Despite encouraging indicators in some sectors, city and county leaders are still facing tough choices about supplying core services, including police, fire and emergency medical services (EMS). These core public safety services typically represent the largest slice of the budget pie, and thus are an understandable target for cost reductions. But savings cannot come at the cost of lost lives. What evidence and benchmarks exist to help decide what’s appropriate? How does a public official tell the difference between facts and opinions? This report frames the challenges facing local government and offers guidance on effectively assessing fire and EMS, implementing changes safely and, ultimately, effectively communicating these changes to key stakeholders.
Even as the U.S. economy slowly recovers from recession, communities are expected to face tight budgets for years to come—and in some cases, unprecedented cuts will have to occur. While across-the-board reductions may seem fair, public safety agencies, and in particular fire and EMS, have special considerations to take into account. The core mission of fire departments has changed dramatically in the past 50 years, as medical-related calls have far outpaced fire suppression, yet true fire emergencies require more personnel on scene than do EMS assignments.

Some communities have used the budget crisis to fundamentally rethink their approach to fire and EMS. Doing so effectively requires access to data and a systematic approach to engaging key stakeholders with an unvarnished discussion of implementation options and policy choices. This report was created to educate city officials about their options, so they can make informed decisions concerning how out-of-hospital emergency medical care is provided to their communities, especially as it relates to their fire department.

THE RELATIONSHIP BETWEEN THE FIRE SERVICE AND EMS

The fire service has always had some level of involvement in medical emergencies. Over the past 30 years, however, the mission of most fire departments has evolved to include out-of-hospital emergency medical response in a more integrated way. This may range from offering basic care at the scene to providing full paramedic-level EMS/medical care and transportation to a hospital. In just about every community, fire departments provide at least medical first response due to short response times, skilled manpower, and the ability to bring time-sensitive, life-saving interventions to a patient quickly.

The fire service’s role as a medical first responder is rarely challenged. What is debated is the expense of getting the right resources to the right place in the right amount of time: Citizens are understandably puzzled when a fire engine with four firefighters, a rescue truck, a police vehicle and an ambulance all arrive at the scene of what appears to be a rather routine call. Isn’t that a waste of resources? Not necessarily, but it does raise legitimate concerns. While cities report that half of all calls are responded to using advanced life support (paramedic) resources, only a fraction of those are actually life-threatening.

Research shows that paramedic-level care is beneficial in a handful of critical instances, however, the Institutes of Medicine has called for additional study to better understand how EMS can most effectively improve patient outcomes.

In the meantime, is it sound public policy for fire agencies to provide a lights-and-sirens response to every 911 request for service, or for personnel on every apparatus to be paramedics? With the above in mind and for safety purposes, a number of communities limit the fire department’s first response to only those requests prioritized as life-threatening emergencies, in accordance with strict medical dispatch protocols.

Fire departments facing budget constraints are exploring alternative strategies for meeting demand. Several have successfully implemented approaches to accomplish that goal. For example, in suburban Portland, Ore., Tualatin Valley Fire and Rescue (TVFR) deploys peak demand engine companies or rescue response vehicles to match demand. During times of peak requests for service, response times can be maintained to the benefit of patients in need. To reduce the service level impacts associated with shutting down fire companies, the San Jose Fire Department is using an innovative resource man-
agement strategy they devised called “dynamic deployment.” It requires an additional investment in resource-management software tools, communication center personnel and ongoing data gathering and analysis, but is anticipated to reduce service level impacts to the most critical calls.

Several communities, including Louisville, Ken., Richmond, Va., and Cleveland, Ohio, are experimenting with protocol-based triaging of non-emergency calls at the 911 dispatch level, providing callers with alternatives such as a nurse-assist line or an appointment and transportation to a clinic. This approach reduces responses to non-life-threatening calls, lowering costs and enabling scarce resources to remain ready for life threatening calls. 5

**MAKING TOUGH CHOICES >> >**

Fire service leaders are facing difficult decisions, many on an unprecedented scale. Strategies that worked in the past may not be effective today. Traditionally, reducing expenses meant reducing training and travel, eliminating civilian positions, cutting back on the quality and quantity of office supplies and other non-essential materials or de-

*Continued on next page*
laying a new cadet academy or new stations. What happens when those tactics don’t come close to closing the budget gap? How do fire service and civic leaders make the right choices not just to meet this year’s budget, but for the long-term health and benefit of their department and the community? (For a list of tough questions that city/county managers should be ready to discuss with their fire chief, see page 3.)

**DEFINE THE CORE MISSION >>**

The process for making decisions may not be as complicated as it seems. First, departments must refocus on core services. A detailed understanding of what fire departments are called on to do by their constituents will aid in clarifying their core mission. For the vast majority of departments, response to medical emergencies is the most requested service, followed by other calls including motor vehicle collisions and fire-related calls—but each department needs to establish its own set of priorities based on community needs and values.

Once core priorities are established, the department can focus on ensuring those priorities get proper attention. Establishing core priorities enables critical decision-making about where to invest time, cut costs, or consider service elimination. Fire departments, like other public safety organizations, need to consider two foundational elements when matching resources to service needs: 1) provide geographical coverage so that appropriate resources can respond in an evidence-based timeframe for medical and fire calls and 2) supply those resources in adequate numbers to meet fluctuations in call demand.

Police and EMS agencies have been experimenting with these concepts, but the fire service has limited experience with them. The key is to focus on what you’re trying to achieve. For example, research shows that the minimum number of firefighters to safely enable entry into a house is four. To achieve that goal, fire departments have focused on putting four personnel on every apparatus versus creatively looking at achieving the result of four personnel at the scene. The difference may be subtle, but it could mean that two apparatus cover a wider area with 2-3 people so that the system is designed for the ideal number to arrive on the scene together. Focusing on the outcome or the result helps define the “what” and hopefully not get anchored by the “who” or “how.”

The key in these examples is clarity on the goal and using data and information to drive the decision. By having a clear aim and good data, it’s not only easier to make sound decisions, but also easier to communicate those decisions to staff and the public in a way that is clear, factual, logical and free of the traditional selling that comes with decisions not made methodically.

**CONCLUSION >>**

Decisions to close stations, reduce staffing, change schedules, work rules and other mechanisms to control costs are often complex and always controversial. Making a difficult decision in such an emotionally charged environment requires special attention to the process of making the decision in a disciplined manner and then implementing the decision with positive action. The balanced decision process developed by the City of Cedar Rapids, Iowa, is a solid guide that other communities can adapt. For a more thorough discussion of these issues and a detailed description of the Balanced Decision Process, please read the complete report.

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3 Institutes of Medicine White Paper, June 13, 2006, “Emergency Medical Services at the Crossroads”

4 Clawson, Dernocoeur, Principles of Emergency Medical Dispatch, 2005, The National Academies of Emergency Dispatch


6 ibid

7 ibid