did seem important, however, to understand whether or not the cost to the Town as well as the cost to each independent department was rising over time. The three departments regularly provide financial information to the Town as part of the annual budget process.

Findings: A ten-year graph of Town's appropriations from 2005 to 2014 is shown in Figure 1. Detail of Town's appropriations for those years (Table 1), the departments' revenues and expenditures for 2012 (Table 2), and the department' financial position as of December 31, 2012 (Table 3), are shown on subsequent pages.

Town appropriations for emergency services have risen 248% from \$223,850 in 2005 to \$779,664 in 2014.

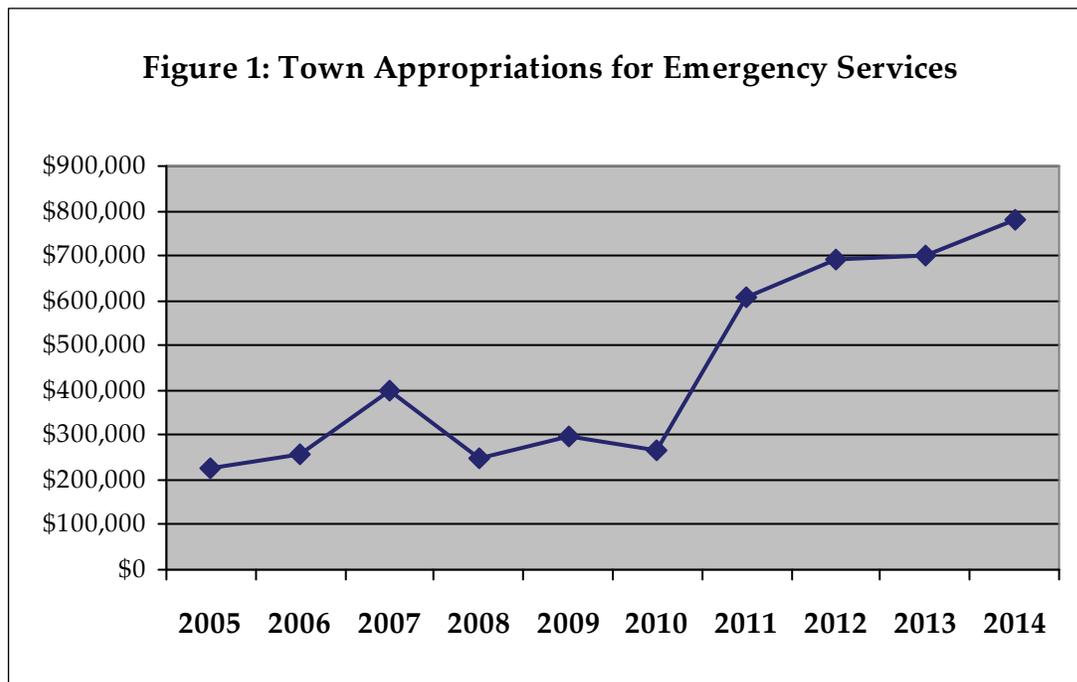


Table 1: Funds Appropriated for Emergency Services, Town of Harpswell

	2005	2006	2007	2008	2009	2010	2011	2012	2013	2014
Emergency Services (*)	\$148,850	\$173,950	\$170,750	\$202,600	\$203,500	\$203,500	\$207,070	\$194,390	\$201,890	\$193,250
EMS planning				\$30,102			\$3,500			\$3,500
Additional Volunteer Insurance			\$4,500	\$4,737	\$5,100	\$4,200	\$4,200	\$4,200	\$4,000	\$4,000
Paramedic Services								\$123,000	\$123,000	\$276,560
Paramedic Garage								\$74,000	\$84,000	\$8,000
Dry Hydrant development			\$12,000	\$10,000	\$4,000			\$10,000		\$10,000
Capital contributions to Depts.	\$75,000	\$85,000	\$75,000							
Vehicle Reserve			\$135,000				\$200,000	\$100,000	\$150,000	\$150,000
Communications Equipment					\$40,000		\$3,000	\$5,000	\$5,000	\$5,000
Debt service (vehicle purchases)					\$46,232	\$56,279	\$187,991	\$182,560	\$133,341	\$129,354
Total Appropriated	\$223,850	\$258,950	\$397,250	\$247,439	\$298,832	\$263,979	\$605,761	\$693,150	\$701,231	\$779,664

(*) Primarily contributions to the operational budgets of the three departments.

Harpswell Emergency Medical Services Work Group Report, June, 2014

Table 2: Revenues and Expenses for Emergency Services, All Sources, 2012

	Orr's & Bailey	Cundy's Harbor	Harpwell Neck	Total
Revenues:				
Donations	\$74,216	\$54,713	\$67,108	\$196,037
Fundraisers, net	\$42,302			\$42,302
Billing			\$36,457	\$36,457
Town	\$60,000	\$60,000	\$60,000	\$180,000
Other	\$3,845	\$11,413	\$31,748	\$47,006
Total Revenue	\$180,363	\$126,126	\$195,313	\$501,802
Expenditures (excludes depreciation)	\$175,102	\$97,297	\$131,747	\$404,146
Excess of Revenues over Expenditures	\$5,261	\$28,829	\$63,566	\$97,656
Detail of expenses				
Compensation (officers, directors, etc.)	\$14,464			\$14,464
Other salaries & wages	\$12,528	\$1,795	\$15,026	\$29,349
Payroll taxes	\$2,065			\$2,065
Accounting	\$1,900	\$6,817	\$6,550	\$15,267
Advertising & Promotion	\$234			\$234
Office expenses	\$1,228	\$7,965		\$9,193
Information technology	\$1,112			\$1,112
Occupancy	\$14,229	\$12,740	\$6,750	\$33,719
Insurance	\$20,176	\$12,743	\$16,216	\$49,135
Vehicle expenses	\$28,031	\$21,623	\$21,106	\$70,760
Minor equipment	\$14,890		\$7,111	\$22,001
Supplies	\$8,266	\$2,810		\$11,076
Building repairs	\$6,603	\$3,315		\$9,918
All other	\$20,685	\$3,062	\$30,988	\$54,735
Total expenses	\$146,411	\$72,870	\$103,747	\$323,028
Capital Purchases	\$28,691	\$24,427	\$28,000	\$81,118
Cash outlays	\$175,102	\$97,297	\$131,747	\$404,146
Town appropriation less contribution to departments				\$513,150
Total Outlays				\$917,296

Table 3: Financial Position of the Three Departments, as of December 31, 2012

	Orr's & Bailey	Cundy's Harbor	Harpwell Neck
Cash	\$158,823	\$154,233	\$317,627
Investments	\$205,136	\$202,777	\$301,330
Subtotal	\$363,959	\$357,010	\$618,957
Fixed Assets & Other	\$919,752	\$366,262	\$294,244
Total	\$1,283,711	\$723,272	\$913,201

D. Meet With Selected Individuals

1. Current lead paramedic providing Mid Coast service to Harpswell

The Work Group met with David Hudson, the Director of Paramedic Services of Mid Coast Hospital. An extended discussion centered on the results of paramedic coverage as well as how fire and rescue services are provided in Bath where he functions as Rescue Chief.

Findings: Relative to paramedic contract:

- Reception very positive from departments, volunteers, and public
- People more willing to volunteer with certainty of paramedic response
- Ongoing training program for volunteers has been implemented
- Response time has been cut in half with centrally-located paramedic

David Hudson is responsible for quality assurance, quality improvement, and incident review. He also oversees training, ensures adherence to State and Federal regulations, encourages joint purchasing, suggests consistent guidelines for purchases of equipment and supplies (and arranges for their consistent placement on the 3 ambulances), and much more. The cost for providing these services is included in the current contract. Mr. Hudson does not control personnel matters such as establishing policy, keeping licenses current and acceptance of volunteers.

Findings: Relative to Bath Fire and Rescue

The City of Bath (population 8,500) transitioned from a combined volunteer call and career department to a career department with full-time paid staff on duty from a central location. Bath also serves West Bath and Arrowsic, which makes a service area for the rescue program of about 11,000 people. They have full-time paid administrative staff including an overall Chief and 4 Captains, one of whom

is a Rescue Chief. Its operational budget is \$1.4 million annually, excluding benefits. Some data from the department:

- 2,200 rescue calls per year
- 21 people on staff, most are paramedics/firefighters (cross-trained)
- 5 people work each 24 hour shift, generally 1 day on, 3 days off
- Work week is 42 hours per week based on 28 days (7 shifts)
- Rescue calls always involve two people
- There are no “drivers”
- City let last 12 volunteers go about 3 years ago due to lack of active volunteers (and no recruitment)
- City bills for rescue services

2. Representatives of a community with municipal rescue, such as Brunswick

Work Group met with Chief Kenneth Brilliant of Brunswick Fire and Rescue, formerly Chief in Topsham, to discuss his experiences with Topsham and Brunswick. Brunswick and Topsham each have municipal departments responsible for fire and rescue activities. Each has paid full-time administrative staff. Currently Chief Brilliant is Chief of Fire and Rescue with a full-time paid EMS Chief and administrative staff. Brunswick’s operational budget is approximately \$3.1 million.

Findings: Relative to Topsham:

- 3 people respond to all daytime calls on their assigned day (previously)
- Night response is from home to ambulance at Town office (previously)
- Responders initially paid only if there was a call (previously)
- Personnel receive stipends and hourly wage for time over baseline (previously)
- Topsham bills for transport
- Central coordination makes this work
- Town has active volunteer pool

Current Staffing:

- 2 per diem 24/7 EMS coverage from central location (usually 1 Paramedic and 1 EMT)
- 2 full-time staff provide daytime coverage (Fire Chief and EMS Director)
- 2 per diem Firefighters provide daytime coverage for Fire Calls and handle second EMS calls

Findings: Relative to Brunswick:

- Career Staff – 4 shifts of 8 split between 2 stations
- Brunswick bills for transport.
- Billing is performed by municipality.
- Billings approximate \$900,000
- Central coordination essential

3. Representatives of a community that has changed or consolidated its EMS delivery model from volunteer to some form of paid service

The Work Group met with Chief Howard Rice of Falmouth (population 11,200). Falmouth has a municipal department with a strong volunteer component. Falmouth has a full-time paid administrative staff, including a Chief of Fire and Rescue who has general management of all services. He is assisted by a Captain responsible for day-to-day operation of EMS and a third person to take care of the office tasks. Falmouth's operational budget is about \$1.1 million.

Findings:

- First response from central site with 24/7 paid paramedic and driver
- Two substations with captains and selected equipment
- Closure of some facilities necessary for cost and efficiency
- Backup is available from Portland if necessary
- Cross training is encouraged
- Still have volunteers in both rescue or fire
- Program relationship with SMCC and student interns
- Many interrelationships to encourage and ensure paramedic coverage
- Central coordination essential
- Bill for rescue service (estimated revenue \$400,000)
- Town bills for transport

4. Knowledgeable others to be identified who have broad experience in EMS delivery systems, their operation and regulation

a. Lois Skillings, RN, President and CEO of Mid Coast Health Services met with the Work Group along with David Hudson, the lead contracted paramedic. The primary reason for the meeting was to explore the Town's current relationship with Mid Coast as well as the Hospital's willingness and ability to provide contractual paramedic services in the future. Also the Work Group wished to discuss how the terms of such an agreement might change.

Findings:

- Mid Coast established the interceptor concept 17 years ago to assist communities with rescue response
- Established to help stabilize patients more quickly, arrive at hospital in better condition, and enhance chances for survival and recovery
- Harpswell's dedicated paramedic contract is a breakeven proposition for the Hospital
- Pool of paramedics is more than sufficient. No problem finding and employing top-quality paramedics and are certain this will continue
- Current Harpswell contract is working well
- Response times in Harpswell have been cut in half using centrally-located paramedics and intercept vehicle
- Continued contractual arrangements definitely available

Mid Coast Health is involved in community outreach efforts and is observing developments in community paramedicine. Paramedics refer Harpswell patients to services at Mid Coast Hospital that may reduce future need for hospitalization.

b. Shawn McPherson, Medical Reimbursement Services (MRS) met with the Work Group, which wished to better understand how the reimbursement system works, what its costs are, and the extent of write offs of unpaid bills. There was discussion of the process by which the Town itself might bill for rescue services, providing that agreements were reached with the departments, one of which is now billing and the other two who are not. Cundy's Harbor and Orr's & Bailey Islands departments have declined to bill, citing concerns that fundraising efforts and volunteer levels might be negatively impacted.

Findings:

- Current cost for billing services is 10% of amount collected
- Department determines write offs after MRS has sent follow-up bills
- Private insurance and Medicare/Medicaid protocols are different
- Town would need to become a recognized provider by both state and federal governments in order to collect Medicare/Medicaid payments
- Town would need to complete an extensive Medicare application
- Completing both of the preceding tasks might take up to a year
- MRS would help Town with State and Medicare approvals

E. Meet With Selected Groups:

1. Each of the three fire and rescue departments (President, Fire Chief and Rescue Captain or Senior Representative) providing rescue services to the Town in order to better understand their operations; define common concerns; and discuss options for potential changes to town-wide delivery model.

The Work Group determined that it was very important to hold separate meetings with the three independent organizations providing fire and rescue services for Harpswell. As a result, the Work Group met with representatives from Cundy's Harbor Volunteer Fire Department, Orr's & Bailey Islands Fire Department, and Harpswell Neck Fire and Rescue. Those meetings included the chief of each department, the chief or captain of rescue services, the president of each department's board of directors, as well as other individuals who wished to attend. All meetings were well attended and helpful to the Work Group.

Each department was asked to answer several questions posed by the Work Group both in writing and for meeting discussion. Each was also asked to update selected questions from their 2011 questionnaire. These questions gave insight about their operations, volunteers, current problems and opinions of their ability to continue providing an acceptable level of service in 5 years and 10 years. The departmental responses are included in Exhibits 4, 5 and 6.

Table 4 summarizes the significant findings from their questionnaires.

Table 4: Selected Department Responses to 2014 Questionnaire

	Orr's & Bailey	Harpswell Neck	Cundy's Harbor	Total
Basic EMTs	1	5	5	11
Intermediate EMTs	0	1	2	3
Paramedic	0	0	1	1
Active drivers	12	14	14	40
Operate with duty schedule	No	Night only	No	
Compensate volunteers	Yes	Yes	Chief only	
Bill for services	No	Yes	No	
Current arrangement can last...	Indefinite	5 years	5+ years	
Satisfaction with Midcoast paramedic	Yes	Yes	Yes	

2 and 3: Town's Fire and Rescue Committee & Emergency Vehicles Committee

The Work Group decided to combine the meetings with these two groups since membership overlaps. This was seen as an opportunity to further define how the EMS system might change over the short- and long-term with all departments together. It was also decided that this meeting might benefit from the use of an outside facilitator. Frank O'Hara from Planning Decisions joined the group and served as its facilitator and moderator. Mr. O'Hara had previously worked with the Expanded Fire and Rescue Committee in 2011. The questionnaire used to guide the discussion of June 2, 2014 is included as Exhibit 3. Due to a lack of time, only the first 5 questions were discussed.

Findings:

Much of the meeting was spent discussing the role of the departments and the role of Town government in providing rescue services. The departments perceived the Town's historical role as a "gap filler" providing financial assistance as requested.

There was consensus that a significant amount of cooperation is taking place among the departments and that this should be encouraged.

There was consensus that some level of consolidation should take place among the 3 departments. The departments are willing to continue exploring this with the Town.

There was consensus that uncertainties as to the sustainability of volunteer levels could cause the rescue system to collapse. There was consensus that no one knows if and when such a collapse might happen.

After much discussion, those present agreed that they would be willing to explore a hypothetical road map including an ultimate transitioning to a municipal department, if that should become necessary. This road map would cover interim steps to be taken if certain events occurred. Such a road map would include deciding when expansion of the central facility should occur, when it might become operational and where vehicles and personnel would be located.

Defining these waypoints would provide security to Town, the 3 departments and the public that quality rescue services would be available indefinitely.

The facilitator, Frank O'Hara summed up two important and contrasting perspectives that were presented at the meeting in a chart (see Table 5).

Table 5: Two Approaches to the Future of Fire/Rescue Services in Harpswell

	<i>Approach 1</i>	<i>Approach 2</i>
How long will current system last?	<i>"For the foreseeable future" – 5+ years, even longer if things are done right.</i>	<i>Not long. Could have next crisis (probably lack of EMT coverage) at any time in the next few years.</i>
Town role	<i>Emphasis on filling in the gaps, cooperate with the departments for management and oversight</i>	<i>Emphasis on oversight and management, ensuring that citizens receive needed services, and preparing for the day when the current system breaks down.</i>
Service standards	<i>In rural Maine towns, no resident can get 100% assurance that emergency services will always be there promptly; to get higher reliability, the Town must pay for in-house system, and it would raise taxes.</i>	<i>It is possible to have a more reliable system with paid people rather than volunteers, and so far townspeople have been willing to pay for more service.</i>
Fire and rescue	<i>Fire and rescue services are inseparable in terms of volunteers, activities.</i>	<i>Rescue services can be separated out and taken over by the Town in the near future. Fire services can follow later.</i>
Future of departments	<i>In 5 years, enter into "interoperational" agreement to function as 1 department with one chief and an assistant rescue chief and 2 other assistant chiefs; or can consolidate outright. One set of policies for volunteers, equipment, etc.</i>	<i>Eventually could cease to operate, might donate equipment to the Town, who would operate fire and rescue services.</i>
Vision for future	<i>Unique arrangement, reflecting unique geography and history of Harpswell</i>	<i>A municipal system, similar to neighboring towns.</i>
Role for volunteers	<i>Remains in new consolidated dept.</i>	<i>Remains in municipal dept.</i>
Role for billing of transport	<i>Not in "neighbor helping neighbor" model, will cause other unanticipated costs (loss of fundraising, volunteers)</i>	<i>Yes, could use the revenue.</i>

F. Analyze Pros and Cons of Each Option and How Implementation of Each Would Affect Town, Organizations Involved and Community as a Whole

As previously mentioned in categories B and C, the Work Group initially tried to develop options, but put the task off until the review process was more advanced. Along the way, it became clear that trying to develop options and costs for rescue services was extremely difficult, since rescue and fire services are so intertwined. Two of the three departments are very strongly against splitting rescue from fire, as both services rely on a common pool of volunteers and equipment. The third department felt it was possible, since their rescue department has previously been separate under their charter.

Since the departments talked specifically about their discussions to date regarding consolidation, including the possibility of one chief and one deputy for the whole system, the Work Group's recommendation is to continue these discussions in the next phase of planning. This is addressed in the "road map" recommendation.

G. Determine Which Option(s) Would Be Optimal to Deliver EMS in the future

The Work Group's recommendations include this determination as part of the "road map" discussions and strategies.

Exhibit 1: Work Plan

EMERGENCY MEDICAL SERVICES (EMS) WORK GROUP WORK PLAN

Approved by Board of Selectmen on February 6, 2014

PARTICIPANTS: Town Administrator, Deputy Town Administrator, Town Treasurer, and special resources as needed.

EXISTING EMS SERVICE DELIVERY MODEL: A dedicated paramedic stationed in Harpswell working 24/7 in conjunction with three independent companies that provide first responders, drivers and transport of patients.

OBJECTIVE: Review current EMS rescue operations and develop recommendations regarding a service delivery model that meets future needs. Factors to be reviewed and assessed include, but are not limited to:

- Management oversight
- Regulatory requirements
- Centralized program planning
- Consistency of policies including billing practices
- Scheduling of services provided
- Quality of services provided
- Equality of access for all residents 24/7
- Response times
- Cost Increases/decreases due to model changes
- Availability of volunteers now and in the future

SPECIFIC TASKS:

A. Review Background Materials

1. Fire and Rescue Study by Emergency Services Consulting (Phil Kouwe) 2008
2. Strategic Plan for Emergency Medical Services in Harpswell by the Expanded Fire and Rescue Committee including minority reports, 10/11/2011
3. Review and Suggestions re: What Needs to be Done Concerning EMS Rescue Issues in Harpswell by Katherine Chatterjee, email 11/12/2013
4. Data available re changes to Volunteer Delivery Systems in other Maine town collected in 2011 and updates from Maine Municipal Assn. and others

B. Define Service Delivery Options

1) Develop and Analyze Cost Data

D. Meet With Selected Individuals:

1. Current Lead Paramedic providing Midcoast service to Harpswell
2. Representative(s) of a community that has an ongoing rescue department such as Brunswick
3. Representative(s) of a community (ies) that has changed or consolidated its EMS delivery model from volunteer to some form of paid service
4. Knowledgeable others to be identified who have broad experience in EMS delivery systems, their operation and regulation

E. Meet With Selected Groups:

1. Each of the three organizations (President, Fire Chief and Rescue Captain or Senior Representative) providing rescue services to the Town in order to
 - Better understand their operations
 - Define common concerns
 - Discuss options for potential changes to Town-wide delivery model
2. Town's Fire and Rescue Committee
3. Town's Emergency Vehicles Committee

F. Analyze Pros and Cons of Each Option and How Implementation of Each Would Affect Town, Organizations Involved and Community as a Whole

G. Determine Which Option(s) Would Be Optimal to Deliver EMS in the future and why

OUTCOME: Submit Draft Report and Recommendations to Selectmen no later than June 30, 2014. Recommendations should include rationale, cost considerations, all resources needed to effect changes, and a time-phased implementation plan.

Exhibit 2: Recommendations from 2008 Study

Town of Harpswell, Maine – Fire and Rescue Services Study

PRIORITY ONE - Immediate Internal Life Safety

No recommendations of this type were found during the study

PRIORITY TWO - Legal or Financial Exposure

- ESCi recommends that service contracts between the Town and the volunteer fire departments be prepared. ESCi believes the contract should include, at a minimum, a set of performance standards and an obligation to operate within all laws and regulations.....13
- The Town should purchase equipment through a competitive bid process.95
- Cundy's Harbor Volunteer Fire Department should establish a written disciplinary policy.124
- All departments should adopt *NFPA 1582* and implement a system of initial physical testing prior to active suppression activities, as well as periodic physical and respiratory evaluations.127
- All departments should train firefighters in hazardous materials to the operations level as outlined by OSHA 1910.120.135
- To ensure financial integrity and maintain public confidence, each department should periodically submit to a complete external audit, performed in accordance with GASB standards for those agencies receiving federal awards funding.146

PRIORITY THREE - Corrects a Service Delivery or Management Issue

- Develop a program to replace vehicles through the recommended capital improvement plan funded by the Town.88
- The Town should enter into an agreement with the fire departments to purchase capital vehicles that meet the Town's needs.95
- The Town should develop consistency among the departments in regards to the types of vehicles purchased and the equipment to be included in the vehicle purchase, considering individual department needs.95
- Form a Community Emergency Response Team to supplement the local fire departments during times of disaster.110

PRIORITY FOUR - Enhances the Delivery of Service or Department Management

- The fire departments should complete accurate calculations of their normal tanker shuttle capability, using tested load and offload times and true capacity (based on weight testing). Maps can be generated using established water points in the Town, color-coded to demonstrate GPM flow capability.69
- The Town of Harpswell should continually recognize the criticality of GPM flow and the proximity of water points as it considers new development or redevelopment areas. The Town is in the best position to require installation of adequate and plentiful water points through land use regulations and permit processes.....69
- Develop specifications for new apparatus based on specific Town needs and condition of community streets and access ways.....88
- Based on the travel time of Brunswick Fire Department, the Town should consider entering into an inter-local government agreement for Brunswick to provide *first-due* service to the extreme northern sections of the Town.99
- Establish a volunteer retention, recruitment program region-wide using, for example, concepts found in the appendix on *Staffing Needs and Volunteer Sustainability*.127

PRIORITY FIVE - Represents Industry Best Practice (A Good Thing To Do)

- Begin purchasing apparatus through a collaborative effort and competitive bid process.88
- The Town should maintain ownership of all vehicles purchased with public funds.....95
- The Town should appoint a capital replacement committee consisting of fire department representatives, as well as elected officials for balance.....95
- The vehicle committee should determine specifications for all vehicle purchases.....95
- Approval of specifications should rest with the Town Selectmen.95
- Although each department has proud traditions related to their various benefit and compensation programs, some standardization between the three departments may be advisable so that each geographical area offers similar opportunities for volunteer recruitment and retention incentives. The desired outcome is to ensure that any lack of compensation or benefits in one department, when compared to another, does not become a disincentive for members or potential members.124
- Develop a standard disciplinary process utilized and followed by all three departments serving the Town.124

Town of Harpswell, Maine – Fire and Rescue Services Study

- If the Town, at some point, determines the need to implement an EAP, such services should be offered to the volunteer fire departments as well.125
- Standardize volunteer qualifications, requirements, and application process for participation in service delivery for all Harpswell fire departments.127
- All Harpswell fire departments should consider establishing a formal annual physical abilities evaluation and skill competency demonstration for emergency response personnel.128
- The fire departments should provide all personnel with some form of simple, basic performance evaluations at least annually.128
- A joint safety committee should be implemented with representation from each of the three departments.129
- Consider providing various training opportunities beyond the basic skill sets that could include officer development, specialized skill training, fire investigation, public education, etc., based on the current needs of the community. Such opportunities often provide motivation for newer members seeking to expand their skill set.....135
- Implement the use of proficiencies and competency standards, and test firefighters and EMS personnel annually to that established standard.135
- Continue to enhance cooperative training efforts so that all three departments can utilize and share lesson plans and training schedules across jurisdictions.....136

Exhibit 3: Agenda for Meeting with Fire/Rescue Departments

Harpswell Town Hall
June 2, 2014
Facilitator: Frank O'Hara, Planning Decisions

Purpose of meeting: For the Harpswell Emergency Services Work Group to listen to the ideas of the members of the three town rescue/fire departments about how to provide high-quality emergency-rescue services in town in the years ahead.

1. Welcome, introductions
2. What are the strengths of the current rescue services arrangement?
3. What are the problems -- current and anticipated?
4. What is the role of Harpswell town government in the system – now and going forward?
5. What is the role of private fundraising, local government funds, and insurance payments in supporting the system – now and going forward?
6. What are current and future facility needs – both within in the individual departments, and for the town as a whole?
7. What are the most promising opportunities for greater cooperation among the departments, and between the town and the departments?
8. In an arrangement with multiple parties each playing key roles, who is responsible for the performance of the overall system? Where does authority for “system-wide” decisions lie? Is a town-wide “chief” needed?
9. The Harpswell EMS group reports back to the selectmen at the end of June. Any advice for them?

Exhibit 4: Orr's & Bailey Islands Fire Department Questionnaire

EMS WORK GROUP QUESTIONS FOR FIRE AND RESCUE DEPTS. -- March 31, 2014

1. The current system has introduced the concept of centralization whereby a dedicated paramedic is centrally located, is on call 24/7 and is under control of the Town. This contract also provides administrative support to all three departments.

a. Is this system working to your satisfaction? Yes, it is an extremely cost effective model for providing paramedic level coverage to the town.

b. How can it be improved ? (please be specific) The system is well designed and integrated to the departments at this early stage of development. Continued refinement of that relationship should be nurtured to ensure a seamless interface of the volunteer EMS staff and MC-2. This has been nurtured through the in-service training and QI/QA review that foster an atmosphere of professional development.

2. Has the new system affected your ability to attract and retain volunteers? How?

Without doubt, MC-2 has improved the ability to recruit. The current EMT class enrollees I spoke with were all very pleased to learn that they would be working with an experienced paramedic on the majority of calls. I relinquished my EMT license due in part to concerns about providing patient care with skills that became rusty as a consequence of the low call volume in town. Another significant factor was the difficulty obtaining continuing education hours (CEH) required for renewal. MC-2 services mitigate both of those factors. First, working alongside a paramedic allows a provider to learn on every call and improve their skills. The monthly continuing education component provides sufficient CEH required to renew a license, simply by attending the monthly training. Finally, the QI/QA feedback allows a provider to improve their patient care delivery.

3) Has the new system decreased the need for volunteers? How?

No. The requirement to staff a driver for the ambulance, the fly car and an EMT to work with the paramedic maintains the same number of volunteers. Calls involving a

cardiac arrest or removal of a patient from a difficult situation such as tight home egress, auto accident or the seacoast involve large number of responders from both EMS and fire.

4) How long do you see the system working in its current form? For as many years that volunteers can be attracted and retained. It takes a concerted effort and a climate that is welcoming and accepting. OBIFD has come from 12 members on January 1 to 21 members at this time.

- a. What might trigger or necessitate the need for change? Lack of volunteers or more onerous regulatory requirements. Given the current set of regulatory compliance issues it is difficult to imagine they could get worse, but that is the clear trend. EMT course requirements from ten years ago when I first took the curriculum has dramatically intensified in the current curriculum. This seems to be a shift in state philosophy from a technical advanced high school curriculum to an advanced college level curriculum.
- b. What changes could you envision? Volunteer firefighting was established by Ben Franklin. It's difficult to envision this colonial rooted tradition suffering from community apathy, overly burdened by governmental oversight and underappreciated for its value and capabilities. Anything that could improve citizen awareness of the department's roles, their cost effectiveness and the significant savings in taxes that the system provides might foster more volunteerism.
- c. How might such changes affect your costs? OBIFD is blessed with tremendous support for our annual auction and yard sale that is both a community event and revenue source. The annual appeal campaign generates consistently positive results. OBIFD also has higher expenses due to its contractual obligations, encumbered in our federal tax-exempt approval that require us to maintain two fire stations, one on each island. OBIFD is also responsible for the management and maintenance of the Orr's Island Schoolhouse. While we are honored to have the care of this important building entrusted to our care, it does carry with it a very large capital drain on

our finances. This uniquely increases the financial burden in comparison to the other departments.

- d. Should the ambulance replacement schedule be modified? No. They are the highest responding most critical element in the EMS/fire response system.

5. What are your most pressing needs? What are your suggestions for meeting those needs?

Recruitment, training, retention and regulatory compliance.

Our recent recruitment effort for EMT's was very successful. There are four new prospective students who are hoping that the departments will host another EMT class this fall. OBIFD is working on a recruitment campaign for EMT's, firefighters and support staff. We will be offering the material to the other departments that will incorporate a resident mailing and roadside signs.

The integrated training among the departments has dramatically improved the quality of training in town. This is an effective approach that will allow us to more quickly train new members. Higher quality training is also an important retention tool. We hope to host another firefighter certification class this fall that will satisfy the BLS requirements and allow a member to work toward firefighter 1 or 2 certification, the same as a professional firefighter. In 2012 five Harpswell volunteers from town completed a firefighter 1 and 2 certification class in town. They all passed a state certification end test along with 25 career firefighters. We hope to repeat that success.

OBIFD has worked diligently in the past two years to become BLS compliant in all aspects. We believe that we achieved 100% compliance in 2013. The department has appointed a compliance officer who is maintaining necessary documentation and directing members to achieve necessary training, fit tests or medical tests to maintain compliance. We plan to share this model with the other departments and to work with them to meet compliance. From discussions with the other chiefs, I believe they are nearly there. This is no easy task and it is another aspect of the quality and value provided to the community.

Addendum

I appreciate being afforded the opportunity to review "What Needs to be Done" by Katherine Chatterjee dated November 12, 2013. The document is inaccurate in several aspects from my point of view.

First, I believe there is the implication that OBIFD is one of the referenced rescue units "who will be unable to provide services as agreed by contract as of January 1, 2014". For the record, OBIFD has responded to every rescue call from the period of January 1, 2014 to the present in full compliance to the "contract". The said "contract" being the Emergency Services Agreement signed on January 22, 2009 and referencing the 1983 Mutual Aid Agreement among the Qualified Volunteer Fire Departments. In addition, OBIFD also provided mutual aid EMS coverage to both departments in this time period.

Second, OBIFD does not categorically refuse to bill insurance for rescue calls. We do categorically refuse to bill in any manner that does not satisfy all federal requirements. In fact OBIFD has scheduled a meeting with the billing company utilized by HNFD. There are numerous questions that will be explored at that meeting, including how OBIFD can provide free care to persons who do not have insurance coverage. OBIFD is a non-profit entity who's motto is "Neighbors Helping Neighbors". It would be unconscionable to develop a system where one of the residents in our district elected not to call 911 for fear of being billed due to lack of insurance. Secondly, OBIFD does not wish to incur any liability it cannot reasonably manage or that might impact its tax-exempt financial resources or status.

Beyond factual inaccuracies, I do not agree with several aspects of the underlying philosophy or assumptions.

Centralization of the EMS rescue services in a manner that strips them from the fire responders would be detrimental to the survivability of the system. EMS and fire calls are often an integrated event. Commonality of EMS and fire, particularly in the responders corp, far exceed any differences. All three departments are making large strides toward improving the integration of the EMS and fire staff, individually and collectively. There has never been a better atmosphere among the departments in the ten years I have been a responder than there is now. It would be a shame to undermine that progress.

I do not agree that centralization will result in annual savings in personnel or equipment. In fact, I do not know how anyone can say that at this point prior to an exhaustive review of both the savings and the costs. Incredible amounts of capital will be required

to establish housing for a centrally based ambulance response. The equipment on the ambulances is owned by non-profit corporations and cannot be transferred to the town. Further, it is at least probable that the various fundraising mechanisms employed by the three departments would suffer.

A centralized response will undermine quality of care by increasing response times, something that has been improving over the past few years. Finally, there is great uncertainty as to how current EMT volunteers will respond to a centralized system or if volunteers remain a component. So long as the departments are successful in maintaining volunteer staff, I would hate to jeopardize their services and increase the burden to the taxpayers.

Finally, I would just add that while I respect the capabilities of the three permanent members of the Work Group as well as their earnestness, I find that the group, as a whole, lacks the diversity of viewpoints that one would expect in the examination of a matter as important as this one. The town has within its midst many knowledgeable and experienced current and former fire and/or rescue responders. Surely at least one of them, as a part of the larger Work Group, would provide a check and balance to your deliberations, assuring that the health and safety interests of the people of our community are not overwhelmed by the legitimate financial interests. I would recommend that at least one of our fire or rescue people be appointed to the Group and, if pressed, I would put forward the name of Ben Wallace. While you may know him as the Cundy's Harbor Fire Chief, he is a well regarded provider in the provision of emergency services, and his talents would only add to your work.

MODIFIED UPDATE to 2011 PLANNING PROCESS QUESTIONNAIRE

How many active people are on your rescue service in total? 21

How many active drivers? 12 with 8 in training

How many active EMTs (by Levels)? 1 Basic Intermediate Paramedic 1
New EMT Basic in application process 7 members are in the EMT class.

When the alarm sounds what happens initially? No change from response on 1/16/2011.

If MC-2 is on a call, what is your department's protocol for involving MC-1?

State protocols mandate paramedic coverage for certain calls as elaborated in last questionnaire response. MC -1 is called if MC -2 is not available

Does at least one driver and one EMT respond to each call? If not, why not? No, the goal is for two drivers and one EMT to respond. A driver for the ambulance, a driver for the paramedic's car and an EMT for patient care.

Do your members operate under a duty schedule? No. It will be discussed after the EMT class graduates.

Do you compensate your members? If so, how? No change from response on 1/16/2011.

Do you charge for rescue services? No change from our response on 1/16/2011. A meeting with the insurance billing company utilized by HNFHD is scheduled.

How do you view the ability of your rescue organization to continue providing an acceptable level of service in five years? Ten years?

See response to **EMS WORK GROUP QUESTIONS FOR FIRE AND RESCUE DEPTS. -- March 31, 2014 questions.**

Exhibit 5: Harpswell Neck Fire and Rescue Questionnaire

EMS WORK GROUP QUESTIONS FOR FIRE AND RESCUE DEPTS. -- March 31, 2014

(Written responses will be appreciated in as much detail as possible.)

1. The current system has introduced the concept of centralization whereby a dedicated paramedic is centrally located, is on call 24/7 and is under control of the Town. This contract also provides administrative support to all three departments.

a. Is this system working to your satisfaction?

Yes, at this time, it is a workable system for HNFR

b. How can it be improved? (please be specific)

The current system is very successful; a forum made up of the 3 EMS groups representatives and a representative from MidCoast Hosp. would be best to identify specific improvements.

2. Has the new system affected your ability to attract and retain volunteers? How?

No specific data available to answer that question

3. Has the new system decreased the need for volunteers? How?

In a word NO

4. How long do you see the system working in its current form?

Due to the decreasing pool of volunteers and increasing age. 5 years is a realistic projection

a. What might trigger or necessitate the need for change?

Available volunteers

b. What changes could you envision?

A centralized Town based System

c. How might such changes affect your costs?

This would need to be evaluated. It would depend on whether the ambulance would remain in the Dept. and what the Dept. would be responsible for.

d. Should the ambulance replacement schedule be modified?

The schedule should continue to be based on the overall condition of the vech. Based on safety, serviceability and demand.

MODIFIED UPDATE to 2011 PLANNING PROCESS QUESTIONNAIRE

How many active people are on your rescue service in total? **20**

How many active drivers? **14**

How many active EMTs (by Levels)? **_5_** Basic **_1_** Intermediate
_0* Paramedic

*** We do have the potential of an affiliate Paramedic in the near future.**

When the alarm sounds what happens initially?

The driver on duty answers dispatch, MC2 responds as being in-service, one EMT (or more) responds as either going directly to the scene or to the station depending on proximity. Once the driver arrives at the station he/she will either wait for the EMT to board the ambulance or verify with dispatch that either an EMT or M2 is in route to the scene.

The driver will then proceed to the scene but stage nearby if no one is on scene yet.

The driver will ask dispatch for a second tone for an additional driver for the flycar if no other driver is present or for lift assist, if needed.

If MC-2 is on a call, what is your department's protocol for involving MC-1?

We would verify with dispatch to confirm that MC2 was unavailable and not considering switching to our call if it were a simultaneous call and of a more serious nature. We would then, again depending on the nature of the call, ask dispatch for MC1, if needed.

Does at least one driver and one EMT respond to each call? If not, why not?

Yes, with the exception of only 2 calls in the last 6 months.

Do your members operate under a duty schedule?

Yes.

EMTs are required to cover one 12 hour nighttime shift a week.

No EMT is assigned to daytime coverage. (There is one EMT available most daytimes.)

For the most part, we have drivers assigned to daytime coverage.

We currently have complete nighttime driver coverage.

Do you compensate your members? If so, how?

Members receive a stipend based on a point system.

All clothing and equipment needed is provided.

All training is provided and/or reimbursed.

Do you charge for rescue services?

Yes

How do you view the ability of your rescue organization to continue providing an acceptable level of service in five years? Ten years?

Because of the assistance of MC2, there is a fair chance of maintaining an acceptable level of service for the upcoming 5 years even with the challenges that we are currently facing.

The viability of EMTs is variable and currently is dependant on one or two EMTs. We do have 3 students enrolled in the EMT class of which 2 would be available to help with daytime coverage.

Age is a huge determining factor for our drivers and EMTs, as well, therefore the sustainability over 10 years is much more doubtful.

Another factor is the pool of volunteers in town from which to recruit.

Exhibit 6: Cundy's Harbor Fire Department Questionnaire

EMS WORK GROUP QUESTIONS FOR FIRE AND RESCUE DEPTS. -- March 31, 2014

Cundy's Harbor Fire Department

April 8, 2014

Benjamin A Wallace Jr.

1. The current system has introduced the concept of centralization whereby a dedicated paramedic is centrally located, is on call 24/7 and is under control of the Town. This contract also provides administrative support to all three departments.
 - a. Is this system working to your satisfaction? Without a doubt. It's the right cast of characters providing the right level of service.
 - b. How can it be improved? (please be specific) Currently there are plans to group purchase medical supplies and store them at the new paramedic station. This should realize some savings in the long run, especially with regards to perishable supplies, but would definitely reduce the amount of waste we generate because of the unnecessary quantities we have to purchase. The completion of the new station will also provide the private space we need to consult regarding PHI (Protected Health Information) and EMT performance, which is a part of the QA/QI process. Other needs are the coordination of annual medical evaluations for respirator users and annual fit testing for N95 respirator users that are within the scope of practice of the paramedics assigned to the service. The fire departments can continue to provide the supplies to do so, again by group purchasing. We just need a trained person to provide the service, and having someone that is available at different times, right in town, will improve OSHA compliance for the departments across the board.
2. Has the new system affected your ability to attract and retain volunteers? How? On the one side of the coin, our three services have made a Herculean effort to recruit more EMT trainees this year than we've seen in 15+ years. We currently have 13 EMT trainees representing all three departments in the class scheduled to graduate sometime in June, and I have one experienced EMT currently in an Advanced EMT course. The EMT class on Orr's Island has been successful in large part due to Ed Blain's effort, with no small effort on Dave Husdon's part. Dave Husdon put Ed in contact with the training company and is hosting the required ambulance ride time for the class at the Bath Fire Department. There is also the positive impact of our new recruits knowing that they will have an experienced ALS provider to watch over their shoulder and they won't be on their own during the first critical year as a licensed EMT. So there is a real, direct, positive impact on recruitment of EMT trainees. At the same time since there is an infusion of new blood in the pipeline, some of our veteran EMTs are now considering the possibility of retiring in the next few years. One other thought: when the class started we had 5 trainees from Cundy's Harbor; we now have 3. All 5 of the original trainees were completely new to the fire department. I fully expect that the remaining 3 trainees will graduate, be licensed to provide care, and have the drive to be great volunteers for a long time to come. I think a lion share of the trainees representing the

other two departments are not new to the fire departments; but rather are current firefighters or drivers. This creates another dynamic. Because they have been in the fire service they have an understanding of the job my recruits didn't have, and will likely have a higher percentage of graduates. However because they are not new to the fire department they don't represent "new blood." I'm not sure if there will be any difference in length of service between the two groups or not. It is clear that the first group of recruits adds capability and additional hands to the core group of first responders to lighten the load on the others; the second group of recruits adds capability to the existing core group of first responders but few, if any, additional hands.

3. Has the new system decreased the need for volunteers? How? The clear answer is no. On an average medical call we're looking for four responders: two drivers, one EMT, and the paramedic. In many cases carrying a patient out of the building to the ambulance will require four people, and rather than trying to provide a driver and two EMTs as before, we're now trying to provide two drivers (one for the ambulance and one for the intercept vehicle) and one EMT to assist the paramedic. For the most part the number of folks needed has been a wash.
4. How long do you see the system working in its current form? 5+ years.
 - a. What might trigger or necessitate the need for change? An inability on the part of the fire department(s) to recruit and train new EMTs; or the remote possibility of increased state regulation (I don't know what that would be).
 - b. What changes could you envision? If the departments become unable to recruit and retain enough EMTs over the long term, it will become necessary to institute a per diem system for hiring an EMT or Advanced EMT to staff an ambulance with the paramedic, or a second ambulance with drivers provided for both ambulances by the fire departments. I don't believe that stipends will provide enough incentive to participate at that point. Doing so would likely necessitate a completely different delivery model, and the question has to be asked: if the ambulances are centrally located, how many will be necessary? I think the answer is two to ensure there is a backup truck if one is out of service. The question is how to staff the second ambulance for a second call? The central location is not ideal if you're using the current roster of volunteers given where they live. Also if you move all the ambulances to the Mountain Road, the Town will realize an increased average response time from what we have recently accomplished with the current system. The current system has reduced average response times primarily by adding a staffed vehicle to a centrally located, previously underserved district. If the ambulances are relocated to the Mountain Rd the districts those ambulances once served now in essence become the underserved districts due to increased response times from the new base. Those districts happen to be where the greatest concentration of residents live.

- c. How might such changes affect your costs? I believe our department can continue to maintain training and operational expenses provided our revenue, both property tax and non-property tax, are not further reduced over the long term. We will not be in the position to pay employees at our current revenue levels.
- d. Should the ambulance replacement schedule be modified? I do not believe so at this time. Due to the use of the E series chassis, 10 years is when we start to see higher maintenance expenses, but more importantly lower vehicle reliability. It may be possible to increase the service life of the ambulances if we move from a van or truck chassis to a medium duty commercial chassis, but the extra costs associated with such a chassis that is suitable for such duty may not be worth the investment. With three ambulances being replaced on a 10 year average it will be possible to reduce the number of ambulances to meet any future deliver model in a reasonable time span once the decision is made.
5. What are your most pressing needs? What are your suggestions for meeting those needs? We continue to focus on recruitment, training, retention, and interoperability. I think it is advantageous to consider consolidation, but not apart from the fire departments. An increased EMS budget has become necessary to properly fund these priorities, but we need to continue to investigate opportunities to save money through group purchasing and coordination.

MODIFIED UPDATE to 2011 PLANNING PROCESS QUESTIONNAIRE

Cundy's Harbor Fire Department

April 8, 2014

Benjamin A Wallace Jr.

How many active people are on your rescue service in total? There are currently 31 active members of the Cundy's Harbor Fire Department.

How many active drivers? 14 are qualified ambulance drivers

How many active EMTs (by Levels)? 5 Basic 2 Intermediate 1 Paramedic

When the alarm sounds what happens initially? At a minimum the ambulance and driver will meet the paramedic at the scene. Our goal is to provide two drivers and at least one EMT to the scene, which we're able to accomplish 99% of the time. Depending on the circumstances the EMT may go directly to the scene while the driver responds with the ambulance. On many calls we're able to provide 2, 3 or even 4 EMTs on a call.

If MC-2 is on a call, what is your department's protocol for involving MC-1? We only call for MC-1 if Maine EMS protocol indicate request ALS (ie. Chest pain – suspected cardiac origin, Cardiac Arrest, Acute Stroke, Adult Coma, etc.) based upon dispatch information, or otherwise when we arrive on scene if the patient needs indicate so. Many calls are ALS calls with the exception of general illness calls and a few other call types.

Does at least one driver and one EMT respond to each call? If not, why not? This is the standard, however there may be rare times when an EMT is not available. In the past when that happened we would request Orr's and Bailey take the call because we could not respond our ambulance without an EMT. I cannot recall a time when a driver was not available. All of our EMTs are also certified drivers.

Do your members operate under a duty schedule? NO

Do you compensate your members? If so, how? The only monetary compensation paid is a quarterly stipend to the fire chief and to the rescue chief. The stipend was first paid starting with the 2013 calendar year and is \$500 each quarter for each position. For all members we do pay for all required medical evaluations, inoculations, equipment, and training. We also provide uniforms and recognition.

Do you charge for rescue services? NO

How do you view the ability of your rescue organization to continue providing an acceptable level of service in five years? Ten years? Since our ambulance service has been founded we have seen ups and downs in the number of certified or licensed volunteers and hours served. We currently have one less Intermediate EMT on our roster than on the 2011 report. This is due to our long time rescue chief retiring last fall. We are currently in a recruitment phase. We have one Basic EMT

just licensed who has already started responding who is on the roster. There are 3 more trainees in the Basic EMT class at Orr's Island that are not counted in the numbers reported herein. There is also a college student that is not counted in our roster yet who is working on getting her Basic EMT license reciprocated in Maine and wants to volunteer when she comes home for summer break. If numbers hold, that would be an increase of 4 new, year around Basic EMTs, and one seasonal Basic EMT. We also have one Basic EMT currently on our roster taking the bridge course from Basic to Intermediate EMT. This represents a substantial infusion of new blood into our EMS ranks. In addition since last fall we have moved forward toward full integration of fire and rescue. We now have CPR trained firefighters respond to assist at all cardiac arrest calls and on any call to assist moving patients. This has been essential in our effort to improve patient outcomes and reduce response times. We do expect to lose 2 Basic EMTs in approximately 3 years to retirement, so continued recruitment and training will be required. For the next five years it appears we will continue to provide quality basic life support, intermediate life support, and transport services, and to improve our response capabilities and patient outcomes.

Over the next 10 years it will be anyone's guess. Community demographics continue to shift. The number of calls we respond to will continue to increase as will the percentage of intermediate and advanced life Support (ILS and ALS) calls. The impact of greater pressure on our partner ambulance services, especially Orr's and Bailey Island, may have an impact on our ability to serve if we have to pick up their district on a regular basis. In the past we relied on each other for mutual aid when one of us had a second call, multiple patients at the same call, or the rare case when we could not provide an EMT. Recognizing that our two ambulances would have to work closer than ever before, our services have worked, and continue to work, to ensure interoperability between the two ambulances and equipment, and have combined our EMT rosters so that we may be able to send an EMT from one district to the other to link up with that district's ambulance, rather than making both ambulances unavailable for calls. That being said I think that it is likely that our service should be able to continue to serve effectively barring the collapse of the other squads.

Additionally I would like to share that while I am not opposed to the consolidation of the operational administration of the services, I would like to express some caution regarding the separation of EMS and transport services from the fire department(s). Let me explain myself.

First, the treatment and transportation of patients is more than an ambulance, equipment, a driver, and an EMT. It's a system. The national trend has been, and continues to be, the integration of fire and EMS. This is for a number of reasons. One is the commonality of service they provide. Both are high pressure, lifesaving services that MUST work closely together to be effective. Both are complementary to each other in that, while each has specialist in its field, there is a roll for both to play at most calls. The firefighters help move the patients and drive the ambulance so that the EMTs can concentrate on direct patient care. Our firefighters also assist with CPR at the scene of a cardiac arrest. On the other side of the coin, our EMTs support our firefighters at fire calls by setting up rehabilitation services, checking firefighter vital signs, and providing water and snacks during longer duration incidents. Essentially by keeping them integrated it creates a force multiplier

Second, the basics for training a firefighter, driver, or EMT to meet minimum Bureau of Labor Standard are the same aside from the specialty training. Training that all first responders require includes fire extinguishers, hazardous materials awareness, Hazcom, PPE (personal protective equipment), safe operations within a right of way, policies and procedures, emergency vehicle operation, etc. The three fire departments have been endeavoring to coordinate this training together in so far as possible, and a part of that is the adoption of common policies and standard operating guidelines (SOGs). We are making progress with this, but it will take time to complete.

Third, there is a value that is brought to the Town and its tax payers by the independent, non-profit fire departments. While the Town makes a monetary contribution to each of the three departments for operations and purchases the emergency vehicles for use by the fire departments, those three departments also fund raise a large portion of their own operating budgets. That's the portion of operational costs that's not born by the tax payers. Also the Town does not bear the burden of personnel management, recruitment and retention, or training.

I am reminded that the Town use to employ its own clam wardens. The expense of training was high, higher than the rate of turnover could justify considering the model it currently employs, though I will not go into my personal thoughts as to the reasons why. Sufficeth to say, there is an existing framework in place to manage this and continue to save the tax payers' money. The current contractual arrangement the Town has with Mid Coast Hospital adds value to the system of EMS delivery to the Town's residents, but as important as it is, it's still only one piece of the system.

The focus, for the foreseeable future, should be to support and perhaps improve on the current service delivery model. I do not recommend the separation of fire from basic life support and transport services. The potential of consolidating the three independent fire departments does exist with the help of the Town and could result in some further improvement in service delivery, but may potentially have an impact on fund raising if not done thoughtfully. Separating fire from EMS could have an impact on retention, and possibly recruitment, and would inevitably precipitate the hiring and paying of additional town employees while potentially reducing the effectiveness of the fire departments.

One last thought. The amount of training to become and maintain a paramedic license is very high and our call volume in town is relatively low (approx. 400 calls per year total). It is my professional opinion that volunteering and responding to a few dozen calls a year is not sufficient experience to maintain a paramedic level license. The folks that work for the Mid Coast Interceptor program are all career firefighter-paramedics doing this as their second job. If it were necessary for the town to hire paramedics, a 42 hour work week would only put them on duty for 100 calls per year, not all of which they will make it too due to being on other calls, on vacation, or sick. A 56 hour work week would get them around 125 - 130 calls per year. Both scenarios would likely be enough calls to maintain proficiency, but half time employees would not. There is a limited pool of career paramedics available in our area that would be interested in working a per diem position due to demand. This should all be factored into any decision made by the Town.