

October 2016

## Summary Report



## Marco Island Certificate of Public Convenience & Necessity Assessment

Marco Island, Florida

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**CONSULTANT DRAFT REPORT**

# Summary Report Marco Island, FL

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Attachment A – Collier County COPCN Ordinance

## Executive Summary

The City of Marco Island has a strong history of providing high quality services to its residents. Through its Fire Rescue Department, the City directly controls fire protection services, but must currently work through and with Collier County in the delivery of emergency medical services (EMS). A concern with the existing system is the potential for the County to significantly change the governance structure of emergency medical services (EMS) and fire services in the County, with a concurrent impact on Marco Island residents. The County Commission contracted fire services in unincorporated areas to the Greater Naples Fire Rescue District. The County Commission took an additional step to evolve public safety by placing a non-binding referendum on the March 2016 primary ballot gauging support for "a single combined fire and emergency medical response independent special district in unincorporated Collier County that is governed by an independent elected body to provide a unified emergency response?" There was 64 percent support on the issue – and when implemented significantly alter the delivery of EMS and fire services within all of Collier County. Marco Island residents were not eligible to vote on the referendum – and more importantly, the ballot question leaves unanswered how EMS will be provided on Marco Island and within other incorporated municipalities. While the County and City currently enjoy a strong working relationship, the creation of an independent district providing both EMS and fire services raises serious policy, financial and service questions for the City.

From a system-wide perspective, opportunities exist for both the City and County to further strengthen the current EMS system by building on the existing collaborative relationship. The County's efforts to evolve existing EMS and fire services into a unified emergency system, must similarly allow the City to also consolidate its fire and EMS programs – including EMS transport capability. The City's goal is to further improve EMS services on the Island, while simultaneously exerting greater local control of EMS through home rule – especially in this time of increasing uncertainty regarding the long-term direction of County EMS. After careful analysis it is recommended the City build upon existing relationships with the addition of a second full-time City transport ambulance, increasing collaboration with the County, but under the City's own COPCN. This approach will enhance service levels on Marco Island, including opportunities for enhanced prehospital services such as community paramedicine, while simultaneously providing greater operational benefit for EMS services throughout the County. As detailed in Figure 10, the total operational benefit to the overall EMS system is estimated at just over \$1,000,000.

Building on longstanding collaboration between the City and County, the recommended approach will mitigate any County concerns of fragmentation within the system, while emulating aspects of collaboration in other Florida counties that have successfully strengthened EMS through integration with municipal fire rescue agencies, operating under their own COPCN, but still within a county system infrastructure. The recommended approach provides a total of two full-time EMS transport resources assigned to Marco Island. Building upon the existing and effective collaboration relationship, County Medic Rescue 50 will remain at Marco Island Station #50. The

second unit would be fully staffed by City Fire Rescue personnel and deployed as a Medic Rescue at Station #51 – doubling the dedicated transport capability on Marco Island. This approach will improve overall service levels by providing better ambulance response times year round. Further, the City will begin exerting local control of critical EMS services, while simultaneously strengthening the City’s fire protection capability through enhanced staffing.

The County’s EMS operating budget is \$27,260,700 funded by an estimated \$11,087,500 in ambulance transport revenue for FY 2016. The remainder of the EMS budget \$15,786,000 is essentially funded by the County’s General Fund. City taxpayers and users support for County EMS is estimated at \$2,892,526. This includes an estimated ad valorem component from Marco Island properties to the County of \$1,940,099<sup>1</sup> and ambulance revenues of \$952,427<sup>2</sup>.

Under the recommendation of a continuing collaborative agreement, it is anticipated the parties would develop a mutually beneficial interlocal agreement. Suggested elements of the agreement would continue to keep the County responsible for all ambulance billing, medical direction, capital equipment, EMS training and medical supplies. Revenue generated from ambulance transport would be shared between the County and City on some rational basis, for example by number of transports handled by each respective agency. Based on Station #51 generating approximately 40% of Marco Island’s emergency activity, the City would anticipate ambulance transport revenues of \$380,970. Therefore, the anticipated net operating cost to the City for the second ambulance would be under \$200,000 per year.

If the City were to formally join a newly created fire/EMS district, the City’s tax base would disproportionately fund the district’s operations. Any such policy discussion should occur only after a careful analysis of the impact on Marco Island property owners.

Overall, Marco Island residents and visitors will receive better service with two full-time ambulances. By implementing a second Medic Rescue vehicle, staffed by City personnel, Marco Island will further increase achievement of the minimum effective fire fighting force identified by NFPA 1710. With the second full time transport units on the Island, the County should see a significant reduction in the number of move-ups required by Medic Rescue 90 and Medic Unit 23 – both of which must come from off the Island to provide the coverage that is now required whenever Medic Rescue 50 is dispatched. This will permit the County to reconsider the redeployment of these and other resources to improve services elsewhere in the County. In addition, the recommendation eliminates the need for the peak load seasonal unit, providing the County with even further reductions in expenditures or the opportunity to reallocate resources elsewhere. Unless the County elects to add more ambulance capacity, beyond that anticipated in

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<sup>1</sup> Based on FY2015 final tax rolls which reflect the City’s proportion of taxable value is 12.29% of Collier County’s total, and the anticipated General Fund subsidy of \$15,786,000.

<sup>2</sup> Based on a three-year average (FY2013 thru FY2015) of County reported ambulance revenues from Marco Island

the recommendation here, there is no need for a concurrent County tax increase which would also impact City residents.

## Introduction

The City of Marco Island engaged Fitch and Associates (*FITCH*) to evaluate Emergency Medical Services (EMS) on the Island, consider alternative deployment options, and assess fiscal impacts in support of the City pursuing a Certificate of Public Convenience and Necessity (COPCN) from Collier County that will allow the City to transport patients from their community to an appropriate hospital as may be needed by City residents. The City's goal is to improve EMS services on the Island and exert greater local control through home rule in a time of greater uncertainty regarding the County's short long-term direction in delivery of EMS.

*FITCH* undertook this evaluation from both quantitative and qualitative perspectives. Stakeholder input qualitatively assessed perceptions on the current levels of service, provided an understanding of the current working relationship between Collier County Emergency Medical Services (CCEMS) and Marco Island Fire Rescue, provided a framework to understand the County's historical approach to issuing COPCNs, and an understanding of Collier County's overall system perspective. Quantitatively, *FITCH* evaluated current system demand and performance of both CCEMS (on and off the Island) as well as Marco Island's Fire Rescue Department.

Stakeholder interviews were held with City elected officials, City administration, community representatives, Fire Rescue command staff, fire rescue labor representatives, and CCEMS administration to gain an understanding of their perspectives on the current EMS System's performance and efficacy. Outreach and public education were not part of the project scope. Collectively among all stakeholders, there is a high degree of confidence in the current system. All parties acknowledged the strong and long-standing relationship between the County and City Fire Rescue. The degree to which these two agencies have already integrated their operations can easily be described as a best practice of intergovernmental cooperation.

However, while CCEMS meets their self-determined 8-minute travel time goal on Marco Island, there is a concurrent acknowledgment that the City's expectations are not being met, and they therefore desire a higher level of service for their residents. It is important for policy makers and residents to understand that travel time is only one component of total response time as highlighted in Figure 2. A concern with the existing system is the potential for the County to significantly change the governance structure of emergency medical services (EMS) and fire services in the County, with a concurrent impact on Marco Island residents. Previously, the County Commission contracted fire services in unincorporated areas to an independent fire protection district. The County Commission took an additional step to evolve public safety by placing a non-binding referendum on the March 2016 primary ballot gauging support for "a single combined fire and emergency medical response independent special district in unincorporated Collier County that is governed by an independent elected body to provide a unified emergency response?" There was 64 percent support on the issue – and the potential to significantly altering the delivery of EMS and fire services within all of Collier County. Marco Island residents were not eligible to

vote on the referendum – and more importantly, the ballot question leaves unanswered how EMS will be provided on Marco Island and within other incorporated municipalities. In light of such uncertainty the City expressed a desire to ensure greater local control and home rule over delivery of both fire and EMS programs on the Island. At the same time, the County has acknowledged there are service areas that are not meeting the County’s adopted performance targets. From a system-wide perspective, opportunities exist for both the City and County to further strengthen the current EMS system by building on the existing collaborative relationship.

**Figure 1: Governance Structures**

	Governing Body	County Funding	Marco Contribution	Control	Created
Current System	County Commission	\$27,260,700 Budget w/ Ambulance transport fees and General Fund subsidy	\$2,892,526 w/ \$1,940,099 <sup>3</sup> in County ad valorem taxes and ambulance revenues of \$952,427 <sup>4</sup> .	Collier County	County Commission
Independent Fire/EMS District	Separately elected or appointed Board as defined by its establishing legislation	Current \$27,260,700 for EMS  Ambulance transport fees and other to be determined tax funding	Unknown <sup>5</sup>  If the City formally joins the fire/EMS district, the City’s tax base would disproportionately fund the district’s operations.	Independent Fire/EMS District in Unincorporated areas.  City shared-control on Marco Island if included in creation of the new district	Is created by general law, special act, local ordinance, or by rule of the Governor and Cabinet:  The Florida Legislature creates independent and dependent special districts by passing a special act  Municipalities and counties create special districts by passing a local ordinance. If created by the County, municipalities must consent to inclusion in the district.

NOTE: Establishment of a special district requires appropriate legal direction and review. Figure 10 is simply an overview of governance issues and does not substitute for legal advice.

<sup>3</sup> Based on FY2015 final tax rolls which reflect the City’s proportion of taxable value is 12.29% of Collier County’s total, and the anticipated General Fund subsidy of \$15,786,000.

<sup>4</sup> Based on a three-year average (FY2013 thru FY2015) of County reported ambulance revenues from Marco Island

<sup>5</sup> An independent taxing district will establish its own millage rate annually. A worst case scenario could be the application of 1.5 mils against Marco Island properties similar to that levied in the Greater Naples Fire Rescue District for fire and first responder services. Should the City elect to join such a district, such a levy would generate approximately \$15,000,000 for fire and first responder services in addition to the required EMS burden now covered under the County’s General Fund.



The policy shift underway to develop fully integrated EMS and fire service programs has been successfully implemented in many other Florida communities. For Collier County, the decision to contract their unincorporated Fire Districts to the Greater Naples Fire District and the vote of unincorporated residents of Collier County to consolidate Fire and EMS into a single independent fire taxing district the City of Marco Island necessitates a similar future direction for the City. Figure 1 highlights the existing EMS system governance, along with a vision for an independent district as contemplated in the recent County referendum.

# Performance, Current Deployment, & Finances

## Performance & Demand

The demand for EMS related services on Marco Island were examined utilizing 2015 CAD data and department internal records. Department internal records reported 3,426 incidents, of which 2,183 were for EMS in the 2015 calendar year. The County reported 2,435 requests for medical assistance in the 2014/2015 fiscal year. For the purposes of this report, CAD data were utilized to validate the department's internal reporting and found that units arrived on-scene to 2,281 requests for medical assistance and transported 1,710 times in the 2015 calendar year out of 2,487 incidents. Overall, the EMS data sets were more than 96% in agreement. Therefore, temporal analyses were utilized to determine the distribution of EMS incidents across month of year, day of week, and hour of day.

Marco Island is considered an urban environment for purposes of the County's travel time performance measure, as contrasted to the County's rural area performance goal of 12-minute travel time for 90% of incidents. During fiscal year 2015, the County reported an overall response time compliance of 91.09% for their stated target of eight-minute travel time in all urban areas. For Zone 50, which encompasses Marco Island, the overall eight-minute travel time goal was reported as 96%. However, if one were to consider performance based only on County EMS vehicles, and disregard the benefit from the City fire rescue vehicles and personnel, countywide performance drops to 87.1%, and for Marco Island the reported eight-minute compliance decreases to 92%.

It is important to note that the County's response time performance measures only considers travel time – defined as the time from when a vehicle is dispatched until it arrives at the incident location. This performance metric does not include other components of 'response time' often considered in other systems (Figure 2). These include:

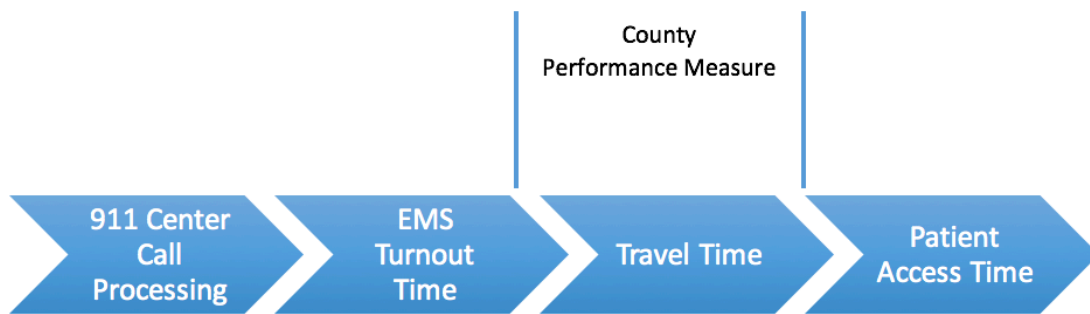
- Call processing time within the 911 center - from answer of the 911 call until emergency units are notified. **Based on the national standard NFPA 1221 (2016) this can add an additional 90 seconds to overall response time.**
- Turnout times - from notification of the emergency responder until the vehicle begins moving towards the incident location. **Based on national standard NFPA 1710 (2016) this can add an additional 60 seconds to overall response time.**
- Patient access time - from time of arrival at the incident location until actually at the patient side. Research has shown that these additional time intervals, especially the time to reach patients in high rise buildings, can be significant – **over 3 minutes in one study.**<sup>6,7</sup>

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<sup>6</sup> Campbell, J. P., et al. (1993). "Ambulance arrival to patient contact: the hidden component of prehospital response time intervals." *Annals of emergency medicine* 22(8): 1254-1257.

<sup>7</sup> Upson, R. & Notarianni, K (2010). *Quantitative Evaluation of Fire and EMS Mobilization Times*. Quincy, MA, The Fire Protection Research Foundation.

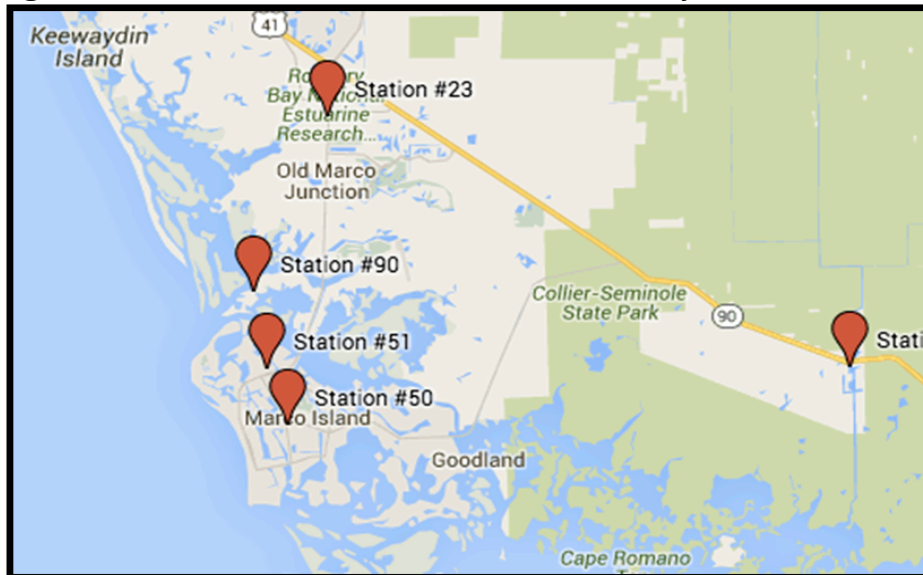
**Figure 2: EMS Response Time Components**



### **Current Deployment**

The County provides ambulance service through its Division of Emergency Medical Services. Under the direction of the Board of County Commissioners, pursuant to Florida Statute 401, the County operates 25 ambulances, running in excess of 38,000 incidents annually while also managing the MedFlight helicopter service. EMS locations serving on or near Marco Island are shown in Figure 3. This southern portion of Collier County is one of the busiest areas of demand for EMS services. The City provides paramedic level first responder, non-transport services utilizing fire apparatus from both fire stations on the Island – Station #50 and Station #51.

**Figure 3: Fire & EMS Locations in Southwest Collier County**



The current deployment strategy, codified through an Interlocal agreement between the County and City, utilizes a County EMS ambulance unit that is assigned to the City Fire Station #50 on a

full-time basis, or 24 hours per day. The County also provides one 12-hour peak demand ambulance from December through April. The peak demand ambulance operates from 9:00am to 9:00pm during these busy months. When the Marco Island ambulance is engaged on incidents, a zone coverage County EMS unit is moved up from Isle of Capri or other locations to cover Marco Island. This is explained in more detail below.

The Interlocal agreement allows County and City personnel to be assigned interchangeably, with County and City personnel assigned together on some EMS vehicles. The joint deployment strategy includes the following resources and staffing provided. Minimum daily staffing is represented when a total of three personnel are on various approved leaves. Please refer to Figure 4 below.

**Figure 4: Current Resource Allocation for Marco Island Fire Rescue Department**

	Station 50			Station 51	Staff	On Leave
	Medic Rescue 50	Tower 50	BC 50	Squad 50	Engine 51	
<b>Fire Rescue</b>	2	3	1	3	3	12
<b>CEEMS</b>	1	1				2
<b>Total</b>	<b>3</b>	<b>4</b>	<b>1</b>	<b>3</b>	<b>3</b>	<b>14</b>
<b>Fire Rescue</b>	2	3	1	2	3	11
<b>CEEMS</b>	1	1				2
<b>Total</b>	<b>3</b>	<b>4</b>	<b>1</b>	<b>2</b>	<b>3</b>	<b>13</b>
<b>Fire Rescue</b>	2	2	1	2	3	10
<b>CEEMS</b>	1	1				2
<b>Total</b>	<b>3</b>	<b>3</b>	<b>1</b>	<b>2</b>	<b>3</b>	<b>12</b>
<b>Fire Rescue</b>	1	2	1	2	3	9
<b>CEEMS</b>	1	1				2
<b>Total</b>	<b>2</b>	<b>3</b>	<b>1</b>	<b>2</b>	<b>3</b>	<b>11</b>

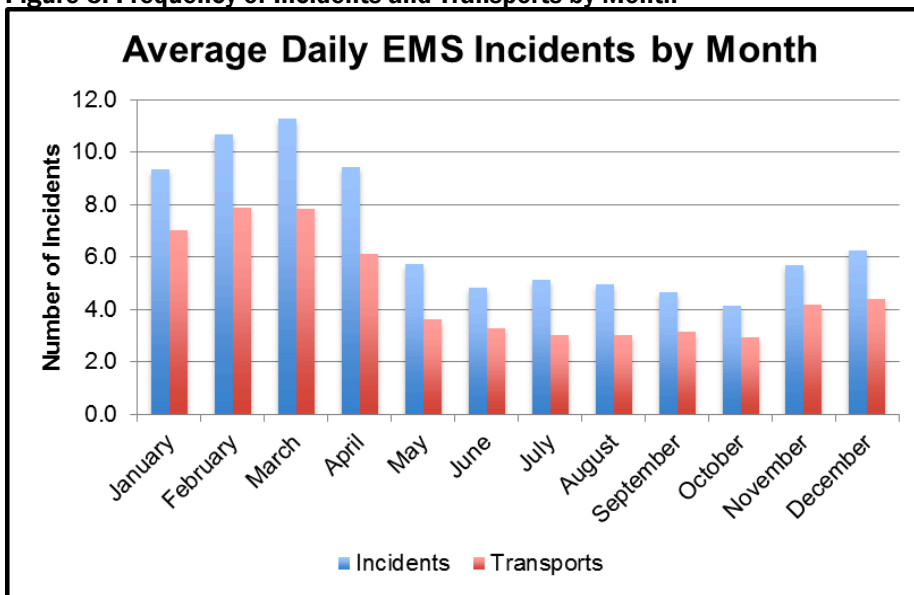
Note: All major apparatus are Advanced Life Support (ALS) capable.

As noted above, the County deploys a minimum of two dual certified (paramedic/fire fighter) personnel to the City’s Fire Station #50. These County personnel jointly staff apparatus with City personnel. One of these two County positions is assigned to Medic Rescue 50, the County ambulance unit. The City then provides a second Firefighter/Paramedic to the County ambulance. The other County FF/PM is assigned to Tower 50, the City’s paramedic capable aerial platform truck.

When Medic Rescue 50 is dispatched to an incident, the County automatically moves up Medic Rescue 90 from Isle of Capri to cover Marco Island. Should Medic Rescue 90 not be available, then Medic Unit 23 will be assigned to the move-up. If neither Medic Rescue 90 or Medic Unit 23 is available, the on-duty Collier County EMS chief will use their discretion on how best to cover Marco Island. However, CCEMS Administration advised that coverage of Marco Island is a high priority for the system. During fiscal year 2015, Zone 90 (the primary response zone for Medic Rescue 90) generated only 211 EMS calls for service. During this period, Medic Rescue 90 was actually dispatched to 625 incidents, indicating most of their demand occurred outside of their primary response zone. During calendar year 2015, Medic Rescue 90 handled 349 calls in the Zone 50.

During peak ‘season’ on the Island, from December through April each year, the County also staffs an ambulance during high demand times, referred to as a peak hour unit (PHU) for 12-hours per day - from 9:00am until 9:00pm. This peak hour unit is staffed by two County paramedics, typically employing overtime staffing. County staff indicated the yearly cost for this overtime staffing is estimated between \$118,971 to \$169,535.<sup>8</sup>

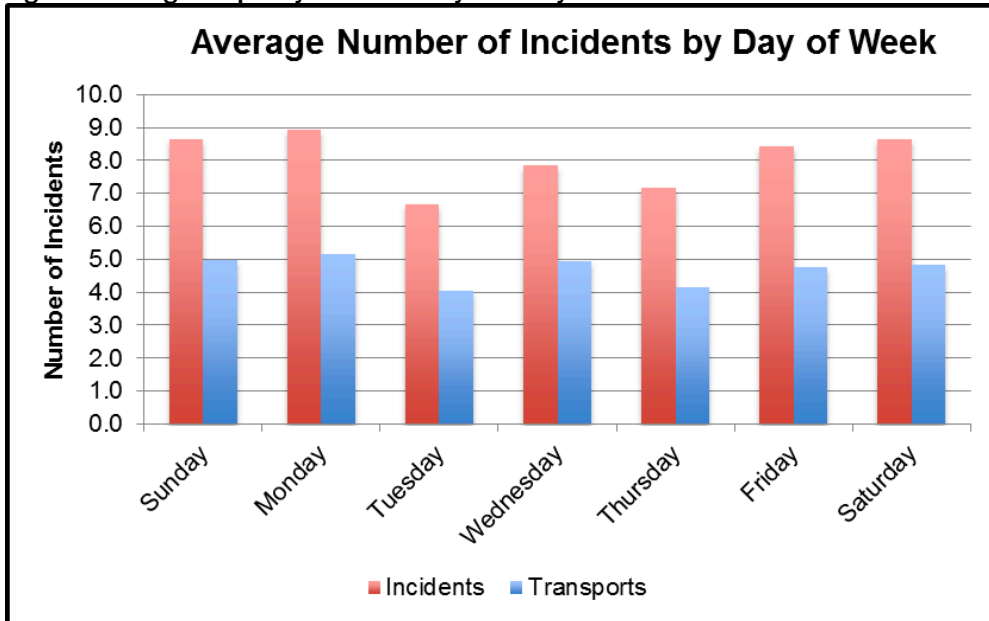
**Figure 5: Frequency of Incidents and Transports by Month**



<sup>8</sup> Email correspondence by Chief Walter Kopka dated May 23, 2016

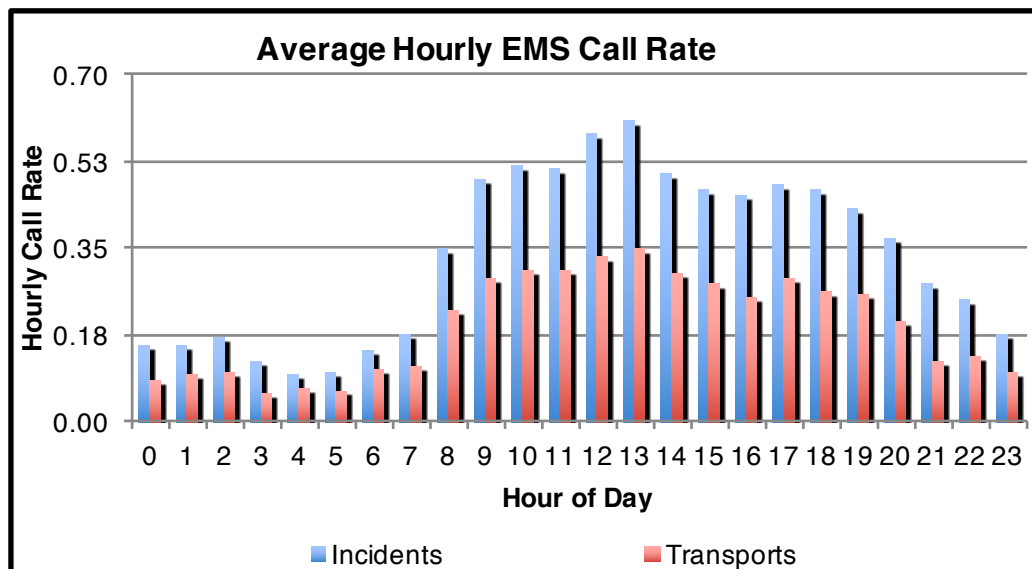
Analyses of the average frequency of incidents by day of week reveals that some variability exists in the distribution of calls across weekdays as noted in Figure 6. The least frequency occurs on Tuesdays and the greater frequency occurs on Mondays.

**Figure 6: Average Frequency of Incidents by Weekday**



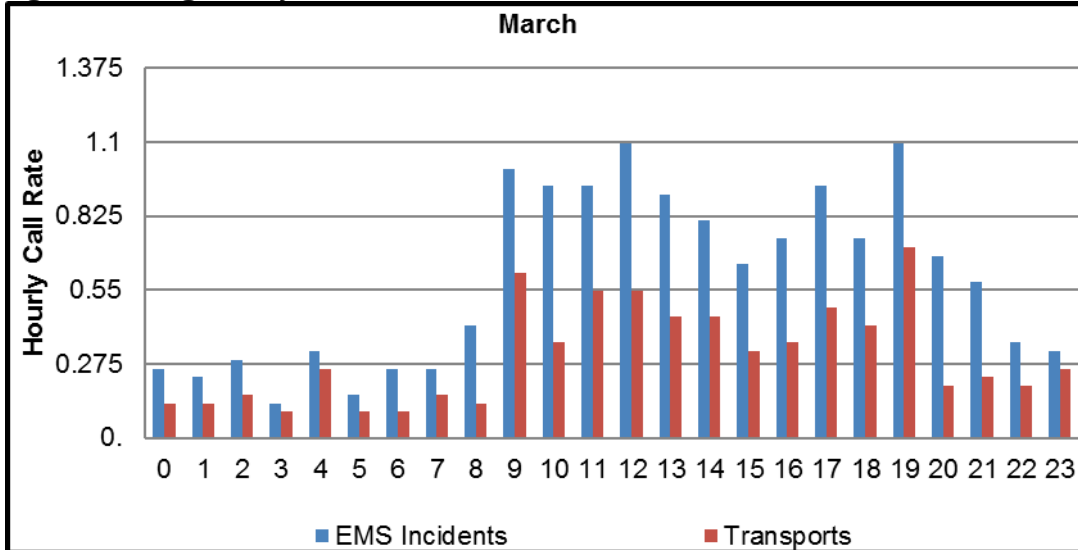
Incidents and transports were further evaluated by the hour of the day. The average call rate is less than one call per hour at its peak. However, the busiest period of the day occurs between 0800 and 2000 (8 am to 8 pm). Data is provided as Figure 7 below.

**Figure 7: Average Hourly Call Rates**



Finally, understanding the seasonal impact on the demand for both first response and patient transport services a temporal distribution for the busiest month of the year was created. Therefore, March was utilized to demonstrate the overall demand that is lost in the average demand distributed equally over the entire year. Understanding that each transport has approximately a one-hour duration, the data presented as Figure 8 illustrates the need for more than one transport unit.

**Figure 8: Average Hourly Call Rates for March**



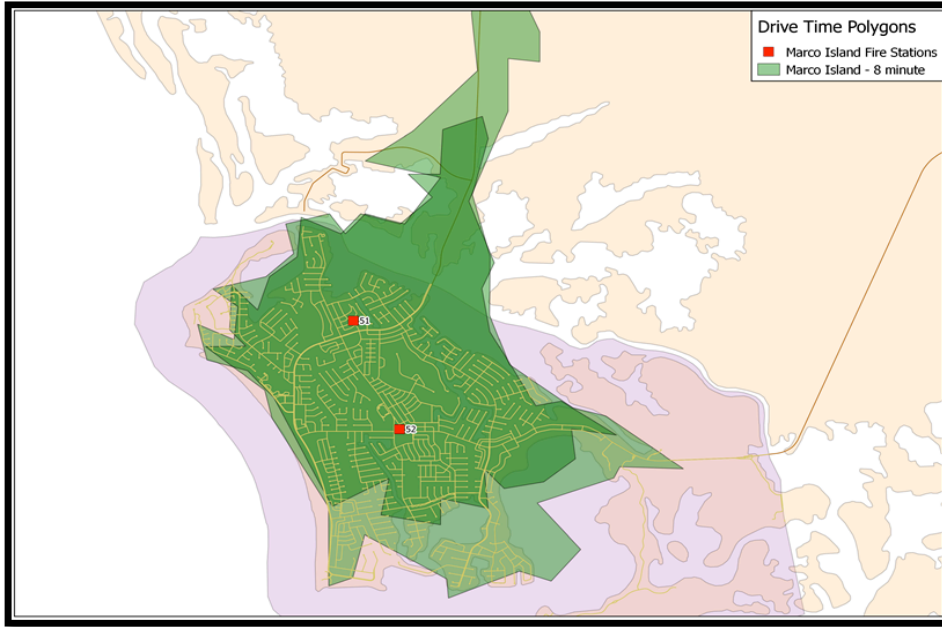
The County reported that their travel time of eight minutes or less occurred 92% of the time for Marco Island incidents - exceeding the 90th percentile performance objective. The CAD data provided to FITCH closely approximates the reported performance data. This performance includes the occurrences where Medic Rescue 50 is already on a call or transporting a patient and another call is received. In addition, this performance data includes the existing collaborative staffing and response strategies between the County and the City.

Geographic Information System (GIS) analyses were utilized to demonstrate the capability to maintain an eight-minute travel time from the station locations on Marco Island. The mapping illustrates that much of the Island can be covered within the eight-minute travel time from either fire station (darker green area). The light green areas indicate that the travel time of eight minutes can be achieved from the closest station. Of course, geographic analyses assume that a paramedic unit is available and at the station. Currently, Station #51 does not have a transport ambulance. GIS mapping is provided as Figure 9 below.

When considering the time on task associated with EMS calls, analyses reveal that the average call duration is approximately one hour at 57 minutes and 32 seconds. This includes both EMS

incidents that do and do not result in a patient transport. For calls that result in a patient transport, the average transport time to the hospital is 48 minutes and 49 seconds.

**Figure 9: Illustration of 8-Minute Travel Time Capability**



## Financial

The County's EMS operating budget is \$27,260,700 and encompasses 187 total personnel.<sup>9</sup> In FY 2015, the County added two additional full-time medical units and also a 1-person quick response vehicle (QRV) to address performance concerns elsewhere in the County. The County provides inter-facility transportation for patients requiring advanced care, which along with the 911 medical emergencies generates an estimated \$11,087,500 in ambulance transport revenue for FY 2016. The remainder of the EMS budget is funded from transfers and reserves, with the County's General Fund contributing \$15,786,000.

The City's Fire Rescue budget must fund fire protection costs in addition to its role in providing EMS services on the Island. This makes comparisons somewhat more challenging. City taxpayers and users support for County EMS is estimated at \$2,892,526. This represents ad valorem property tax revenues to the County of \$1,940,099<sup>10</sup> and ambulance revenues of \$952,427<sup>11</sup>.

<sup>9</sup> Collier County FY 2016 Budget - Administrative Services Department  
Emergency Medical Services (EMS)(490), pg. 61.

<sup>10</sup> Based on FY2015 final tax rolls which reflect the City's proportion of taxable value is 12.29% of Collier County's total, and the anticipated General Fund subsidy of \$15,786,000.

<sup>11</sup> Based on a three-year average (FY2013 thru FY2015) of County reported ambulance revenues from Marco Island



## Alternatives

Considering the information above, including the City's desire to have an option to increase levels of service, the County referendum supporting transfer EMS to an independent fire rescue district, and the County's existing challenges in meeting their performance targets in all areas of the County, *FITCH* identified several alternatives that would further enhance the overall EMS system in Collier County.

An additional issue emerged during this review involving the Island's fire protection needs. While the City enjoys a relatively low incidence of fire calls and losses, this must also be evaluated in light of industry recommended best practices. As noted in Figure 4, optimal staffing on the Island is 14 personnel. The National Fire Protection Association, through their standard NFPA 1710, recommends a minimum effective fire fighting force of 15 personnel. In their most recent edition of NFPA 1710<sup>12</sup>, released earlier this year, NFPA further noted the high demand high-rise fire operations places on fire personnel. Therefore, *FITCH* identified an additional opportunity for the City to strengthen their existing fire protection capabilities while simultaneously addressing the community expectation for higher levels of EMS services. The implementation of a second Medic Rescue vehicle, staffed 24/7/365 by City personnel will increase the achievement of a minimum effective fire fighting force identified by NFPA 1710. Either of the alternatives outlined below achieve this additional benefit for the City.

### Alternative #1: City/County Collaboration

Alternative #1 would allocate a total of two EMS transport resources 24/7/365 – building upon the existing and effective collaboration between the County and City by maintaining the County Medic Rescue 50 unit at Station #50. The second unit would be staffed by City Fire Rescue personnel and be deployed as a Medic Rescue at Station #51 – doubling the dedicated transport capability on Marco Island. With two full time transport units on the Island, the County should expect a significant reduction in the number of move-ups required by Medic Rescue 90 and Medic Unit 23 that are now required whenever Medic Rescue 50 is dispatched. This will permit the County to reconsider the redeployment of these and other resources to improve services elsewhere in the County. In addition, under this alternative the peak load seasonal unit would also be eliminated, providing the County with an additional reduction in expenditures or the opportunity to reallocate resources without a concurrent tax increase required. As is current practice, this model would continue to maintain the zone coverage capability afforded in the current system design. City units would fully participate in the system delivery model in a commensurate manner as other Medic Rescues within the County, continuing to maintain zone coverage and the current performance.

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<sup>12</sup> National Fire Protection Association, (2016). NFPA 1710: Standard for the Deployment of Fire Suppression Operations, Emergency Medical Operations, and Special Operations to the Public by Career Fire Departments. Quincy, MA, NFPA.

To evaluate the overall System benefit, estimated expenditures and potential cost savings, by agency, are summarized in Figure 10. The City’s recurring cost would largely result from additional staffing costs. The County’s potential recurring cost savings are derived from elimination of the seasonal peak hour unit and the reduced demand required of Medic Rescue 90. At the County’s discretion, those savings can either be realized through the budget, or reallocated to improve services elsewhere in the County.

**Figure 10: Operational Benefit to System<sup>13</sup>**

	City	County	System Benefit
Add 2 <sup>nd</sup> Medic Rescue – City Funded	\$575,298		\$575,298
Eliminate PHU		(\$169,535)	\$169,535
Reduce MR 90 Marco Island Demand <sup>14</sup>		(\$289,552)	\$289,552
<b>Sub-Total by Agency</b>	<b>\$575,298 *</b>	<b>(\$459,087)</b>	
<b>Total System Benefit</b>			<b>\$1,034,385</b>

Under this alternative, the County should continue to be responsible for all ambulance billing. The parties should also renegotiate their interlocal agreement to capture newly defined responsibilities and outline specific fiscal burdens and benefits that derive from the addition of new System resources. As an integral part of the County’s EMS system, the County should provide all operational and capital equipment to ensure full system compatibility. Revenue generated from ambulance transport should also be allocated between County and City on some rational basis, for example by number of transports handled by each respective agency. Under this scenario, the County would provide initial and ongoing replacement of capital equipment to the City with an estimated first-time value of \$226,000 to operate Medic Rescue #51. Based on Station #51 generating approximately 40% of emergency activity, the City would also anticipate ambulance transport revenues of \$380,970. As noted in Figure 11, the net operational cost to the City upon execution of an interlocal agreement would be less than \$200,000 per year to provide a second year round transport.

**Figure 11: Net Operational Cost for City Ambulance**

Add 2 <sup>nd</sup> Medic Rescue – City Funded	\$575,298
Ambulance Revenue Sharing (benefit to City based on 40% of transports)	\$380,970
<b>Net Operational Cost</b>	<b>\$194,328</b>

<sup>13</sup> Benefit is based on staffing costs alone. No capital or other operating costs are included.

<sup>14</sup> Based on County’s staffing cost of \$518,911 X 0.558, representing the FY2015 total call volume of 625 of which 349 CY2015 calls were in Zone 50.

The logic for pursuing Alternative #1 is based on the potential for the County to move forward significantly changing the governance structure of EMS services in the County, and the concurrent desire of the City to exert through home rule their involvement in the direct delivery of EMS services on Marco Island. As noted earlier, the non-binding referendum showed citizen support for combining EMS and fire services together. While the County and City enjoy a strong working relationship currently, the creation of an independent district providing both EMS and fire services raises questions for the City. Of course, as a non-binding referendum, the County may elect to approach consolidation of EMS and fire services under a dependent district, or simply continue as a directly operated County department. City officials should consider the implications of each structure in their deliberations.

Special districts have limited and explicit authority that is specified in its charter and / or the laws under which it operates. According to the State of Florida<sup>15</sup> a special district:

- is a unit of local government (i.e., a collegial body with authority to govern public services and facilities) created for a special-purpose
- has jurisdiction to operate within limited geographical boundary
- is created by general law, special act, local ordinance, or by rule of the Governor and Cabinet

This alternative will allow the City to phase-in EMS transport services, and allow themselves to be well positioned for further future changes to EMS service delivery in Collier County.

## **Alternative #2: City Provides all Services and Collects Ambulance Revenues**

Alternative #2 would allocate a total of two EMS transport resources 24/7/365, one at each of the fire stations. Both of these resources would be staffed by City Fire Rescue personnel, with one transport unit deployed at each of the City's Fire Rescue stations. This deployment strategy would provide a high degree of service reliability for the City, while also improving reliability for the County. An integral part of the County EMS system, the City would continue to utilize existing medical direction, training, logistical support and - as required - automatic move-up coverage when all Island resources are committed. However, with two Medic Rescues on the Island, there would be a significant reduction in the number of times that Medic Rescue 90 or other County resources would need to move-up onto Marco Island to provide transport coverage. The County would be able to eliminate the existing Medic Rescue 50, as well as resources dedicated to the peak-hour unit deployed during season. The savings for the County would allow a reduction in the

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<sup>15</sup> Cited/derived from the Florida Department of Economic Opportunity. Website [www.floridajobs.org](http://www.floridajobs.org) accessed July 31, 2016.

County's budget for EMS, or allow redeployment of these resources to address performance issues elsewhere in the County.

Under this alternative, it is assumed that transport revenues would benefit the City and closely approximate funding one 24-hour transport unit.<sup>16</sup> Therefore similar to Alternative #1, new costs under this alternative for the City would be primarily related to staffing the second Medic Rescue unit. It is also assumed that the County would continue to provide logistical support for the City's operations, including medical supplies. While the City would provide the great majority of all EMS services on the Island, the County would continue to benefit by the City's continued active participation in the overall system, including mutual aid and the fiscal support through County ad valorem funding. With a much larger responsibility for the provision of EMS in the City, and anticipated daily interaction with County personnel, the City may wish to consider the addition of a single 40-hour staff position to manage the overall EMS program.

Overall, the data suggests that two 24/7/365 transport units could efficiently and effectively handle the demand for services. As in Alternative #1, the parties should also renegotiate their interlocal agreement to capture newly defined responsibilities and outline specific fiscal burdens and benefits that derive from the addition of new System resources. Negotiations should also address the tax funding currently flowing to the County and what elements of the EMS system should continue to be provided by the County for City's continued participation in a regional EMS system. The parties may wish to consider funding models similar to Pinellas County where the County's role as primary system oversight and logistical support includes significant fiscal support for municipal EMS participation. Alternatively, the County may wish to allow the City to handle all aspects of EMS on Marco Island and therefore not tax City residents for any EMS related services.

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<sup>16</sup> Initial cost for six new FF/PM positions estimated at \$575,298. Does not included staffing relief factor or operating/capital costs.

## **Prioritized Recommendation & Implementation Strategy**

It has been *FITCH*'s experience that some of the best performing EMS systems in the nation exhibit two characteristics. First, they take a regional approach to service delivery. These systems often utilize the same medical direction, logistical support, training, 911, billing and other components. The second component involves collaboration among partners, and ensuring the system is responsive to those partners needs and individual community expectations.

As noted above, the existing delivery of EMS on Marco Island is accomplished by a long-standing, collaborative and effective relationship between the County and City. *FITCH* believes it is in the best interest of the City to build upon this existing relationship - which is best accomplished by Alternative #1. Further, this approach will address the County's concern of fragmentation within the system. The existing relationship and deployment of resources on Marco Island encompasses all of the characteristics outlined above, and only falls short in the City's desire to provide a higher level of service to meet their individual community's expectations. *FITCH* further notes comparable EMS systems elsewhere in Florida – most notably Broward County and Pinellas County, exhibit many of the characteristics recommended here. Broward County has a long-standing relationship among EMS providers that facilitate a collaborative relationship, where individual cities provide their own EMS services under their respective COPCNs. Collaboration with common medical protocols, logistical support from the County and coordination of run cards is supported by Broward County's determination of 'regional services' but still gives the Cities local control. These regional services are a county responsibility with concurrent administrative and fiscal support. In Broward County the County does not collect taxes for EMS services within municipalities that provide that service. Pinellas County has an even more integrative model. Pinellas funds significant portions of municipal EMS operations, provides all medical direction and logistical support directly. Though each Pinellas County municipal partner operates under their own COPCN, they operate as part of a larger integrated system. In Pinellas the County collects tax for EMS and on a formula basis proportions tax revenue back to the municipalities that provide EMS. These, and other examples of municipal / county collaboration, demonstrate the efficacy that can also occur within the Collier County.

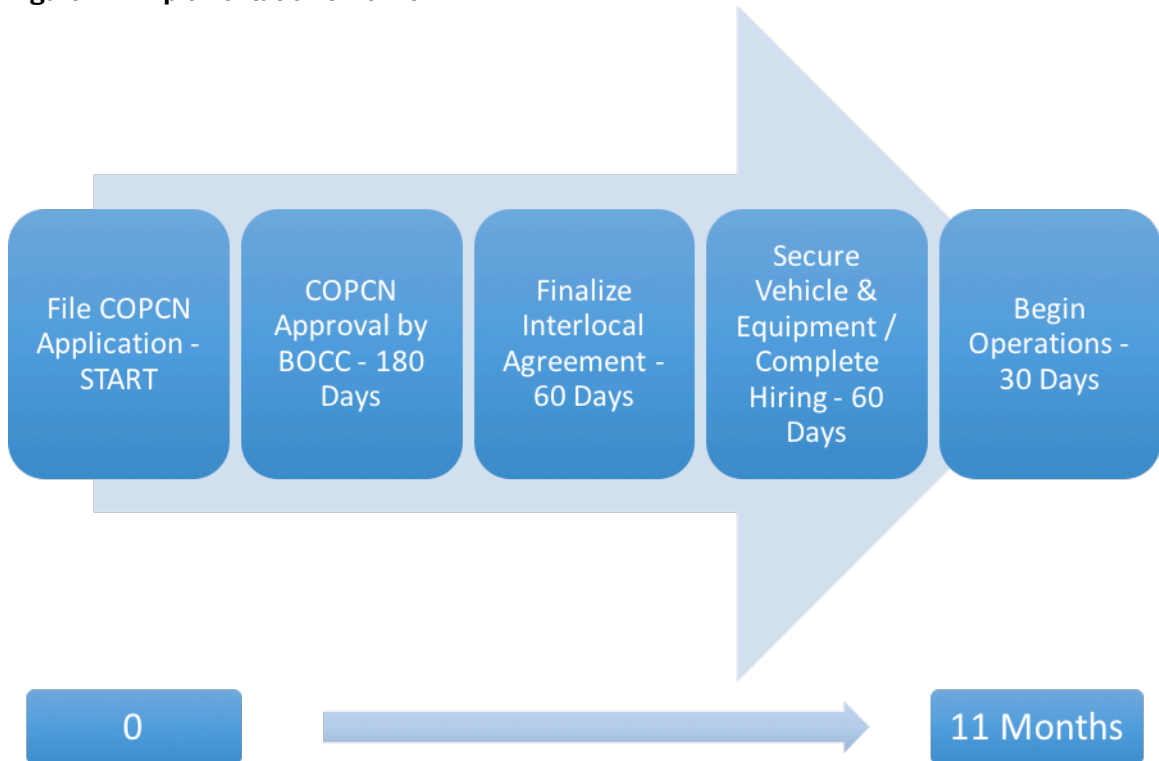
As occurs today, the County and City will continue to share in medical direction, training, logistics and mutual aid. The addition of a full-time transport capable Rescue Unit by the City adds resources to the system and benefits not just the City, but the County as a whole. For these reasons, *FITCH* recommends Alternative #1 utilizing a City/County collaboration.

*FITCH* recommends a conservative implementation schedule for establishment of a second, City-staffed Medic Rescue unit. From the City's COPCN application until full implementation is estimated to take 11 months. The major components are shown in Figure 12. Upon approval by the County Commission of the City's COPCN application, an interlocal agreement would be

negotiated, vehicle and equipment procured by the County, and the necessary staff hired by the City.

As noted above, the County would provide the necessary vehicle and equipment. This ensures that the fiscal benefits to the County are with the City. In addition, this shared arrangement ensures equipment that mirrors the County's specifications will allow City staff to maintain familiarity with any County equipment that may be found on-scene of multi-unit incidents. From a fiscal year perspective, the impact for the City would be approximately \$50,000 per month for staffing costs, which will partially offset by ambulance transport revenues.

**Figure 12: implementation timeline**



*FITCH* would also recommend the City maintain Squad 50 in their fleet. The capability of a third transport capable unit, while not routinely assigned as a transport unit during normal operations, would benefit both the City and County during major disasters, MCIs or special events. Used in a cross staffing mode, Squad 50 could also reduce dependence on responding fire engines to EMS incidents.

## **COPCN Criteria**

Collier County's Code of Ordinances establishes uniform countywide standards for certification of ambulance or advanced life support services. These can be found in their entirety in Attachment A. The following section takes the earlier findings and recommendations and formats them to address each of the specific requirements<sup>17</sup> for the Board of County Commissioners to approve the application for the COPCN certificate.

### **1(a). Public necessity for the service: The extent to which the proposed service is needed to improve the overall emergency medical services (EMS) capabilities of the County.**

Approval of the City's COPCN application will improve the overall capabilities of EMS for the County through a number of mechanisms. First, for Marco Island residents and visitors the total amount of EMS services available on the Island will increase through the addition of a City funded ALS transport vehicle. The proposed deployment will provide 2 full-time units on the Island (1 CCEMS and 1 Marco Island FD) compared to the current 1.2 full-time equivalents. Secondly, the deployment of City staffed units on the Island will significantly reduce the number of times resources from off the Island (e.g. R90, R23, etc.) will be required to relocate and/or respond to Marco Island incidents. Finally, with this proposed deployment, the County will no longer be required to fund and operate the peak hour unit (PHU) during 5 months of the busy season. This action allows the County to reallocate those resources to improve EMS capabilities elsewhere within Collier County.

### **1(b). Public necessity for the service: The effect of the proposed service on existing services with respect to quality of service and cost of service.**

The proposed deployment and operation of an ALS transport unit by Marco Island Fire Rescue will follow, and build upon, the existing long-standing relationship between Marco Island Fire Rescue and CCEMS. Utilization of shared and existing medical direction, training and medical protocols will insure the existing high quality of service provided to Collier County residents will continue under this expansion of service.

The cost of service, as proposed herein, does not adversely impact County taxpayers. At the Board of County Commissioners discretion, there is also a potential for a slight reduction in the County cost for provision of EMS services as noted above. The value of these potential savings, or resource reallocation, is \$169,535 based upon CCEMS costs to operate the PHU 5 months of the year. Marco Island City Commissioners have, as evidenced by this application, made a local decision to seek a higher level of EMS capabilities for the Island, funded by city funds. This decision will not adversely

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<sup>17</sup> Collier County Code of Ordinances, Section 50-57 Requirement for board approval in granting certificate.

impact county taxpayers. Any impact on Marco Island residents and business owners for this enhanced capability will be addressed through the local government's existing budget process.

By permitting the City to deploy and staff their own unit, Marco Island Fire Rescue will also have an increased ability to implement and/or enhance community paramedic programs along with outreach to senior citizens, children and businesses on the Island.

**1(c). Public necessity for the service: The effect of the proposed service on the overall cost of EMS service in the county.**

The cost of service, as proposed herein, does not adversely impact County taxpayers. At the Board of County Commissioners discretion, there is also a potential for a slight reduction in the County cost for provision of EMS services as noted above. The value of these potential savings, or resource reallocation, is \$169,535 based upon CCEMS costs to operate the PHU 5 months of the year. The reduced demand on Medic Rescue 90 stationed on the Isle of Capri also affords opportunities for the County to reduce system costs, or enhance overall services elsewhere. Marco Island City Commissioners have, as evidenced by this application, made a local decision to seek a higher level of EMS capabilities for the Island, funded by city funds. This decision will not adversely impact county taxpayers. Any impact on Marco Island residents and business owners for this enhanced capability will be addressed through the local government's existing budget process.

**1(d). Public necessity for the service: The effect of the proposed service on existing hospitals and other health care facilities.**

The granting of a COPCN for the City of Marco Island is not expected to have any effect on existing hospitals. Demand for 9-1-1 EMS services and transportation are independent of the number of COPCNs in the County. Medical emergencies requiring the activation of 9-1-1, response from paramedics and transport to the closest appropriate hospital will continue exactly as they occur today.

The effect on other health care facilities, if any, will be positive. As outlined elsewhere in the City's COPCN request, the granting of an ALS Transport certificate to the City will increase the overall capacity of EMS within the County. Such increased capacity would only have a positive effect on other health care facilities.



**1(e). Public necessity for the service: The effect of the proposed service on personnel of existing services and the availability of sufficient qualified personnel in the local area to adequately staff all existing services.**

Upon approval of the COPCN, the City intends to hire the necessary additional personnel to properly staff an ALS transport unit. The City's initial plan is to hire and staff the new Medic Rescue unit with 2 dual certified firefighter paramedics.

There is no impact anticipated on personnel of existing EMS services. There is also no significant impact anticipated on the availability of qualified personnel in the County and surrounding areas. Compared to the total number of existing personnel in the County, and those undergoing training at regional fire and EMS institutions, the City's future personnel needs are minimal compared to the current and future applicant pool.

**2. Applicant's sufficient knowledge and experience to properly operate the proposed service.**

Marco Island Fire Rescue and CCEMS enjoy an existing and strong relationship in the delivery of paramedic level services. The Marco Island personnel co-staff emergency response vehicles, share common medical direction, training and treatment protocols. City personnel meet or exceed the Medical Director's patient transport contact hour requirements.

In that Marco Island personnel already staff transport capable ambulances with CCEMS, the City has the requisite knowledge and experience to operate an ALS ambulance. This shared staffing program has been in place since 2002.

**3. That, if applicable, there is an adequate revenue base for the proposed service.**

Marco Island is a local government properly incorporated under the laws of the State of Florida. The City has the capability to adequately raise the revenue necessary to operate the expanded level of service proposed under this application.

**4. Proposed service will have sufficient personnel and equipment to adequately cover the proposed service area.**

Marco Island Fire Rescue currently has 36 personnel assigned to operational shifts. Of the current personnel, 100% are certified as Florida's EMS providers –74% paramedics and 14 % as emergency medical technicians (EMTs). The City will hire personnel as required to provide the additional staffing for the additional unit.

# Attachment A

## Collier County COPCN Ordinance

# **Collier County COPCN Ordinance**

**Collier County, Florida - Code of Ordinances**

**Part 1 - Code**

**Chapter 50 - Emergency Services**

**Article III - Medical Transportation Services**

**(as codified in MuniCode as of June 22, 2016)**

### ARTICLE III. - MEDICAL TRANSPORTATION SERVICES<sup>[3]</sup>

Footnotes:

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**Editor's note**—Ord. No. 04-12, § 26, adopted Feb. 24, 2004, repealed divs. 1 and 2 of art. III, §§ 50-51—50-68, 50-76—50-86, in their entirety. Sections 1—25 of said ordinance enacted similar provisions to read as herein set out.

**Cross reference**— Businesses, ch. 22; health and sanitation, ch. 66.

**State Law reference**— Medical transportation services, F.S. § 401.2101 et seq.

Sec. 50-51. - Purpose.

This article is adopted pursuant to F.S. chs. 125 and 401. The purpose of this article is to provide better protection for the health, safety and welfare of the residents of Collier County, in ambulance and ALS matters, by establishing uniform county-wide standards for certification of ambulance or advanced life support or services, or operations by promulgating complete and clear rules and regulations for operation of all ambulance or rescue companies or services in Collier County.

(Ord. No. 04-12, § 1)

Sec. 50-52. - Definitions.

The following words, terms and phrases, when used in this article, shall have the meanings ascribed to them in this section, except where the context clearly indicates a different meaning:

*Administrator* shall mean the County Manager or his designee.

*Advanced Life Support (ALS)* shall mean procedures conducted as defined in applicable Florida Statutes and Florida Administrative Code, and the Collier County Medical Director's protocol.

*Ambulance* means any privately or publicly owned land, air, or water vehicle that is designed, constructed, reconstructed, maintained, equipped or operated, and is used for or intended to be used for air, land, or water transportation of persons, who are sick, injured, or otherwise helpless.

*Board* shall mean the Collier County Board of County Commissioners.

*Certificate* means a certificate of public convenience and necessity as authorized in F.S. § 401.25(2)(d).

*Emergency Call* shall mean the transit of an ambulance under conditions which warrants travel with flashing lights and siren operating.

*Operator* shall mean any person, organization or governmental entity providing ambulance or ALS services.

*Patient* shall mean an individual who is ill, sick, injured, wounded, or otherwise incapacitated or helpless.

*Rescue Service (Non-ALS)* shall mean first response treatment of patients but does not include Advanced Life Support (ALS) or transport.

*Routine Call or Routine Transfer* shall mean the transportation of a patient under non-emergency call conditions.

(Ord. No. 04-12, § 2; Ord. No. 2011-36, § 1)

Sec. 50-53. - Requirements for certificate.

It shall be unlawful for any person, firm, agency, or any other entity, including governmental units, to provide an ambulance service or provide advanced life support without first obtaining a certificate therefore from the Board of County Commissioners of Collier County.

(Ord. No. 04-12, § 3)

Sec. 50-54. - Exemptions and exclusions from certificate requirement.

Certificates shall not be required for:

- (1) Rescue Services (Non-ALS).
- (2) The use of a non-ambulance for any transport of a patient pursuant to the Good Samaritan Act, F.S. § 768.13.
- (3) Vehicles rendering ambulance-type services when requested to do so by the Board of County Commissioners or County Manager in the event of a major catastrophe or other such emergency which requires more ambulances than are available in the county.
- (4) Ambulances based outside the county which pick up a patient in the county and transport him out of the county, or which pick up a patient out of the county and transport him into the county.
- (5) Vehicles used to transport persons for routine scheduled medical treatments. Vehicles transporting persons who require services en route are not covered by this exemption.

(Ord. No. 04-12, § 4; Ord. No. 05-16, § 4; Ord. No. 2011-36, § 2)

Sec. 50-55. - Procedure for obtaining certificate.

An applicant for a certificate shall provide the Administrator with the following information in order for a request for a certificate to be considered. Each request shall contain:

- (1) The name, age, and address of the owner of the ambulance or ALS Operator, or if the owner is a corporation, then of the directors of the corporation and of all the stockholders holding more than 25% of the outstanding shares. For governmental units, this information shall be supplied for members of the governing body.
- (2) The boundaries of the territory desired to be served.
- (3) The number and brief description of the ambulances or other vehicles the applicant will have available.

- (4) The address of the intended headquarters and any substations.
- (5) The training and experience of the applicant.
- (6) The names and addresses of three Collier County residents who will act as references for the applicant.
- (7) A schedule of rates which the service intends to charge.
- (8) Such other pertinent information as the administrator may require.
- (9) An application or renewal fee of \$250.00. (Exception Collier County EMS).
- (10) Financial data including assets and liabilities of the operator. A schedule of all debts encumbering any equipment shall be included.

(Ord. No. 04-12, § 5; Ord. No. 2011-36, § 3)

Sec. 50-56. - Review of application.

The administrator shall review each application and shall investigate the applicant's reputation, competence, financial responsibility, and any other relevant factors. The administrator shall also make an investigation as to the public necessity for an ambulance or ALS operation in the territory requested, and shall then make a report to the board containing his recommendation whether to grant a certificate to the applicant within 60 days of the time the administrator determines the application is complete.

(Ord. No. 04-12, § 6)

Sec. 50-57. - Requirement for board approval in granting certificate.

The Board of County Commissioners shall not grant a certificate unless it shall find, after public hearing and based on competent evidence that each of the following standards has been satisfied:

- (1) That there is a public necessity for the service. In making such determination, the Board of County Commissioners shall consider, as a minimum, the following factors:
  - a. The extent to which the proposed service is needed to improve the overall emergency medical services (EMS) capabilities of the County.
  - b. The effect of the proposed service on existing services with respect to quality of service and cost of service.
  - c. The effect of the proposed service on the overall cost of EMS service in the county.
  - d. The effect of the proposed service on existing hospitals and other health care facilities.
  - e. The effect of the proposed service on personnel of existing services and the availability of sufficient qualified personnel in the local area to adequately staff all existing services.
- (2) That the applicant has sufficient knowledge and experience to properly operate the proposed service.
- (3) That, if applicable, there is an adequate revenue base for the proposed service.

- (4) That the proposed service will have sufficient personnel and equipment to adequately cover the proposed service area.

(Ord. No. 04-12, § 7; Ord. No. 2011-36, § 4)

Sec. 50-58. - Appointment of hearing officer.

In making the determinations provided for in section 50-57 above, the board may, in its sole discretion, appoint a hearing officer to hold a public hearing and to make factual findings and conclusions as a result of the hearing. Should a Hearing Officer be appointed, said hearing officer shall render a written report to the board within 30 days of the hearing, which report shall contain the officer's findings and conclusions of fact, and a recommended order. The findings and conclusions of fact shall be binding upon the board, but the recommended order shall be advisory only.

(Ord. No. 04-12, § 8)

Sec. 50-59. - Rights and duties granted by certificate.

- (a) The certificate granted by the Board shall be valid for one calendar year and shall be personal to the applicant and not transferable. In the case of a corporation, if there occurs such a transfer of stock or other incidents of ownership as to change the majority or largest stockholder, a new certificate must be applied for. Changes in the officers of the corporation will not require a new certificate.
- (b) Acceptance of the certificate by the applicant shall obligate the applicant to:
  - (1) Service the entire zone granted to the applicant.
  - (2) Provide coverage to adjoining zones, if available, when requested to do so by emergency dispatch for emergency calls when the certificate holder for that zone is unable to respond.
  - (3) Keep posted at his place of business a copy of the fee schedule, which must be filed with the Administrator (if applicable).
  - (4) Operate in accordance with the rules and regulations adopted pursuant to this Ordinance and any applicable County Ordinances, and F.S. ch. 401, and any administrative regulations adopted pursuant thereto.
  - (5) Employ at all times sufficient personnel experienced in operation and management of emergency medical services to ensure proper and efficient operation.

(Ord. No. 04-12, § 9; Ord. No. 2011-36, § 5)

Sec. 50-60. - Renewal of certificate.

Each certificate holder shall file within 90 days of expiration, an application for renewal of his certificate. Renewals shall be based upon the same standards, as the granting of the original certificate along with such other factors as may be relevant. The renewal application shall be accompanied by a \$250.00 renewal fee.

The renewal certificate may be approved routinely by the board, upon advice of the administrator, or the board may hold a hearing on same.

(Ord. No. 04-12, § 10)

Sec. 50-61. - Emergency provisions.

The Board may modify, suspend or revoke a certificate in the interest of the public health, safety and welfare, only at public hearing and after reasonable notice has been given to the certificate holder affected. However, if a situation exists which poses a serious threat that the Operator will not be available to any certain area of Collier County, the Administrator shall have such temporary emergency powers as are necessary to provide that service. These temporary powers are intended to provide interim protection until such time as the Board meets to resolve the emergency.

(Ord. No. 04-12, § 11; Ord. No. 2011-36, § 6)

Sec. 50-62. - Classifications of certificates.

There shall be three (3) classifications of service in Collier County, as follows:

- (1) *Class 1: ALS Transport: ALS Rescue:* An EMS Operator with the capability of rendering on the scene prehospital ALS services with transport capability and who may or may not elect to transport patients based on medical necessity. An EMS Operator rendering this level of service for a governmental entity shall be deemed to be operating under the Class 1 - ALS rescue certificate of public convenience and necessity held by the governmental entity. An EMS Operator holding a Class 1 — ALS rescue certificate may provide post-hospital interfacility medical transfer services and routine ALS and BLS calls within the County. A certificate of public convenience and necessity must be obtained from the County before engaging in this level of medical service.
- (2) *Class 2: Collier County Inter-Facility Transport Services: ALS Transfer:* An EMS Operator who provides post-hospital inter-facility medical transfer services, both within and outside the County. If requested by the appropriate Class 1 - ALS Rescue Operator, will provide emergency pre-hospital backup service. ALS transfer certificate holders may provide post-hospital medical transfer services for routine and emergency ALS and BLS patients. Class-2 transfer certificate holders must either provide for their own medical director or contract with the County Medical Director, and will operate under protocols approved by the County Medical Director. If the Operator provides for its own medical director, that medical director shall work cooperatively with the County's Office of the Medical Director to ensure continuity of care. Class 2 Operators shall comply with all guidelines and policies approved by the Board of County Commissioners, and shall notify and work with all hospitals and facilities to educate them as to the services Operator provides. The County reserves the right to review and evaluate all calls made by the Operator to ensure that the appropriate level of personnel, supplies, equipment and vehicles are being utilized, as set forth in Florida Statute and Florida Administrative Code.
- (3) *Class 3: ALS Non-Transport:*
  - a. ALS Non-Transport: An EMS Operator who renders Advanced Life Support pre-hospital services without transport capability.



- b. Class 3 certificate holders work in concert with applicable Class 1 providers to assure adequate and timely response to prehospital incidents with the intent to either reduce applicable response times or otherwise augment the level of services as requested by the associated Class 1 Operator. Unless an EMS Operator possesses a Class 1 — ALS Rescue certificate issued by the County, a certificate of public convenience and necessity must be obtained from the County before engaging in this level of medical service.
- c. Class-3 certificate holders shall contract with the County for a negotiated amount per year for administrative services offered by the Office of the Medical Director for the creation and update of medical protocol; and other general support as requested by the Class-3 certificate holder. The Office of the Medical Director shall not be considered the medical director for a Class-3 Operator for purposes of this Ordinance or Florida Statutes unless the Class-3 Operator separately contracts with the County in order for the County's Medical Director to serve as its medical director for the performance of services set forth in F.S. § 401.265, and Chapter 64J-2.004(4)(a), Florida Administrative Code.
- d. The medical director for the Class-3 certificate holder shall work cooperatively with the County's Office of the Medical Director to ensure continuity of care. The medical director for the Class-3 certificate holder shall not delegate or relinquish any responsibilities identified in F.S. § 401.265, and associated Florida Administrative Code rules.

(Ord. No. 04-12, § 12; Ord. No. 2011-36, § 7; Ord. No. 2012-04, § 1)

Sec. 50-63. - Transfer or assignment of certificates.

No certificate issued under this article shall be assignable or transferable by the person to whom issued except unless approval is obtained from the board in the same manner and subject to the same application, investigation, fees and public hearing as original applications for certificates. Any majority transfer of shares or stock or interest of any person or operator so as to cause a change in the directors, officers, majority stockholders or managers of such person or operator shall be deemed a transfer or assignment as contemplated in this article and subject to the same rules and regulations as any other transfer or assignment.

(Ord. No. 04-12, § 13)

Sec. 50-64. - Revocation, alteration or suspension grounds.

- (a) Every certificate issued under this article shall be subject to revocation, alteration and/or suspension of operation, by [by] the board, for a period of up to one year, where it shall appear that:
  - (1) The operator has failed or neglected for a period of 30 days during any calendar year to render all services authorized by his certificate.
  - (2) The operator has been convicted of a felony or any criminal offense involving moral turpitude.
  - (3) The certificate was obtained by an application in which any material fact was omitted or falsely stated.

- (4) The operator has knowingly permitted any of its motor vehicles to be operated in violation the laws which result in conviction of the driver or operator of a misdemeanor in the second degree or greater, or has knowingly permitted a driver with more than two previous convictions to operate emergency vehicles.
  - (5) The operator has failed to comply with any of the provisions of this article.
  - (6) The public interest will best be served by revocation, alteration, or suspension of any certificate upon good cause shown.
  - (7) The operator or his agent has demanded money or compensation other than established and prescribed under this article (if applicable).
  - (8) The operator has without sufficient justification failed or refused to furnish emergency care and/or transportation promptly for a sick or injured person.
  - (9) The operator or his agent has been found guilty of malpractice or willful and wanton misconduct in the operation of its service.
- (b) All complaints shall be investigated and a report thereon made to the board, together with findings and recommendations, within 15 days. If revocation, suspension or alteration of any certificate appears warranted, the board shall give notice to the operator holding the certificate that the same will be considered at a specific commission meeting, provided the date of such meeting shall not be less than five days from the date of the notice. The board shall thereupon consider the complaint and either revoke, suspend or alter the certificate or dismiss the complaint.

(Ord. No. 04-12, § 14)

Sec. 50-65. - General operating regulations.

All certificate holders, operators, and drivers shall comply with all state statutes and administrative regulations as following regulations:

- (1) *Twenty-four Hour Service.* Every certificate holder shall be required to operate sufficient ambulances, or relevant apparatus, as stated on the vehicle permit issued by the State Department of Health, Bureau of Emergency Medical Services and permit issued by the Board, on immediate call at all times.
- (2) *Prompt Service Required.* Every call for service shall be answered promptly. Patients shall be appropriately assessed, treated, packaged, loaded and transported by an Operator that is licensed to transport without being subject to unreasonable delays. All calls for emergency assistance requiring over twenty (20) minutes from time of notification to arrival on scene shall be reported to the Administrator with complete documentation of the circumstances, which delayed the response. Those instances where more than three (3) minutes elapse between receipt of an emergency call and dispatch of an emergency vehicle shall also be reported to the Administrator with documentation of circumstances.
- (3) *Bed Linens.* Every Operator transporting patients shall provide clean and sanitary bed linens for each patient carried which shall be changed as soon as practicable after the discharge of the patient.

- (4) *Daily Log.* Every Operator transporting patients shall maintain in a daily log upon which shall be recorded the place or origin, time of call, time of dispatch, time of arrival at scene, time left for hospital, time of arrival at hospital, and charges for each trip made and such other operating and patient information as may be required by Ordinance. Every Operator shall retain and preserve all daily logs for at least two (2) years, and such logs shall be available for inspection by the Administrator.
- (5) *Communications.* Each emergency vehicle shall maintain two-way radio communication with the location of primary dispatch from which it operates, as well as any additional communication capabilities required by Ordinance or state law.
- (6) *Vehicles and Equipment.* Each Operator's vehicles shall be equipped with the proper medical and emergency equipment as jointly agreed to by the medical director of each licensed provider and the laws of the State of Florida.
- (7) *Certification.*
  - a. In addition to the State of Florida Department of Health, Bureau of Emergency Medical Services requirements for certification, each Collier County EMS paramedic, Class-2 Operator's paramedic, and Class-3 Operator that has separately entered into a contract with the County in order for the County's Medical Director to serve as its medical director for the performance of services set forth in F.S. § 401.265, and Chapter 64J-2.004(4)(a), Florida Administrative Code, must be certified by the County Medical Director. Each Collier County EMS paramedic and Class-2 Operator paramedic, that contracts with the County for Medical Director services, must work with a Collier County EMS ambulance for a sufficient length of time pursuant to subsection (8) for the County's Medical Director to properly judge the paramedic's capability. Salaries of other than Collier County EMS paramedics will be paid by the agency seeking the Medical Director Certification.
  - b. All Operators, shall certify its paramedics pursuant to F.S. § 401.265, and Chapter 64J-2.004(4)(a), Florida Administrative Code.
  - c. Class-2 and Class-3 Operators that have separately entered into a contract with the County in order for the County's Medical Director to serve as its medical director for the performance of services set forth in F.S. § 401.265, and Chapter 64J-2.004(4)(a), Florida Administrative Code, shall be certified pursuant to the terms of such contract.
- (8) *Ride Time Requirement.* Each paramedic employed by a Collier County EMS, a Class-1 Operator or Operator that has entered into a contract with the County for Medical Director services must work, at a minimum, with a Class-1 Operator's ambulance not less than one full month's work shift annually. Each paramedic employed by a Class-3 Operator that has its own medical director must accompany a patient on the Collier County EMS ALS transport from scene to hospital when the paramedic for such Class-3 Operator initiates ALS services on a patient prior to Collier County EMS transport arrival or if the patient's condition requires that additional level of expertise. Each paramedic employed by a Class-3 Operator that has separately entered into a contract with the County in order for the County's Medical Director to serve as its medical director for the performance of services set forth in F.S. § 401.265, and Chapter 64J-2.004(4)(a), Florida Administrative Code, shall either work with a Collier County EMS ambulance not less than one full month's work shift annually or must accompany a patient on the Collier

County EMS ALS transport from scene to hospital when the paramedic for such Class-3 Operator initiates ALS services on a patient prior to a Collier County EMS transport arrival or if the patient's condition requires that additional level of expertise, as provided for in its contract with the County.

- (9) *Application.* Each ambulance or ALS service shall be subject to those rules and regulation as promulgated by Ordinances of the Board for the purpose of carrying out this ordinance.

(Ord. No. 04-12, § 15; Ord. No. 2011-36, § 8; Ord. No. 2012-04, § 2)

Sec. 50-66. - Place of business.

Within 90 days of Certificate issuance, each Operator shall maintain a place of business which shall be entirely within his designated operating zone, at which place he shall provide communication with his vehicles, the Collier County Emergency Medical Services Department, and his place of business, a properly listed telephone for receiving all calls for service and at which place of business he shall keep such business records, training records, vehicles, and daily logs available for inspection or audit by the Administrator. Every Operator shall keep on file with the Administrator and the County Emergency Medical Services Department a business address and telephone number at which the Operator may be reached at all times. This information will be maintained at the Emergency Medical Services Department.

(Ord. No. 04-12, § 16, Ord. No. 2012-04, § 3)

Sec. 50-67. - Records to be kept.

Every operator shall keep accurate records of receipts from operations, operating and other expenses, capital expenditure and such other operating and patient information as may be required by the board.

(Ord. No. 04-12, § 17)

Sec. 50-68. - Rates.

Every operator shall file with the board a schedule of the rates. Such rates shall be filed as a part of each new or renewal application, and a rate schedule shall also be filed when changes in rates are proposed. All such rates shall be subject to review and approval by the board.

(Ord. No. 04-12, § 18)

Sec. 50-69. - Operator's insurance.

Every ambulance operator shall carry bodily injury and property damage insurance with solvent and responsible insurers authorized to transact business in the State of Florida to secure payment for any loss or damage resulting from any occurrence arising out of or caused by the operation or use of any of the operator's motor vehicles. Each vehicle shall be insured for the sum of at least \$100,000.00 for injuries to or death of any one person arising out of any one accident and the sum of at least \$300,000.00 for injuries to or death or more than one person in any one accident and for the sum of at least \$50,000.00 for damage to property arising from any one

accident. They shall also have malpractice insurance. Every insurance policy or contract for such insurance shall provide for the payment and satisfaction of any financial judgment entered against the operator and present insured or any person driving the insured vehicle. Such insurance shall be obtained and certificates or certified copies of such policies shall be filed with the board. All such insurance policies, certificates thereof or certified copies of such insurance policies shall provide for a 30-day cancellation notice to the board.

(Ord. No. 04-12, § 19)

Sec. 50-70. - Conduct of drivers and attendants.

All drivers, EMT's and paramedics shall comply with the laws of the State of Florida, in order to meet the requirements set out in this Ordinance and no driver, EMT or paramedic registered hereunder shall:

- (1) Fail or refuse to promptly transport, if applicable, or attend any sick or injured person after responding to a call.
- (2) Demand or receive compensation other than established and approved in accordance with this article or fail to give a receipt for moneys received (if applicable).
- (3) Give or allow rebate, commission, discount or any reduced rate not provided in the established rate (if applicable.)
- (4) At any time induce or seek to induce any person engaging an ambulance or ALS service to patronize or retain the services of any hospital, convalescent home, mortuary, cemetery, attorney, accident investigator, nurse, medical doctor or other service occupation or profession.
- (5) At any time release his patient from his care until he is assured that some responsible person is available to receive such patient.
- (6) At any time use a siren or flashing red light unless on an emergency call.
- (7) Disobey the lawful orders of the law enforcement officer at the scene of an accident, or other similar such emergency or at a fire scene, the fire officer in charge.
- (8) Smoke while within the confines of an ambulance.
- (9) Operate or ride in a vehicle without using seatbelts. (Personnel attending patients are exempt.)

(Ord. No. 04-12, § 20; Ord. No. 2011-36, § 9)

Sec. 50-71. - Passengers.

No person shall be aboard ambulances when engaged in emergency or routine calls except the following:

- (1) Driver, attendants and fire or law enforcement personnel;
- (2) Patients;

- (3) Relatives or close friends of the patient when authorized by an EMS Battalion Chief or position of a higher rank. These requests will only be granted under exceptional circumstances;
- (4) Physicians and nurses;
- (5) Personnel in an observing capacity that are being trained for ambulance or ALS service; or
- (6) Operator's supervisory personnel.

(Ord. No. 04-12, § 21; Ord. No. 2011-36, § 10)

Sec. 50-72. - Obedience to traffic laws, ordinances or regulations.

- (a) Under the provisions of Florida State law, the driver of an ambulance or ALS vehicle when responding to an emergency call or while transporting a patient may exercise the following privileges when such driver has reasonable grounds to believe that an emergency in fact exists requiring the exercise of such privileges:
  - (1) Park or stand, irrespective of the otherwise applicable provisions of law, ordinance or regulations.
  - (2) Proceed past a red light or stop signal or stop sign, but only after slowing down as may be necessary for safe operations.
  - (3) Exceed the maximum speed limits permitted by law so long as he does not endanger life or property.
  - (4) Disregard laws, ordinances or regulations governing direction or movement or turning in specified directions so long as he does not endanger life or property.
- (b) The exemptions herein granted shall apply only when such vehicle is making use of audible and/or visible signals meeting the requirements of this article.
- (c) The foregoing provisions shall not relieve the driver of a vehicle from the duty to drive with due regard for the safety of all persons, nor shall such provisions protect the driver from the consequences of his reckless disregard for the safety of others.

(Ord. No. 04-12, § 22; Ord. No. 2011-36, § 11)

Sec. 50-73. - Violations.

In addition to the remedies provided herein, a violation of any provision of this article shall be punishable as provided by law for the violation of county ordinances.

(Ord. No. 04-12, § 23)

Sec. 50-74. - Uniformity of application.

The article shall constitute a uniform law applicable in all of Collier County.

(Ord. No. 04-12, § 24)

Sec. 50-75. - Authority to enforce.

It is hereby declared to be the duty of the Board of County Commissioners of Collier County, its officers, agents, employees and other governmental agencies, the sheriff's department of Collier County, its deputies and agents, fire departments, as well as the police departments of the various municipalities falling under the provisions of this article to strictly enforce the provisions of this article.

(Ord. No. 04-12, § 25)

Secs. 50-76—50-100. - Reserved.



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