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**What Happens when you call 911 and Why is a consolidated EMS system Important?**

**(Why incur unnecessary costs and place you and your loved one’s lives in potential jeopardy?) – this is worth reading to the end-you really need to understand what you are going to vote on!**

1.      Highly trained emergency dispatchers take the call and immediately summon Fire and EMS response and will, if necessary, also dispatch a police officer if there is a security issue or the patient appears to be in cardiac arrest (because all police officers are trained in CPR and carry automatic defibrillators (called an AED).  The dispatchers will stay with you on the call to assist with CPR phone instructions or other life-saving directives until first responders arrive.

2.      Basic Life Support (also referred to as Primary Life Support) should arrive at the site of an emergency within 4 minutes of being dispatched . This Primary Life Support may be provided by police, fire or EMS depending upon who gets to the emergency first.

3.      Primary Life Support (BLS or Basic Life Support) includes the **overwhelming majority of the treatment necessary for an ill or injured victim** and would include and is provided by EMT’s working on Fire Engines or EMS ambulances and by police officers dealing with cardiac arrest or heavy bleeding in need of a tourniquet.

a.      CPR – also provided by police officers

b.      Automated External Defibrillators – also provided by police officers

c.      Stopping bleeding – also provided by police officers

d.      Airway assistance and Oxygen

e.      Bandaging

f.       Splinting

g.      Spinal Immobilization

4.      Because of the enormous importance of Primary Life Support (BLS), all first responders are trained to immediately provide this.  Everyone should feel comfortable providing this level of care and the public should feel confident that this care is being provided.

5.      Advanced Life Support (also referred to as Secondary Life Support) should arrive at the site of an emergency within 8 minutes in urban environments and 12 minutes in rural environments.  This Secondary Life Support may be provided by paramedics riding on a Fire Engine or an EMS ambulance.  Our Secondary Life Support arrivals average **90% county-wide within these desired response envelopes.**

6.      Secondary Life Support (ALS or Advanced Life Support) normally occurs after about 15 to 25 minutes on scene evaluating the patient and could include more advanced airway equipment, external cardiac pacing, treating a problematic heart rhythm, intravenous lines and intravenous medications.  These interventions frequently and usually occur during transportation of the patient to the hospital.  These ALS medications can be as therapeutic as they can be very dangerous so we place the most dangerous drugs in the hands of the paramedics who use them most frequently.  **And, none of the advanced cardiac life support drugs have any evidence of saving a patient’s life although they may make their symptoms more comfortable.**

7.      The majority of Secondary Life Support (ALS) is provided on the way to the hospital in a transport ambulance by Collier County EMS Paramedics.  Fire-based paramedics have the resources and may initiate or assist with secondary life support but the vast majority of ALS is practiced by CCEMS paramedics en-route to the hospital.   It is a delicate balance to distribute very expensive and dangerous drugs to every single vehicle given the fact that enormous quantities of these expire without ever being used so CCEMS strives to place only the most important and critical drugs on **every** vehicle, including fire apparatus, and the full complement of all drugs on only the transport ambulances.  And, this is the safest and most cost-effective plan for the public.

8. So, after you call 911, what is the expectation of when help will arrive?

a. For Primary Life Support (BLS) we expect arrival by Fire within 4 minutes.  This goal is rarely achieved in Collier County and Marco and, in reality, the average response time is more like 6-7 minutes from 911 call to arrival.  **The National Standard and Expectation is BLS within 4 minutes.**

**b. For ALS, the standard is 8 minutes county wide.  CCEMS achieves this goal greater than 90% of the time with the assistance of some ALS Fire Engines.**

**c. Because there are more police officers that are mobile and armed with AED’s and basic first aid training than there are fire engines or ambulances, in urgent and life-threatening bleeding or cardiac arrest situations, police usually arrive within 2-3 minutes.**

9. How does the unified and seamless emergency medical system actually work and function?

a. When a 911 call comes in, the dispatcher verifies the location and phone number of the caller and then immediately launches dispatch codes that will send the closest Fire and EMS vehicles and, if the dispatcher believes law enforcement response is also warranted, a police officer (with an AED and first aid capability) to the location of the emergency.

b. Many times, Fire and EMS arrive together in separate vehicles but the extra manpower is usually an asset to the call.

c. If Fire arrives first, they first provide Primary Life Support (BLS) and, if there is a delay in EMS arrival, they can initiate many Secondary Life Support drugs and maneuvers (ALS).  This is the safest path for us to take and we have been doing this now for about 39 years in Collier County and county-wide.

10. When the next 911 call pops up, we attempt to dispatch the ambulance closest to the call that is free to respond.  We call this Closest Unit Dispatch and the same thing applies to Fire response. **That is why the existence of a unified and seamless emergency medical system is so important**.  All 5 Fire Agencies and CC-EMS participate in the coordinated AutoAid Closest Unit Response Protocol for the benefit of all county residents and visitors.

11. Recently, Marco Island secured a legislative bill allowing them to apply for a COPCN for their own ambulance system regardless of whether or not they got approval from the Board of Collier County Commission. **This legislation was given to them in spite of the following glaring problems not the least of which is the collapse of responsible oversight by all emergency medical services by the Board of Collier County Commissioners**:

a. **No need demonstrated** to split away from a consolidated and seamless county system that is **nationally accredited** and **repeatedly cited for its excellence** in response and medical care.

b. **Not nearly enough well-trained paramedics to staff their own ambulances** and **Collier County EMS would require a minimum of 2-3 years to replace even 12 paramedics** (and Marco probably will require 18) should Marco try to hire them away from EMS. Marco plans to hire only 12 people to staff 12 positions on the ambulances on a 24/7/365 basis. Using CCEMS experience, 18 people would be needed to cover 12 positions, due to personnel vacation/sick/holiday/Kelly and other days off, plus the need for monthly and annual training days away from the ambulances. Marco representatives maintain they have “available capacity” to cover this shortage, but I disagree.

c. **No clear, credible, realistic and itemized budget to fund this venture** nor a transparent message delivered to the voting public to make an informed decision on what such a system would REALLY COST compared to simply adding one more ambulance 12 to 24 hrs per day from Collier County EMS. . In questions delivered to Marco Island City Council during the hearing, we were unsuccessful in getting Marco representatives to specify what support they would expect from CCEMS. They continually referred to a future Interlocal agreement, but could not give specifics – making it difficult to assess what support Marco Island would want from the County and the COPCN’s resulting effect on CCEMS operations. CCEMS operates with 26 full-time ambulances, two seasonal ambulances and a helicopter. Currently those ambulances can be moved throughout all of Collier County to assure effective coverage. There is one full time ambulance and 1 seasonal ambulance assigned to Marco. If these ambulances are busy, another ambulance within the same system can be moved to Marco to cover the Island. Currently CCEMS moves additional ambulances to Marco an average of seven times per day due to the assigned unit not being available. This is manageable because it is a seamless, consolidated operation. If Marco Fire had 2 ambulances that were dedicated they would not have the resources to continue to backfill as needed. **Why in the world would we want to fragment a system that requires this much to-and-from constant and seamless movement of ambulances?**

"d.  No clear demonstration of the cost of Marco's terribly misguided "declaration of independence."  For instance, unless both the  City  and the County are able to reach a mutually acceptable agreement over the terms of an interlocal contract, there is no assurance that Marco will receive the level of mutual aid from the County sufficient to provide necessary back-up coverage without the City having to impose  even greater tax increases upon its residents.”

e. No clear expression as to how this independent Marco Island Ambulance service would even meet much less surpass the excellence and stellar service delivered by CCEMS. While the Marco Island representatives assume they would provide higher quality, better medical service under the COPCN, that assumption should be carefully evaluated. With personnel shortages, possibly new and less well-trained and less-experienced paramedics, and fatigue challenges, the proposed COPCN could easily result in reduced, not improved, quality of care. Last year, the Marco Island Staff Organization Climate Survey found that only 12% of fire department employees thought their fire department was appropriately staffed. MIFD works shifts that are 48 hours on duty/96 hours off and, at the hearing, they discussed using overtime to cover shortages. 48 hrs straight with heavy loads of emergency ambulance transports during the winter time would be downright dangerous so this is fantasy to believe this schedule would continue. Inexperienced or fatigued Paramedics could cause great harm to a person via an invasive procedure or in the misuse of a drug.

**f. No evidence that anyone in the Marco Island Administrative structure has the history, experience or expertise to operate such a system**

g. No mention of the **frequent occurrence of concurrent calls**. A series of concurrent calls, and Closest Unit Response procedures, **could keep Marco ambulances off the island for extended periods of time.** After off-loading a Marco patient at a hospital, (which could take as long as 90 minutes waiting in the hospital driveway before the emergency department has room to accept the patient), the ambulance could be called as the closest unit to a nearby medical emergency, and **remain off the Island indefinitely**. As a result, Marco residents would pay additional taxes to have ‘their units’ respond to calls off the Island, with CCEMS ambulances continuing to provide coverage on the Island. **It is not clear that Marco residents understand this situation and how fluid the shift of ambulance geography must continue to operate to provide excellent emergency response to all.**

**I have been the medical director of Collier County EMS since 1981 and its predecessor, American Ambulance from 1979 to 1981. Nobody has asked me just how bad this entire idea is! NOBODY except for some of the Collier County Commissioners and the County Manager!**

**Marco Island should focus their efforts on improving the Primary Life Support (BLS) response times to meet the National Standard of 4 minutes since this is what saves lives.**