

LOCKPORT FIRE DEPARTMENT

Draft Proposal Ambulance Transport Service 2022

- i** *Increase staffing to nine staff per shift*
Providing vital services to residents and visitors
Increasing income revenue streams

OVERVIEW

- i** *An arbitrator's decision has determined that the City of Lockport must comply with the collective bargaining agreement that requires staffing at nine per shift in the Lockport Fire Department. It has been determined through the appeal process that the City must adhere to the arbitrator's decision, the following proposal is being presented to the fire board and common council based on research on Lockport's past services, as well as current services. It includes research into other municipalities and fire departments.*

The City had an ad-hoc ambulance committee that met on Saturday March 12, 2022, Thursday March 24, 2022, Monday May 16, 2022. This committee included a representative of the common council, Mark Devine, a representative of fire board, Charles Morello, a representative of the fire union, Joshua Wolck, a representative of CSEA, Barbara McGaffin, a retired assistant chief of LFD and retired chief of Medina, Thomas Lupo, retired firefighter, Kevin Watier, a representative of residents, Christopher McClune, the director of Niagara County Emergency Services, Jonathan Schultz, Fire Chief, Luca Quagliano, Police Chief, Steven Abbott, corporation counsel, Jason Cafarella, and Mayor Michelle Roman. This committee reviewed the status of the previous ambulance service, the current ambulance service, obtained information on call volumes, staffing, billing procedures, and resources. The City also conducted an on-line survey of community belief in need for return of city ambulance service. The survey had 413 respondents to the following question: Do you want the Lockport Fire Department to return to providing ambulance service to the City of Lockport? Don't Care: 27 responses or 6.54%; No: 93 responses or 23.73%; Yes: 288 responses or 69.73%.

Originally the proposal was to help mitigate the costs of increasing the staffing in the Lockport Fire Department, while providing a valuable service. At this time it is the belief of this committee that the community has an

overwhelming need for EMS transport service, especially as provided by the LFD paramedic level care. The following is a result of the discussions and research of this committee. It is the recommendation of this committee to return to ambulance service in the City of Lockport starting with one ambulance as soon as practicable and increasing the service as the staffing warrants.

We are laying out a proposal that will allow the City of Lockport to achieve the goals laid out by the arbitrator, as well as providing vital services to residents and taxpayers with little to no additional taxes.

The Objective

i *Increase staffing with costs mitigated through additional revenue streams of expanded and improved services.*

- Need #1: Increased staffing and training
- Need #2: Increased revenue streams
- Need #3: Improved services, rapid response time and quality care to those in need in our community

The Opportunity

i *We have an opportunity to provide an improved vital service to our community through EMS care that includes ambulance transport while increasing the revenue stream needed for the mandated increased staffing of the fire department.*

- Goal #1: Increase staffing through civil service process
- Goal #2: Increase training of fire service providers to include paramedic level care
- Goal #3: Enrich our current EMS/BLS/ALS services to include transport and the ability to bill for services

The Solution

i *We are proposing increasing revenue streams for firefighters through the Accident Fund Recovery program, streamlined fire inspection policy, and an ambulance transport service to mitigate the overall cost of the mandated increased staffing.*

- Recommendation #1: Write grant for a ladder truck and purchase a used ambulance for \$5,000 and accept a donated ambulance for free.
- Recommendation #2: Increase training of current firefighters to paramedic level of care providers have civil service include paramedic qualifications within two years of hire.
- Recommendation #3: Get two ambulances outfitted to support transportation of patients and pass inspection to approval of Certificate of Need to include transportation. This will also allow for billing of services.

OUR PROPOSAL

i *In 2014, the City of Lockport chose to eliminate ambulance service without public input, referendum, or negotiating with the professional firefighter's union. The City sold both ambulances at reduced prices and eliminated multiple firefighter positions. In 2018, the City and professional firefighters' union negotiated a new contract that eliminated ambulance operations from its duties but kept the minimum staffing language at nine per shift. In September of 2019, an independent arbitrator ruled that the City violated a collective bargaining agreement and needed to bring the staffing from the current six per shift to nine per shift. In order to be able to accomplish this goal without negatively impacting the budget and burdening taxpayers, the City considered 24-hour shifts, but it was determined this would not be a cost benefit. The City also considered a fire district combining professional firefighters with area volunteer firefighters. This is a time-consuming process with no guarantee that there would be sufficient volunteers for interior firefighting or ALS response per our current Certificate of Need requirements. Currently all local area volunteer services are having difficulty in recruiting to support both EMS and fire protection. The Lockport Firefighters Association has negotiated with the City to allow for a staggered return to the nine per shift staffing seven per shift 2021; eight per shift 2022; nine per shift 2023.*

The Mayor directed the Fire Chief in January of 2019 to apply for the SAFER grant in event the decision was made to return staffing to nine per shift. This did not occur. The Mayor and Fire Board directed the Fire Chief to write a grant for equipment in the Fall, due to heavy usage of large rigs to go on every Emergency Medical Service (EMS) call, per the Certificate of Need (CON) and fire board directive. The City currently holds a Certificate of Need (CON) through the NYS Department of Health (DOH) that states our Fire is operating as an Advanced Life Support (ALS) service, as determined by the public need, but it does not include providing transport services. As ALS providers, our paramedic certified personnel are the lead on any EMS call and by law must not deny the care. Our personnel would never deny the

care regardless of requirements, but it is stated here to demonstrate how this process works.

The City of Lockport firefighters have been responding to EMS calls to supplement the private ambulance service since 2015. When the ambulance service is responding from out of the area or does not have ALS personnel, our firefighters are placed in the ambulance for transporting the patient to a local hospital. By law our firefighters who are paramedic certified cannot refuse to provide the service. The City of Lockport does not currently have the capacity to bill for services, nor does the City have an active contract with a private ambulance service to obtain compensation for services rendered. The private EMS transport company that services the City of Lockport has approached the City requesting the City implement ambulance transport services, as they are having difficulty providing ALS services due to personnel recruitment issues. In further conversation they stated they would not leave the area and continue to provide EMS supports to supplement the City's service. As of May 23, 2022, the private ambulance service will no longer be able to continue providing ALS supports to the City of Lockport and is requiring the City Fire Department staff to supplement their service, when necessary, with paramedic level care. The private ambulance service will continue to provide the City with Basic Life Support (BLS) services. They have offered to have the City begin with one ambulance to respond to ALS calls directly, so the City can start billing and generating revenue, until the City has sufficient staffing to expand the service to two or three ambulances. They have no intention of leaving the area, as they have an interfacility transfer contract with the local hospital. They would like to continue the partnership with LFD.

The LFD put out a Request for Proposals (RFP) for ambulance service for the City of Lockport in the spring of 2022. Mercy Flight EMS were the only respondents. Their first option is to have the City pay \$450,000 annually for them to provide two dedicated ALS ambulances staffed 24-hours a day in the area. The second option is to have the City pay \$100,000 for one ALS ambulance staffed 24-hours a day and one BLS ambulance available 12-hours per day.

Due to the aforementioned items, the City previously proposed writing grants for two ambulances with powered lifts in addition to the grant for the quint. The City was proposing leasing ambulances until such time that the grant was awarded in the late spring early summer of 2020, but this did not come to fruition. The City has written a SAFER grant to cover the majority of costs of new staffing requirements to provide the proper number of firefighters in 2020 and 2021 without success. The SAFER grant was submitted in 2022

requesting eight new hires (four will meet the minimum staffing required by the court settlement with an additional 4 to supplement the ambulance service). The City is awaiting the determination of the SAFER grant, which is expected in June or July of 2022. The City also wrote an AFG grant in 2022 for a new ladder truck due to the age and wear and tear of the current one. This also awaiting a determination.

The City previously proposed the call for new civil service exams for both a preferred paramedic licensed firefighter, as well as a basic EMT firefighter list to be established. The City established a list of paramedic training requirements within two years from hire date and chose not to include the basic EMT firefighter list. At this time the LFD is currently staffed with over thirty (30) paramedic certified personnel with an additional six completing their certification program. By the end of 2023 the LFD should have over forty (40) paramedic level certified staff.

The City already has much of the needed supplies for an ambulance service, due to the current certificate of need and the service already provided by our department. The City is proposing that the ambulances be staffed with two men and if needed to leave the City, be backfilled, to meet the current minimum manning as agreed upon with the union (eight (8) in 2022 and nine (9) in 2023. As previously stated, this is currently happening without any compensation at this time. The City would need to purchase two powered lifts to be included with the two ambulances, prior to service. The ambulances will also require new decals to denote LFD service. The other supplies will need to be replaced as they are used. The City received an AFG grant recently for new defibrillators that would be used in the ambulances.

The City is utilizing a supplemental income revenue source of Accident Recovery Fund Program to garner more revenue to mitigate the burden to taxpayers for this mandated, collectively bargained staffing of nine per shift. The LFD is also implementing a newly organized way for providing fire inspections. It is recommended that these inspections have a new fee structure based on the size of the facility and time needed to complete the service.

The City proposes establishing a municipal certificate of need for up to two years while obtaining a new certificate of need that allows for transport. There is an application fee of \$5,000 for the CON process with the Regional EMS Council for a determination of public need, prior to the NYS DOH BEMS granting a certificate of operating authority for transport with our ALS service.

Overall, the City has purchased one used ambulance at a cost of \$5,000 and has accepted the donation of another ambulance. The City will have to purchase powered lifts that are not available with the used ambulances. The Accident Recovery Program is now in operation along with an electronic patient care reporting system that is in place. Both of these will aid in revenue recovery should ambulance transport services be added to the City's services. It is recommended that the City hire a billing clerk according to the collective bargaining agreement and PERB decision between the CSEA and the City, but also utilize a third-party billing service to ensure consistent revenue recovery for the services provided. This billing clerk will also take care of the accident recovery program and fire inspection program, along with other accounting duties for the department. Due to the number of new firefighters with paramedic level training the City will need field training officers (more senior experienced in EMS) to collaborate with the newer members to meet the exacting standards of the certificate of need. As our community is without a fully functioning hospital, it is critical that our paramedic level care be provided to our community. They are first responders and every second matters when medical emergencies occur.

Project Deliverables

Following is a complete list of all project deliverables:

Deliverable	Description
Deliverable #1	Staffing to nine per shift- paramedic level care within 2 years of hire
Deliverable # 2	Increase revenue source: Accident Fund Recovery Program and Fire Inspections
Deliverable # 3	Increase revenue source: Ambulance service with transport

EXPECTED RESULTS

i We expect to honor the negotiated contract and re-establish nine firefighters per shift in the fire department. We expect to bring in additional revenue through the establishment of an Accident Fund Recovery Program, an improved fire inspection program, as well as re-establishing a municipal ambulance service. Costs that are already in the budget: eight staff per shift.

Paramedic training is also a cost that is required for current staffing needs and maintaining our ALS Certificate of Need, regardless of ambulance service. The City is required to hire four additional firefighters regardless of the operation of an ambulance service to meet the mandated nine staff per shift by January of 2023. Thus, the twelve firefighters that are part of the mandated collective bargaining agreement are not included in the operating costs of ambulance service. The ambulance service is expected to offset or mitigate the costs of operating budget for the fire department, while providing a vital medical service to the residents, visitors, and businesses of the City.

We expect the following results in our proposal to address the arbitrator’s and contract’s requirements:

Technical Benefits

- Result #1: More staffing with paramedic level training
- Result #2: Restore a vital public service to community
- Result #3: Ability to respond to fire incidents with proper staffing and equipment reducing damages

Financial Benefits

- Result #1: Additional Revenue of \$7,000 for Accident Insurance Recovery Program
- Result #2: Additional Revenue of Ambulance Service \$600,000-1,000,000
- Result #3: Additional Revenue- streamlined Fire Inspection- \$3,000

Other Benefits

i *This will build public confidence in our fire protection and emergency response, as well as medical services provided by our fire department. This will boost morale and improve emergency response capabilities. Improve response times and paramedic level care to our community.*

COSTS

The following is an estimated cost related to both the staffing of nine per shift then ambulance service:

Services Cost Staffing	Cost
Average Firefighter’s Base pay/Education Stipends/FICA/Med/Pension/ Workmen’s Comp/healthcare* (*if family plan)	106,000

Services Cost Startup Ambulance Costs	
Start up two ambulances	5,000- paid
Powered lifts	60,000
Defibrillator (*4)	0.00/grant
Tablets for EPCR	0.00/purchased
Additional Equipment	8,000
Total Startup	68,000
Services Cost Ambulance yearly costs	
Fuel	10,000
Maintenance	20,000
Medical Supplies	35,000
General Equipment	40,000
Billing Clerk	88,879
EPCR program	3,600
Overtime- IF the out-of-town transports require two staff call-in EVERY time (One- Four hours out of service time)	98,700-197,400
Total Services Ambulance yearly costs Costs	296,179-394,879

Estimates are subject to change if project specifications are changed or costs for outsourced services change before a contract is executed.

REVENUE

Ambulance Yearly Revenue	Revenue
Previous Revenue prior to removal from City	600,000
2021 Call Volume of Twin City	3928
Calls that did not result in transport	1532
Transport calls to Lockport Hospital	1409

Transport calls out of town	987
Total Transport calls	2396
Average Medicaid Billing per transport (roughly 80% of all transports were Medicaid transports)	425
Total Yearly Revenue if all Medicaid Rate	1,018,300
Total Yearly Revenue if 85% are Medicaid Rate	814,300
Total Yearly Revenue if 15% are at Full Rate (\$1,300/average)	467,220
Total Yearly Revenue Mixed Rates	1,281,520
Difference in annual costs versus annual revenue	
Annual Revenues- 80% of call transport volume Medicaid reimbursement only \$814,300- Annual Costs- 346,283	468,017
Annual Revenue- 100% call volume Medicaid reimbursement- 1,018,300 - Annual Costs- 346,283	672,017
Annual Revenues- 80% of transports 1,068,220- 85% of 80% Medicaid (692,444) & 15% of 80% Full Rate (375,776)- Annual Costs- 346,283	721,937
Annual Revenue- 85% Medicaid/15% Full Rate- Annual Costs-	935,237

Accident Insurance Fund Recovery Program	Revenue
Previous Revenue	0.00
Potential Increased Billing	5,000
Total	5,000

Streamlined Fire Inspection Program	Revenue
Previous Revenue	0.00
Potential Increased Billing	3,000

Total	3,000
--------------	--------------

Potential staffing cost coverage- with \$106,000 average cost per firefighter-

Difference in annual costs versus annual revenue	Surplus Revenue	Firefighters covered
Annual Revenues- 80% of call transport volume Medicaid reimbursement only \$814,300- Annual Costs- 346,283	468,017	4
Annual Revenue- 100% call volume Medicaid reimbursement-1,018,300 - Annual Costs- 346,283	672,017	6
Annual Revenues- 80% of transports 1,068,220- 85% of 80% Medicaid (692,444) & 15% of 80% Full Rate (375,776)- Annual Costs- 346,283	721,937	7
Annual Revenue- 85% Medicaid/15% Full Rate- 1,128,152 Annual Costs- 346,283	935,237	8.8