

ALS Study Committee
January 10, 2018 7:00 PM
Public Safety Building
Minutes

Present: Steve Caskey, Jeff Benotti, Chad Boylan, Chief Meaney, Gus Murby, Chief Hollingshead, Holly

Agenda

Review Current Status of Effort
Discussion with Sherborn Chief
Settle on Labor Costs we want to use
Discuss Investigation of private ambulance option
Identify/Begin Discussion of implementation Path issues
Identify Prerequisites to implementing actions

Gus called the meeting to order at 7:00PM and presented agenda for the evening.

Update

At the BOS meeting presented economic end point. We are looking at adding 4 paramedics and overtime as EMT's leave then replace with Medics. Total force of 12, 3 on a shift. Net impact to the Town is \$150,000 with revenue generated by ambulance fees and we assumed modest amounts of mutual aid to Dover and Sherborn. BOS asked the Committee to proceed with the planning. Alerts ambulance came to the last meeting, around \$500,000 cost if Sherborn and Dover participate. Question is will the towns share the cost with Medfield. At a stage of how far are we going, even to vet Option B, need to take a full look at the option even if we don't have a commitment from Dover and Sherborn.

Reaching out to Fire Chiefs in surrounding towns for long term interest in collaboration and the discussion of implementation. In the interim we will need to collaborate with other Towns to transition.

Eron Kenney

Direction for Sherborn now is to move ALS. Sherborn will go back to advanced level at this time. Going to ALS level is not economically possible at this point. Discussion with Armstrong Ambulance and they also said you have to include Medfield and Dover. We are definitely still on board with working collaboratively. Sherborn is still per diem EMT's, with other towns looking at ALS, chance of losing the staff in Sherborn.

Seems to be some confusion if Dover is utilizing Armstrong for ambulance service or for billing services. Sherborn is hosting an advanced EMT class with Armstrong and will open to all surrounding communities. Beginning discussion of going FT in Sherborn but the budget is an issue. Have increased compensation to try and keep the per diem.

Neal O'Connor asked about the budget from Armstrong for Sherborn. Chief Kinney stated with good call volume, there should be limited cost, but Sherborn doesn't have the call volume. Sherborn doesn't generate enough money to have it taken out of the billing. On Target for \$250,000 year for revenue for Sherborn, but then EMD, Billing, etc, there's not enough call volume and there is a cost out of pocket for Sherborn. Armstrong wants four to five communities, primary and backup. Not financially feasible for Sherborn at this time.

Gus stated that if we could find a way to work together with Sherborn we would be happy with a working relationship. Committee discussed potential for collaboration in the interim but that would be limited because Sherborn is not currently licensed for ALS service.

It appears there is a degree of interest, question remain how revenue potential will work if we are a mutual aid provider to Sherborn and Dover. Increasing the call volume is key to making ALS work for private company.

Chief Hollingshead stated that is part of implementation discussion. Town needs a solid direction from Town Meeting and then we can work closer with Chief Kinney and address logistical issues of providing ALS.

Gus and Steve discussed net cost and the difference in their numbers when looking at hiring vs. private services. Committee needs to determine what numbers will be used at the presentation and they must be agreed upon by all.

Chief Kinney stated he believes the trend is for for town's to start taking back ambulance service from private companies; Framingham is starting to investigate it as well. Boston offers municipal ambulance as well as third option of private based on call volume. Level of service determination is the question that needs to be answered. The call volume in Sherborn doesn't justify the increase in the budget. The end goal is to get there but five to ten years from now. Question is how do we enhance the service that we did have before, how can we increase the level of service with the budget that we have currently. Unfunded mandates have resulted in lower standard of care when advanced level was removed from local towns.

Gus stated that the Committee has looked at alternatives but we are looking at building credibility, question will be did you look at other alternatives, here are the operational impacts of those alternatives. If there is a configuration we have missed let's look at it now.

Committee discussed private companies going out of business and the possibility of towns going bankrupt and having to lay off personnel. Discussion of the revenue implications of private service.

Chief Kinney stated that having three people on a shift is a benefit that should not be underestimated; there is a need for fire services and cross training is always a benefit.

Committee discussed the FF/Medic numbers that Kristine and Steve worked on, both are in agreement on the numbers. Kristine explained this is a “worst case” scenario if an employee utilizes all benefits available, etc. Gus asked that the \$3200 be put as operational cost not salary cost, it is a one time cost that could be covered by grant funding.

Committee discussed best way to present these numbers so they are easy to understand. Gus will talk to Brendan about updating the numbers for the next meeting. The numbers present salary, benefits and “other costs.”

Neal updated the Committee stating he had talked to Alerts, regarding the fly car model. The estimate was \$550,000 for truck, Medfield still takes care of the billing, and we keep all of the ALS fees. Committee needs to determine on a Selectmen level if Dover and Sherborn are interested in this concept.

Kristine stated the committee can request a proposal from the companies that have made presentations. Does not need to be full RFP for the purpose of this study.

Holly stated she did not think its possible to have private service unless the other towns participate. Both private ambulances have given us the same ballpark figure of 500-600,000. They all want a number of towns included in that not just Medfield. We don't have that commitment yet. Gus stated that the fee/revenue issues has not been answered. Committee discussed just to get a proposal for Medfield with the other towns scenario as an alternate.

Committee discussed at length if the department will ultimately need to get to 12 or 13 for full staffing. Chief does not feel we will need the 13th based on internal possibilities for getting to the 12 medics. Impact on med control if it takes more than 3 years to get to the 12 medics. Discussion about hiring 4 medics in the first year or 6 FF/Medics. Committee discussed a three year transition plan to get to the 12. Gus asked the committee to think about 12 vs 13 staffing model for the next meeting.

Committee discussed a Public Information Meeting in March/April prior to Town Meeting to present best options based on net costs. Looking for feedback prior to Town Meeting. Committee has more information to present this year vs last year in terms of net costs.

Gus asked if the Committee should start to think about implementation path issues such as hiring plan, if approved what is the plan, what is the timeline. ALS licensing/Med Control? Training? When can we anticipate revenue? Collaboration with other towns, capital equipment funding costs, how do we source funds, find

alternative sources of funding? Basic timeline for implementation? Chief Hollingshead stated these are operation issues and he will prepare information for those questions .

Committee should also think about what is the article in the town meeting warrant and meeting with the Warrant Committee to discuss the work of the Committee.

Prerequisites to implementation were discussed including:

- Town approved funding

- Not Finalized until permanent Chief (May)

- Contract in place with the Union and implementation

Meeting adjourned at 9:30