

Emergency Medical Authority (EMA) Marco Island COPCN Application Minority Report

Two members of the 5-member EMA voted to recommend denial of the Marco Island COPCN for the following reasons.

Collier County Ordinance No. 04-12 states: The Board of County Commissioners shall not grant a certificate unless it shall find, after public hearings and based on competent evidence that each of the following standards has been met:

Standard 1. That there is a public necessity for the service.

• The extent to which the proposed service is needed to improve the overall emergency medical service (EMS) capabilities of the County.

The response times, both annually and during season, show that Marco Island zone 50 has the second-best ambulance response times in of Collier County. The county goal is for travel time to be "8 minutes or less, 90% of the time" and Marco has exceeded that goal for years. The County's Admin Services Administrator and EMS Chief agree that 'adding a second ambulance will not increase service levels.'

The current quality of service is excellent, as demonstrated by Marco Island's own excellent customer service response survey results - which were based on service to Marco residents under the current CCEMS system.

While Marco Island representatives stressed that their COPCN would provide 2 additional, fulltime ambulances to the county-wide EMS system, they did not establish any 'need to improve the overall EMS capabilities of the County' - or a need to improve their own service on Marco Island.

• The effect of the proposed service on existing services with respect to quality of service and cost of service.

The proposed service could negatively impact existing service. In EMA written questions and 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.

There were references to 'customizing protocols' and to their Medical Director 'providing medical training and developing the City's EMS protocols' - creating the impression that the current homogeneous Collier County EMS system, with consistent

protocols, training, and quality assurance evaluation throughout the county, would be fragmented.

This fragmentation would be most evident with multiple units responding to the same medical emergency, using different protocols -- and Closest Unit Response situations, where Marco units would not have the same training and protocols.

Approval of the Marco Island COPCN presents a significant threat to the future of county-wide EMS. If other city fire departments and independent fire districts want their own COPCN to transport, it would destroy the consolidated County EMS system.

The Marco COPCN could negatively impact the quality of emergency medical service to Marco residents. This is addressed under Standard 4.

- The effect of the proposed service on the overall cost of EMS service in the county.

The Fitch Report discusses the possibility of a reduction or elimination of the portion of County ad valorem taxes collected for the provision of EMS services, citing the case of *Alsdorf v. Broward County*, 373 So. 695 (1979).

Marco Island representatives could not address whether City Council would seek a reduction of taxes paid to Collier County for EMS, but if they should do so, it would substantially reduce tax revenue paid to Collier County.

The effect of the COPCN on the overall cost of CCEMS service could not be determined. Marco representatives could not describe what services they would require from CCEMS, other than ambulance helicopter transport for trauma patients and back-up ambulance support to Marco, as necessary.

- 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.

Marco Island representatives vacillated on whether they would seek to hire CCEMS paramedics or not, but their current hiring postings say paramedics with current Collier County credentials are preferred.

The County invests 7 months and substantial cost to train paramedics to operate independently at a high standard. Paramedics graduate from the 4-week Collier County Training Academy, complete a six-month Field Training Officer oversight program, pass a peer review board examination and are cleared by the Medical Director after a final one-on-one review.

According to the Medical Director, if Marco were to hire 12 CCEMS medics, it would create a real hardship and take a minimum of 2 years to recover the loss. This would further exacerbate the current shortage of paramedics within CCEMS and dilute clinical expertise per medic.

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

The Marco COPCN application emphasized the ability and experience of their (now former) city manager in operating an integrated fire/EMS service. The current interim city manager does not have that experience. The Fire Chief has previous integrated experience, but his deputy does not.

Marco representatives indicated that integrated fire/EMS experience will be included in future City Manager job requirements; however, currently there is little depth of experience in establishing and managing an integrated fire/EMS service.

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

New cost estimates, prepared by Fitch and Associates, were provided during the EMA hearing. With 10 minutes to review the updated costs, we were unable to provide a rigorously validated cost estimate.

Fitch increased the first year costs by \$350,000 (20% increase) -- from \$1.770 million to \$2.120 million, addressing some of the understated costs identified in EMA written questions. Net costs would be reduced by collections. Marco representatives estimated that the annual cost of the COPCN for a \$1 million home would be about \$200.

Clearly, Marco Island has an adequate revenue base for the proposed service.

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

We do not believe the COPCN proposal includes sufficient staffing for the 2 new ambulances.

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 we disagree.

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.

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.

In many instances, Marco Island ambulances may not adequately cover the proposed service area as stipulated by Standard 4. At the EMA hearing, Marco representatives appeared to agree to participate in Closest Unit Response, with CCEMS providing back-up to the Island.

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, 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.

Conclusion.

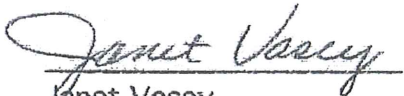
Our votes to recommend disapproval of the COPCN are due primarily to the fact that the Ordinance Standards for approval are not met: there is no verifiable need for improved response times or improved quality of care on Marco; there is a lack of experience on Marco in establishing and managing an Integrated Fire/EMS system; and there are insufficient personnel to assume the advanced life support transport function as presented in the COPCN application.

We were also concerned that Marco residents could receive worse, not better, emergency medical service under the COPCN. Problems such as: insufficient number of new paramedics, with less rigorous training and expertise than current CCEMS paramedics; and fatigue problems with 48-hour shifts plus overtime in an organization with existing personnel shortages. These factors could result in reduced quality of emergency medical care on Marco Island.



Robert Chalhouh

May 9, 2018



Janet Vasey