

Running Head: ASSESSMENT OF EMS EFFECTIVENESS AND EFFICIENCY

Executive Development

Assessment of the Effectiveness and Efficiency of a Privatized EMS Delivery Model

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September 2005

CERTIFICATION STATEMENT

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

Signed: \_\_\_\_\_

## ABSTRACT

The problem was the Wheaton Fire Department (WFD) did not know the effectiveness and efficiency of its' current EMS delivery model. The purpose of this research was to conduct an assessment of the WFD's current, privatized EMS delivery model for compliance with its' Mission. The Descriptive Research Method was used to obtain answers to questions related to costs, organizational issues, and alternative EMS delivery methods. The researcher collected information via literature review, survey instruments, and Department records. Results identified information related to cost, turnover, contract administration, and EMS delivery methods. The basis of the Recommendations was to improve contractual management and further assess alternative delivery methods for the future.

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## INTRODUCTION

The Wheaton Fire Department (WFD) routinely experiences administrative and service quality issues related to its' privatized emergency medical services (EMS) model which negatively impact Department operations. The problem is the WFD does not know the effectiveness and efficiency of its' current EMS delivery model and whether the model is consistent with the WFD's mission of providing the highest level of services.

The purpose of this research is to assess the effectiveness and efficiency of the WFD's current EMS delivery model to ensure consistency with the WFD mission.

The Descriptive Research Method will be used for this Applied Research Project (ARP) in order to assess the current status of the problem. The researcher will collect information related to organizational issues via survey instruments and analyze Department records to obtain direct and indirect costs as well as industry related data to obtain comparative information.

The following research questions will be addressed through the presentation of the materials:

What are the direct costs associated with the WFD EMS delivery model?

What are the indirect costs associated with the WFD EMS delivery model?

What are the general organizational issues created by the WFD EMS delivery model that impact the WFD?

What are the costs and issues identified by organizations utilizing a privatized EMS delivery model that is similar to the WFD model?

What alternative EMS delivery models are being utilized by organizations that are comparable to the WFD?

## BACKGROUND AND SIGNIFICANCE

The City of Wheaton is a western suburb of Chicago with an area of 11.6 square miles that has a permanent population of approximately 56,000 people and a daytime population that reaches 80,000 people. The City of Wheaton is a diverse community that is comprised of a balanced mixture of residential, educational, assembly, commercial, and light industrial occupancies. The City of Wheaton also serves as the county seat for DuPage County and is the site of the County Complex that includes a maximum security prison, judicial buildings, healthcare facilities, and a fairgrounds area.

The WFD is an all hazards, emergency services organization that provides a wide array of services which include fire suppression, Advanced Life Support (ALS) emergency medical services, technical rescue, hazardous materials, disaster- emergency management coupled with fire prevention and public education. The Department responds to approximately 4600 requests for service annually with 70% of the requests being emergency medical related. The high demand for emergency medical services translates into emergency medical services being the most frequent form of contact with our citizens and the area of service that requires a high level of attention from the Department in terms of personnel, training, equipment, and ancillary matters.

The City of Wheaton has been providing Advanced Life Support EMS since 1976. The first EMS delivery model was comprised of services provided by a local funeral home that responded an ambulance directly from the funeral home. The service

was centered upon Advanced Life Support level of care and transport to the local hospital. The system was augmented in a dual response fashion by the Wheaton Fire Department which responded to emergency medical calls in a rescue squad (carry all type vehicle) and provided transport when the funeral home ambulance was unavailable. With the advent of more progressive EMS across the country and a local calling for improved emergency service due to increased demands, Wheaton City officials made a decision in 1986 to upgrade their delivery model by entering into a contractual agreement with a private contractor to provide personnel to deliver emergency medical services.

The basis of the decision for contractual services was one of cost. City of Wheaton officials believed that the most cost effective EMS delivery model was one involving the use of a private contractor due to the fact that the city did not incur costs related to such things as benefits, workers compensation insurance, and hiring costs. The personnel were housed in the fire stations with City of Wheaton Career and Paid On Call personnel and they utilized City of Wheaton owned equipment (ambulances and associated equipment) to respond to medical emergencies.

The contract provisions have remained relatively the same since the first contract was signed with the exception of additional personnel being added to offset increased demand for service and the opening of an additional fire station. The current contract requires 18 Paramedic/Firefighter to be assigned to three shifts. The Contractual Personnel work a 24 hour on duty and 48 hour off duty schedule which coincides with the work schedule of Department firefighting personnel. While the Contractual Personnel are required to be certified as firefighters, their use on the fire ground is very limited.

Typical fire ground assignments for Contractual Personnel include patient care/medical standby, firefighter rehab activities, and suppression support functions such as assisting with water supply establishment and advancing hose line at the point of entry.

The primary fire suppression functions are delivered by the Department's career firefighting personnel. It is pertinent to mention that the Department's career personnel are members of a collective bargaining unit and affiliated with the International Association of Firefighters. The career personnel not only provide fire and rescue services but they also support the emergency medical services provided by contractual personnel through the use of Basic Life Support apparatus. The career firefighting personnel respond in tandem with the contractual personnel on motor vehicle accidents and ALS requests such as cardiac arrests and seizure patients.

Due to the fact that EMS is 70% of the services that WFD provides, it naturally receives high levels of exposure and scrutiny on a consistent basis. The scrutiny is given by numerous internal and external stakeholders. The external stakeholders include Wheaton citizens, service recipients, and Wheaton city officials. The internal stakeholders include WFD administration, WFD collective bargaining unit members, and contractual personnel. External stakeholders are typically positive in their views of the EMS model as is identified through public replies to WFD Quality Assurance surveys. The positive views are apparently based upon their short term contact with and the lack of internal exposure to the operational details of the privatized EMS delivery model.

The internal stakeholders have an opposite view of the EMS delivery model as is evident through the survey replies affiliated with this ARP. The opposite views are

apparently based upon the internal stakeholders' direct and continual exposure to the operational details of the privatized EMS delivery model.

The WFD routinely experiences administrative and service quality issues related to its' privatized EMS model which negatively impact Department operations. The following list consists of a breakdown of these issues:

1. **High/Excessive Turnover Rates:** According to Department Records, since February of 2000 to the present time, fifty-six different Paramedics have been assigned by the contractual employer to the WFD contract which currently requires eighteen paramedics; Between the time frame of 1986 through 1997, seventy two Paramedics were assigned by the Contractual Employer to the WFD contract. As a point of information, a data gap exists between 1991 and 2000 due to a lack of formal Department records related to contractual personnel staffing. As a comparison, since 1970 the City of Wheaton has employed fifty firefighters to fulfill the varying staffing levels that are currently set at thirty positions.
2. **Management Constraints:** Since the Contractual Personnel are employees of the private employer, they are legally not employees of the City of Wheaton Fire Department. However, the Contractual Personnel work as part of the labor/management crew (Fire Chief, Battalion Chiefs, Lieutenants, Firefighters) which are employed by the City of Wheaton. While the Contractual Personnel work side by side with the City of Wheaton employees, they are not legally under the supervision of Department management staff and therefore cannot be

held to the same employment standards such as performance measurements, sick time usage, and disciplinary actions. The employment standards, which in many cases are less than the City of Wheaton standards, are established and enforced by the private employer. The hybrid relationship creates strain on the supervisory ability of Department management. Furthermore, the private employer does not provide a regular on site supervisor to address day to day personnel issues. Most personnel issues are addressed remotely from a private company supervisor at their central office. The end result of these management constraints is a delay in addressing personnel problems which causes difficulties in taking corrective action thus causing a chain effect on organizational morale and in some cases the Department's ability to deliver service.

3. Quality of Service Issues: Quality of Service is affected on three levels. The first level is related to the turnover rates of Contractual Personnel. With high turnover rates comes a constant cycle of new employee training, lack of experience, and absence of vested interest in the community which equates to an emergency services workforce that continually lacks knowledge of things like driving City streets, Department operations, and the expectations of the community. The end result is that quality of service suffers because the workforce is in a constant state of flux. Furthermore, the workforce lacks veteran employees which can assist in the training of new employees. In many cases, employees with no more than one year on the job are training brand new employees. The "One Year on the Job" employees are still in the process of

learning the streets and operations while at the same time trying to bring a brand new employee up to speed.

The second level that is impacted is service delivery itself. The WFD has experienced service delivery problems that range from ambulances being taken out of service because Contractual Personnel are late to work or quit without notice, to patients receiving less than acceptable care such as Contractual Personnel purposely not bringing proper equipment inside a home for patient treatment, to ambulance units getting lost en-route to calls due to a lack of knowledge of City streets thus causing a delay in treating patients.

The third level is the actual knowledge/experience levels of the Contractual Personnel themselves. In many cases, the Private Contractor hires employees that are just graduating or recently graduated Paramedic school. In addition, the typical age of newly hired Contractual Employee is in the early twenties. The combination of recent graduates of Paramedic school and age results in a typical employee that has fresh knowledge but minimal, if any practical experience.

The scenario results in a situation where the Department is a training ground for high numbers of newly trained emergency medical providers who then leave to take career positions with other area Fire Departments with their newly acquired experience. Unfortunately, the “props” on this training ground are the community members of Wheaton. The theory behind this level can be best described with this rhetorical question: “Who would you most prefer to treat your loved one who is experiencing a life threatening condition – a brand new

Paramedic crew with minimal practical experience or a knowledgeable Paramedic team that has extensive experience from treating that life threatening condition over and over as a result of being on the job for an extended period of time?”

4. Personnel/Staffing Problems: The facts of the matter is that Contractual Personnel at and in the area around the WFD commonly receive less compensation and benefits than their counterparts who are municipal or district employees. The Contractual Personnel typically assume a greater portion of the emergency services workload due the high service demands in the area of EMS. The imbalance causes morale issues for Contractual Personnel which can greatly affect their desire and ability to deliver services for that community using contractual personnel. It also appears that since the productivity of the Contractual Personnel is hampered it causes strain on the conceptual relationship between contractual and non contractual employees. The Contractual Personnel routinely remark that they believe they are under-compensated for their work and they express their desire to be treated equally with the municipal employees.

In addition, the use of privatized services within the public sector, specifically for delivering emergency services, is in conflict with the principles of collective bargaining groups. The result being a friction between the two groups (Contractual Personnel and Collective Bargaining Members) based upon belief. It is worth noting that the friction fortunately does not carry over into the

delivery of services by the WFD. The cause and affect of these variables result in broad morale problems and a direct correlation back into turnover rates because contractual employees are regularly seeking and accepting municipal (and in many cases collective bargaining) positions. The falling domino of turnover lands squarely on staffing levels.

The turnover reaction impacts the private provider's ability to maintain staffing levels that are not only appropriate but in compliance with the contract. The private provider then attempts to tap resources from the same workforce pool that is being drained by municipal employers thus the private employer has a greatly restricted resource to draw from. As a result of the private contractor's inability to maintain staffing levels, they are then forced to use significant amounts of overtime to fill vacant slots and in some cases having to mandate Contractual Personnel to work thus causing additional ripples in their levels of morale. The cycle is perpetual, compounding, and overall creates a quality of work life quagmire for the entire organization.

Past experience and the current, real life, daily problems associated with the WFD's EMS delivery model create uncertainty about the future of the quality of services and a deep seated doubt by internal stakeholders that the problems will ever be addressed. The last formal assessment of the WFD EMS delivery model resulting in a formal report was conducted in 1984. Since that time, issues related to the EMS delivery model have been addressed primarily through discussions and random actions being taken to remediate individual problems. It is a goal of the current WFD administration to obtain a

current and clear understanding of the issues related to the Department's EMS delivery model in order to take positive action to ensure that the current and future service is being delivered in accordance with the Department's mission of "providing the highest level of services to those whom we are called to serve" (Refer to *Appendix A – WFD Mission Statement*).

The topic of this ARP has a direct correlation to *Unit 10: Service Quality* covered during the March 2004 Executive Development Course (National Fire Academy [NFA], 2004, p. 10-1 to 10-16). In specific terms, the course covered information related to "Total Quality Management" and Dr. W. Edward Deming's "14 Points" which highlight such principles as an organization must "improve constantly and forever" and an organization must "create constancy of purpose towards improvement through the replacement of short term reaction with long term planning" (Federal Emergency Management Agency [FEMA], 2004, p. 10-7). It is these two specific principles that best describe the reasons for embarking on this project. It is apparent that organizational balance and harmony within the WFD could be better achieved by focusing on the components of service quality specifically in the area of EMS.

Furthermore, the topic of this ARP correlates to the fifth organizational objective of the United States Fire Administration's (USFA) five-year operational objectives which states "To respond appropriately in a timely manner to emerging issues" (FEMA, 2003, p. II-2). The issues associated with the WFD's EMS delivery model have direct and immediate impact on the services provided to the community. The issues have been

growing in severity over time and require attention now in order to prevent irreversible impact on emergency services and community relations.

## LITERATURE REVIEW

The Literature Review related to this ARP was primarily conducted at the NFA Learning Resource Center (LRC) in Emmitsburg, Maryland. However, several other supporting materials were obtained and reviewed from the internet. In addition, records from the WFD and the Department's Collective Bargaining Unit were reviewed to obtain trend related information specific to EMS activities.

The Literature Review for this project identified that there is extensive literature related to the topic of privatization. The intent of the review was to identify the background and concepts of privatization and how they specifically apply to the public sector in order to develop a roadmap for obtaining the answers to the Research questions outlined in this ARP.

The privatization of services in the public sector is a very common practice and is implemented for a variety of reasons that typically stem from the need or desire to save money. Guardino (1993) expressed extensive thoughts on the reasoning behind the practice:

Privatization opens up a realm of resources for use in cities and it creates a controlling mechanism that is very powerful in this country – the profit motive. Furthermore the sources of cost savings related to privatization include reduced personnel and equipment needs; the capacity to pay only for work done; more work for the same dollars. Cost savings is achieved by “competition” which is

the chief source of both quality and efficiency improvements and it gives local officials the ability to choose among alternative providers for a public service thus creating a powerful incentive for providers to seek out the most effective and least-cost method of organizing work and delivering the service. (p.5)

A counterpoint to the notion of competitive benefits that result from privatized EMS service was conveyed by Ludwig (1998) with his comment that “although competition is good for the consumer, providing EMS is not the same as selling hamburgers” (p.113).

Privatization of services also creates “savings that results from economies of scale that come into play when the same private sector firm provides services to multiple customers” (Goldman, 1984, p.70). The majority of literary sources alludes or specifically delineates that cost savings is a main driving factor in the decision to privatize services which are either being provided publicly or sought out by the citizens to be delivered by the affected public sector entity.

Another theme of the literary sources was that while cost savings is a definite benefit of the privatized services there can be drawbacks. While fiscal responsibility is a factor, Dimeo (1991) wrote that “privatization is not a panacea – some services are ripe for privatization; others not” (p.26). Dimeo continues with it is being found that “public employees can do the work at the same or lower costs” of privatized services (p.26).

The first and second research questions both pertain to the concepts of cost as it relates to privatized services. The fundamental basis of obtaining answers to these

questions lies in the understanding of the basis of privatized service costing which includes the principles of cost categorization and interpretation.

The process of describing the aforementioned cost principles related to privatized services can be best explained on several levels. The most obvious cost is the direct cost of service. According to McGillicuddy (1996), “direct costs are salaries and wages for all staff involved in performing the service” (p.12). An example of direct cost would be the actual negotiated cost of the contracted services realized by the public sector entity – the cost that is reflected as a line item in a municipal budget. The next level of cost is categorized as indirect costs. McGillicuddy (1996) further states that “indirect costs are any costs incurred by the department for supporting the (contracted) service” being provided (p.12). Indirect costs could be considered as costs incurred by the contracted service recipient that are not specifically reflected in the contractual cost line item within the public sector entity budget. An example of indirect cost would be the cost related to training by the public sector entity staff of a new contractual employee hired to deliver the service.

A third level and more intangible cost principle was commonly described in the literature as “cost avoidance” or “avoidable cost”. “Cost avoidance occurs when a person or organization takes action that will prevent a future expense” (Stowell, 2004, p.110). International City/County Management Association [ICMA] (1995) described cost avoidance as comparing “only those costs that will actually be avoided if privatization occurs with the costs proposed by the potential contractors” (p.6). Several of the literary resources identified the fact that in order to determine the true costs and benefits of

privatization, cost avoidance must be assessed. A report issued by the International Association of Firefighters states “decisions regarding competing bids for emergency services are inaccurate unless the bids are compared on the basis of avoidable costs to the government” (International Association of Firefighters [IAFF], 1997, p.8).

The third and fourth research questions are based upon the concepts of understanding the issues related to utilizing privatized services in general terms within the public sector and for the delivery of EMS. The literature review identified a variety of points that were common and very pertinent to the experiences of both the Wheaton Fire Department and other comparable organizations.

The first and apparently most dramatic issue related to privatized services is employee turnover. Swan (1998) described the problems of turnover as follows:

Few EMT's or paramedics working for private ambulance stay very long. A 1987 salary survey confirmed that a Fire Department EMT is a little over 30, has been working for 8 years, he puts in 51 hours per week, and is paid \$26,000 per year in comparison to his peer in the private service who is almost 24, has been working for 2.5 years, and is paid \$15,690 per year for 53 hour of work per week. He continues, while some owners and managers of private ambulance services express concern over the relatively high turnover rate of employees, few seem to take action to correct the causes and few employees of private ambulance services make long term careers out of their jobs because there are few management level positions available to provide opportunities for promotion (p.50).

Employee turnover has trickle down affects on organizations as they experience it. In an internet article about employee turnover, Branham (2000) “estimates that turnover costs may range from 25 percent to almost 200 percent of annual income” while also causing “costs related to customer service disruption, emotional costs, loss of morale, burnout/absenteeism among remaining employees, loss of experience, continuity” (¶ 3). The bottom line is that employee turnover has far reaching and lingering affects on an organization’s ability to deliver a service.

Another point that was identified in the literature review was related to quality of service. In an article authored by Goldman (1984), a report from the American Federation of State, County, Municipal Employees was referenced with a quote that states “contracting out can result in a decline in the quality and efficiency of services, contractors are tempted to cut corners by hiring inexperienced personnel, by ignoring contract requirements, and by providing inadequate supervision” (p.77). While the view expressed is that of a labor union, it heightens awareness about the theories of cost savings with privatized services as it impacts the quality of service.

Several of the literary resources outline methods of determining the success of the use of competitive, privatized services which can be correlated to the measurement of the efficiency and effectiveness of the services. The ICMA (1997) recommends the development of “clear and quantifiable performance measures for evaluation of performance”(p.18). Furthermore, ICMA (1997) advises that “a well planned monitoring system be in place to ensure that the desired performance level is achieved and that there are remedies available to address performance problems” (p.18).

McGillicuddy (1996) suggests that in order for “a contracted service provider to be held accountable for service delivery, performance targets must be identified and that the targets must be measurable”(p.10). Simply put, service delivery expectations must be quantified and monitored in order for them to be deemed efficient and effective. With the quantification and monitoring comes accountability which is paramount to success whether the service is delivered by the public or private sector.

The fifth research question included in this ARP is an inquiry into the different methods of delivering EMS. In order to have a basis of comparison in reply to this question, it is applicable to review literary resources to identify general structuring of EMS. A very pertinent statistic related to EMS and the fire service is that “almost 90% of all fire protection agencies in the United States provide some level of emergency medical services” (Goodson, 1998, p.117). With this percentage of agencies delivering EMS, it is appropriate to assume that there are a variety of methods for delivering EMS. The *National EMS Education and Practices Blueprint* outlines the four levels of education and practice for EMS providers as First Responder, EMT-Basic, EMT-Intermediate, and EMT-Paramedic (National, 1993, p.22).

In the United States Fire Administration publication, *Implementation of EMS in the Fire Service* the structure of EMS delivery systems is described as either delivery by so-called “cross trained” (i.e. multiple-role) responders or delivery by people who are expected to only respond to medical emergencies (separate-service responders). The modes of service delivery for multiple role responders are broken down into two categories that include non-transport (transport by second party ambulance) and transport

(transport direct by the Fire Department). In the non transport mode it is further categorized as first response (i.e. Advance Life Support Engine Companies) or chase cars. The transport mode can involve Advance Life Support or Basic Life Support ambulances or both as set up in a dual-response system. (FEMA, 1997, p.39)

### Literature Review Summary

The literature review identified a variety of resources both fire service and non-fire service related that build a foundation for the answers to the research questions. The literary sources definitely reinforced this author's experience and beliefs related to the problem outlined in this ARP. The sources pinpointed privatized services issues as they relate to employee turnover and quality of services which are two significant factors that impact the WFD EMS delivery model.

The literary review also provided an outline of the principles behind privatized services utilization, costing, and information related to identifying and ensuring positive employment of privatized services. It is these areas that enlightened this author to the fact that some of the problems being experienced within the WFD may be related to the management of the contract which could lead to some possible solutions.

Additionally, the literature review provided a background on standardized categorization of EMS delivery methods. It is with this information, that the data collected from surveys can be properly assessed and put into perspective for relation to the WFD. Overall, the literature review laid the avenues necessary to navigate through the research activities related to this ARP.

## PROCEDURES

After selecting the topic and receiving appropriate approval the following Procedures were employed for the development of this ARP:

1. Research related to the selected topic was conducted through the Learning Resource Center at the National Fire Academy and appropriate literary resources were assembled for use during the Literature Review.
2. A detailed Literature Review was conducted. Throughout the process, appropriate segments of the literary source were highlighted for points of application and/or consideration. The collected literary sources were then prioritized based upon their relevance to the topic. The highest prioritized items were numbered sequentially and a summary sheet of pertinent information was created for reference during the preparation of the project.
3. Upon completion of the Literature Review, four survey instruments were constructed based upon the need to collect information outlined in the Research Questions and the data highlights obtained during the Literature Review. The specific details related to the survey instruments are listed separately below.
4. The four surveys were distributed to the pertinent survey groups using both email and hand delivery. Included with the distribution was cover information explaining the purpose/reason for the surveys and a return deadline was established.

5. Surveys were returned sporadically over a short timeframe after distribution. Upon reaching the deadline, the collected data was analyzed and summary sheets for each individual survey were developed to outline the compiled data.
6. Internal Department records pertinent to the WFD's EMS delivery model were analyzed and appropriate information culled as part of the research.
7. A rough outline for the project was drafted and the content of the ARP was assembled in draft form based upon the Executive Fire Officer Applied Research Guidelines.
8. The draft ARP was reviewed by several parties related to this author and comments were provided. The final ARP was developed and submitted to the assigned evaluator for review and grading.

#### Survey Instrument Procedures

In order to obtain a clear understanding of the issues related to this ARP topic, it was important to develop and collect feedback from various parties that are directly affected by the stated problem. The *Summary Versions* of each survey are included with this ARP as appendices. The survey instruments are listed below by their Appendix designation along with their intended general audience, their purpose, and distribution detail:

*Appendix B: Contractual Employee Survey* (Audience: WFD Contractual Personnel) -

The purpose of this survey was to obtain feedback from the Department's contractual employees regarding their experience related to such topics as quality of work life and general impressions about the WFD EMS delivery model. The survey was distributed to

all WFD contractual employees. Due to the sensitivity of this information and in order to maintain the anonymity/privacy of responding parties, their names have been purposely excluded from this ARP.

*Appendix C: Privatized EMS User Survey* (Audience: Fire service organizations located in the Chicago metropolitan area that utilize contractual services)- The purpose of this survey was to obtain feedback from local fire service organizations that utilize contractual services regarding their experience related to such topics as the usage parameters of their privatized services, their level of satisfaction, their views on advantages/disadvantages, and their costing activities. This survey was distributed to the following Chicago metropolitan fire service organizations: Carol Stream Fire Protection District (FPD); Pleasantview FPD; Elmhurst FD; Itasca FPD; Frankfort FPD; Flossmoor FD; Warrenville FPD; Bartlett FPD; Glenside FPD; Glen Ellyn FD; West Chicago FPD; and Winfield FPD

*Appendix D: WFD Officer's EMS Survey* (Audience: WFD Officers) - The purpose of this survey was to obtain feedback from the WFD Officers regarding their experience related to such topics as effectiveness, advantages, disadvantages, and costs as they relate to the WFD EMS delivery model. The survey was distributed to all WFD Officers. Due to the sensitivity of this information and in order to maintain the anonymity/privacy of responding parties, their names have been purposely excluded from this ARP.

*Appendix E: EMS Delivery Method Survey* (Audience: Fire service organizations located regionally and throughout the United States) – The purpose of this survey was to obtain feedback from a wide range of fire departments regarding their EMS delivery methods in order to establish a baseline for identifying alternative EMS delivery models. The survey

was distributed to all students who attended the 2/28/05 – 3/11/05 R123 Executive Development course at the National Fire Academy and to seven Southern Illinois University students in the Summer 2005 FSM 421 Professional Development course.

As a point of reference, each *Summary Version* has the total number of people surveyed and total number of survey replies noted at the top of each copy.

### Limitations

Several limitations related to this ARP need to be delineated. The first limitation is related to both the “Contractual Employee Survey” and the “WFD Officer’s EMS Survey” in that the replies potentially have the inclusion of biases based upon the replying parties beliefs and feelings in addition to their actual experience. A second limitation is related to both the “Privatized EMS User Survey” and the “EMS Delivery Method Survey” in that since the survey was emailed there is no absolute mechanism for ensuring that the actual respondent was in a position to appropriately comment on the survey questions. It reasonably assumed based upon the email reply addresses that the respondents are in a position of authority and qualified to provide appropriate feedback on behalf of their organizations.

The final limitation is related to the author’s ability to obtain exact data related to indirect and avoidable costs. Specific data does not exist as a separate cost function in Department records. Therefore, the indirect and avoidable cost reporting performed in conjunction with this ARP has been extrapolated based upon the feedback within the survey instruments and the author’s assessment of Department records.

## RESULTS

The results of this ARP were derived from the information collected and reviewed from the four survey instruments, the literature review, and a review of Department records.

The first question of this ARP asks “What are the direct costs associated with the WFD EMS delivery model?”. The literature review identified sources that provided an explanation of direct costs. McGillicuddy (1996) declared direct costs as “costs related to salaries and wages for all staff involved in performing a service”(p.12). With this in mind, the direct cost for the WFD EMS delivery model based upon the Fiscal Year Ending 2006 Department Budget is \$1,119,074.00. The cost accounts for the agreed upon contractual amount between the private contractor and the City of Wheaton for the provision of 18 Paramedic/Firefighters to deliver ALS care. The cost includes wages, benefits, uniforms, and personal protective equipment for contractual personnel.

The second question of this ARP asks “What are the indirect costs associated with the WFD EMS delivery model?”. Indirect costs were described by McGillicuddy (1996) in terms of “costs that would be considered expended in support of the privatized service being provided”(p.12). Some indirect costs, based upon McGillicuddy’s description, are specified as actual line items with the aforementioned WFD budget.

It is pertinent to mention that respondents from the both Appendix C “Privatized EMS User Survey” and Appendix D “Wheaton Fire Department Officer’s Survey” were asked to provide feed back regarding their experiences with indirect costs. Common

replies included notations about costs related to personal protective equipment, uniforms, supplies, vehicles, training, administrative costs, and equipment.

The indirect costs incurred by the WFD identified through this research are outlined in Table 1. The research identified that the indirect costs incurred by the WFD for its’ EMS delivery model can be broadly categorized as accounted and unaccounted. Accounted indirect costs are reflected as actual line items within the WFD budget. Unaccounted indirect costs are expended by the Department without formal delineation within the budget and result in monies being expended without specific allocation as a line item. The unaccounted indirect costs for the WFD have been identified as being primarily tied to staff hours expended in support of the privatized service.

Table 1

Indirect Costs of WFD Privatized EMS Services

Costs	
<u>Accounted</u>	
Supplies	\$ 21,690.00
Vehicles	\$ 89,479.00
Equipment	\$ 3,756.00
Repairs	\$ 4,200.00
<u>Unaccounted</u>	
Training	\$ 1290.00
Administrative	\$ 387.00
<b>Total</b>	<b>\$ 120,802.00</b>

*Note. The Unaccounted costs were calculated by multiplying the hourly rate of the typical staff member conducting the activity by the total estimated, annual hours for each category based upon five new contractual employees per year. Approximately 10 hours of training (i.e. orientation) are conducted by WFD staff per new contractual employee*

*and 3 hours of administrative work (i.e. scheduling, documentation review/processing, interviewing) per each new contractual employee.*

The research also identified another cost category known as avoidable costs. The literature review did not identify a single literary source that explained a detailed process for determining avoidable cost but rather several sources described considerations. This author can best describe determining cost avoidance/avoidable cost as comparing the direct/indirect costs related to the public sector entity delivering the service versus the direct cost plus adjusted indirect cost incurred when the private contractor delivers the same service.

The adjusted indirect cost is determined by using the indirect cost incurred by the public sector entity and subtracting the actual costs that will remain with the public sector entity to support the contracted service. The remaining amount would then be considered the adjusted indirect cost. It is this adjusted indirect cost that then is added to the direct cost amount, incurred by the private contractor, to identify the final avoidable cost. Research activities involving WFD records did not identify past analysis of avoidable cost.

The third and fourth research questions of this ARP are similar in request but are targeted towards separate audiences. The third research question asks “What are the general organizational issues created by the WFD EMS delivery model that impact the WFD?”. The fourth research question asks “What are the costs and issues identified by organizations utilizing a privatized EMS delivery model that is similar to the WFD model?”.

The results of cost information described in the fourth question were addressed above under indirect costs. The organizational issues were identified through three survey instruments entitled “Privatized EMS User Survey”, “Wheaton Fire Department Officer’s EMS Survey”, and “Contractual Employee Survey”. The surveys (Appendix C, Appendix D, and Appendix B respectively) identified multiple areas that could be classified under organizational issues. The areas include high turnover, inadequate staffing, employee inexperience, absence of supervision, disenfranchisement, low morale, and quality of service concerns. The detailed data from each survey is included on summary sheets in the Appendix section.

The literature review provided information in establishing common matters that the public sector faces when considering and utilizing privatized services. Various authors of literary sources commented on the importance of basically doing good homework before embarking on the trek of using privatized services. As the report from ICMA (1997) suggested, performance measures need to be developed and implemented to establish a baseline for assessing privatized services effectiveness (p.18).

The importance of accountability identified in the literature review tied into further findings of this research that identified common problems with privatized services which include employee turnover, compensation problems, supervisory inadequacies, and the impact of these problems on the quality of service.

The fifth research question asks “What alternative EMS delivery models are being utilized by organizations that are comparable to the WFD?”. The literature review identified that EMS delivery models can be broken down into two general categories that

include multiple role responders and separate service responders with each category being subcategorized into areas such as transport, non-transport, dual response, and first response based upon the types of response vehicles and how the patient is cared for.

The results of the “EMS Delivery Method Survey” (Appendix E) provide an even firmer foundation for the answer to this question. Of the sixteen survey responses, fourteen respondents indicated that they utilize Advanced Life Support (ALS) care, one Basic Life Support (BLS) care, and one Intermediate Life Support (ILS). Descriptions regarding delivery models included over eight replies that indicated that ALS engines/trucks are utilized in addition to three organizations that responded as providing full ALS service including transport. Other delivery models include ALS transport supported by BLS first responders, tiered BLS and ALS system, and ILS response in rescue trucks with a third party ALS provider providing transport.

Respondents were also asked to describe their experience with the advantages and disadvantages of their particular EMS delivery model. Advantages cited include cost savings as the result of civilian employees, non-reliance on a third party to deliver service which facilitates better control of areas such as response times, paramedic engines being able to respond to any area in the community within minutes, and tiered response allowing for excellent surge capacity to address simultaneous events.

Several disadvantages to the various EMS delivery models were also noted. The disadvantages include wasted financial resources due to expired drugs on engine companies, waiting for third party providers to arrive on the scene of an emergency for transport, billing issues related to lack of ability to collect revenues from third party

providers, misunderstandings by the public of response methodology, and finding qualified personnel for hiring.

The detailed data from this survey is included on a summary sheet entitled Appendix E in the Appendix section.

## DISCUSSION

Legally and fundamentally, the WFD is charged with the responsibility of providing fire and emergency services to the City of Wheaton. The members of the WFD have proclaimed their organizational mission as being one of “providing the highest level of services to those whom we are called to serve”. The WFD administration is committed to ensuring that all aspects of the Department’s operation meet this mission. The daily experiences related the Department’s EMS delivery model have triggered a reactive need to assess its’ efficiency and effectiveness. The last formal assessment of the Department’s EMS delivery model was approximately twenty years ago.

As a result of the Literature Review and general research, a variety of ideas and thoughts streamed through this author’s mind regarding the WFD’s EMS delivery model and privatized services. It appeared that the vast majority of literary sources identified privatized services as a viable option for meeting the public’s needs but that as Dimeo (1991) stated “privatization is not a panacea – some services are ripe for privatization; others not”(p.26). The research has identified for this author the concept that one size does not fit all.

As a steward of the public's resources, governmental entities must practice fiscal prudence while efficiently and effectively delivering services. Privatized service usage does have a place in the public sector to achieve this notion, especially in the area of emergency services. It appears that privatized service usage for fire and EMS delivery is most efficient and effective in communities that are making a transition to career staffing or in communities that are small to medium in size. The apparent reason for this is that the staffing levels are more manageable and the demands for service minimal which results in a private contractor's ability, in most cases, to appropriately meet the needs of the service recipient.

However as a community and surrounding area grows, as is the case with the City of Wheaton and its' neighbors, it appears that it becomes more and more difficult for the private contractor to meet the obligations of the contract. Problems such as maintaining staffing levels and providing quality, experienced employees overshadow the cost savings benefits of privatization. The apparent reason for these problems, as was stated in the Background and Significance, is that the resource pool of employees to draw from is limited because it is the same pool that is tapped by municipal employers. The impact was described by Swan (1998) as being a matter of a private contractor's employee making the choice to pursue a position with a municipal provider because the pay, benefits, progression, and stability are in most cases much greater than the ones offered by the private provider (p.50). When this choice is made, the end result is turnover and in the case of the Wheaton Fire Department, it is turnover that can be best described as frequent and many times excessive.

In addition to the issue of turnover, the research identified that the goals of privatized service and the goals of public sector service are divergent. While a private contractor delivering a service should be attentive to quality of service, the driving force for the private contractor is one of profit. Conversely, the public sector provider is not driven by profit but rather by the pure need to provide service. It is applicable to point out that an ancillary benefit of privatized service is that its' mere existence, especially in the fire service arena, becomes a driving force for the public sector to adopt business like principles in an effort to remain competitive with the private service and in simple terms take actions to ensure accountability to the community.

The literature review did identify that the profit motive drive of privatized services can create turbulence in meeting contract obligations and in the delivery of services. Goldman (1984) indicated that contractors have been known to take shortcuts as part of an effort to maximize profits (p.77). The shortcuts include purposely failing to meet contract obligations, hiring inexperienced employees, and providing less than adequate supervision on behalf of the contract. The research has identified that these practices have occurred and are occurring at the WFD. It is not this author's intent to insinuate that the WFD's private contractor is purposely pursuing short cuts to improve profit margins but merely to identify that the activities do occur and that they have a definite impact on service delivery.

Another component to add to the operational issues raised with the WFD EMS delivery model is the personal feedback obtained through the survey instruments regarding such things as quality of work life, perceived advantages, and perceived

disadvantages of the privatized model. It is apparent, based upon the survey data, that comparable organizations utilizing the same/similar model also experience issues related to retention/ turnover, quality of service, lack of experience, supervisory problems, and interdepartmental relations. In addition, WFD contractual employee feedback regarding quality of work life/effectiveness is interpreted as being primarily rated as marginal. It is this additional data that heightens the concern over the true effectiveness and efficiency of the WFD's EMS delivery model.

Another interesting point identified by the research was the importance of conducting a thorough assessment of the cost-benefits related to utilizing privatized services versus public services, the need to establish performance benchmarks in order to measure the contractor's performance, and the overall necessity to monitor performance to ensure compliance with the contract. In the report issued by the ICMA (1997), it was stressed that a formal monitoring system based upon performance standards be implemented to ensure optimum contract performance and to facilitate the correction of contractual shortfalls (p.18).

The research did not identify formal performance benchmarks incorporated into the contract for the WFD. The extent of monitoring for the WFD contract has been traditionally reactionary and addressed primarily on an individual basis rather than on a systematic level. It is this author's interpretation that the lack of a formal, contract performance monitoring system contributes to the difficulties experienced with the WFD EMS delivery model. Furthermore, the monitoring process should flow into a regular evaluation of the cost-benefits of the program which should include, as recommended in

the IAFF (1997) report regarding privatized services, a decision making process for competitive bid selection that incorporates an assessment of “avoidable costs” (p.8).

The research has raised in this author’s mind the question of whether the perceived cost savings results in a true benefit. The term perceived is used because on a dollar and cents level privatized services are typically less expensive than public sector services when costs related to salaries, benefits, and workers compensation are compared. However, a detailed evaluation incorporating all costs, which include direct, indirect, and “avoidable” costs, needs to be performed in conjunction with an assessment of all advantages and disadvantages of the privatized services in order to make an informed decision about the most efficient and effective method of service delivery.

The research did identify a variety of methods for delivering EMS. The results of surveys and the literature review showed that it is very common for fire departments across the country to provide some level of EMS. In many cases, the service is provided at the Advanced Life Support level and delivered from start to finish by Firefighter/ Paramedics employed by the Fire Department. Of the surveyed Departments, very few noted actually using privately contracted firefighter/paramedics within their fire department to deliver the service. Several of the replying organizations indicated that transport services and billing are provided by a third party but that the primary service providers are actual employees of the public sector entity. In addition, over half of the respondents indicated that they utilize ALS engines/trucks to assist in providing service. The research information provides a solid basis for exploring alternative methods of delivery and how they could apply to the WFD EMS delivery model.

In a final assessment related to the overall purpose of this ARP, it is apparent that shortcomings do exist with the WFD EMS delivery model. The fundamental service, Advanced Life Support care, is regularly provided to the end user without them ever knowing that systematic problems exist thus giving the appearance that the model is effective. However, the research has revealed that the model has inefficient qualities that need to be tweaked, stabilized, and/or changed in order to maintain the highest levels of effectiveness.

Many of the efficiency issues exist internally within the organization. Parallels between efficiency and problems can be drawn to the use of privatized services due to not only the pure nature (profit motive vs. service motive) of its' function but also based upon the affects of the dynamics within our geographical area (i.e. issues related to the employment resource pool). Additional parallels can also be drawn between the systematic problems and the management of the contract. As an example, the lack of performance benchmarks creates a situation where it is difficult to truly assess the private contractor's ability to meet the contract obligations and to be able to hold them accountable for their actions or lack thereof.

The phrase "highest level" as stated in the WFD Mission statement has connotations of the need to maintain maximum efficiency and effectiveness. Based upon the research and data collected, the WFD's current EMS delivery model has deficiencies that create inconsistencies with its' Mission of "providing the highest level of services to those whom we are called to serve".

## RECOMMENDATIONS

The research has identified that the WFD EMS delivery model has shortcomings that need to be addressed. The following Recommendations are being outlined as possible remedies for the aforementioned shortcomings:

1. The first recommendation is based upon a review of the current contract with the WFD private contractor. It is recommended that the current contract be reviewed in detail to formally identify areas that the contractor is failing to meet. Upon completion of this review, the contractor should then be notified of the identified areas and requested to address any deficiencies. It is this author's opinion that this would be a short term (addressed within the next year) remedy to address immediate areas of concern.
2. The second recommendation involves contract preparation activities for the immediate future (next 1 – 3years). It is recommended that a "Request For Proposal" (RFP) be drafted and enacted in order to obtain competitive information regarding the capabilities of other area private contractors. It is crucial that performance standards and a monitoring process be built into the RFP in order to establish a basis of accountability. In addition, contract mechanisms need to be established that will address employee supervision problems and other quality of service issues. It will also be pertinent to conduct a regular cost assessment in terms of "avoidable cost" in order to determine the best method of service delivery. The results of the RFP will then help to dictate direction with requesting bids for service or the implementation of other methods of service.
3. The third recommendation involves conducting further research into the use of an alternative EMS delivery method in place of the current EMS delivery model. The

purpose of this action would be to address long term issues (beyond 3 years). Based upon the research, it is a fair assumption that the turnover issues currently experienced will continue long into the future. In order to achieve maximum efficiency and effectiveness, it will be important to develop a final solution for dealing with the turnover and its' far reaching, organizational effects.

It is through these recommendations that the Wheaton Fire Department can achieve greater efficiency and effectiveness of its' EMS delivery methods while ensuring compliance with its' Mission of "providing the highest level of services to the community".

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APPENDIX A

**Wheaton Fire Department  
Mission Statement**

The Wheaton Fire Department is dedicated to safely providing the highest level of fire, rescue, emergency medical services, fire prevention services and public education, to those whom we are called to serve. These services will be provided by trained professional personnel striving for excellence while maintaining the resources entrusted to us in the highest level of readiness.

APPENDIX B

**Contractual Personnel Survey**

*Summary Version*

*Number of People Surveyed: 18*

*Number of Survey Replies: 5*

*The following survey is a data collection tool being utilized by Battalion Chief Schultz to obtain data for the Applied Research component of the R123 Executive Development course within the Executive Fire Officer (EFO) program at the National Fire Academy.*

**1. Please rate your Quality of Work Life as an employee of the contractor employer. Quality of Work Life relates to your sense of happiness, fulfillment, well being, and value. In simple terms, “ How do you feel about your relationship with your employer?”.**

- Highly Satisfied**
- Satisfied** - 1 response
- Marginal** – 1 response
- Unsatisfied** – 1 response
- Highly Unsatisfied** – 1 response

\* **No box checked** – 1 response

**2. Based upon your response to Question #1, please provide an explanation of your reply. If possible, please include examples to illustrate your explanation.**

“I am currently unhappy with my employer (the contractor) because I feel that I am only a number and that their only concerns are their bottom line”; “ I am upset because the individuals they choose to run this contract do not have the leadership skills needed to be in a management position”; “ The pay and the equipment could be better”; “ I personally love my job and as far as the contract work goes I feel that my employer is one of the best companies to work for”; “ I have to work side by side with good firemen who make double my salary for what I feel is less responsibility”; “Even though I am honored to work in Wheaton, many don’t want me here”; “ The employer does not give me sick days, pension, or Kelly days – the firemen are lucky to have the jobs they do, because the only satisfaction in my job is self rewardment”; “The lack of proper staff in this contract makes it so that the holdover list moves through a shift month after month”; “I don’t think they try to get good paramedics, seems like they thing any warm body is good enough”; “A better screening and better pay would keep the turn over rate much lower than it is now – personally I feel \$9.00 per hour is a joke”

**3. Please rate your Quality of Work Life as a member of the Wheaton Fire Department. Again, Quality of Work Life relates to your sense of happiness, fulfillment, well being, and value. In simple terms, “How do you feel about your relationship with the Wheaton Fire Department?”.**

**Highly Satisfied** – 2 responses

**Satisfied**

**Marginal**

**Unsatisfied** – 2 responses

**Highly Unsatisfied**

**\*No box checked** – 1 response

**4. Based upon your response to Question #3, please provide an explanation of your reply. If possible, please include examples to illustrate your explanation.**

“I am very happy to work in and for this city – As an example, the one that has impressed me is the issues related to the Desert Storm veteran Joel Gomez. I am grateful and impressed with the support and latitude that I received when meeting with Joel. This Department and it’s officers have been very understanding”; “The work environment experienced within the WFD is unsatisfactory at best. Many times I have seen upper members of the Department berate, belittle, harass, intimidate, and block out contract employees”; “We are all classified as Firefighter, yet how often are we used? – There needs to be a clear cut definition of our role with the City and consistency with our roles”; “I am very satisfied with the way I am treated here at Wheaton – the problem is internal with the contract company I work for”; “Members of the Wheaton Fire Department feel that the contract paramedics are just that and have no right to be here”; “It is hard for me to believe that the Department administrators would allow their Department to be organized as it is – The high turn over and seeing less than desirable people placed to work as medics”; “I am all for helping out, we are part of a team, however it seems one sided – I am a firefighter when you need me to be but there are people that are never EMT’s when I would like some help.”

**5. Based upon your experience, please rate the “effectiveness” of the current service delivery method used to provide emergency medical services to the City of Wheaton. When determining your rating please base your assessment on all aspects of the delivery method and not just one area such as equipment:**

**Highly Effective**

**Effective** – 2 responses

**Marginal** – 1 response

**Ineffective** – 1 response

**Highly Ineffective**

\* **No box checked** – 1 response

**6. Based upon your response to Question #5, please provide an explanation of your reply.**

“I feel that the overall effectiveness of EMS in this Department is good – The low point of the current system is the lack of experience that the Contractor seems to be offering these days – The turn over rate is way to high and quality of medics is sub par”; “The high point is that we have the correct type of equipment”; “Inexperienced, revolving door – in the eight years I have been here I can’t recall us ever being fully staffed – The City pays for 18 paramedics we should provide 18 strong paramedics”; “Although effective, EMS could be more so – If all medics were Wheaton Firefighters, working beside other Wheaton Firefighters with equal pay scales, benefits, and opportunities then they would work to better themselves for the benefit of the Department instead of working just to gain experience that I can bring to a more progressive Department - Also moral would be higher, I would have more pride knowing I am a Wheaton Fire Department FF/Medic serving a community that provides me with more opportunities for advancement”

**7. In the area below, please feel free to list any comments about your experience as a PSI employee and/or Wheaton Fire Department member.**

“The thing I don’t like about the Fire Department is the bad rap that a Paramedic receives walking in the door – The firefighter always meet a new medic saying “How long are you going to be here? and “You won’t last!” – I do understand however why it is this way”; “The attitudes of the officers and many firemen need to change”; “I am not a Wheaton F.D. member, I am a contract employee – although I may have equal qualifications as the Firefighter, I am doing 75 to 80% more work than the Firefighter for less than 50% of the benefits and opportunities of the Firefighter”

**8. In the area below, please feel free to list any suggestions about any improvements (if needed) related to your Quality of Work Life or the effectiveness of the current EMS delivery method. Please provide details with your suggestion.**

“I feel the current working life with the Contract Company can be improved – The way I see it several things need to change: They need to be more selective in their hiring process, They need to have qualified people running this contract, and there needs to be some retention program”; “We need fire gear that is not 12 years old – we need to be part of shift assignments and not have them handed down to us like acts from God”; “We need more support from the Officers both on the scene and in the fire house”; “The cops in this town treat us better than our own shift partners – something needs to be done”; “Our neighboring town needs to invest in their EMS problems internally – I feel they are taking advantage of us and should staff their own town – The Contract Company needs to pay more money to get better paramedics into one of the biggest contracts – Inexperience

makes the whole Department suffer”; “Do away with the Contract Company and hire your own Firefighter/Paramedics”

**9. In your opinion what are the three most important current issues facing the contractor employer? Please provide any details related to your issues.**

“Staffing, Management, Compensation”; “Staffing, Competitive salaries, Good relationships with the town we serve”; “Quality manpower, Management staff – we have a manager but he does not work with any of us and yet he can discipline and judge our skills, Pay scale – they need to bid the contract for good, decent, pay and not just for warm bodies”; “Low pay, Staffing problems, Support”; “Lack of medics/too many open shifts, Unbelievably high turnover, The separation/subordination that is inherent when two groups working together are expected to be equal when so many disparities are present”;

**10. In your opinion what are the three most important current issues facing the Wheaton Fire Department’s EMS delivery method? Please provide any details related to your issues.**

“I think this town needs more ambulances on the street – This may alleviate “burn out” of the firefighters and paramedics and may improve the care that they render”; “Clear cut roles for the medics, to concerned with outward appearances and not worried enough about care delivered”; “Manpower – the contract is a revolving door, Not having a full time coordinator at the Wheaton Fire Department, Having a Battalion Chief in charge of EMS that is not a paramedic, Paramedic burnout”; “The need to find money to hire firefighter/paramedics that are actually members of the Department, Shift the mindset of Firefighters to get them to see the need for cross training (FF and EMS), The exploitation that is inherent when the two groups working together are expected to be equal”;

## APPENDIX C

**Privatized EMS User Survey*****Summary Version******Number of People Surveyed: 14******Number of Survey Replies: 8***

*The following survey is a data collection tool being utilized by Battalion Chief Bill Schultz (Wheaton Fire Department, Wheaton Illinois) to obtain data for the Applied Research component of the R123 Executive Development course within the Executive Fire Officer (EFO) program at the National Fire Academy. \*Please feel free to attach/ use additional sheets if needed.*

**Department Name:** \*All organizations are located in Illinois either in Dupage, Will, Lake, or Cook counties: 1) Elmhurst Fire Department; 2) Frankfort Fire Protection District; 3) Flossmoor Volunteer Fire Department; 4) Carol Stream Fire Protection District; 5) Pleasantview Fire Protection District; 6) Countryside Fire Protection District; 7) Mundelein Fire Department; 8) Gurnee Fire Department

**1. Please provide a detailed description of how your Department uses your Privatized EMS provider (i.e. transport only, limited fireground responsibilities, full fire and EMS responsibilities):** (Noted numbers correlate to the “Department Name” – Not all respondents answered the questions)

1) “The contract service provides us with 4 paramedics and 2 ambulances per shift – They provide all of the personnel and equipment – They respond from our stations – The Paramedics do not perform firefighting duties or inspections – They respond to fire scenes to provide EMS to injured victims or firefighters”; 2) “The contract service provides (13) Firefighter/Paramedics and (3) Firefighter/EMTs – They are used to full capacity on all calls to include fire prevention and normal duties”; 3) “Full fire and EMS responsibility from a personnel only contract – no equipment, uniforms, apparatus”; 4) “We use (9) firefighter/paramedics working (3) per 24 hours shift to staff (3) ambulances (one per ambulance) – Each contracted employee is also to be used as a firefighter but do not respond on an engine or truck companies”; 5) “We use the private EMS provider for full EMS duties and they are required to work on the fireground too – They drive fire apparatus and are certified FFII at minimum”; 6) “The Department uses (12) contractual employees who are firefighter/paramedics – All contract employees can ride in any position they are certified except officer, shift commander, and above”; 7) “We utilize (2) contract personnel as regular 24 hour shift personnel – Each carries full firefighter/paramedic certifications therefore we get full responsibilities from them” 8) No response

**2. Please rate your overall level of satisfaction with the service you receive from your Privatized EMS provider.**

**Highly Satisfied** – 2 responses

**Satisfied** – 4 responses

**Marginal** – 1 response

**Unsatisfied**

**Highly Unsatisfied**

\* No response – 1

**3. Based upon your Department's experience, what are the advantages of your use of a Privatized EMS Provider?** (Noted numbers correlate to the "Department Name" – Not all respondents answered the questions)

1) "If a paramedic does not perform to our standards it is real easy to have them removed from the contract – It is also a more cost effective way of providing EMS"; 2) "Feeder into our full time testing program, they work part time and there is a cost advantage i.e. pensions"; 3) "Initially a cost savings and consideration for the lesser criteria required for reassignment of an undesirable or poor performing employee"; 4) "The advantages are the lower cost per person, lack of overtime costs, and the ability to remove employees"; 5) "They must supply the required manpower regardless of the time off "; 6) "Reduced cost, gives a good pool for full time hire, and a chance to give a person with limited experience some on the job experience"; 7) "We are able to provide a high level of service to the public with a lower cost to the taxpayer"; 8) "Save money"

**4. Based upon your Department's experience, what are the disadvantages of your use of a Privatized EMS Provider?** (Noted numbers correlate to the "Department Name" – Not all respondents answered the questions)

1) "High turnover rate, poor skills, lack of experience, bad attitudes, bad relations between Department personnel and contract – They are not city employees so there is not ownership for some of them – The good ones use this as a stepping stone to get on other Departments"; 2) "Turn over"; 3) "Meeting today's training mandates which is usually placed on the Department – Also "Attitude", this is job not a career – the apathy in a contract person who is beyond testing, works a full 56 hour schedule, and has flex time in place of vacation and sick time is a problem of its own – lack of buy in is understandable"; 4) "The high turnover rate, the lack of available candidates, the tendency of rotating employees from contract to contract, the constant training involved with high turnover rate, the lack of knowledge of response areas developed over time – Usually the candidates we see have little experience as a paramedic or firefighter"; 5) "Turnover is a continual problem" 6) "Revolving door – These employees are not the cream of the crop"; 7) "Turnover, employees who are not physically fit, poor background checks, training costs, stepping stone, no loyalty to our citizens, and lack of experience/skills"

**5. Has your Department had any negative experience with your Privatized EMS provider as it relates to the following issues (Please check all that apply):**

- |  |  |
|--|--|
| <input type="checkbox"/> <b>Retention and/or High Turnover Rates</b> - 7 responses | <input type="checkbox"/> <b>Supervision of Contractual Personnel</b> – 2 responses                             |
| <input type="checkbox"/> <b>Excess Use of Sick Time</b> - 1 response               | <input type="checkbox"/> <b>Inability to Deliver Service</b>   |
| <input type="checkbox"/> <b>Lack of Experience/Skills</b> – 6 responses            | <input type="checkbox"/> <b>Recruitment/Hiring</b> – 3 responses   |
| <input type="checkbox"/> <b>Quality of Service</b> – 3 responses                   | <input type="checkbox"/> <b>Relations between Contractual Personnel and Department Personnel</b> – 2 responses |

**6. Other than Direct costs of the contract for your EMS provider, does your Department account for any “other Direct/Indirect” costs (i.e. Administrative, Equipment, Training, etc.)?**

- Yes** – 4 responses
- No** - 4 responses

**If “Yes”, could you please list those “other Indirect/Direct” costs and the information you use to quantify/document the costs (Note: If you have detailed information regarding this question and you would prefer that the Surveyor contact your Department in lieu of listing the details, please provide a contact person and telephone number):** (Noted numbers correlate to the “Department Name” – Not all respondents answered the questions)

- 2) “Firefighting gear, approved trainings, uniforms”; 3) “Training – tuition, staffing, and transportation”; 4) “Administrative costs for reviewing candidates and testing them – training costs of new employees”; 6) “Turnout gear, uniforms, training, overtime”;

APPENDIX D

**Wheaton Fire Department**  
**Officer's EMS Survey**  
*Summary Version*  
*Number of People Surveyed: 12*  
*Number of Survey Replies: 5*

*The following survey is a data collection tool being utilized by Battalion Chief Schultz to obtain data for the Applied Research component of the R123 Executive Development course within the Executive Fire Officer (EFO) program at the National Fire Academy.*

*\*Please note: You can type/mark the gray areas of this form via computer. The gray areas will automatically expand as you type to give enough space for the text. You can also print this out and handwrite your comments. Thanks for your input!*

**1. Please rate the “effectiveness” of the Wheaton Fire Department’s emergency medical services delivery model:**

- Highly Effective**
- Effective** - 1 response
- Marginal** - 3 responses
- Ineffective** - 1 response
- Highly Ineffective**

**2. Based upon your reply to Question #1, please provide an explanation of your rating:**

“Without the ability to have a Fire Department Paramedic on the fire engine, the standard of care is compromised – a firefighter paramedic that does work for the City Fire Department has a vested interest in maintaining his skills at a professional level over the life of his career”; “Revolving door for medics, Lack of experience, No loyalty to the Department or the City, Two chains of command, No recourse for discipline, Poor morale affects the entire shift”; “Lack of commitment results in low self esteem and envy of City employees – Contract personnel are held to a different standard”; “ Some of the service being delivered by certain paramedics is top quality service – However there is a lack of ability to deal with some paramedics because of the contract – Also the constant turn over of staff is extremely problematic”; “We have to spend extra time to train each new medic to meet a certain level and then they leave and we start the training cycle all over again”

**3. What are the advantages of the current method of EMS delivery?**

“The only advantage that I see is that the contract paramedic system is budget friendly and a cheaper way to provide the service”; “ The only possible advantage is the cost

savings to the City but at the cost of continuity of care”; “It appears that fiscal responsibility outweighs product and service to the citizens”;

**4. What are the disadvantages of the current method of EMS delivery?**

“We have experienced a massive turnover of medical personnel since the birth of the Wheaton contract – We almost always get a paramedic right out of school so the experience level is compromised – One major disadvantage is that these people do not have a vested interest in the Wheaton Fire Department”; “Natural division created by the nature of contractual services and the city provided services – Different rules and conditions of employment, different hiring procedures”; “Turnover is a disadvantage”; “We do not have any control of qualifications, background checks, and lack having the same discipline as we do – It is difficult to operate with a company within a company”

**5. The direct dollar cost of the use of contractual emergency medical services is documented as a line item termed “Contractual Services” within the City of Wheaton Budget. Based upon your experience, what are the indirect costs that are incurred by the Wheaton Fire Department? Indirect costs would be any costs incurred by the Department that are not directly reflected in the City’s Budget such as costs associated with the management of the contract. In addition to the cost category please include, if possible, your estimate/measurement of the cost/costs (i.e. Personnel Hours and Dollar Amount).**

“An indirect cost incurred by the fire department is the constant training of new personnel sent to us – this includes the amount of time and fuel needed to teach the new medic how to drive an ambulance and learn the streets – estimates should include training hours, wear and tear on the ambulance, and fuel costs”; “Supplies for fit testing”; “Use of Department computers, office supplies, Department time to conduct contract business such as daily affairs, payroll, scheduling, personal phone calls”; “EMS and Office supplies”; “Administrative time and training spent on new paramedics because of the constant turn over rate”;

APPENDIX E

**EMS Delivery Method Survey**

*Summary Version*

*Number of People Surveyed: 27 total (20 Executive Fire Officer Students and 7 Southern Illinois University Students in the Summer 2005 FSM 421 Course)*

*Number of Survey Replies: 16 total (10 replies from Executive Fire Officer students and 6 replies from Southern Illinois Students)*

*The following survey is a data collection tool being utilized by Battalion Chief Bill Schultz (Wheaton Fire Department, Wheaton Illinois) to obtain data for the Applied Research component of the R123 Executive Development course within the Executive Fire Officer (EFO) program at the National Fire Academy.*

**1. Please list your population:**

20,000 to 60,000

110,000

65,000

23,500

1.5 Million

183,000

500,000

90,000

63,000

23,000

1.8 million

44,000

27,500

70,000

350,000

145,000

**2. Please select the option from the pull down menu below that best describes your Department composition:**

**Volunteer/Paid On Call**

**Combination (Volunteer/Paid On Call with Paid Personnel) - 2 responses**

**All Paid – 14 responses**

**Other**

**3. How many members do you have?**

- 36
- 140
- 130
- 57
- 277
- 400
- 500
- 140
- 52
- 50
- 380
- 36
- 39
- 84
- 130
- 460

**4. Please check the highest level of EMS service delivered to your community:**

- No service in the community
- Basic Life Support (BLS) – 1 response
- Intermediate Life Support (ILS) – 1 response
- Advanced Life Support (ALS) – 14 responses
- Other – Please describe:

**5. Please provide a brief description of your EMS delivery model.**

1) “ALS engines plus ALS transport staffed with civilian Paramedics”; 2)“Full ALS and transport capability – ALS engines/quints/aerial”; 3)“Paramedic pumpers with a third party transport”; 4)“BLS service with transport provided by the Fire Department with a third party ALS intercept”; 5)“ALS transport supported by BLS first responders”; 6)“Reverse tiered response”; 7)“Tiered BLS and ALS system”; 8)“Rescue truck response from stations with personnel trained to the EMT Intermediate level with third party ALS transport”; Others)8 responses - “ALS ambulance and engines/trucks”;

**6. Please describe the advantages (if any) of your EMS delivery model. (Noted numbers correlate to the Descriptions in Question #5 – Not all Description have advantage comments)**

1) “Civilian paramedics provide us with the ability to put firefighters on engines and not transporting ambulances – this is done at cheaper cost due to separate pensions that cost

less”; 2) “Full service EMS delivery to the community – no reliance on contract/third party service issues such as response time, adequate training, removes profit as a consideration in delivery of quality EMS care – Allows the FD to recruit higher qualified entry level applicant – Increased organizational interest in the system – Billing allows the City to recover a portion of the budget allocation”; 3) “Paramedic pumpers are able to respond to any part of the city within minutes of being dispatched”; 5) “Working with finite resources, we are able to deliver expedited response well under the approved standards for response times”; 6) “We do not under utilize our ALS personnel”; 7) “Being a two service system, we can use our combined resources to provide excellent surge capacity to address simultaneous events”; 8) “We have quick response times and are very connected to the community we serve”; Other) “All EMT – P’s are firefighters thus adding manpower at fires”; “If an ambulance is addressing another call, the engine will be able to start necessary care while another ambulance responds”;

**7. Please describe the disadvantages (if any) of your EMS delivery model.** (Noted numbers correlate to the Descriptions in Question #5)

1) “With an ALS engine we lose a lot of money in expired drugs – the cost for the drugs is high and the engine companies very rarely use any of the drugs”; 2) “Places entire responsibility for EMS squarely on the City – challenge to maintain adequate opportunity for all paramedics to maintain individual skills – continually rising costs impact the budgetary allocations – significant focus on the ALS aspect of the delivery system when in reality 5 – 10% of the calls for service actually require ALS skill level delivery”; 3) “As a non transporting agency we often wait for the private ambulance service, this delay is a definite draw back when providing ALS EMS”; 4) “The ALS provider bills for ALS services and pays us for transport only – since the Department is not the ALS provider we are not able to control totally the quality and operations of ALS – complaints or concerns must go through another layer of red tape”; 7) “Public has a difficult time understanding the concept of a tiered response and questions the cost effectiveness of our efforts – vocal minority of the public seizes on the absence of privates as an indicator of ineffectiveness”; 8) “I believe that by not transporting, we are not providing the best service possible – transferring patient care to the paramedics causes a loss in the continuity of care – Also we receive no compensation from the patients we serve”; Other) “One disadvantage to the Department is the wear and tear on the engine and costs of maintaining equipment”, “Finding enough medics”;