

## **REGIONAL EMS ISSUES**

A repeating issue for DuPont in Master Planning fire services is once again, geographic isolation. While building fires can be mitigated with fire sprinklers and grass fires kept small with fuel reduction programs (weed abatement and public education), there is not really any built-in mitigation for health problems. There is a crisis of health insurance coverage in the United States today. As more people are employed in service industries at hourly wages without benefits, this problem will worsen. The under or uninsured use the 911 and hospital system as their health care of last resort. If the ill person does not have health insurance, they are typically sicker before they call 911.

Since the mid-1970s and a television show called “Emergency!” the public perception has come to be that all 911 services are at the advanced life support or paramedic level. This is again an expensive service for small cities and rural communities to maintain. The typical paramedic initially has over 1,200 hours of training as compared to about 120 hours of emergency medical technician (EMT) training. Then there is continuing education and on-going medical quality assurance programs. There is also a skill retention issue when the paramedics don’t handle enough serious calls for service. This can be overcome to some degree with more training, but again at an increased expense.

Currently, DuPont Fire Department delivers basic life support at the EMT level of training. Yes, the Department Ambulance is labeled “Medic One” after the regional program that obtained the ambulances, but that name has long been used by Seattle Fire for its paramedic program. Thus in the small towns, the name “Medic One” could lead the under informed to believe paramedics exist, when they don’t. Besides, the public perception continues that almost every firefighter is a paramedic anyway.

DuPont started an EMS levy to help provide career firefighters that would guarantee EMT level care when there were no volunteers to respond. The ambulance was obtained for basic level care transport when the Madigan ambulance was not available. Thus using the EMS levy to guarantee basic ambulance service with career personnel *is an appropriate* EMS system and one that is typical of small towns and rural areas across the state and country.

So in addition to its firefighters at the EMT level, the City receives paramedic level ambulance services from Madigan Medical Center on Fort Lewis. For some time the medical center has contemplated eliminating the ambulance program from the Medical Center. This has forced Fort Lewis Fire Department to send seven firefighters to paramedic school to begin ambulance operations in the near future. However, due to military fire department polices, the Fort Fire Chief has said he can’t extend ambulance services off post to DuPont.

IF this scenario plays out, DuPont is left without ambulance service. The DuPont Fire Chief asked the two large national ambulance companies that have operations in the region if they would station an ambulance in DuPont. Both stated no, there were not enough transports or intra-facility transfers to be economically feasible. They would only provide an ambulance to the community with a public subsidy of anywhere from \$500,000 dollars or more per year to carry the full-time cost of the ambulance and civilian staffing.

Where does this leave DuPont if Madigan Medical Center ceases ambulance operations? In Citygate’s opinion, the more cost-effective approach is to begin a small fire department paramedic program with the existing ambulance, if and when paramedic service from Fort Lewis

is no longer available. It might even be able to be shared and serve Steilacoom, McNeil Island and Anderson Island. It would not be cost effective to subsidize a civilian ambulance for a few hundred transports per year (First Lewis Fire has to handle I-5) and not get any economic benefit for other safety uses like firefighting from this expense. For this reason, many small towns that must operate their own ambulance do so from one of two sources, 100 percent volunteers when there is a strong resident base, or cross-trained firefighter-paramedics.

DuPont already has the ambulance. Paramedic level equipment would cost about \$50,000 dollars initially, with about a \$5,000 per year on-going equipment cost. So the cost would be the salary and benefits of maintaining one paramedic per day. This paramedic could be career, volunteer or both.

### DuPont EMS System Findings

The current EMT level of care is well run and appropriate to risks in the community, **when backed-up** by the Madigan paramedic ambulance. If that program ceases, the City has two choices:

- A. Operate a basic life support level, EMT ambulance. With current staffing, when a transport is made outside the City, there will be no firefighter staffing without a strong, resident based volunteer callback system, which does not exist in the fall of 2005.
- B. Find the funding to maintain one career paramedic per day. Given the City already has two career firefighters per day, this position would be an additional expense, for a 3<sup>rd</sup> position per day for a total of 3 new positions. However, unlike a private ambulance subsidy, the cost will benefit the overall firefighting, fire prevention and technical rescue missions. With vacation and sick or injury leave coverage's, three paramedics are not enough to guarantee 24/365 coverage. But per diem paramedics can usually be hired to supplement City staffing. The City could operate the ambulance with just a per diem paramedic, but for that expense, that person will not be trained on City firefighting equipment and programs. The most cost-effective solution if any additional daily staffing dollars are available is to operate a firefighter-paramedic program.

If the City was forced into the paramedic business, the results of staffing a 3<sup>rd</sup> career position per day plus a chief officer would be far more than just a one third increase in staffing. The results would be tremendous as not only would paramedic care be available locally, but would the department deliver 4 firefighters (3 on the engine and 1 chief officer) to building fires who can begin interior firefighting under safety regulations without waiting for mutual aid or volunteers from home.

***In Citygate's opinion, a build-out fire department with 3-firefighters on-duty 24/7/365, one of whom is a paramedic, backed-up by a credible volunteer and paid-call firefighter program is appropriate to the size of the community and risk level.***

### **REGIONAL COMPARABLE INFORMATION**

Regional comparisons to DuPont's fire services are difficult given all the variables involved and DuPont's geographic isolation. Many small fire departments in Washington are either single or