Tucson Fire Department

1980—1984 EMS Records

March 30, 1981, Paramedic Services:

10-19-84

Mayor & Council Memorandum

March 30, 1981

Subject: PARAMEDIC SERVICES

INTRODUCTION

The purpose of this memorandum is in response to the governing body's request directing staff to investigate the financial feasibility of the City using private sector (paramedics) on a bid basis.

BACKGROUND

During the early 1950's the rescue function was added to the Fire Department's Operations (Suppression) Division. By early 1973, the Division had acquired five front line rescue vehicles, and through public/private donations, one paramedic vehicle. Personnel staffing of the rescue and Medic I vehicle was accomplished by reducing the ladder truck manning level by two firefighters per shift, and assigning the firefighters to the dual role of firefighter-rescue/paramedic. In September 1975, the rescue program was converted to a paramedic program, with paramedic units replacing the Fire Rescue and Medic I units.

Currently, this program has ~~five~~ 7 front line and ~~three~~ 4 reserve rescue-paramedic vehicles with a recommended Fiscal Year 1981-82 staffing level of 35 firefighters/paramedics and one equipment mechanic, at an anticipated cost of $1,242,880. In conjunction with the private sector, the Fire Department has strategically pre-positioned the units throughout the City to insure maximum coverage with minimal response time. The two local ambulance companies, Kords and Associated Ambulance, assign one ambulance/paramedic vehicle daily, when available, to operate as a primary response vehicle within the Medical Emergency Dispatch System (MEDS).

During this period of transition from rescue to rescue-paramedic services, the City initiated its 911 emergency telephone service. The 911 System supported the paramedic program by providing the community with a single point of contact for emergency rescue, paramedic, fire and police services.

In Fiscal Year 1977-78, the governing body approved the integration of the Medical Emergency Dispatch System into the 911 System, to coordinate the emergency medical communications network for the City of Tucson, various community hospitals and the two local ambulance companies. The emergency medical services communications equipment for this network were purchased with federal funds allocated to the State of Arizona by the Highway Safety Act of 1966, (Public Law 89-564). Grant funds received to date total $185,475 with an additional $27,000 requested during Fiscal Year 1980-81.

For Fiscal Year 1979-80, the Communications Division, Department of Operations reported 27,301 MEDS dispatch calls, and for Fiscal Year 1980-81, anticipates an estimated 35,020 emergency calls directly attributed to rescue and paramedic operations.

March 30, 1981, Paramedic Services:

PROJECT

On January 6, 1981, Mr. W. C. Kordsiemon, the president of Kords Ambulance Service submitted a proposal to Councilmember George Miller for consideration. The intent of Mr. Kordsiemon's proposal is to have the two local ambulance services assume complete responsibility for the City's paramedic services with the following provisions:

A. The City of Tucson provide the ambulance companies with an annual fee of $800,000.

B. The fee be negotiated annually to compensate for increased service costs.

C. The City of Tucson turn over the Fire Department's eight rescue-paramedic vehicles and all associated medical equipment to Kords and Associated Ambulance Service.

D. The City of Tucson authorize certified Fire Department rescue-paramedics to be employed on a part-time basis by the private ambulance companies until such time, the private sector can train their own paramedics.

E. The Fire Department retain the extrication (rescue) function.

The second proposal by Mr. Kordsiemon would allow the City of Tucson to coordinate the turnover of the rescue-paramedic vehicles and medical equipment to the private sector gradually, based upon the availability of certified private sector paramedics.

Mr. Kordsiemon's proposal does not address the City's costs associated with the operation and maintenance of the Medical Emergency Dispatch System Network, nor the City-wide requirements for rescue services.

PROPOSED PROGRAMS

This memorandum discusses three basic options available to the City of Tucson: (1) to continue the present program with an effort to reduce present costs; (2) contract with the private sector for paramedic services; and (3) to terminate the City's paramedic service.

Using Mr. W. C. Kordsiemon's proposal as a basis for this evaluation, staff has developed the following proposals for consideration:

OPTION ONE - MAINTAIN THE PRESENT PROGRAM

Under Option One, the City of Tucson would maintain its present level of rescue-paramedic service, and the operation and maintenance of the Medical Emergency Dispatch System (MEDS). Each ambulance company would continue to maintain a daily paramedic-ambulance in accordance with present agreements.

March 30, 1981, Paramedic Services:

For Fiscal Year 1981-82, the anticipated cost of the City's Rescue-Paramedic Program is estimated to be $1,696,440. Of this total, $1,217,020 is directly attributed to Activity 3022, the Operations (Medical Section), Tucson Fire Department; and $479,420 in direct "Other" support costs by the Fire Department, the Communications Division, Department of Operations, and in liability insurance through the Purchasing Department (Attachment A).

In an effort to reduce costs, the City would evaluate current procedures for the dispatching of fire suppression and rescue-paramedic units. The present dispatching system would be analyzed in an effort to locate operational improvements such as: initial report screening; report processing techniques; dispatch operations; and where necessary, redesign the procedures to streamline the operations and reduce the number of unnecessary responses. The evaluation should provide a minimal cost savings in the overall operation of the City's rescue-paramedic program.

Prior to June 30, 1982, the City of Tucson will investigate the feasibility of establishing an emergency paramedic service fee. On July 1, 1982, the City should consider the implementation of a services fee in order to partially offset the cost of the City's rescue-paramedic service.

OPTION TWO - CONTRACT FOR PARAMEDIC SERVICES

By the selection of Option Two, the City would discontinue its paramedic service using City employees, and place for competitive bid, a contractual services agreement for the paramedic services. Under this proposal, the City would continue to maintain the Medical Emergency Dispatch System, and either a full and/or limited rescue service.

The City would dispose of the vehicles and equipment pursuant to competitive bidding procedures. It must be noted that a portion of the medical equipment was purchased with donated funds, or donated outright, and does carry the stipulation that the equipment is to be used exclusively by the Tucson Fire Department for the City's paramedic program.

The competive bidding for the City's paramedic services contract is required by the City of Tucson's Charter and Code. The local ambulance companies will have to compete in the bid process, along with other interested parties. There is no guarantee that the local firms would be successful and be awarded the paramedic contract. The John C. Lincoln Hospital in Phoenix and Synanon in Havasu City have expressed an interest in bidding for this City's service contract. The Arizona Department of Health Services does have the authority to authorize entities other than the ambulance firms, to perform paramedic services for a municipality.

With the contracting of the paramedic service, the City must decide what level of rescue service to provide to the community. To maintain a full rescue service will require the purchase of four front line and two reserve rescue vehicles at a first year cost of $165,000. To partially off-set this cost, there would be a reduction in the Fire Department's staffing level by seven firefighters.

March 30, 1981, Paramedic Services:

The retention of the remaining 28 firefighters is based upon the concept of pre-positioning the rescue units strategically throughout the City where they can respond with the ladder companies as part of the companies complement of six fire personnel per ladder company. The firefighters assigned to the rescue units will perform the dual role of firefighter and rescue.

The annual cost of Option Two, including a full rescue capability and the award of a $800,000 contract fee is estimated to be $2,284,240, a $587,000 increase over present program cost (Attachment - Options 2A).

If the City selects a limited rescue service, then the Fire Department would reassign selective rescue equipment to the Operations (Suppression) Division. The Fire Department would maintain the limited rescue capability to accomplish fire personnel rescue in hostile environments. An extensive rescue capability would be precluded by the lack of carrying space and load limitations for rescue equipment on existing fire apparatus.

By contracting the paramedic function and maintaining a limited rescue capability, there would be a staffing level reduction of one Heavy Duty Mechanic. In order to maintain the operational manning levels of the Departments six ladder companies, the 35 rescue-paramedics would be transferred into the Operations (Suppression) Division, and the Department would require an additional seven firefighters to augment the ladder companies staffing level. A total of 42 firefighter positions will be required.

The annual cost of Option Two, including a limited rescue capability, and the award of a $800,000 contract fee is estimated to be $2,411,710, a $715,000 increase over present program costs (Attachment - Option 2B).

OPTION THREE - TERMINATION OF PARAMEDIC SERVICES

The third option open to the City, is to completely terminate the City's paramedic functions, the operation and maintenance of the Medical Emergency Dispatch Network and not authorize a contractual service agreement and contract fee to the private sector.

The City would dispose of its rescue-paramedic vehicles and medical equipment pursuant to its competitive bidding procedures, and the Medical Emergency Dispatch System network would be dismantled.

The community-wide level of rescue-paramedic service will decrease to less than satisfactory levels until such time the private sector could re-adjust their service levels to meet community demands.

The Fire Department would maintain a limited rescue function to accomplish fire personnel rescue in a hostile environment.

By termination its rescue-paramedic service, there would be a staffing level reduction of one Heavy Duty Mechanic in the Fire Department and approximately 23 communications personnel in the Department of Operations. In order to maintain the operational manning levels of the Fire Departments six ladder companies, the 35 rescue-paramedics would be reassigned

March 30, 1981, Paramedic Services:

to the Operations (Suppression) Division, and the Department would require an additional seven firefighters to augment the ladder companies staffing level.

The annual cost of Option Three, is estimated to be $1,168,150. This is a $528,000 decrease in the projected costs for Fiscal Year 1981-82 (Attachment - Option 3).

BUDGET SUMMARY

The review of various cost factors reveals that any proposal to reduce or eliminate the existing rescue-paramedic program and provide a contract fee to the private sector, will increase the overall cost of the present program. Under Option 2A, this cost will increase by $587,000, and under Option 2B, by $715,000.

For the City to realize a substantial savings, would require the City to completely terminate its rescue-paramedic and Medical Emergency Dispatch System programs, and not provide for a contractual service agreement and fee to the private sector. Through these actions, the City would anticipate an overall cost savings of approximately $528,000.

LEGAL CONSIDERATIONS

Depending on the option chosen, some legal and contractual services issues may surface. None are expected to be insurmountable. Each can be addressed at a later date, when policy direction has been established.

RISK CONSIDERATIONS

There are several areas of risk which the City must consider prior to any contract of its paramedic function to the private sector. These areas of concern rest primarily on performance factors which the private sector would have to assume and are as follows:

A. These private agencies willing to assume the complete paramedic function for the City of Tucson must furnish evidence of insurance to provide for the following coverages:

1. Comprehensive General Liability Insurance
2. Comprehensive Automobile Liability Insurance
3. Professional Liability Insurance (Malpractice)

Due to the extreme exposure arising from Code 3 runs, and potential exposure to medical malpractice suits, the minimal amount of acceptable insurance coverage for the three areas of liability should be a minimum coverage in the amount of $5,000,000 with the City of Tucson added as an additional insured under all lines of coverage.

March 30, 1981, Paramedic Services:

B. At the time the City contracts its paramedic functions, the private sector must be ready to assume the legal responsibility for the complete paramedic service. Any contract for services must include a City Hold Harmless Clause against all claims no matter what the cause against the contractor, and against the City.

SUMMARY

Using Mr. Kordsiemon's proposal as a basis for the evaluations, all indications are that proposals to provide this service on a contractual basis, with a contract fee of $800,000 to the private sector, will increase the annual cost of the program substantially.

For the City to realize a cost reduction of any significance would require the City to completely terminate its rescue-paramedic functions, the operation and maintenance of the Medical Emergency Dispatch Network and not provide a contract fee to the private sector.

RECOMMENDATIONS

It is recommended that the City maintain its current level of rescue-paramedic service, and prior to July 1, 1982, investigate the feasibility of initiating an Emergency Paramedic Service Fee to partially offset the cost of the City's rescue-paramedic program.

If it is the governing body's decision to terminate the City's rescue-paramedic functions, then it is recommended the City not provide a contractual service agreement and fee to the private sector, however, it is recommended that the City continue to maintain the Medical Emergency Dispatch System network.

Respectfully submitted,

Joel D. Valdez
City Manager

JDV:dfk:R. D. Suarez, Director
Department of Budget and Research

Attachments

March 30, 1981, Paramedic Services:

TUCSON FIRE DEPARTMENT
RESCUE – PARAMEDIC
COST SUMMARY

	OPTION NO. 1 Fiscal Year 1981-82			OPTION NO. 2A Fiscal Year 1981-82			OPTION NO. 2B Fiscal Year 1981-82			OPTION NO. 3 Fiscal Year 1981-82		
	Personnel	Cost	Total[1]	Personnel	Cost	Total[2]	Personnel	Cost	Total[3]	Personnel	Cost	Total[4]
Fire Department												
Salary and Fringe	35	$1,052,350		28	$ 765,240		42	$1,144,840		42	$1,144,840	
Services		17,010			8,500			-0-			-0-	
Commodities		81,610			53,280			23,310			23,310	
Equipment		50,000			165,000			-0-			-0-	
Other		16,050			12,800			-0-			-0-	
Sub-Total			$1,217,020			$1,004,820			$1,168,150			$1,168,150
Program Support Costs												
Fire Department	1	25,860		1	25,860		-0-	-0-		-0-	-0-	
Risk Insurance		10,000			10,000			-0-			-0-	
Operations: Communications & Communications Maint.	23	443,560		23	443,560		23	[illegible]		-0-	-0-	
Sub-Total			479,420			479,420			443,560			-0-
Private Sector Contract												
Kords Ambulance		-0-			400,000			400,000			-0-	
Associated Ambulance		-0-			400,000			400,000			-0-	
Sub-Total			-0-			800,000			800,000			-0-
GRAND TOTAL	59		$1,696,440	52		$2,284,240	65		$2,411,710	42		$1,168,150
Option "A" No Contract												
Kords Ambulance		-0-			(400,000)			(400,000)			-0-	
Associated Ambulance		-0-			(400,000)			(400,000)			-0-	
Sub-Total			-0-			(800,000)			(800,000)			-0-
GRAND TOTAL	59		$1,696,440	52		$1,484,240	65		$1,611,710	42		$1,168,150

NOTES:

[1] Based upon the City's operation and maintenance of five front line and three reserve, rescue-paramedic vehicles, and the Medical Emergency Dispatch System (MEDS). The City would have the option of charging a user service fee to off-set program costs on July 1, 1982.

[2] Based upon the following: Maintenance of the rescue capability with four front line and two reserve vehicles and the Emergency Medical Dispatch System (MEDS). There would be a first year cost of $165,000 for six rescue vehicles. The Fire Department's staffing level would decrease by seven positions from 36 to 29 employees. The costs are provided with and without a contract fee of $800,000.

[3] Based upon the following: A deletion in the City provided paramedic operation, retention of a limited rescue capability, the operation and maintenance of the Medical Emergency Dispatch System (MEDS) with and without a contract fee of $800,000. The Fire Department's staffing level would increase seven firefighters to maintain ladder apparatus manning levels, and would decrease by one Heavy Duty Mechanic.

[4] Based upon the complete termination of the City's rescue-paramedic functions, the Medical Emergency Dispatch System (MEDS), without a contractual service agreement to the private sector. The Fire Department will retain the 35 commissioned officers, plus an additional seven firefighters to maintain the optimum ladder apparatus manning levels. There would be staffing level decrease of one Heavy Duty Mechanic and an estimated 23 Communications Operators.

April 10, 1981, Letter:

CITY OF TUCSON

The Sunshine City

FIRE DEPARTMENT

E. Dean Pollard
Chief
P. O. Box 27210
Tucson, Arizona 85726

April 10, 1981

Dr. Champion
Consultant for
City of Tucson
Paramedic Program

Dear Dr. Champion:

The Paramedic Program in this community was started in 1974, with one paramedic unit supported by the existing Fire Department rescue vehicles. The program has expanded by replacing the rescue vehicles with medic units to the five medics units that are in place today. The projected operating budget for 1981-1982 is 1.2 million dollars. This budget includes three reserve units to support the five front line units on the streets. These three units are fully equipped except for drug boxes.

We have 35 State Certified paramedics assigned to the program with an additional four assigned to firefighting duties. We maintain two paramedics on each vehicle 24 hours a day, seven days a week.

The recertification is handled through a continuing education program on an annual basis through the State Department of Health Services. The state regulations are going to be updated in the very near future.

Most of our paramedics have been trained through the Paramedic Training Program at St. Mary's Hospital. This program was recently accredited by the AMA's Committee on Allied Health Education and accreditation headed by Dr. Norman E. McSwain, Jr.

These are just a few facts relating to the paramedic program for our community which we will expand on upon your arrival. We will make every attempt to supply you with whatever information you need in your evaluation of our program.

Sincerely yours,

Charles P. Molander

Charles P. Molander,
Deputy Chief-Operations

CPM:hs

May, 1981, Contract for Professional Services

CONTRACT FOR PROFESSIONAL
SERVICES

THIS AGREEMENT made and entered into this _____day of May, 1981, by and between the City of Tucson, a municipal corporation of the State of Arizona, hereinafter referred to as the "City", and Howard Champion, M.D., of Washington, D.C., hereinafter referred to as the "Consultant".

ARTICLE I
GENERAL PROVISIONS

Sec. 1. The City desires to employ a Consultant to perform specified professional services as described in Article II of this Agreement.

Sec. 2. The Consultant represents himself to be professionally competent and capable of performing the services described in Article II of this Agreement.

Sec. 3. The purpose of the services to be performed under this Agreement is to provide the City with a thorough and disinterested evaluation of the City's paramedic program.

Sec. 4. For and in consideration of the mutual promises and conditions expressed by the parties to this Agreement, the City does hereby employ the Consultant and the Consultant does hereby accept employment in accordance with the following terms and conditions.

ARTICLE II
SCOPE OF CONSULTANT SERVICES

A. The Consultant will meet with appropriate officials and employees of the City Manager's Office, City Fire Department (Administration), City Operations Department (Communications Division), local physicians,

May, 1981, Contract for Professional Services

local hospitals, local ambulance companies, private sector paramedics, City paramedics, and the Medical Director of the State of Arizona Emergency Medical Services Division regarding the effectiveness of the City's paramedic program.

B. The Consultant will review the City's Emergency Medical Services system, with emphasis on the effectiveness of the paramedic program, the relationship of the paramedics to local hospitals and the medical community, the relationship of the City paramedic system to the private sector paramedic system, and any other aspect of the City system the Consultant deems appropriate in order to make a thorough evaluation.

C. The Consultant will provide the City with a written report of his findings and recommendations no later than June 15, 1981. It is understood and agreed that the Consultant's report will be reviewed by a ten-member medical review committee appointed by the City Manager and that the report and the findings of the said committee will be provided to the City's Mayor and Council.

D. The Consultant will be available, upon request, to meet with the City's Mayor and Council at least once subsequent to the completion of his written report for advice, consultation, and interpretation of the said written report and evaluation.

ARTICLE III

FINANCIAL CONSIDERATIONS

In consideration of the services to be performed by the Consultant under this Agreement, the City shall pay the Consultant at the rate or Eight Hundred Dollars ($800.00) per day and shall pay the Consultant's assistant at the rate of _____ _____Dollars ($_____) per day, said payments

to include all travel and other incidental expenses incurred by the Consultant and his assistant in the performance of the services to be rendered hereunder. In no event shall the total payments to the Consultant and his assistant exceed the sum of Five Thousand Dollars ($5,000.00).

Upon receipt by the City of the written report and evaluation to be provided by the Consultant under this Agreement, and after the performance by the Consultant of any services requested as described in Article II, Sec. 1(D) hereof, the City shall make full and complete payment to the Consultant upon written certification and approval by the City Manager.

ARTICLE IV

MODIFICATIONS AND TERMINATIONS

The City may, if it sees fit, at any time before completion of the project and written certification of the completion by the City Manager, direct an order in writing to the Consultant, requiring extensions to or curtailments, modifications, cessations or terminations of the professional services to be rendered pursuant to this contract which may or may not result from extensions to or curtailments, modifications or terminations of the scope of the project. In such cases, the Consultant will be entitled to be paid the sum agreed in Article II, together with such increases or decreases brought about by any change in the scope of professional services contemplated in Article II of this Agreement.

Any disputes in such payments shall be resolved in accordance with provisions set forth in Article V, Section 2, of this Agreement. Payments shall be contingent upon the Consultant providing the City with the written report described in Article II. Cessations shall include total and immediate stoppage of all work and services by the Consultant upon receipt of termination notice unless the notice directs otherwise.

May, 1981, Contract for Professional Services

When a termination of this contract before complete performance is effected because of any reason whatsoever, the City, after ten (10) days following written notice to the Consultant, may take over the services and prosecute them to completion by contract with others or otherwise. Where such termination is due to negligent performance or failure to perform the contract, the Consultant will be liable to the City for damages caused thereby, and all sums due Consultant shall be stopped.

ARTICLE V

MISCELLANEOUS PROVISIONS

Sec. 1. HUMAN RELATIONS PROVISIONS. The Consultant promises to abide by the human relations provisions of the Tucson Code §17-21, incorporated herein by this reference.

Sec. 2. ARBITRATION OF DISPUTES. Any dispute arising under this agreement which is not settled by the City and the Consultant in ten (10) days shall be decided by an Arbitration Board composed of a representative of the City, a representative of the Consultant, and a representative mutually acceptable to the City and the Consultant. The City, however, reserves its rights as set forth in Title 12, Chapter 9, Article I, of the Arizona Revised Statutes. The Consultant shall continue to render all services requested in this Agreement without interruption, notwithstanding the provisions of this section.

Sec. 3. HOLD HARMLESS PROVISIONS. The Consultant does hereby covenant and agree to indemnify and save harmless the City, its Mayor and Council, appointed boards and commissions, officers and employees, individually and collectively from all fines, suits, claims, demands, actions, costs of litigation, attorneys' fees or liability of any kind and does hereby agree to and

does assume all the risks in the operation of his business hereunder, and shall be solely responsible and answerable for any and all accidents or injuries to persons or property arising out of his performance of this contract.

Sec. 4. ASSIGNMENT. This Agreement shall not be assignable in whole or in part without the written consent of the parties hereto, and it shall extend to and be binding upon the heirs, administrators, executors, successors and assigns of the parties hereto.

ARTICLE VI

TIME OF PERFORMANCE

The parties agree that time is of the essence in the performance of this Agreement. The Consultant agrees to submit to the City the written report and evaluation as required by the terms of this Agreement by June 15, 1981.

IN WITNESS WHEREOF, the parties hereto have executed this Agreement on the day first above written.

CITY OF TUCSON, a municipal corporation,

By _____
As City Manager and not personally

COUNTERSIGNED:

_____
As City Clerk and not personally.

CONSULTANT

_____
Howard Champion, M.D.

_____
(Address)

APPROVED AS TO FORM this ____day of May, 1981

_____

_____
For City Attorney and not personally

July 20, 1981, Paramedic System Evaluation

MEMORANDUM

DATE: July 20, 1981

TO: JOEL D. VALDEZ
City Manager

FROM: DEPARTMENT OF OPERATIONS
(3101)

SUBJECT: PARAMEDIC SYSTEM EVALUATION

I think it appropriate to respond to certain sections in the evaluation report of Tucson's Prehospital Paramedic Care System as submitted by Dr. Champion. The following comments are primarily addressed to "communications" aspects.

Paragraph A, 1, Page 3, "Structured Involvement of the Medical Community"

Although this part of Dr. Champion's report is not directly related to communications or dispatching, I feel we, as a key element in the medical emergency services system, need to make some comment.

In addressing the issue of medical community involvement, the report states that the "local medical expertise in emergency medical services systems' policy development and operations is suboptional."

In response to that statement, it should be noted that there is an Emergency Medical Services Committee, originally established to serve both the City and Pima County, in which local medical expertise is represented. In past years, it was funded by the City and County governments; however, both entities have since chosen to withdraw their financial support. The Committee now meets on an "as needed" basis, operating with monetary donations as they can get them.

I feel the existing Emergency Medical Service Council could again be a vigorous, effective organization, serving all needs, as opposed to separate organizations for each government, as Dr. Champion's report seems to suggest--duplication in these times of scarce resources is hard to justify in local government.

Paragraph B, 2, Page 5, "Operational Aspects of the Prehospital Delivery System"

Dr. Champion's observation concerning multiple vehicle response is technically correct, but in reading the report, one might conclude that this deficiency (as seen by Dr. Champion) is the "fault" of the communications dispatch element of the system.

This is hardly correct. The present dispatch process is a formalized procedure jointly developed by providers (the Fire Department and private ambulance companies), and the communications people are required to send an engine company to assist a medical emergency whenever the engine company is nearer to the scene and expected to arrive minutes before a paramedic or ambulance unit. The dispatchers are also required to send an engine company as the first response on all automobile accidents.

July 20, 1981, Paramedic System Evaluation

Again, this is a contractual procedure mutually agreed to by the City of Tucson Fire Department and the private ambulance companies (Ambulance Service Agreement), and it is respectfully suggested that Dr. Champion's report should have noted the cause as well as the effect of the dispatch. He could have reported that the procedure is followed by the Communications groups in the system as a consequence of that agreement.

Paragraph B, 3, "The Dispatch Systems"

The report further states, "The dispatcher in the City system makes no attempt to identify the seriousness of the need and, thus, is not able to selectively apply the level of response." Dr. Champion gives no basis for this statement and I must vigorously protest that he is mistaken.

On every medical emergency call, the City MEDS dispatcher attempts to obtain all essential patient information, such as conscious or unconscious; breathing or not; severe bleeding; apparent broken bones, etc.

Again, the communications people are limited in how they respond to information since the Ambulance Service Agreement stipulates that a paramedic unit be the first response (except for auto accidents). Additional help for code arrests, electrocution, cave-insl, drownings, etc., must also be sent in accordance with procedures established by the paramedic group.

In reviewing Dr. Champion's other comments concerning dispatch, it is necessary to again refer back to the section of the report entitled, "Operational Aspects of the Pre-hospital Delivery System." In that section, Dr. Champion talks of dispatcher training and recommends a 24-hour emergency medical dispatch training course.

If he had asked, we could have told him that, in our initial and re-training programs, dispatchers are given eight hours of medical terminology training. Dispatcher training is both classroom and on-the-job and medical terminology is taught by paramedic instructors. Further, all dispatchers (whether assigned to the MEDS system or not) are put through an intensive six-month course in dispatching techniques, including interrogation of emergency callers and calming hysterical or distraught persons so they can be questioned.

Had his study been thorough enough, Dr. Champion would have reported that our dispatcing staff consists of fourteen individuals certified as Emergency Medical Technicians and we have also had three other dispatchers who were certified paramedics.

While we would be happy to study the training course he mentions, our personnel are well beyond his recommended point of training " . . . to a level where they [dispatchers] can selectively dispatch an EMT-A private ambulance or a paramedic-equipped City or private ambulance to the scene of an incident with or without the addition of Fire Department rescue and extrication resources."

July 20, 1981, Paramedic System Evaluation

Dr. Champion recommended training the dispatcher to give the caller pre-arrival life-saving instructions. This type of program has an appeal to the uninitiated, but in actual practice, there may be a difference of opinion among doctors who are experienced in treating trauma cases.

The Phoenix Fire Department is trying a similar program that uses a fireman/paramedic in an attempt to give life-saving instructions to the calling party. Our staff has observed their methods during several visits and we feel it simply does not work. If the victim is in serious condition, the caller is usually highly excited, even hysterical, and it is a chore to obtain so much as a valid address, let alone absorb information and treat a patient. In such cases, people do not listen nor take instructions, and certainly not medical terms that might be used by paramedic/EMT personnel.

Our personal experience has been that few physicians will attempt to diagnose or treat a trauma patient by phone--they will tell you to get the person to the nearest emergency room as quickly as possible and they will meet you there. I believe that the City would be placed in an intenable liability situation if we were to follow this recommendation of Dr. Champion in this regard; or, to put it another way, the City would be well advised to " . . . secure another medical opinion before proceeding with the recommendation."

Dr. Champion further discusses dispatching on Page 6 of his report (Paragraph B, 5), in which he recommends a combined dispatch capability for the City and the private sector ambulances. Here again, if he had been observant, he would have noted that this is already in existence for emergency calls.

Concluding Remarks

Dr. Champion spent not more than an hour and a half in the Communications Center observing our operations (and during a slack traffic period). We offered him the opportunity to monitor random recordings of previous telephone and radio traffic involving medical emergencies, but he declined. Yet, in his report, he critiques our training and level of dispatch response.

It is suggested that the time spent and evaluation technique used by Dr. Champion was not sufficient to arrive at the conclusions and recommendations made for Tucson' communications system.

There is a disclaimer on the first page of Dr. Champion's report in which he remarks that " . . . working within the constraints of available funds, the study was necessarily limited." However, this statement is not an acceptable "qualifer" when critical observations are presented without backup data, or even worse, when the consultant makes an incorrect observation or comment.

I believe we have one of the most viable Medical Emergency Communications systems in the country. Certainly, with changes in the restrictive response provisions of

July 20, 1981, Paramedic System Evaluation **Below unknown date**

Joel D. Valdez, City Manager

July 20, 1981
Page Four

SUBJECT: Paramedic Call System Evaluation

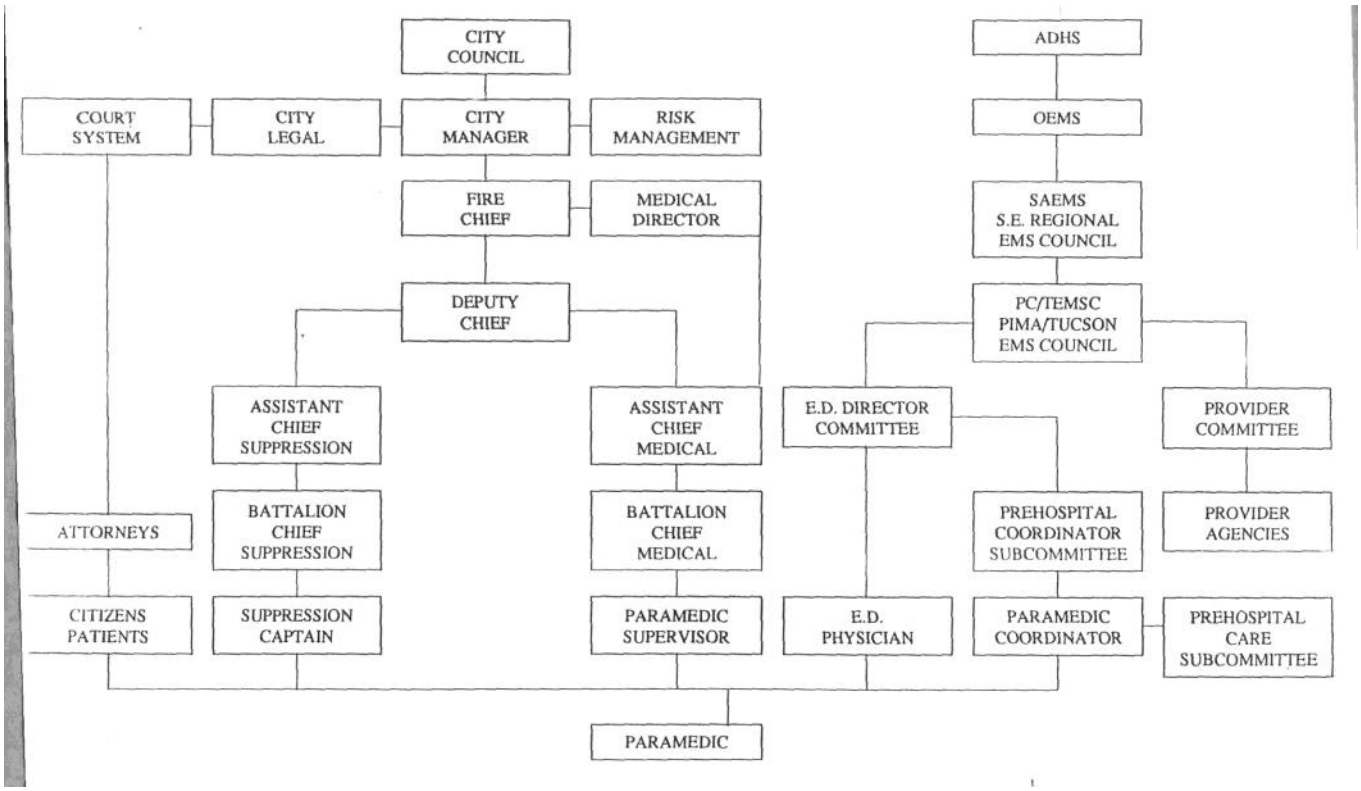
the Ambulance Service Agreement, improvement could be made. However, even with the present constraints, the system functions exceptionally well and the people of the community are provided a most valuable service.

Thomas O. Price

THOMAS O. PRICE
Director of Operations

TOP:eaq

cc Donald W. Richards, Deputy Director of Operations
Robert A. Johnson, Communications Administrator



June 1981, An Evaluation of the Prehospital Paramedical Care System

JUNE 1981

ATTACHMENT 3

AN EVALUATION OF THE PREHOSPITAL PARAMEDICAL CARE SYSTEM CITY OF TUCSON, ARIZONA

SCOPE OF WORK

The consultant was hired to review the prehospital paramedical care system and make suggestions and recommendations to the City Government of Tucson, Arizona. The scope of work did not include verification or investigation of specific allegations that had been made in the press. Focus was entirely related to the prehopsital system operation and management in relation to optimal patient care delivery and system effectiveness. The scope of work did not include an evaluation of the inhospital emergency health care delivery systems nor the relationship that existed between the inhospital systems in the City of Tucson, nor the Emergency Medical Systems outside the boundaries of the City of Tucson.

METHODOLOGY

Working within the constraints of available funds, the study was necessarily limited. However, the consultant was instructed by the City Managers' Office to assume a free hand and initiative to examine all pertinent areas. Thus, every effort was made to acquire information whether written or verbal that would provide the basis for an informed opinion on the prehospital paramedical care system in the city of Tucson. Approximately 50 persons were interviewed at least once, either on site or by telephone (Appendix A). A number of documents were obtained and reviewed (Appendix B).

In discussion with various individuals, an attempt was made to build bridges where need was apparent from information available at the time. Thus, there was an attempt on the part of consultant to have both a diagnostic and therapeutic effect, by presenting alternative perspectives to the various participants in EMS system in Tucson.

BRIEF SYSTEM OVERVIEW

The City of Tucson occupies about 101.56 square miles and has a population of approximately 330,537 which increases significantly with a daily commuter work force and in the winter months with temporary residents. The community is served by 7 hospitals which have developed fine cooperative relationship. The prehospital emergency system is provided by the city of Tucson and two private companies, Kords Ambulance and Associate Ambulance of Tucson. The city provides central dispatch of the prehospital emergency vehicles accessible through 911. All city and 6 of 11 private ambulances are linked through the MEDS communication system.

The City has 5 paramedical vehicles in operation, each manned by 2 State certified paramedics. Three vehicles are in reserve. There are 42 state certified paramedics. Units respond only within the confines of Tucson city. The provision of this service by the Tucson Fire Department cost approximately 1% of the city budget and approximately 10% of the Fire Department budget. The city response to emergencies also includes a Fire Department truck unit manned by personnel qualified to the EMT-A level.

The private ambulance companies have 11 vehicles available for emergency care to Tucson city, though these vehicles also respond outside the city. Two private vehicles are manned by state certified paramedics.

June 1981, An Evaluation of the Prehospital Paramedical Care System

The private companies provide all inter-hospital and privately solicited transport of patients and the majority (98%) of emergency transport resulting from a 911 call to the MEDS system. The private ambulance companies have their own dispatch systems for privately solicited calls. The private paramedic ambulances are based at hospitals, and the public service ambulances are based at fire houses.

The prehospital paramedics of both the private and the city systems are educated through a fee for service arrangement with the emergency department staff at St. Mary's Hospital. The paramedic training program has recently been reviewed by a Joint Committee under the auspices of American Medical Association. The paramedic education was found to be satisfactory, but the report identified operational aspects of the prehospital care system that required attention.

Medical control of prehospital physician extender care is given from all of the hospitals in the area. There are no standard protocols, and there is no apparent standardization of medical control.

CRITIQUE

The prehospital physician extender (paramedical) care system in the city of Tucson has in place most of the operational components which enable the system to deliver a good standard of care. It is clear that all personnel involved in the system demand of themselves and each other a level of performance that would equate with a standard of excellence. It is also clear that the public expects such a standard to be attained and sustained. It is the opinion of the consultant that the system reviewed in Tucson bears favorable comparison with many systems in the United States. Particular strengths of the system are as follows:

1. 911 system access.
2. The dedication, competence, and morale of all paramedical personnel interviewed whether private or city employed.
3. The MEDS System; particularly its central data recording and retrieval system.
4. The quality and concern of the Medical community.
5. The general level of cooperation between the hospitals.
6. The quality of City management personnel, senior fire department and private ambulance personnel, who, though naturally having differing perceptions, clearly emit a high level of commitment to community service.
7. Recently passed strong state Statute and Regulations regarding Emergency Medical Systems.

Not withstanding these strong positive points, the consultant did identify areas which, if attended to, could result in improvement in the emergency medical system in the City of Tucson. Specific recommendations are listed under two headings:

A. Structured involvement of the medical community.
B. Operational aspects of the prehospital delivery system.

June 1981, An Evaluation of the Prehospital Paramedical Care System

Comments are also provided (Section C) on other aspects of the system which merit attention in terms of continued evaluation for possible later action.

A. Structured Involvement of the Medical Community.

The involvement of the local medical expertise in emergency medical services systems policy development and operations is suboptimal. This has resulted in poor information flow within the physician community and failure to integrate individual and consensus medical expertise as needed. Such integration is essential since paramedics are physician extenders providing medical care to the community. As such, they must function under medical authority which reflects a community standard of medical practice with reference to national standards of care.

Specific Recommendations are:

1. That a Tucson City EMS Policy Committee be formed for the purpose of establishing and ensuring the standard of care in prehospital emergency medical services and to act as a formal interface with the regional systems of emergency medical care. The committee should be no more than 20 persons, should be chaired by a physician and should be dominated by community physician expertise, relevant to the practice of emergency health care delivery. Since there are no formal underpinnings for such a committee which of its very nature must provide an authorative interface between the medical community, the City Government, the Fire Department and the private ambulance companies, agreement and participation of all these groups are essential.

   The consultant recommends that the City Government through the City Managers Office provide the initiative for establishing such a committee by issuing invitations to institutions and agencies which could include but should not be limited to the Tucson City Fire Department, each of the private ambulance services, Pima County Medial Society, local chapters of the American College of Emergency Physician, The American College of Surgeons, The American College of Cardiology or American Heart Association, The Emergency Department Nurses Association and the Southern Arizona Facilities Council. Membership should include personnel from the MEDS Communication System and the City Attorneys' Office. The authority and responsibility of the committee should be such that it falls within the guidelines of the new State Statute On Emergency Medical Services with respect to Lead Agencies for local and regional EMS systems.

   The EMS Policy Committee should have at least 3 subcommittees:

   a. Medical Control Committee. This subcommittee establishes standards for medical control providers and assures that these standards are met.

   b. Prehospital Protocol Committee. This subcommittee should develop the prehospital minimal standards for care of patients with specific reference to cardiac, trauma, burn, neonate/pediatrics, poisoning and other acute medical emergencies.

   c. Prehospital System Evaluation. This subcommittee should establish standards for evaluation of prehospital care on a regular and routine basis.

June 1981, An Evaluation of the Prehospital Paramedical Care System

The Tucson City EMS Policy Committee should have some members that also sit on the Pima County EMS Council so that good flow of information exists between Tucson city and the local Medical Society whose jurisdiction in EMS affairs is broader than that of this Policy Committee.

2. There should be a Medical Director or Medical Advisor to the Tucson City EMS. This is not a full-time job and requires part-time attention of an appropriately experienced physician. To ensure objectivity this physician should not be the same physician who by financial contract provides paramedic education. This physician should implement policies developed by the EMS Policy Committee and ensure the quality of the EMS systems provided by the hospital emergency departments and the prehospital care systems both city and private.

3. There should be protocols for prehospital care. These protocols should not be detailed to the degree that they explicitly mandate every aspect of prehospital care, but should be sufficient to ensure a minimum standard of acceptable care. The protocols are also needed to ensure conformity of care between the medical control physicians and to provide a written document which enables the prehospital care personnel, the medical control physicians and the physician expertise in the community to identify the standard of care aspired to in the prehospital EMS.

   Development of prehospital protocols should incorporate the specialty expertise in Tucson City, thus the cardiac care protocols should be developed by a group of emergency physicians and cardiologists; the trauma protocols by a group of trauma surgeons and emergency physicians, etc.

4. Medical Control of the prehospital care should be provided only by physicians who are acquainted with the prehospital care protocols, and who are certified in advanced cardiac life support.

5. Quality Control of the prehospital EMS system should be instituted under the auspices of the Medical Director reporting to the EMS Policy Committee.

   New State Regulations mandate that hospitals providing medical control to prehospital care must audit the ambulance run records of patients being brought to their hospital. The medical director should ensure that such audit is performed and specifically focus on the following areas of importance to Tucson City.

   a. Response Times
   b. Time at the scene.
   c. Appropriateness of care rendered.
   d. Delay in transfer to appropriate medical facilities.
   e. Deviation from established protocol/standard of prehospital care.
   f. Adequate documentation of prehospital care rendered by paramedics.

   These items were all raised as areas of concern by interviewees. The consultant is not in a position to make a judgment regarding the validity or significance of the complaints heard. The consultant regards these matters as important in emergency care delivery, requiring continued scrutiny from the locally responsible medical expertise acting in consensual and democratic fashion.

June 1981, An Evaluation of the Prehospital Paramedical Care System

B. Operational Aspects of the Prehospital Delivery System.

Three facets of the prehospital response system were identified by the consultant as areas in which change may improve system effectiveness and cost effectiveness. Areas of concern to the consultant were:

1. A significant proportion of the responses by the paramedical personnel were made to non-urgent or non-emergent situations.

2. The multiple vehicle response to emergencies. The present system allows for a city paramedic vehicle, a private paramedic vehicle and a fire truck all to be dispatched to a single scene, which may turn out to be of relatively minor nature. Clearly such responses cost money and someone is paying this cost.

3. The dispatch systems. There are essentially 3 ambulance dispatch systems one city and two private. The dispatcher in the city system makes no attempt to identify the seriousness of the need and is thus not able to selectively apply the level of response.

Financial restraints are a reality that must be faced in EMS systems throughout the United States. Although there is no sure pathway to securing system effectiveness in the face of cost constraints, the consultant is of the opinion that the City of Tucson EMS system may benefit from attention to the following areas:

1. Public Education with respect to the use of emergency vehicles for emergencies only.

2. Dispatcher Priority Training. The United States Department of Transportation is currently publishing a 25 hour emergency medical dispatch training course. This course was developed in Utah. In the course, the dispatcher is taught by a physician how medically to interrogate, give the caller lifesaving pre-arrival instructions, prioritize symptoms and select the appropriate pre-planned unit configuration and response mode. The consultant recommends that the City of Tucson study the DOT dispatch training course to see if the course meets the needs of the City of Tucson with a view to training the prehospital EMS dispatchers to a level where they can selectively dispatch an EMT-A private ambulance or a paramedic equipped city or private ambulance to the scene of an incident with or without the addition of Fire Department rescue and extrication resources.

3. The City of Tucson should give consideration to charging a fee for the paramedic ambulance response. This can and should be done without infringing upon the needs of the poor. The City paramedic response is currently supported by the Tucson City's tax base, although there is a significant commuter work force in the population that it serves. Such a charge system may also act as a deterrent to abuse of the services.

4. The First Care Form should be more detailed with regard to specific paramedic evaluations and therapies thus facilitating systematic system audit.

5. A consideration should be given by the City Government to establish a Select Committee to study the feasibility of combining the dispatch capabilities of the City and private ambulance services. Much of the communication equipment has been supplied by the City. A consolidated dispatch system could well improve the effectiveness of the service rendered by both City and private ambulance companies at reduced overall cost. This system could be maximally effective with prioritized dispatching as discussed in Recommendation 2. The City could be reimbursed by the private ambulance companies who in turn would be able to reduce their own cost.

C. Further Comments

The Consultant offers the following comments on other aspects of the prehospital paramedic system in the City of Tucson.

The present system of the Tucson Fire Department paramedics responding to the scene and in most instances the private ambulance paramedic transporting the patient to the hospital inherently prejudices effective continuity of care. The private paramedic may not be fully acquainted with all the nuances of the patient's condition prior to his arrival at the scene. The City paramedic may not be afforded the critical appraisal of his therapies by the hospital receiving nurse or physician and may be denied the educational aspect of the pathophysiological sequelae once the patient has arrived at the hospital.

The private ambulance companies have submitted a proposal and infer that they could provide a paramedic response for the City of Tucson at less cost than currently through the City Fire Department. Whereas this possibility certainly exist there is reasonable doubt as to whether the City would actually save money. The consultant advises due deliberation and caution with regard to initiatives for major system reconfiguration. Many facets of the present system influenced the decision by the consultant not to make specific recommendations regarding system modification at this time. They include:

1. The historical nature of the system that has developed in Tucson.

2. The need to access the impact of structured involvement of the medical community, and their evaluation of the system that emerges.

3. The possible system impact of selective or prioritized dispatching. This may indeed result in greater fusion of the private and City paramedic systems, may impact upon the skill levels of the existing paramedics and enable a clarification of the true need for paramedics in the City of Tucson.

4. A need to evaluate the changes that must necessarily result from the new State Statute and Regulations with respect to Emergency Medical Services which mandate elements of evaluation and continued education which currently need to be developed in the Tucson City EMS System.

5. The result and impact of the current public initiatives to mandate paramedic service through the City Government. Whereas these initiatives are well meaning, their impact could run contrary to the continued improvement and flexibility of the system and may not be in the eventual interest of the service.

June 1981, An Evaluation of the Prehospital Paramedical Care System

In summary, clarification of paramedic function, medical input and delineation of the community need for paramedic services will in the future enable the City and EMS Policy Committee to plan effectively for future service changes and the roles of the public and private sectors in meeting the community needs.

Respectfully submitted,

Howard R. Champion.
Howard R. Champion, M.D.

APPENDIX A

List of individuals and groups who were consulted on various aspects of the prehospital paramedic system in Tucson.

Joel D. Valdez, City Manager
William G. Ealy, Deputy City Manager
Karen K. Dotson, Principal Management Assistant
Richard Moreno, Deputy Fire Chief
Charles Molander, Deputy Fire Chief
Arnold Weuve, Battalion Fire Chief
Randolph Ogden, Paramedic
Sherman Crawford, Paramedic
Harvey Sturm, Paramedic
Raymond Sayre, Paramedic
Jeb Pringle, Paramedic
Kevin Keeley, Paramedic
William Ricketts, City Communication
William Kordsiemon, Sr., Kords Ambulance
William Kordsiemon, Jr., Kords Ambulance
Roy Ryals, Associate Ambulance of Tucson
Wayne Keilsmeier, EMS, Inc.
Dr. Ronald Fisher, Chairman, Department of Surgery, Kino Comm. Hospital

Dr. Norman McSwain, Chairman, Joint Review Committee on Education Programs for the EMT-Paramedic.

Dr. Bill Davis
Dr. Peltier
Dr. Martin Silverstein
Dr. Randy Van Norstrand, Emergency Physician, St. Mary's Hospital
Dr. Charles Harter, Emergency Physician, St. Mary's Hospital
Lou Cassanova, EMS Coordinator, PIMA County
Dr. Chris Heller
Paul Hamlet, Tucson City Attorney's Office
Associate Ambulance
Kords Ambulance
Dr. Tom Konicke, Director, Eldorado Emergency Department
Dr. Robert Anderson, Associate Dean for Graduate Studies, Univ. Med. Ctr.
Dr. Harvey Meislin, Chief, Emergency Medicine, Univ. Med. Ctr.
Dr. Larry Jellnick, Associate Director, Emergency Department, Univ. Med. Ctr.
Dr. Garry Pickerel, Staff Physician, Emergency Department, K. Community Hosp.
Dr. Michael Krenz, State EMS, Medical Director
Members of Tucson Surgical Society
Members, PIMA County Medical Society

Attended meeting of above two societies plus a negotiation meeting between private and City ambulances.

June 1981, An Evaluation of the Prehospital Paramedical Care System

APPENDIX B

Documents Reviewed

- EMS Health System Plan - Southeast Arizona
- EMS Health System Plan - Southeast Arizona, Appendix
- EMS Annual Implementation Plan - Southeast Arizona
- Essentials and Guidelines of An Accredited Education Program for EMT-P
- 15 Newspaper articles from local papers on recent events
- Report of Committee on Allied Health Education and Accredation on EMT-P Training Program at St. Mary's Hospital
- Tucson - PIMA County - First Care Forms
- SB 1003
- Proposed Rules for State EMS
- MEDS System - Procedures, Guidelines, etc.
- Proposal for Arizona Medical Transport to provide city EMS and Budget Analyses
- Mayor and Council Memo. regarding "Paramedic Services 3/30/81"
- Legal documents regarding underpinnings of present systems
- Article by Dr. R.P. Fisher "Emergency Medical Services for Tucson"
- Mayor and Council Memo. regarding "Implementation Schedule for EMS Plan 4/1/77
- Ambulance Service Agreement
- Letters from interested parties
- Hospital contracts for EMS
- Summary of Tucson City Paramedic Program
- 50 pages of computer printout regarding paramedic systems

Location Visits

MEDS System
Tucson Fire Department Headquarters

November 10, 1981, Letter:

CITY OF TUCSON
The Sunshine City
CITY HALL
TUCSON, ARIZONA 85726
P. O. BOX 27210
OFFICE OF THE CITY MANAGE
791-4204

November 10, 1981

Howard R. Champion, M. D.
Director, Shock-Trauma Program,
MedSTAR & Surgical Intensive Care Units
Washington Hospital Center
Washington, D. C. 20010

Dear Howard:

As we discussed in our November 9, 1981 phone conversation, I would appreciate it if you could provide the City with your recommendation on the addition of two intensive care units to the Fire Department fleet. In making your recommendation, please assume the current system of staffing, screening and responding to calls will be continued. I am particularly interested in your views on the need for these units, the cost effectiveness of such an addition and the impact two more units will have on the paramedics' ability to maintain their skill levels.

Any insights you can provide us will be appreciated. If you need information, please contact Karen K. Dotson (791-4159) or Charles Molander (791-4512).

Sincerely,

William G. Ealy
Deputy City Manager

WGE/ym

cc: E. Dean Holland, Fire Chief
Charles Molander, Operations Deputy Chief

NOV 1981
RECEIVED
ADMINISTRATION

November 18, 1981, Findings & Recommendations of Select Medical Committee

ATTACHMENT 4

November 18, 1981

The Honorable L. C. Murphy, Mayor,
and City Councilmembers
City Hall
250 West Alameda
Tucson, Arizona 85701

Dear Mayor Murphy and Councilmembers:

I am pleased to present to you the findings and recommendations of the Select Medical Committee. These recommendations represent the collective knowledge and experience of the Tucson medical community. We believe that, if implemented, they will greatly enhance the Tucson system.

The system is sound but needs stronger medical control and tightening of some operational procedures. To accomplish these, the Select Committee on Emergency Medical Systems recommends that the City:

1. Retain operation of the paramedic system by the Tucson Fire Department.
2. Establish an EMS Policy Commission
3. Establish an EMS Executive Director and paramedic supervisor(s) within the Fire Department.
4. Continue the current practice of the Fire Department being the first responder.
5. Continue the current system of multiple dispatch as defined in the ambulance service agreements.

We hope our recommendations are helpful to you. Members of the committee will be present at the Study Session to discuss our report and answer questions. On behalf of all the committee members, thank you for the opportunity to assist you with this important community service.

Sincerely,

Martin Silverstein, M. D.

MS/dv

Enclosure: Report

November 18, 1981, Findings & Recommendations of Select Medical Committee

Introduction

The Select Committee on Emergency Medical Systems was created at the Mayor and Council's direction and appointed by the City Manager. Our charge was a broad one, including evaluation of the existing system, analysis of Dr. Champion's report and consideration of alternative EMS systems. We represent a cross-section of the medical community and include all of the disciplines which routinely interact with the pre-hospital care portion of the emergency medical system. Our membership includes:

Martin Silverstein, M.D., Chair	American College of Surgeons, Committee on Trauma
Dietmar Gann, M.D., Vice Chair	American Heart Association
John LaWall, M.D.	Tucson Psychiatric Society
Kay Fiscella, R.N.	Emergency Department Nurses Association
Michael Harris	Southern Arizona Facilities Council
Stuart E. Edelberg, M.D.	Tucson Obstetrics & Gynecological Society
Albert L. Picchioni, Ph. D.	Arizona Poison Control System
Ronald P. Fischer, M.D.	Pima County Medical Society
Mercy Sumner, R.N.	Tucson Medical Center
John Oakley, M.D.	Arizona Neurosurgical Society
Robert P. Goldfarb, M.D.	Arizona Neurosurgical Society
Harvey W. Meislin, M.D.	American College of Emergency Physicians
W. R. Van Nostrand, M.D.	American College of Emergency Physicians
Leonard Peltier, M.D.	American College of Surgeons, Committee on Trauma
Christopher J. Heller, M.D.	American College of Surgeons, Committee on Trauma
Jerry Logue	Kino Hospital

November 18, 1981, Findings & Recommendations of Select Medical Committee

Tom Plantz	St. Mary's Hospital
Rich Dean	El Dorado Hospital

We met on a weekly basis over the past several months to prepare the recommendations before you today. These recommendations represent the collective knowledge and experience of the Tucson medical community. We believe that if implemented, these recommendations will greatly enhance Tucson's system.

The committee met with representatives of the Fire Department, Police Department and Communications Division to develop a thorough understanding of the City operated system. We also met with Bill Kordesmieon, Jr. and Wayne Kielsmeier of Kord's, Inc., Darrell Thorpe, M.D. of Health Planning Associates, and William Davis, M.D., to avail ourselves of the perceptions of other non-City EMS providers and users.

Our research and personal knowledge and experience with the system leads us to the conclusion that the City's current system is sound. The strengths of the system include:

1. the City's commitment to improve the system;
2. the regional 911 number - central dispatch system;
3. the central data system; and
4. the Fire Department's modern vehicles and equipment.

We also recognize that there are areas which need to be refined, particularly the medical control aspects of the system. In conjunction with other Mayor and Council concerns, we also studied the dispatching system and the alternative of a privately operated paramedic program.

This report provides our analysis of the existing system and recommendations for its improvement. Our analysis of the system is compared to Dr. Champion's beginning on Page 8.

Medical Control

The major deficiency of Tucson's prehospital care system is the lack of medical control and supervision. There exists a strong need for a clearly defined structure to address medical control and evaluation. An EMS Policy Commission is recommended to provide medical supervision of the system. The purpose of this commission is to enhance and coordinate the delivery of quality care in prehospital emergency medical services. The commission, which is advisory to the City, Advanced Life Support base hospitals, emergency department physicians and nurses and the medical community at large will perform the functions below:

1) monitor and promote the quality of prehospital care by facilitating coordination, planning, collaboration and communication among first care providers, physicians, emergency department nurses and hospitals;

2) establish and implement policy regarding prehospital care including medical control and evaluation;

3) respond to requests and concerns raised by the medical community and public regarding the prehospital care system; and

4) act as the City of Tucson subregional coordinating agency within the structure of the Regional EMS Coordinating Agency.

The structure of the EMS Policy Commission includes a ten member Board of Directors comprised of one physician from the specialties of general surgery, neurosurgery, pediatrics, cardiology, orthopedics and two from emergency medicine. In addition, two hospital administrators and an emergency department nurse are members of the Board. A representative from the Tucson City Manager's Office will sit as an ex-officio, a non-voting member.

The designated specialty societies will appoint their representatives on the Policy Commission. The emergency department physicians and the hospital administrators will select their committee members. The emergency department nurse will be appointed by the Emergency Department Nurses Association.

The Commission's chair is to be a physician. In addition to the usual duties of the chair, the physician will also serve as the medical director for the system. The duties of the medical director will include advising the City on the day-to-day medical aspects of the paramedic program. The chair will also represent the medical community's position on issues involving prehospital care. The chair will be selected by the committee with the concurrence of the City Manager.

Reporting to the Board of Directors are three committees:

1) Emergency Department Committee
2) Interhospital Committee
3) Provider Agency Committee

The subcommittees below will report to the Emergency Department Committee:

1) Policy Subcommittee
2) Professional Care Subcommittee
3) Disptach Subcommittee
4) Continuing Education Subcommittee

The membership of these committees and subcommittees include physicians, nurses, paramedics, provider agency representatives, administrators and other appropriate persons. Committee and subcommittee membership will be appointed by the Board of Directors. Each committee includes a voting member of the Board of Directors. All policies recommended by the committees must have approval of the Board of Directors to become official policy. The Board of Directors may not initiate policies except in emergency situations.

The objectives of each of the subcommittees is shown on the next page.

November 18, 1981, Findings & Recommendations of Select Medical Committee

1. Emergency Department Committee

   To review the recommendations of the Policy, Professional Care, Dispatch and Continuing Medical Care Committee:

   a) to assure consistency with State law and rules and regulations;

   b) to assure consistency with adopted goals and policies of the EMS Policy Commission; and

   c) to assure consistency with standard emergency department practices.

2. Inter-Hospital Committee

   To address issues such as:

   a) regionalization and categorization;

   b) inter-hospital patient transfers;

   c) availability of emergency department, operating room intensive care unit and inpatient beds on a day-to-day basis; and

   d) coordination of triage and transfer policies.

3. Policy Committee

   a) to develop medical policies and standing orders; and

   b) to coordinate day-to-day operations with respect to administrative and medical policy.

4. Provider Agency Subcommittee

   a) to coordinate efforts among the various providers of prehospital care;

   b) to discuss inter-agency strifes;

   c) to coordinate patient management between the various agencies involved; and

   d) to decide appropriate levels of response in prehospital care.

5. Professional Care Subcommittee

   a) to evaluate new medical therapeutics and techniques and initiate them into the prehospital care system;

b) to provide a methodology for critique and evaluation; and

c) to serve as the grievance committee for prehospital care.

6. Dispatch Subcommittee

a) to coordinate dispatch efforts between the various providers of prehospital care;

b) to develop and maintain an educational program for dispatch personnel;

c) to evaluate and critique the level of dispatch response and dispatch coordination; and

d) to develop triage protocols and standing order policies for dispatch personnel.

7. Continuing Medical Education Subcommittee

a) to initiate, coordinate and evaluate educational programs for physicians, nurses and paramedical personnel as it relates to prehospital care;

b) to coordinate efforts within the Tucson metropolitan area to assure that continuing medical education meets State standards for certification, recertification and compliance for the Advanced Life Support hospitals.

The recommended system shown in Figure 1 institutionalizes and strengthens the role of the medical community, Advanced Life Support hospitals and their medical directors. The establishment of the EMS Policy Commission and its standing committees provides a two-tier structure which maximizes the opportunities for input into the system. It provides the City, first care providers, the medical community and citizens with clear and direct access to the prehospital care system. It is also a structure designed to provide a forum for the resolution of problems.

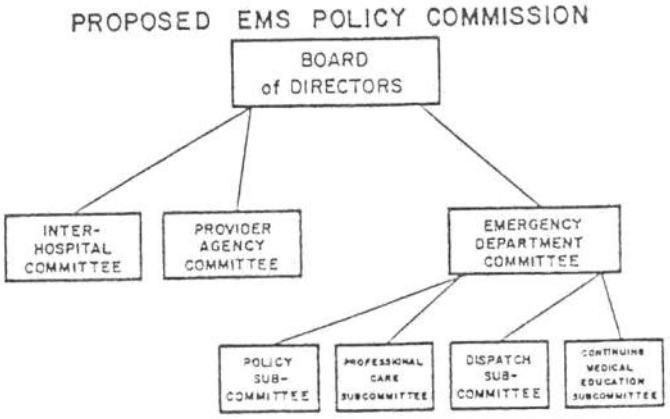


FIGURE 1

Fire Department Supervision

We believe that Fire Department supervision of the paramedic program is essential. The EMS Executive Director, formerly called the medical liaison, was eliminated from the FY 81-82 budget. This position should be reinstated because it is key to the maintenance of an ongoing relationship between the Fire Department and the medical community. It should be at the Battalion Chief level because of its importance to the system and visibility in the community. It would be desirable if the person occupying the position were a paramedic, however, we recognize that this may not be possible because of the level of the position within the Fire Department hierarchy. More important than the paramedic certification are an understanding of the paramedic function and administrative skills.

One-line paramedic supervision is also needed. Paramedic evaluation is difficult because their duties differ from that of firefighters. On-line supervisors familiar with the intricacies of paramedic work could conduct meaningful evaluations and monitor the system on a case-by-case basis. They could assure consistency in the treatment provided and oversee the completion of first care forms.

Both the EMS Executive Director and supervisory position(s) would enable the City to more effectively comply with the new State requirements for evaluation and training.

The relationship of the Fire Department to our recommended medical management structure is illustrated in Figure 2.

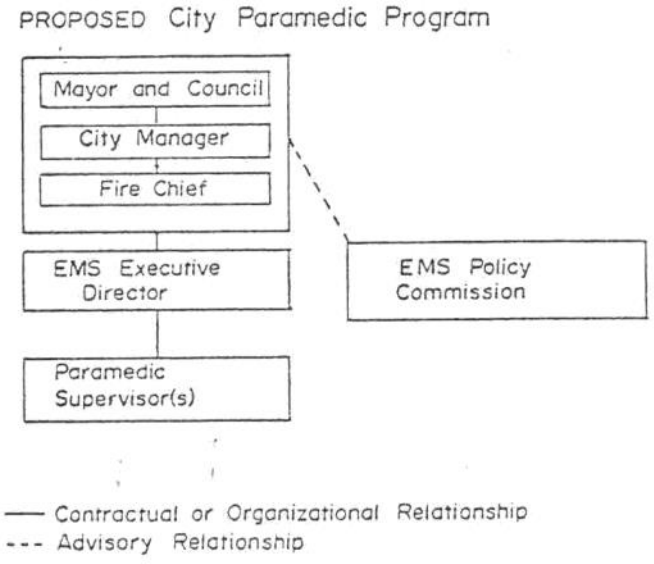


FIGURE 2

Dispatching

Dispatching is another issue on which we focused our attention. Currently, the City uses a multiple dispatch system as defined in the ambulance service agreements. The dispatchers, housed in the Randolph Park Communications Center, do some screening of calls. Again, when an ambulance is dispatched with the intensive care unit (paramedic), it is done in accordance with the ambulance service agreements.

Based on information provided by the Fire Department, Police Department, Communications Division, and representatives of Kords, Inc., we recommend the following:

1. That Fire Department engine companies continue to be the first responders.
2. That all vehicles, public or private, used to respond to 911 calls keep MEDS continually advised of their location and availability.
3. That paramedics notify the hospital which will be providing medical direction when they are dispatched to the scene.

The Committee notes that the dispatchers are adequately trained to assess the situation and send the appropriate personnel. We also note that dispatchers do not and should not attempt to give medical advice.

We discussed at length whether the Police could be the first responders. With the concurrence of the Police and Fire Departments, we concluded that because of the placement of fire stations throughout the community, the Fire Department is almost always able to be at the scene first. The paramedic units carry the extrication equipment and are therefore also needed at the scene. The Police also have responsibilities. If they were to assume any of those now handled by the Fire Department, additional Police personnel would be needed.

We addressed the issue of medical control at the scene of an accident. In most cases, medical control is given to the paramedics from a hospital. There are instances, however, when there is a physician present. In the past, the paramedics have continued to take direction from the hospital. The committee felt that a properly trained physician can and should be allowed to assist. If the physician agrees to take medical responsibility and to accompany the patient to the hospital, the committee recommends that the paramedics take direction from the physician at the scene.

Alternate Systems

The committee explored the possibility of a privately operated paramedic system. We worked with the Budget and Research Department to determine the financial impact of such a system. We reviewed the proposals submitted by Kords, Inc. and Arizona Medical Transport. We felt that neither of these proposals contained sufficient detail to adequately evaluate either the long-term financial impacts or the quality of care which would be provided. If a privately operated system is to be seriously considered, the City needs to solicit more specific proposals.

Philosophically, the committee finds the idea of a privately operated system appealing. However, we recognize that under the current situation, the advantages of the City operated system outweigh the advantages of transferring it. It was our opinion that with the proper medical control, supervision and training, either a public or private system can provide equal care. It was felt that with a privately operated system, there might be a greater likelihood of a uniform service being provided in the City and the County. We are aware, however, that the Board of Supervisors is at this time not interested in providing additional emergency medical services in the County.

We felt the para-military structure of the Fire Department provided better opportunities for training and supervision. The career ladder provided by the Fire Department helps retain trained paramedics.

Regional EMS Coordinating Agency

We reviewed the proposed bylaws for the regional EMS coordinating agency. We choose not to take a position on the agency. If such a regional agency is formed, we recommend that our Policy Commission and its subcommittees function as Tucson's subregional council.

Analysis of Champion's Report

The committee, in general, concurs with Dr. Champion's analysis of our system. We agree that there is a need for structured involvement of the medical community. We also agree that there are operational aspects of the pre-hospital system which would benefit from standardized procedures. In the area of dispatching, the committee feels that the current system works well and is not particularly amenable to the changes suggested by Dr. Champion. We differ with Dr. Champion's recommendation to establish a medical director within the Fire Department.

The advisory medical structure which we proposed on Page 3 of this report is quite similar to that proposed by Dr. Champion. The names of the committees differ and the functions of the subcommittees have been combined in our proposal. Our EMS Policy Commission is primarily a medical committee with only one member from the Fire Department. Dr. Champion's committee includes medical personnel as well as representatives from Fire, MEDS, City Attorney's Office and the private ambulance companies. We prefer the medical membership with City staff and outside agencies acting as resources to the commission.

Dr. Champion recommends three subcommittees: the Medical Control Committee; the Prehospital Protocal Committee and the Prehospital System Evaluation Committee. We agree with Dr. Champion's analysis of the issues which need to be addressed. Our recommended structure provides for accomplishment of all the tasks addressed in the Champion report through two subcommittees: the Controller Committee and the Statistical Evaluation Committee.

We wholeheartedly endorse Dr. Champion's recommendations for strict medical and quality control. We felt that the priority is to establish the EMS Policy

Commission and its subcommittees. Therefore, we concluded that it would be premature to appoint a Medical Director at this time. We see the chair of the Policy Commission working closely with the City Manager and the Fire Department. Since the chair will act in many ways as a medical director, we provided for the position to be appointed by the City Manager.

Our recommendations do not preclude the appointment of a medical director at a later date. The Policy Commission will be continuously evaluating the system and if it is determined that the workload requires a medical director, the Commission would make such a recommendation. We recommend that the Policy Commission work with City staff to establish criteria for a medical director if and when one is needed.

We recognize the merit in Dr. Champion's recommendations for changes in the communications system. However, there was a compelling rationale for setting up the dispatching system as it exists and we support the present system for the reasons discussed earlier.

Dr. Champion's report raises the issues of public education, first care forms and fees for services. We believe these are issues which should be addressed through the proposed committee structure.

Summary and Conclusions

The Tucson emergency medical system is sound but needs stronger medical control and tightening of some operational procedures. To accomplish these, the Select Committee on Emergency Medical Systems recommends that the City:

1. Retain operation of the paramedic system by the Tucson Fire Department.
2. Establish an EMS Policy Commission and Controller and Statistical Evaluation Committees.
3. Establish an EMS Executive Director and paramedic supervisor(s) within the Fire Department.
4. Continue the current practice of the Fire Department being the first responder.
5. Continue the current system of multiple dispatch as defined in the ambulance service agreements.

We hope our recommendations are helpful to you. Members of the committee will be present at the Study Session to discuss our report and answer questions.

November 18, 1981, Findings & Recommendations of Select Medical Committee

ATTACHMENT C

COMPARISON OF RECOMMENDATIONS

CHAMPION	SELECT MEDICAL COMMITTEE	CITY MANAGER
EMS POLICY COMMITTEE Board of Directors	EMS POLICY COMMISSION Board of Directors	EMS POLICY COMMISSION
Purpose: To establish and ensure the standard of care in pre-hospital emergency services. To act as the formal interface with the regional systems of emergency medical care. To provide an authoritative interface between the medical community, the City government, the Fire Department, and private ambulance companies.	Purpose: To monitor and promote the quality of prehospital care by facilitating co-ordination, planning, collaboration and communication among first care providers, physicians, emergency department nurses and hospitals; To establish and implement policy regarding prehospital care including medical control and evaluation; To respond to requests and concerns raised by the medical community and public regarding the prehospital care system; To act as the City of Tucson sub-regional coordinating agency within the structure of the Regional EMS Coordinating Agency.	Concur with purpose and membership as recommended by Select Medical Committee and supported by Pima County Medical Society, hospital administrators and Tucson Pre-hospital Care Council.
Membership: (Including, but not limited to) American College of Emergency Physicians American College of Surgeons	Membership: 2-Emergency Department Physicians 1-General Surgeon	

COMPARISON OF RECOMMENDATIONS

CHAMPION	SELECT MEDICAL COMMITTEE	CITY MANAGER
EMS POLICY COMMITTEE	EMS POLICY COMMISSION	EMS POLICY COMMISSION
Membership: (Including, but not limited to) American College of Cardiology or American Heart Association Emergency Department Nurses Association Southern Arizona Facilities Council Tucson Fire Private Ambulance Companies Pima County Medical Society MEDS City Attorney	Membership: 1-Cardiologist 1-Emergency Department Nurse 1-Neurosurgeon 1-Pediatrician 1-Orthopedic surgeon 2-hospital administrators 1-City Manager, ex-officio, non-voting	Concur with purpose and membership as recommended by Select Medical Committee and supported by Pima County Medical Society, hospital administrators and Tucson Pre-hospital Care Council.
SUBCOMMITTEES OF EMS POLICY COMMITTEES Medical Control Committee Purpose: To establish standards for medical control providers and assure that these standards are met.	SUBCOMMITTEES OF EMS POLICY COMMISSION Emergency Department Committee Purpose: To review the recommendations of the Policy, Professional Care, Dispatch and Continuing Medical Care Committee: a) To assure consistency with State law and rules and regulations;	SUBCOMMITTEES OF EMS POLICY COMMISSION Concur with committees and subcommittees as recommended by Select Medical Committee and supported by Pima County Medical Society, hospital administrators and Tucson Pre-hospital Care Council.

November 18, 1981, Findings & Recommendations of Select Medical Committee

COMPARISON OF RECOMMENDATIONS

CHAMPION	SELECT MEDICAL COMMITTEE	CITY MANAGER
SUBCOMMITTEES OF EMS POLICY COMMITTEES	SUBCOMMITTEES OF EMS POLICY COMMISSION Emergency Department Committee b) To assure consistency with adopted goals and policies of the EMS Policy Commission; c) To assure consistency with standard emergency department practices. Inter-Hospital Committee Purpose: To address issues such as: a) Regionalization and categorization; b) Inter-hospital patient transfers; c) Availability of emergency department, operating room intensive care unit and inpatient beds on a day-to-day basis; d) Coordination of triage and transfer policies.	SUBCOMMITTEES OF EMS POLICY COMMISSION Concur with committees and subcommittees as recommended by Select Medical Committee and supported by Pima County Medical Society, hospital administrators and Tucson Pre-hospital Care Council.

COMPARISON OF RECOMMENDATIONS

CHAMPION	SELECT MEDICAL COMMITTEE	CITY MANAGER
SUBCOMMITTEES OF EMS POLICY COMMITTEES Prehospital Protocol Committee Purpose: To develop the prehospital minimal standards for care of patients with specific reference to cardiac, trauma, burn, neonate/pediatrics, poisoning and other acute medical emergencies. Prehospital System Evaluation Purpose: To establish standards for evaluation of prehospital care on a regular and routine basis.	SUBCOMMITTEES OF EMS POLICY COMMISSION Provider Agency Committee Purpose: To coordinate efforts among the various providers of prehospital care; To discuss inter-agency strifes; To coordinate patient management between the various agencies involved; To decide appropriate levels of response in prehospital care. Policy Subcommittee (Reports to Emergency Department Committee) Purpose: To develop medical policies and standing orders; To coordinate day-to-day operations with respect to administrative and medical policy. Professional Care Subcommittee (Reports to Emergency Department Committee) Purpose: To evaluate new medical therapeutics and techniques and initiate them into the prehospital care system;	SUBCOMMITTEES OF EMS POLICY COMMISSION Concur with committees and subcommittees as recommended by Select Medical Committee and supported by Pima County Medical Society, hospital administrators and Tucson Pre-hospital Care Council.

November 18, 1981, Findings & Recommendations of Select Medical Committee

COMPARISON OF RECOMMENDATIONS

CHAMPION	SELECT MEDICAL COMMITTEE	CITY MANAGER
Prehospital System Evaluation	Professional Care Subcommittee To provide a methodology for critique and evaluation; To serve as the grievance committee for prehospital care. Dispatch Subcommittee (Reports to Emergency Department Committee) Purpose: To coordinate dispatch efforts between the various providers of prehospital care; To develop and maintain an educational program for dispatch personnel; To evaluate and critique the level of dispatch response and dispatch coordination; To develop triage protocols and standing order policies for dispatch personnel. Continuing Medical Education Subcommittee (Reports to Emergency Department Committee) Purpose: To initiate, coordinate and evaluate educational programs for physicians, nurses and paramedical personnel as it relates to prehospital care;	SUBCOMMITTEES OF EMS POLICY COMMISSION Concur with committees and subcommittees as recommended by Select Medical Committee and supported by Pima County Medical Society, hospital administrators and Tucson Pre-hospital Care Council.

November 18, 1981, Findings & Recommendations of Select Medical Committee

COMPARISON OF RECOMMENDATIONS

CHAMPION	SELECT MEDICAL COMMITTEE	CITY MANAGER
Prehospital System Evaluation	Continuing Medical Education Subcommittee To coordinate efforts within the Tucson metropolitan area to assure that continuing medical education meets State standards for certification, recertification and compliance for the Advanced Life Support hospitals.	SUBCOMMITTEES OF EMS POLICY COMMISSION Concur with committees and subcommittees as recommended by Select Medical Committee and supported by Pima County Medical Society, hospital administrators and Tucson Pre-hospital Care Council.
This area was identified as one in which "change may improve system effectiveness and cost effectiveness." Multiple vehicle responses "cost money and someone is paying this cost."	MULTIPLE RESPONSES The current system of multiple dispatch resulted from responses to factors which are outside of the City's control. The rationale which created the system is sound. The current system should be maintained.	Recommend continuation of the present system at this time. This issue should be considered by the Dispatch Subcommittee, the Emergency Department Committee and the Board of Directors of the EMS Policy Commission.
Consideration should be given to the establishment of a Select Committee to study the feasibility of combining the dispatch capabilities of the City and private ambulance companies.	CONSOLIDATED DISPATCH SYSTEM A combined dispatch system is not necessary if the private ambulance companies keep MEDS continually advised of their location and availability, per the ambulance service agreement.	Dr. Champion's recommendation has merit and the City has the capability to implement such a system. However, it is not desired by the private companies at this time.

COMPARISON OF RECOMMENDATIONS

CHAMPION	SELECT MEDICAL COMMITTEE	CITY MANAGER
No specific recommendations regarding system modification. The consultant recommends caution in making any changes.	CITY RETENTION OF PARAMEDIC SYSTEM Retain operation of the system by Tucson Fire	Retain operation of the system by Tucson Fire.
The City should obtain the parttime services of an appropriately experienced physician "to implement the policies developed by the EMS Policy Committee and to ensure the quality of the system provided by the hospital emergency departments and the prehospital care systems, both public and private."	MEDICAL DIRECTOR It is premature to appoint a Medical Director at this time. The chair of the EMS Policy Commission can function as the Medical Director. When and if the workload requires a Medical Director, the EMS Policy Commission will work with staff to establish criteria for the position.	Either alternative is acceptable. Budget constraints make the Select Committee's recommendation attractive.
The City dispatchers should attempt to identify the seriousness of a call and then selectively dispatch appropriate level of response. Use of the DOT training course should be considered.	DISPATCHER TRAINING Dispatchers are adequately trained to assess situations and send appropriate personnel. Dispatchers should not attempt to give medical advice.	The DOT course was evaluated by the Communications Division. They advise that the dispatchers are receiving training well above the level of the DOT course. The role and training of dispatchers should be addressed by Dispatch Subcommittee, the Emergency Department Committee and the Board of Directors of the EMS Policy Commission.

November 18, 1981, Findings & Recommendations of Select Medical Committee

COMPARISON OF RECOMMENDATIONS

CHAMPION	SELECT MEDICAL COMMITTEE	CITY MANAGER
	PHYSICIAN AT THE SCENE	
Not addressed.	When there is a "properly trained physician" on the scene, she/he can and should be allowed to assist. If the physician agrees to take medical responsibility and to accompany the patient to the hospital, it is recommended that the paramedics take direction from the physician at the scene.	Adopt recommendation of Select Committee but delay implementation until further examination by the medical community.
	PUBLIC EDUCATION, FIRST CARE FORMS, FEE FOR SERVICE	
The system may benefit from attention to these areas.	These issues should be addressed through the EMS Policy Commission and its subcommittees.	Concur with Select Medical Committee.

December 21, 1981, Letter

Pima County
Medical Society

5625 - 27 East Grant Road (602) 298-3306 Tucson, Arizona 85712

Morton Fuchs, M.D.
President

Robert S. Hirsch, M.D.
President-Elect

Christopher T. Maloney, M.D.
Vice President

J. G. McGregor, Jr., M.D.
Secretary-Treasurer

Ross L. Magee, M.D.
Past President

Rose Marie Malone
Executive Director

Ltr 12-30-81

December 21, 1981

William G. Ealy
Deputy City Manager
City of Tucson
250 West Alameda
Tucson, Arizona 85701

Dear Mr. Ealy:

At the recent meeting of the Board of Directors of the Pima County Medical Society, the recommendations that were made to the Mayor and City Council regarding the Emergency Medical Services Policy Commission were supported unanimously.

Much consideration was given to the proposal, with a detailed input by a number of invited representatives from various specialty organizations. It appears that the County Medical Society Board has enthusiasm for the structure of the EMS Policy Commission as it has been devised and would look forward to hearing from you regarding the further facilitation of this organization.

It has been proposed by the Tucson Surgical Society that a Trauma Review Committee be implemented and that we would suggest that this concept be incorporated somewhere within the structure of the EMS Policy Commission in order to have a review of all trauma cases serviced by this mechanism. The Tucson Surgical Society is desirous of participating in this endeavor and it has been suggested that they contact the EMS Policy Commission when it is formulated in order to provide such a service.

DEC 1981
RECEIVED
FIRE
OPERATIONS

72

Please Address All Correspondence To The Pima County Medical Society.

December 21, 1981, Letter

It has been suggested by members of our Emergency Medical Services Committee that the EMS Policy Commission petition the Arizona Department of Health Services for authority to be the "local EMS Coordinating Agency" for the City of Tucson and Pima County. If subsequently a southeastern EMS Coordinating Agency is established, the EMS Policy Commission will petition this agency to act as a sub-regional coordinating agency for the City of Tucson. This concept has been approved by the Board of Directors of the Pima County Medical Society.

If there is any further help you may need from the Pima County Medical Society, please feel free to call upon us.

Sincerely,

Morton Fuchs

Morton Fuchs, M.D.
President
Pima County Medical Society

MF/M/do

January 6, 1982, Letter

CITY OF TUCSON
The Sunshine City
CITY HALL
TUCSON, ARIZONA 85726
P. O. BOX 27210
OFFICE OF THE CITY MANAGER
791-4204

January 6, 1982

Dear Select Medical Committee Member:

The Committee met on January 4, 1982 to consider the addition of two paramedic units to the Fire Department. The meeting was attended by R. Van Nostrand, M. D., R. Fischer, M. D. and Thomas Plantz. They voted unanimously to recommend to the Mayor and Council that "the City proceed with due haste to accomplish the necessary paramedic training and purchase two units commensurate with budget availability with a target date of the fall of 1982 for implementation."

They also voted 3-0 that the Select Medical Committee be disbanded and that it be replaced by the EMS Policy Commission.

At the December 8th meeting, Mercy Sumner, Kay Fiscella and Rich Dean voted to support the addition of two paramedic units to the Fire Department. A letter from Martin Silverstein, M. D. is attached. If you or your society would like to go on record as supporting or opposing the units, please indicate your position to William G. Ealy, Deputy City Manager, in writing.

For your information, I am also enclosing a letter from Dr. Fuchs regarding the EMS Policy Commission.

If you have any questions, please call me at 791-4159.

Sincerely,

Karen Dotson

Karen K. Dotson
Principal Management Assistant

KKD/ym

Attachments: Letters from Dr. Silverstein and Dr. Fuchs

May 24, 1982, Recognition of Emergency Medical Services (EMS)

Mayor & Council Communication

1982 MAY 19 PM 4:34
OFFICE OF THE CITY CLERK

May 24, 1982

Subject: Recognition of Emergency Medical Services (EMS) Regional Coordinating Agency and a Subregional Coordinating Council

A resolution is attached for Mayor and Council consideration which recognizes the EMS Coordinating Council of Southeastern Arizona as the regional coordinating agency. The resolution also recognizes the Southern Arizona EMS Coordinating Council as the subregional coordinating council.

BACKGROUND INFORMATION

The Mayor and Council, on December 7, 1981, conceptually approved the bylaws of the EMS Coordinating Council of Southeastern Arizona. Councilmember Miller was appointed to serve on this Council. The Council, at its May 10, 1982 meeting, adopted the attached bylaws which are substantively like those approved by the Mayor and Council in December.

STATE DESIGNATION

The next step in the process is for the EMS Coordinating Council of Southeastern Arizona to be designated by the State as the regional EMS coordinating body. Resolutions of support from political jurisdictions representing 51 percent of region's population are required for State designation.

Upon receipt of the designation, the Council is eligible to receive State funding. It is anticipated that at least $50,000 may be available to our region during the next fiscal year. This money can be used for a variety of projects including planning, paramedic training and public education.

DESIGNATION OF SUBREGIONAL COORDINATING COUNCIL

The bylaws of the EMS Coordinating Council of Southeastern Arizona provide for subregional coordinating councils. In order for the subregional council to be designated, a resolution of endorsement from the principal general purpose local government representing the subregion is required.

The reports of Dr. Champion and the Select Medical Committee recommended the formation of an EMS policy commission. This commission was to function as our subregional coordinating council when the regional agency was formed. The Mayor and Council endorsed the formation of the policy committee, now called the Southern Arizona EMS Coordinating Council. This organization has been functioning since February and is eager to assume the role of subregional coordinating agency.

The resolution makes the City's recognition of the EMS Coordinating Council of Southeastern Arizona contingent upon that Council's recognition of the Southern Arizona EMS Coordinating Council. This contingency is consistent with the Mayor and Council's previous direction that the Southern Arizona EMS Coordinating Council serve as the subregional agency.

MAY24-82-451

May 24, 1982, Recognition of Emergency Medical Services (EMS)

MAYOR & COUNCIL COMMUNICATION
"Recognition of Emergency Medical
Services (EMS) Regional Coordinating
Agency and a Subregional Coordinating
Council

May 24. 1982

RECOMMENDATION

It is recommended that the attached resolution be adopted.

Joel D. Valdez
City Manager

JDV/ym

Attachments: Bylaws
Resolution

MAY24-82-451

May 24, 1982, Recognition of Emergency Medical Services (EMS)

ADOPTED BY THE
MAYOR AND COUNCIL

MAY 2 4 1982

RESOLUTION NO. 11871

RELATING TO EMERGENCY MEDICAL SERVICES; RECOGNIZING THE EMERGENCY MEDICAL SERVICES COORDINATING COUNCIL OF SOUTHEASTERN ARIZONA AS THE LOCAL EMERGENCY MEDICAL SERVICES COORDINATING SYSTEM FOR THE SOUTHEASTERN ARIZONA PLANNING AREA; RECOGNIZING THE SOUTHERN ARIZONA EMERGENCY MEDICAL SERVICES COORDINATING COUNCIL AS THE SUBREGIONAL EMERGENCY MEDICAL SERVICES COORDINATING SYSTEM PRIMARILY FOR THE TUCSON METROPOLITAN AREA PORTION OF THE SOUTHEASTERN ARIZONA PLANNING AREA.

WHEREAS, the Emergency Medical Services Coordinating Council of Southeastern Arizona, referred to here as the Regional Council, was established to provide: a locally controlled entity to perform the functions of a regional coordinating council for Southeastern Arizona, pursuant to Arizona Department of Health Services rules and regulations; a regional body, representative of all geographic areas of Southeastern Arizona, to focus attention upon the emergency medical care needs of the population in Southeastern Arizona; a regional emergency medical services agency through which Federal, Arizona and other outside resources can be channeled most effectively to support emergency medical services systems in the designated area; and a mechanism to enhance the ability of emergency medical services systems component operators to efficiently and effectively provide such services, through consultation, coordination, and the provision of requested technical and planning assistance; and

WHEREAS, the bylaws of the Regional Council authorize the designation of subregional emergency medical services coordinating systems within the Southeastern Arizona planning area, such that each subregional system represents its own geographic area in the planning, coordination and implementation activities of the Regional Council; and

WHEREAS, the Regional Council, pursuant to Section 36-2210, Arizona Revised Statutes, must demonstrate continued annual support by action of the governing bodies of the counties, cities and towns within the designated planning area;

May 24, 1982, Recognition of Emergency Medical Services (EMS)

NOW, THEREFORE, BE IT RESOLVED BY THE MAYOR AND COUNCIL OF THE CITY OF TUCSON, ARIZONA, AS FOLLOWS:

SECTION 1. The Regional Council is recognized as the local emergency medical services coordinating system for the Southeastern Arizona planning area.

SECTION 2. The Southern Arizona Emergency Medical Services Coordinating Council, referred to here as the Subregional Council, is recognized as the subregional emergency medical services coordinating system for that portion of the Southeastern Arizona Planning area which primarily includes the Tucson metropolitan area, in order to represent the designated subregion in the various coordinating activities of the Regional Council.

SECTION 3. The recognition of the Regional Council by the City of Tucson is contingent upon the Regional Council's recognition of the Subregional Council as the subregional agency specified in Section 2 of this Resolution.

SECTION 4. The recognition of the Regional Council and the Subregional Council by the City of Tucson does not constitute City of Tucson authorization for the commitment or expenditure of City funds by either entity, absent further formal action by the Mayor and Council.

SECTION 5. The various City officers and employees are authorized and directed to perform all acts necessary or desirable to give effect to this Resolution.

SECTION 6. WHEREAS, it is necessary for the preservation of the peace, health and safety of the City of Tucson that this Resolution become immediately effective, an emergency is hereby declared to exist, and this Resolution shall be effective immediately upon its passage and adoption.

PASSED, ADOPTED AND APPROVED by the Mayor and Council of the City of Tucson, Arizona, MAY 24 1982.

MAYOR

ATTEST:

CITY CLERK

APPROVED AS TO FORM:

CITY ATTORNEY

REVIEWED BY:

CITY MANAGER

PEH/mm 5/19/82

May 24, 1982, Recognition of Emergency Medical Services (EMS)

A[illegible]TED BY THE
MA[illegible]R AND COUNCIL

RESOLUTION NO. 11332

RELATING TO EMERGENCY MEDICAL SERVICES: SUPPORTING THE EMERGENCY MEDICAL SERVICES COUNCIL, INC. FOR RECOGNITION AS THE LOCAL EMERGENCY MEDICAL SERVICES COORDINATING SYSTEM IN THE STATE EMS REGION II PLANNING AREA, PURSUANT TO SECTION 41-1849, ARIZONA REVISED STATUTES.

BE IT RESOLVED BY THE MAYOR AND COUNCIL OF THE CITY OF TUCSON, ARIZONA, AS FOLLOWS:

SECTION 1. That the Emergency Medical Services Council, Inc., is supported for recognition as the local emergency medical services coordinating system in the State EMS Region II Planning Area, pursuant to Section 41-1849, Arizona Revised Statutes.

SECTION 2. That the various City officers and employees are authorized and directed to perform all acts necessary or desirable to give effect to this Resolution.

SECTION 3. WHEREAS, it is necessary for the preservation of the peace, health and safety of the City of Tucson that this Resolution become immediately effective, an emergency is hereby declared to exist, and this Resolution shall be effective immediately upon its passage and adoption.

PASSED, ADOPTED AND APPROVED by the Mayor and Council of the City of Tucson, Arizona, _____.

_____
MAYOR

ATTEST:

_____
CITY CLERK

APPROVED AS TO FORM:

_____
CITY ATTORNEY

REVIEWED BY:

_____
CITY MANAGER

CITY CLERK'S NOTE:
No action was taken by the Mayor and Council on this resolution. On May 24, 1982 the Mayor and Council considered this subject and adopted Resolution No. 11871. (DLDM/cmb)

PEH/lb
11-4-80 PEH

September 1, 1982, Letter:

MEMORANDUM

DATE: September 1, 1982

TO: Department of Operations

FROM: Joel D. Valdez
City Manager

SUBJECT: Dispatch of Private Sector Vehicles in City

Due to the many uncertanties that currently exist in the dispatching of private sector paramedic vehicles in the City and until such time as a new Ambulance Services Agreement can be formalized, I believe it appropriate we follow the Southern Arizona EMS Coordinating Council's motion on dispatching that relate to the City.

Motion:

"An ALS ground unit within the City of Tucson is defined as a unit staffed by two Certified Emergency Paramedics."

Motion as Amended:

"The primary mission of an ALS unit is to be available to the "911" Medical Dispatch System seven (7) days per week/ 24 hours per day; with some reasonable exceptions to this rule (i.e., paramedic calls to rural areas, interhospital calls for transfers, and mechanical problems of the rigs)."

Motion:

"All "911" calls should be handled through the Medical Emergency Dispatch System (MEDS)."

Please initiate those procedures necessary to comply with above motions and to become effective September 19, 1982.

JDV:ARW:hs

cc: Harvey Meislin, M. D.
Richard Moreno, Fire Chief
Kords Ambulance
Associated Ambulance

September 9, 1982, Letter:

THE UNIVERSITY OF ARIZONA
HEALTH SCIENCES CENTER
TUCSON, ARIZONA 85724

COLLEGE OF MEDICINE
SECTION OF EMERGENCY MEDICINE

(602) 626-6312
(602) 626-6093

September 9, 1982

Joel D. Valdez, City Manager
P.O. Box 27210
Tucson, AZ 85726-7210

Dear Mr. Valdez:

Concerning your memorandum of September 1, 1982 to the Department of Operations, I would like to clarify the discussion concerning the motion stating "An ALS ground unit within the City of Tucson is defined as a unit staffed by two Certified Emergency Paramedics." Both the Emergency Department Directors Committee (Tucson Pre-Hospital Care Council) and the Southern Arizona EMS Coordinating Council Board of Directors discussed the issue of a date to initiate the motion. A letter sent from Kords Ambulance Service was submitted to both organizations expressing a similar concern. It was realized that presently in the City of Tucson there is a paucity of paramedic training programs and the availability of certified paramedics at this point is limited. It was also realized that a training program has just recently commenced and it will be several months before these trainees can complete their educational experience and, hopefully, become State certified.

Both groups felt that in the light of these circumstances, a starting date for enforcement of the motion could not be labeled at present. It was felt that there was a sincere effort by the private sector ambulance vehicles to meet the requirements of the motion and that a reasonable period of time should be allowed to train the necessary individuals for compliance with the motion. A date specifically was not set to allow factors such as training and certification to proceed. The committees felt that the existing mechanisms and agreements between the City and private sector paramedic vehicles should continue until the next paramedic class graduated or a new ambulance service contract is in effect.

I hope this clarifies the discussions concerning the above motion as it pertains to the recommendations by both the Emergency Department Directors Committee and the Southern Arizona EMS Coordinating Council Board of Directors.

Sincerely,

Harvey W. Meislin, M.D., Chairman
Southern Arizona EMS Coordinating Council

cc: Richard Moreno, Fire Chief
Kords Ambulance
Associated Ambulance
Board of Directors, Southern Arizona EMS Coordinating Council

RECEIVED
SEP 1982
Fire Dept. Hqs.

6028

December 27, 1982

Mayor & Council Communication

December 27, 1982

Subject: Service Agreements with Seven Hospitals to Provide Medical Supervision to Paramedics

The Mayor and Council are requested to approve the attached Service Agreements with St. Mary's Hospital and Health Center, St. Joseph's Hospital, El Dorado Hospital and Medical Center, Tucson General Hospital, the University of Arizona Health Sciences Center, Tucson Medical Center, and Pima County-Kino Community Hospital. These agreements will provide for on-line and administrative medical supervision for the City paramedics.

BACKGROUND

New Arizona Statutes authorize the Director of the Department of Health Services to promulgate rules and regulations regarding emergency care in Arizona. The resultant A.G. Rule Number 81-45 establishes the regulations and guidelines necessary for a health care institution to become certified as an emergency center or an Advanced Life Support (ALS) base hospital.

To comply with these regulations, seven area health care institutions have requested the City to enter into Service Agreements. Under the terms of these agreements, each hospital will provide for both on-line medical supervision and administrative medical direction of the City paramedics. All employers of paramedics are required to enter into contracts with ALS facilities. The State regulations are specific regarding obligations that must be met by both parties in an agreement.

CONTENTS OF THE SERVICE AGREEMENTS

By State requirement, this agreement must include a Medical Control Plan. This plan includes treatment protocols, standing orders, communication protocols and the commitment for education and quality control. The medical control plan for Tucson has not been completed, but work by the Southern Arizona EMS Coordinating Council is well underway. Upon completion, the Medical Control Plan will become part of this agreement. Those portions of the medical control plan which are now complete will be included as an attachment to the agreements.

With the approval of the agreements, there will be a change in the paramedic operation. Under the agreements, a paramedic unit will be permanently assigned to a hospital. The base hospital will then be responsible not only for giving medical direction to paramedics stationed at that facility but also for providing evaluations and training. When a patient will go to a receiving facility other than the base hospital, medical direction will be transferred to that facility.

DEVELOPMENT PROCESS

A model service agreement was prepared with input of hospital representatives and City personnel. Then negotiations with each health care institution were conducted to deal with individual needs and concerns. The final agreements for each health care institution vary slightly.

Attached are the seven Service Agreements:

St. Mary's Hospital and Health Center	Attachment A
St. Joseph's Hospital	Attachment B
El Dorado Hospital and Medical Center	Attachment C
Tucson Medical Center	Attachment D
Tucson General Hospital	Attachment E
The University of Arizona Health Sciences Center	Attachment F
Pima County - Kino Community Hospital	Attachment G

These Service Agreements have either been signed by the Hospital Administrator or approved in writing as is the case of University of Arizona. The University of Arizona and Pima County Agreements both have to be officially approved by the Board of Regents and County Board of Supervisors respectively. The City was advised that neither of these Boards would act on the agreement prior to Mayor and Council approval.

The Service Agreements must be approved by the Arizona Department of Health Services (ADHS). ADHS has reviewed the basic agreements for content and unofficially approved.

BUDGET CONSIDERATIONS

The new agreements will have no impact on the current or proposed 1983-84 Fire Department budget.

ANALYSIS AND SUMMARY

One of Dr. Howard Champion's recommendations for improvement of the Tucson emergency medical system was the structured involvement of the medical community. He recognized this would be required under the new State legislation. The Service Agreements address most of his concerns relative to medical control and evaluation. The agreements meet the requirements of the new State statutes, for both the health care institutions and the City. This mutual commitment will be monitored by both the local EMS Coordinating Council and the State.

RECOMMENDATION

It is recommended that the Mayor and Council approve the Service Agreements with the seven health care institutions.

Respectfully submitted,

Joel D. Valdez
City Manager

January 17, 1983

ADOPTED BY THE
MAYOR AND COUNCIL
JAN 17 1983

RESOLUTION NO. 12134

RELATING TO EMERGENCY MEDICAL SERVICES; APPROVING AND AUTHORIZING EXECUTION OF EMERGENCY MEDICAL SERVICES SUPPORTING SERVICE AGREEMENTS BETWEEN THE CITY OF TUCSON AND: ST. MARY'S HOSPITAL AND HEALTH CENTER; ST. JOSEPH'S HOSPITAL; EL DORADO HOSPITAL AND MEDICAL CENTER; TUCSON MEDICAL CENTER; TUCSON GENERAL HOSPITAL; ARIZONA BOARD OF REGENTS ON BEHALF OF THE UNIVERSITY OF ARIZONA, UNIVERSITY HOSPITAL; PIMA COUNTY ON BEHALF OF KINO COMMUNITY HOSPITAL.

BE IT RESOLVED BY THE MAYOR AND COUNCIL OF THE CITY OF TUCSON, ARIZONA, AS FOLLOWS:

SECTION 1. That the Emergency Medical Services Supporting Service Agreement, attached hereto as Attachment A and by this reference made a part hereof, between the City of Tucson and St. Mary's Hospital and Health Center, is approved.

SECTION 2. That the Emergency Medical Services Supporting Service Agreement, attached hereto as Attachment B and by this reference made a part hereof, between the City of Tucson and St. Joseph's Hospital, is approved.

SECTION 3. That the Emergency Medical Services Supporting Service Agreement, attached hereto as Attachment C and by this reference made a part hereof, between the City of Tucson and El Dorado Hospital and Medical Center, is approved.

SECTION 4. That the Emergency Medical Services Supporting Service Agreement, attached hereto as Attachment D and by this reference made a part hereof, between the City of Tucson and Tucson Medical Center, is approved.

SECTION 5. That the Emergency Medical Services Supporting Service Agreement, attached hereto as Attachment E and by this reference made a part hereof, between the City of Tucson and Tucson General Hospital, is approved.

SECTION 6. That the Emergency Medical Services Supporting Service Agreement, attached hereto as Attachment F and by this reference made a part hereof, between the City of Tucson and Arizona Board of Regents on behalf of the University of Arizona, University Hospital, is approved.

SECTION 7. That the Emergency Medical Services Supporting Service Agreement, attached hereto as Attachment G and by this reference made a part hereof, between the City of Tucson and Pima County on behalf of Kino Community Hospital, is approved.

SECTION 8. That the City Manager is authorized and directed to execute the Agreements; that the City Clerk is authorized and directed to countersign the Agreements; that the City Manager is directed to file the Agreements, when fully executed by the parties, with the Arizona Department of Health Services for its approval; and that the various City officers and employees are authorized and directed to perform all acts necessary or desirable to give effect to this resolution.

SECTION 9. WHEREAS, it is necessary for the preservation of the peace, health and safety of the City of Tucson that this resolution become immediately effective, an emergency is hereby declared to exist, and this resolution shall be effective immediately upon its passage and adoption.

PASSED, ADOPTED AND APPROVED by the Mayor and Council of the City of Tucson, Arizona, JAN 17 1983.

MAYOR

ATTEST:

CITY CLERK

APPROVED AS TO FORM:

CITY ATTORNEY

REVIEWED BY:

CITY MANAGER

PEH:rh
1/11/83 PEH

March 25, 1983, Proxy Report

MEMORANDUM

DATE: March 25, 1983

Arnold R. Weuve

TO: J. D. Valdez
City Manager

FROM: Arnold R. Weuve
Battalion Chief
Medical Section
TFD-4806

SUBJECT: Proxy Report on EMS Coordinating Council of Southeastern Arizona

Members and guests were introduced. Eight council members were present or represented by proxy.

The minutes of the February 24, 1983 meeting were approved as printed.

A printed report by the Physician Review/Advisory Panel was presented. The recommendation of the Education and Training Task Force earmarking $5,000 for the March 28, 1983, paramedic training class in Tucson was tabled pending further information by the panel. The City of Tucson would benefit by $4,000 if this is approved.

A list of people expressing an interest in serving on the Communications and Transport Task Force was presented. Three names were added and the list approved. List of names attached.

It was agreed that the regional Pre-Hospital Care Task Force be the next to be formulated.

A discussion was held to clarify what areas in training could be assisted with funds under the contract received from the State. Dr. Stafford stated all EMT levels of training and continuing education for the same are eligible expenses. PAG requested clarification in writing.

The Provider Grant Applications were reviewed by a subcommittee on March 18th. The 33 applications received were categorized into three areas and then prioritized in each category. The committee's recommendations were approved and will be sent to the Arizona Department of Health Services for their considerations.

Dr. Stafford, State Medical Director, reported on the status of EMS legislation. Senate Bill 1251 cleared the Senate and was assigned to the Health, Appropriations and Rules Committees in the House. It was a consensus of the council members to generate whatever support they could with their legislators for support of this important EMS funding bill.

House Bill 2195, which authorizes Ambulance regulation, passed the House and is waiting assignment in the Senate.

Items for future agendas were discussed.

The next meeting date was set for April 28, 1983, at 1330 in the PAG Conference Room

ARW:hs

Attach.

cc: G. Miller WG Ealy

1005-2

March 25, 1983, Proxy Report

Persons expressing interest in serving on the
Communications and Transportation Task Force

NAME	AFFILIATION
Robert Linnemann, Chief	Rio Rico Colunteer Fire Dept.
Donald R. Newcomer, Fire Supt.	Civil Defense Dir. Sierra Vista
Paul E. Van Fleet	Greenlee County Health Dept.
Wayne Kielsmeier	Kord's Ambulance Servive, Inc.
Jay Dagley	Bowie Volunteer Fire Company
Deputy Albert S. Tomlinson	Cochise County Sheriff
Danny Gonzalez	Cochise County Emergency Medical Serv
Robert A. Johnson	City of Tucson Communications
Angus MacIsaac	Douglas Suburban Fire District
Lt. Thad Curtis	Pima County Communications Center
Bernard Yost (alternate)	Pima County Communications Center
Steven W. Johnson, Chief	Pima Police Dept. - Graham
Marc A. Miller, C.E.P.	Arizona Medical Transport, Inc.
Chief Arnold R. Weuve	City of Tucson Fire Dept.
Mike Droban	Ricture Rocks Volunteer Fire Dept.
Captain Chet Babcock	Flowing Wells Fire Dept.
Henry J. Vega	City of South Tucson Fire Dept.
Bruce Sadilek	Transmedic Ambulance Co.
Raymond Walker	City of Tucson Police Department, Communication Division
Forrest Wood	D.P.S.
Gene Kellerman	Tumacacori
Joe DeLeon	Nogales Fire Dept.

April 12, 1983, Letter:

THE TUCSON PRE-HOSPITAL CARE COUNCIL
P.O. BOX 5386
TUCSON, ARIZONA 85703

April 12, 1983

Joel D. Valdez
City Manager
P.O. Box 27210
Tucson, AZ 85726-7210

Dear Mr. Valdez:

On September 9, 1982, a letter was sent to you by the "then" Chair of the Southern Arizona E.M.S. Coordinating Council, Harvey W. Meislin, M.D., regarding a motion passed by the Southern Arizona E.M.S. Coordinating Council at the June 29, 1982, meeting. This motion stated that "an ALS ground unit within the City of Tucson is defined as a unit staffed by two Certified Emergency Paramedics". Dr. Meislin stated that since there was a scarcity of Certified Emergency Paramedics available and since it would be several months before Paramedic Training Program trainees completed their training, that the "starting date for enforcement of the motion could not be labeled" at that time, and "it was felt that there was a sincere effort by the private sector ambulance vehicles to meet the requirements of the motion and that a reasonable period of time should be allowed to train the necessary individuals for compliance with the motion". The Southern Arizona EMS Coordinating Council felt that the existing mechanisms and agreements between the City and private sector paramedic vehicles should continue until the current Paramedic Training Program ended.

At the March 31, 1983, meeting of the Southern Arizona EMS Coordinating Council, this issue was addressed since the concerned Paramedic Training Program did conclude on February 25, 1983. The motion was passed that:

> "In view of the fact that the reason for delay will have passed in two weeks, that the City move on the motion—'An ALS ground unit within the City of Tucson is defined as a unit staffed by two Certified Emergency Paramedics'—at their will."

The two weeks delay was noted to allow the recently graduated Emergency Paramedics time to complete State Certification Examinations and to receive notice of examination results.

This letter is also to notify you that, to comply with the recommendation of the Sub-regional EMS Agency, the EMS Coordinating Council of Southeastern Arizona, the Southern Arizona EMS Coordinating Council has voted to change its name to the Tucson EMS Council. This was necessary to avoid confusion.

April 12, 1983, Letter:

I hope this updates you concerning the above motions as recommended by the Tucson EMS Council Board of Directors.

Sincerely,

Charles Harter M.D.

Charles Harter, M.D., Chair
Tucson EMS Council

csa

cc Richard Moreno, Chief, Tucson Fire Department
William Ealy, Deputy City Manager
Tom Price, Director, Department of Operations

MEMORANDUM

DATE: April 19, 1983

TO: Joel D. Valdez
City Manager

FROM: Richard M. Moreno
Richard M. Moreno
Fire Chief (4511)

SUBJECT: Manning Requirements for Paramedic Vehicles in City

The Tucson EMS Council's letter to you dated April 12, 1983, recommends that their motion of June 29, 1982, "An ALS ground unit within the City of Tucson is defined as a unit staffed by two Certified Emergency Paramedics" be instituted at the City's discretion of date. The Fire Department would like to recommend the date of May 15, 1983, as the target date for all paramedic units operating as primary responders in the MEDS system within the City to start complying with this motion.

RMM:ARW:hs

May 26, 1983, EMS Council

EMS

TUCSON EMS COUNCIL

Thursday May 26, 1983

Tucson General Hospital
Board Room
6 P.M. - Dinner Meeting

A G E N D A

1. Introduction of Consumer Representative
2. Approval of minutes of March 31, 1983
3. Approval of Sub-committee minutes

4. Action on motions from Emergency Department Committee
   a. "If it is documented that an ambulance transport vehicle falsifies its location to the MEDS System that the ambulance transport vehicle's company be suspended from the MEDS System."
   b. "The ALS Base Hospitals' Paramedic Coordinators' Committee elect a representative to serve as an ex-officio member of the Tucson EMS Council and the Emergency Department Committee.
   c. "That MEDS be required to simultaneously dispatch the closest available transport unit, be it EMT, I-EMT, or Paramedic, along with the TFD Medic responding to a call originating from the 911 system based upon locations known prior to the call."
5. Associated Ambulance Company - Marc Miller
6. Protocols

   Criteria FOR Base Hospital Contact
   Hypoglycemia
   Childbirth
   Emergency Inter-hospital transfer
   Syncope
   Cricothyrotomy
   Drowning/near drowning

Protocols cont'd.

Drugs - Aminophyllin, Atropine Sulfate, Bretylium, Calcium, Decadron, Dextrose, Valium, Benadryl, Dopamine, Epinephrine, Lasix, Syrup of Ipecac

If you have not already done so, would you please call 622-5833, Extension 1452 to verify your intention to attend this meeting. An exact count of attendees is necessary for planning dinner. Thank you.

Unknown date, believed to be 1983, Report:

Mayor & Council Memorandum

Subject: Authorization for Response Fees Applied to Non-City of Tucson Governmental Agencies, Except U.S. Government, for Emergency Services

A proposal is hereby submitted to institute a response fee for any emergency response to facilities or property owned (or operated) by government agencies other than the City of Tucson and the U.S. Government, e.g., State of Arizona and Pima County. Authorization to implement the developed fee structure outlined herewith is requested by this memorandum.

Background

One of the major goals of the Tucson Fire Department is to provide the best possible fire and medical emergency protection to all individuals and property within the corporate limits of the City of Tucson, at the lowest possible cost. These tax supported services have been rendered generally regardless of the taxpaying status of individuals and property receiving the services. Since the subject agencies do not compensate the City of Tucson through property tax or other disbursements, equitable reimbursement fees must be imposed on these jurisdictions to defray response costs.

In 1980 the Tucson Fire Department responded to 821 calls to governmental or quasi-governmental agencies. These responses are itemized as follows:

	Fire	Medical
University of Arizona	100	174
Other State of Arizona Facilities	24	35
Pima County Governmental Complex	50	33
Other Pima County Governmental Facilities	80	153
Pima Community College	11	9
Tucson Public Schools	91	61
Total	356	465

The exemption of U.S. Government facilities and property is derived from reimbursement policies presently in effect and available through proper applications.

Unknown date, believed to be 1983, Report:

MAYOR AND COUNCIL MEMORANDUM -2-
"Authorization for Response Fees Applied to Non-City of Tucson Governmental Agencies, Except U.S. Government, for Emergency Services

Project Description

A developed fee structure including all equipment, personnel and miscellaneous charges for emergency responses is hereby outlined.

MANNING REQUIREMENT--NORMAL STRUCTURAL RESPONSE

One Fire Battalion Chief, three Fire Captains, four Fire Engineers, five Firefighters and two Paramedics. The two Paramedics are included in the calculated cost for each paramedic unit response of $75 per call.

Minimum Charge

The minimum charge is based on one hour per response to facilitate the calculation of personnel costs. Miscellaneous charges include fuel, reports, apparatus and facilities amortization and depreciation costs.

The minimum charge for a Normal Structural Response is $323, based on the following criteria:

Description	Number	Hourly Rate Plus Fringe	Hourly Total	Total Cost
Battalion Chief	1	$11.39		$ 11.39
Two Pumpers				
Captain	2	9.82	$ 19.64	
Engineer	2	8.89	17.78	
Firefighter	4	8.06	32.24	69.66
One Ladder				
Captain	1	9.82	9.82	
Engineer	2	8.89	17.78	
Firefighter	1	8.06	8.06	35.66
Paramedic Unit				75.00
Other Costs (fuel, apparatus and facilities)				131.00
Cost Per Call				$ 322.71 or $ 323

If personnel and equipment are required beyond one hour, the user will pay the minimum charge of $252 for each additional hour or fraction of an hour.

Unknown date, believed to be 1983, Report:

MAYOR AND COUNCIL MEMORANDUM -3-
"Authorization for Response Fees Applied to
Non-City of Tucson Governmental Agencies,
Except U.S. Government, for Emergency Services

If additional manpower and equipment are required over the normal response, the following charges will be added to the minimum:

1. Pumpers: $35 for each additional apparatus per hour or fraction of an hour.
2. Ladder or Platform Trucks: $36 for each additional apparatus per hour or fraction of an hour.
3. Paramedic Unit: $75 for each additional unit per hour or fraction of an hour.
4. When additional apparatus and units at the scene reach the level of a normal response, a Battalion Chief will be dispatched at a charge of $11.39 per hour or any fraction of an hour.

To protect the City adequately the Fire Department must provide enough personnel and equipment for five normal responses. If the magnitude of an incident requires the services of sufficient personnel and equipment to deplete the protection for the remainder of the City, the user will be charged for the additional costs incurred by manning reserve equipment at the overtime rate. The charge will be $105 for each unit per hour or any fraction of an hour.

SINGLE UNIT RESPONSE--one pumper or one paramedic unit

Certain emergency calls will require a single unit response only. Examples of such incidents are: vehicle fires, trash fires, grass and tree fires, bomb threats, and other minor incidents. Also included in single unit responses are the majority of medical emergency calls, which can be handled by one paramedic unit.

MANNING REQUIREMENT/SINGLE UNIT RESPONSE

One Fire Captain, one Fire Engineer, and two Firefighters for a pumper, or two Paramedics for a paramedic unit at $75 per call as outlined previously.

Minimum Charge

One hour as previously noted. The minimum charge for a Single Unit Response is $79 for one pumper and $75 for one paramedic unit, based on the following criteria:

Unknown date, believed to be 1983, Report:

MAYOR AND COUNCIL MEMORANDUM -4-
"Authorization for Response Fees Applied to Non-City of Tucson Governmental Agencies, Except U.S. Government, for Emergency Services

Description	Number	Hourly Rate Plus Fringe	Hourly Total	Total Cost
One pumper				
Captain	1	$9.82	$ 9.82	$
Engineer	1	8.89	8.89	
Firefighter	2	8.06	16.12	34.83
Other Costs (fuel, apparatus and facility)				43.40
Cost Per Call (One pumper per hour or any fraction)				$78.23 or 79.00
Cost Per Call (One paramedic unit per hour or any fraction)				75.00

The costs outlined in this structure are based on the current fiscal year (1980-81) budgetary figures. Costs will be adjusted to reflect subsequent budgetary adjustments.

Scope

The implementation of a fee schedule for outside governmental agencies will generate revenue to offset the cost incurred in responding to the aforementioned incidents and assure that these agencies pay their share for emergency services.

Legal Considerations

State legiislation or policy changes may be required prior to implementation. Precedent has been set for fire protection charges to traditionally tax-exempt state properties in Washington and New Jersey. No state legislation exists prohibiting charges by municipalities for emergency responses to state or county property.

Budget Impact

The fee structure is designed to recover expenditures incurred by the fire department in responding to incidents at specified properties. Also, since this program is confined within the corporate city limits, existing fire department facilities, equipment, and presently designated response areas are adequate and do not require expansion or change.

This program will require no additional funding and will generate revenues not presently collected.

The data for 1980 indicates a market value of $4,587,684,636 for non-taxable property within the City of Tucson. The property value continues to climb, as does the fire loss and the costs of responding to these properties.

Unknown date, believed to be 1983, Report:

MAYOR AND COUNCIL MEMORANDUM -5-
"Authorization for Response Fees Applied to
Non-City of Tucson Governmental Agencies,
Except U.S. Government, for Emergency Services

Recovered revenues will be approximately $150,000 annually based on 356 fire responses at $323 each and 465 medical responses at $75 each at 1980-81 fiscal year costs. Provisions are made to allow a flexible fee structure for fluctuations in the yearly budget.

Proper collection and accounting procedures will be coordinated by the Fire and Finance Departments upon authorization.

Recommendation

It is recommended that a strong request and lobbying effort be made to the Governor's Office, the Pima County Board of Supervisors and any other appropriate agency allowing the City of Tucson to receive compensation for emergency services rendered and that the Mayor and Council adopt this proposal authorizing a response fee charge as outlined herein upon state approval or legislation permitting such a fee.

Joel D. Valdez
City Manager

JDV:EDH:en

June 9, 1983, Letter:

THE TUCSON PRE-HOSPITAL CARE COUNCIL
P.O. BOX 5386
TUCSON, ARIZONA 85703

June 9, 1983

Joel D. Valdez
City Manager
P.O. Box 27210
Tucson, AZ 85726-7210

Dear Mr. Valdez:

At the May 25, 1983, meeting of the Tucson EMS Council, it was requested by the private sector ambulance companies that an extension be given to meet the requirements of two paramedics per paramedic rig while in service within the City of Tucson. This extension was to allow additional time for two paramedic trainees to graduate from Central Arizona College and three paramedics taking certification exams shortly.

The motion was made, seconded, and passed:

"that all private sector rigs be given an extra 90 days, until August 13, 1983, to comply with the motion of June 29, 1982".

It was agreed by the Council that:

"It should be understood that extending the deadline for implementation of this policy, to permit adequate time for implementation by the provider agencies, is in no sense meant to lend support for any future rescinding of this policy in the event of an interruption in the ability of any provider to supply these services."

I hope this updates you concerning the above motions as recommended by the Tucson EMS Council Board of Directors. Since I will be out of town until July 17, please contact Evelyn Chapman at St. Mary's Hospital and Health Center if you have any questions.

Sincerely,

Charles Harter M.D.

Charles Harter, M.D., Chair
Tucson EMS Council

csa

cc Richard Moreno, Chief, Tucson Fire Department
William Ealy, Deputy City Manager
Tom Price, Director, Department of Operations

June 14, 1983, Letter:

MEMORANDUM

DATE: June 14, 1983

TO: Tom Price
Director of Operations

FROM: Joel D. Valdez
City Manager

SUBJECT: Policy Requiring Two Paramedics per Unit

The Tucson EMS Council has recommended that the requirement of two certified paramedics per unit for all private sector ambulance companies operating within the City be delayed until August 13, 1983.

Please instruct the dispatchers of this change in policy and modify your MEDS policies accordingly.

JDV:mm

Attachment: Letter from C. Harter, M.D.

cc: Richard Moreno
Arnold Weuve

RECEIVED
Fire Dept. Hqs.
JUN 1983

1005-2

June 17, 1983, Letter:

THE TUCSON PRE-HOSPITAL CARE COUNCIL
P.O. BOX 5386
TUCSON, ARIZONA 85703

June 17, 1983

Joel D. Valdez
City Manager
P.O. Box 27210
Tucson, AZ 85726-7210

Dear Mr. Valdez:

On May 26, 1983, the Tucson EMS Council Board of Directors moved and passed the following motion:

"That MEDS be required to simultaneously dispatch the closest available transport unit, be it EMT, I-EMT, or Paramedic, along with the Tucson Fire Department Medic responding to a call originating from the 911 system based upon locations known prior to the call".

This is brought to your attention for initiation within the MEDS system.

Sincerely,

Harvey W. Meislin, M.D.
Chair-Elect
Tucson EMS Council

csa

cc Richard Moreno, Chief, Tucson Fire Department
William Ealy, Deputy City Manager
Tom Price, Director, Department of Operations

RECEIVED JUN 1983 Fire Dept. Mgt.

June 28, 1983, Letter:

CITY OF TUCSON

JOEL D. VALDEZ
CITY MANAGER

250 W. ALAMEDA
P. O. BOX 27210
TUCSON, ARIZONA 85726
PHONE: (602) 791-4204

June 28, 1983

Charles Harter, M. D.
Emergency Physician
St. Mary's Hospital
1601 West St. Mary's Road
Tucson, Arizona 85705

Dear Dr. Harter:

I have discussed the Tucson EMS Council's recommendation for simultaneous dispatching with the Fire and Operations Departments. Due to the additional workload your recommendation would create for the MEDS dispatchers, I would like you to consider an alternative which I believe would be as effective as simultaneous dispatching in eliminating "call jumping."

The City alternative would maintain the present dispatching system with one change. Currently, the private ambulance nearest the scene of the accident at the time a transport unit is needed is dispatched to the scene. The City proposes to dispatch the transport unit nearest the scene at the time MEDS dispatches the first responders. We believe this system would discourage the practices of falsifying locations and racing to accidents.

I hope you will give this alternative favorable consideration. Chief Weuve and Bob Johnson are available to meet with the EMS Council and its sub-committees to more fully present our position.

Sincerely,

Joel D. Valdez
City Manager

JDV/dv

cc: Richard Moreno, Fire Chief
Tom Price, Director, Operations

June 29, 1983, Letter:

CITY OF TUCSON

JOEL D. VALDEZ
CITY MANAGER

250 W. ALAMEDA
P. O. BOX 27210
TUCSON, ARIZONA 85726
PHONE: (602) 791-4204

July 29, 1983

Mr. Anthony Bell
Southwestern Medical Transport
Ambulance Company
P.O. Box 3055
Tucson, Arizona 85702

Dear Mr. Bell:

This letter is a reminder that effective August 13, 1983, the City will require every paramedic unit dispatched by MEDS in the City to be staffed by two certified paramedics.

Your cooperation is appreciated.

Sincerely,

Joel D. Valdez
City Manager

JDV/dv

cc: Charles Harter, M.D.
Thomas O. Price, Director of Operations

August 31, 1983, Letter:

CITY OF TUCSON
The Sunshine City
FIRE DEPARTMENT

Richard M. Moreno
Chief of Department
P.O. Box 27210
Tucson, Arizona 85726-7210

August 31, 1983

The Honorable Bruce Babbitt
Governor of Arizona
Phoenix, Arizona

Dear Governor Babbitt:

I have enjoyed serving on the Emergency Medical Services Council but would like to tender my resignation to the Council at this time due to my retirement from the Tucson Fire Department.

The Tucson Fire Department will be submitting a name for my replacement to fill the position on the Council.

Very sincerely yours,

Charles P. Molander
Deputy Chief

CPM:en

cc: Dr. John D. Stafford
Director, Emergency Medical Service

October 20, 1983, Summary of meeting:

MEMORANDUM

DATE: OCTOBER 20, 1983

TO: CHIEF MORENO, CHIEF WEUVE, CHIEF ZUNIGA, PAUL HAMLET, BOB JOHNSON, KAREN DOTSON

FROM: WILLIAM G. EALY
DEPUTY CITY MANAGER

SUBJECT: SUMMARY OF OCTOBER 18, 1983 EMERGENCY MEDICAL SERVICES MEETING

I thought it would be useful to summarize the conclusions we reached at our October 18, 1983 meeting. In the EMS area, five decisions were made:

(1) City representatives would oppose, on Dr. Seward's committee, the proposal which would allow private ambulance companies to act as first responders. The City's position will be based on our concern for quality patient care. As opportunities arise, we will point out that the current system of private sector transport does not provide the best care for the patient and conflicts with the rationale used by the private companies to support their first responder arguments;

(2) City representatives on Dr. Seward's subcommittee will be cooperative but will move slowly with the expectation that the Department of Health Services regulations will soon be approved by the Secretary of State. These regulations should give DHS the authority to address the issue more definitively than we can;

(3) City representatives, as appropriate, will make known that we are considering limiting our 911 dispatching to only City agencies;

(4) City representatives, whenever possible, will talk up our EMS system and develop allies. It was recognized that, because of the nature of the system, we would always be in a defensive posture;

(5) Paul Hamlet will review the Kansas City/Copper Ambulance Company case and determine its impacts on the Attorney's Office's prior rulings on EMS and antitrust.

The Fire Department reported that Pima County Emergency Services was unable to respond appropriately during the recent flood. As a result, Fire is redoing the disaster plan to place the City in control of situations within our boundaries. This plan will be ready for City Manager and Mayor/Council review in a month or two.

Fire and Bob Johnson felt that, as a result of the flood, the County would be willing and probably eager to reconsider joining our Communications Center. Bob Johnson was directed to put together information on the impact of accommodating the County at this time. Fire was to prepare a memo to Craig McDowell for Joel Valdez's signature asking if Pima County would like to join the City in the new facility.

WGE:eaq

October 20, 1983, Letter:

CITY OF TUCSON
The Sunshine City
FIRE DEPARTMENT

Richard M. Moreno
Chief of Department
P.O. Box 27210
Tucson, Arizona 85726-7210

October 20, 1983

John Stafford, M.D.
Director, Emergency Medical Services
Arizona Department of Health Services
1740 West Adams
Phoenix, Arizona 85007

Dear Dr. Stafford:

The Fire Department has had recent contact with your office relative to our position on the Arizona State EMS Advisory Council. You received a letter recently which listed my name as the recommendation to the Governor for appointment.

With recent information, we have reevaluated our position and now submit the name of Battalion Chief Alejandro Zuniga for consideration by the Governor. Please remove my name from consideration.

Sincerely,

Richard M. Moreno

Richard M. Moreno
Fire Chief

RMM:en

November 15, 1983, Letter:

file 1005-2

CITY OF TUCSON

The Sunshine City •

CITY HALL
TUCSON, ARIZONA 85726
P. O. BOX 27210

OFFICE OF THE CITY MANAGER

November 15, 1983

Charles Harter, M.D.
Chairman, Tucson EMS Council
St. Mary's Hospital
1777 West St. Mary's Road
Tucson, AZ 85745

Dear Dr. Harter:

Chief Alex Zuniga will be replacing Karen Dotson as the City Manager's ex-officio representative on the Tucson EMS Council. Please make the necessary changes in your records.

Your attention is appreciated.

Sincerely,

William G. Ealy
Deputy City Manager

WGE:eaq

cc Chief Richard Moreno
Chief Alex Zuniga
Evelyn Chapman, R.N., St. Mary's Hospital

July 24, 1984, Reprimand

MEMORANDUM

DATE: July 24, 1984

TO: Robert W. Oppel
Assistant Chief
C Shift

FROM: J. R. Russell
Deputy Fire Chief
Operations Division

SUBJECT: Reprimand

This reprimand is for the laxity which was demonstrated in allowing the dispatching of a City of Tucson unit to an incident outside the City limits (Paramedic 10 was dispatched to 29th Street and South 4th Avenue, South Tucson, July 14, 1984, Alarm #16315).

Your actions were in direct violation of established policy and procedure and placed the City of Tucson and the Tucson Fire Department in a potentially embarrassing and libelous position.

The position of Platoon Commander mandates exacting response to policy and procedure in the execution of duties.

This reprimand shall remain in your file for a period of one (1) year.

en

October 31, 1984, Emergency Medical Services in the City of Tucson:

MEMORANDUM

DATE: October 31, 1984

TO: Joel D. Valdez
City Manager

FROM: Richard M. Moreno
Fire Chief
(4511)

SUBJECT: Emergency Medical Services in the City of Tucson

The delivery of adequate patient care is the single most important necessity of an emergency medical services system. Present operational policies, procedures and negative relationships with private sector providers have impacted on the level of patient care. In order to institute the service the citizens of Tucson merit and to address the operations dictated by state and local medical agencies, this presentation is submitted for your consideration. The Fire Department proposes better patient care for the community by establishing City of Tucson Emergency Medical Units as primary responders within the corporate City limits and by assuming the transport of patients requiring advanced life support (ALS) care. The professional capabilities and prompt response of Tucson Fire Department unit's will have a significantly positive impact on the level of care provided to emergency medical patients.

To outline the progress that has occurred since the City of Tucson Fire Department began providing rescue and first aid services, a brief history is presented.

In the 1950's Tucson Fire Department rescue services were started with vehicles and equipment obtained through private donations and endowments. By 1974, five rescue units were responding throughout the metropolitan area. The first paramedic unit, also obtained through private funding, was placed in service in that same year. In October 1977, rescue units were upgraded to transport capable paramedic units; a total of five responding within the City of Tucson. In 1982, paramedic units were increased to seven units following the budget override election of 1981. Those seven units are in service today responding to an average of 45 calls each day, 12 percent of those calls requiring advanced life support procedures.

Since the beginning of rescue services in the 1950's to the present day, the transport of patients requiring emergency room care or hospitalization has been provided by the various private ambulance companies operating in and around Tucson. In 1974, two of these companies added paramedical services. The dispatching of both City of Tucson and private units has been discharged by the City of Tucson Communications Division since September, 1975.

October 31, 1984, Emergency Medical Services in the City of Tucson:

Memo to Joel Valdez, City Manager
From Richard M. Moreno, Fire Chief
Subject: EMS in the City of Tucson
October 31, 1984
Page -2-

To outline the desired operations of emergency medical services in Tucson by the medical community, the following brief summary is offered.

In June 1981, commissioned by Mayor and Council, the Champion report stated: "The present system of the Tucson Fire Department Paramedics responding to the scene and in most instances, the private ambulance paramedic transporting the patient to the hospital inherently prejudices effective continuity of care". The Tucson EMS Coordinating Council for metropolitan Tucson, established in February 1982, advocates continuity of care by establishing that paramedical units initiating advanced life support procedures also transport patients to assure continuity of care. Local emergency room physicians also advocate that individuals initiating treatment should carry through with treatment and care until appropriated by the patient's personal physician or a designated substitute. Arizona Department of Health Services Rule No. 81-45R9-13-203 B4 also regulates continuity of care of patients.

Thus, the Tucson Fire Department proposes the two recommendations for immediate implementation. Continuity of care will be fully achieved, significantly enhancing medical services in Tucson as well as the auxiliary and support functions deriving from emergency medical operations. The knowledge, expertise, experience and professionalism of Tucson Fire Department paramedical personnel and the incommensurable operational status and variety of equipment will assure it.

The advantages offered by Tucson Fire Department operations begin with the level of expertise of paramedical personnel and their supervision. City of Tucson paramedics undergo 1,260 hours of initial training for State certification. This initial training is supplemented with a minimum 30 hours of continuing education required each year in addition to the on-the-scene experience gained at each incident. Supervisors, also state-certified as paramedics, provide 24-hour evaluation and direction to on-duty paramedical personnel. Personnel are also under the supervision of emergency room physicians during the course of emergency medical incidents. Monthly meetings are held at each hospital to review the actions, protocols, and other pertinent functions implemented by field personnel. Consequently, every Tucson Fire Department Paramedic is a highly educated and trained professional accustomed to consistent and constant review and evaluation that ensures the highest level of patient care.

The advantages of reliability and accountability are also much in evidence. The standardization of equipment, scheduled maintenance, replacement of equipment, assured distribution of units, constant evaluation of call

October 31, 1984, Emergency Medical Services in the City of Tucson:

load data, all contribute to the reliability of service provided by City units. Present response times for paramedic (ALS) units average 5 minutes. Basic life support (BLS) units - engine and ladder companies - with emergency medical technicians (EMT's) average response times of 3 minutes. Radio communications assure accurate transmission of information, both voice and telemetry.

Accountability, largely instituted through proper training, education, and supervision as indicated earlier, is also affected through proper documentation data gathering and processing. The Tucson Fire Department documents every incident each unit responds to, fire as well as medical. This documentation is important in maintaining accountability within administration and to the public. This documentation is also an invaluable management tool facilitating decision-making in all areas of operational functions, from unit distribution and personnel allocation to equipment replacement and introduction of new technology.

All of these advantage factors make the proposal to establish City of Tucson Emergency Medical Units as primary responders within the City limits and to assume ALS transport of patients already under the initial care of City of Tucson Emergency Medical personnel a very feasible proposition. Impact on City services is minimal or non-existant. Budget impact is anticipated to be minimal with a slight increase in use of consummable supplies that can be absorbed within current budget levels. Restructuring of current operational procedures such as dispatching and communications protocols are unnecessary since operations are intended to change only to the extent of excluding the dispatch of private units as primary responders within the City limits. The time presently spent waiting for private ambulances for transport of ALS patients will be eliminated. Liability will not increase - and will probably decrease in view of better patient care - since the City of Tucson assumes the liability of private providers at the present time, and would continue to do so under current operations.

Paramedical services is a growing program locally as well as nationally. As demographics indicate, the average age of Americans is increasing, putting a greater emphasis on health and medical needs. The City of Tucson should take a step in controlling the level of service provided to this community. It is obvious from the results of the 1981 override election that the citizens of this community consider this service vital to their well being and voted their concerns in authorizing additional funds for additional units. It is imperative that we provide the best level of service available with the amount of public funds allocated to respond to the concerns of the public while ensuring our accountability in such a vital and often controversial area.

October 31, 1984, Emergency Medical Services in the City of Tucson:

We attach various reports and documentation in substantiating our proposal and offer our assistance in providing whatever additional resources are required to assist in the evaluation of this proposal. As always, I and all staff members are at your disposal to provide whatever is required.

RMM:me

attachments

October 31, 1984, Emergency Medical Services in the City of Tucson:

Tucson Fire Department Paramedic Dispatches
and
Tucson Fire Department Patient Transports

Five Paramedic Units in Service

	Dispatches	TFD Transports
1979	17627	520
1980	16325	531
1981	13450	475
1982	12224	402

Six Paramedic Units in Service

	Dispatches	TFD Transports
1983 through August (1)	9647	384

Seven Paramedic Units in Services

	Dispatches	TFD Transports
1984 through August (2)	10422	233

1984 Transports through August 31

Total Transports	Private Sector Transports	TFD Transports	ALS Procedures Initiated
7009	6773	233	1272

(1) On September 1, 1983, changes in reporting systems data gathering and dispatch frequencies were begun.

(2) Data reflects that collected through August to allow better comparison with previous year.

November 15, 1984, Tucson EMS Council Minutes:

THE TUCSON E.M.S. COUNCIL
P.O. BOX 5386
TUCSON, ARIZONA 85703

TUCSON EMS COUNCIL

Minutes

November 15, 1984

Attendance:

Members Present -

Harvey Meislin, M.D.,
Emergency Department Committee
Mary Rosenthal, M.D., Proxy for
Anthony Forte, M.D.,
Cardio Vascular Society
Lola Black, R.N.,
Emergency Department Nurses' Association
Charles Harter, M.D.,
Emergency Department Committee
Donald Barton, Asst. Administrator,
El Dorado Hospital, Proxy for
Roger Snapp, Southern Arizona
Facilities Council
Evelyn Chapman, R.N., Proxy for Tom
Plantz,
Southern Arizona Facilities Council
Alex Zuniga, Chief, Tucson Fire Department,
for City Managers Office

Others Present -

John H. Samples, Chief,
Rural Metro Fire Department
Greg Coyne, Provider Agency Committee
and Tucson General Hospital
Anita Bantle, R.N., St. Joseph's Hospital
William Kordsiemon, Jr., Kord's Ambulance
Wanda Larson, Arizona Health Sciences
Center
& Paramedic Coordinator's Committee
Jeb Pringle, CEP, Supervisor, Tucson
Fire Department
Carlos Lujan, Kords Ambulance
Forrest C. Wood, Jr., Arizona Department
of Health Services

Members Not Present -

John Hutter, M.D., Pediatric Society
Jay Katz, M.D., Tucson Orthopedic Association
William Davis, M.D., Tucson Surgical
Society
Nancy Keller, Consumer Representative
Jack Dunn, M.D., Neuro-Surgical Society

November 15, 1984, Tucson EMS Council Minutes:

TUCSON EMS COUNCIL MINUTES
NOVEMBER 15, 1984 3

A. Call To Order:

The meeting was held at St. Mary's Hospital & Health Center and called to order at 6:20PM by Harvey Meislin, M.D., Chair.

B. Review of Tucson EMS Council Minues:

The minutes of the Tucson EMS Council Meeting of September 20, 1984 were reviewed and approved as written.

C. Review of Committees and Subcommittee Minutes:

- Emergency Department Committee/October 24, 1984 - the following motions were made and passed at that meeting:

Motion #1

"That a 'Self-Categorization' Form be devised that will include each of the 7-categories (Cardiac, Trauma, Burn, Spinial Cord Injury, Neo-natal, Poison COntrol, and Psychiatric Capabilities), which will then be sent to the Tucson Hospitals, Medical Specialty Societies, and the Committees of the Tucson EMS Council; this 'Self-Categorization' Form will state each of the Categories that the Facility is able to handle patients in the specified category, including or excluding life threatened patients in that category. In areas where there is any question, the Base Hospital will be contacted."

Motion #2

"That a copy of all pre-hospital runs, where the receiving hospital is other than the Base Hospital, be sent by the receiving hospital to that Base Hospital for audit.

- Provider Agency Committee/September 20, 1984 - the following motion was made and passed at that meeting:

Motion

"That any provider agency not advertise for emergency ambulance service with its phone number only."

- Inter-Hospital Committee/October 8, 1984 - the following motions were made and passed at that meeting:

Motion #1

"That each hospital study and work toward developing a positive statement in regards to its capabilities to handle each of the 7-patient categories as set forth by ADHS.

November 15, 1984, Tucson EMS Council Minutes:

Motion #2

"If a patient is stable and able to respond, then that person should be transported to the Base Hospital of his choice. If the person has no preferences or if he is unstable or unable to express his choice, then pre-hospital care personnel should contact their Base Hospital to make the decision as to the receiving facility."

- Inter-Hospital Committee/November 12, 1984 - the following motion was made and passed:

"That the Tucson Hospitals' 'Self-Categorization' Form state each of the categories that each hospital is able to handle in the specified category identifying whether the hospital can provide for life threatened patients stabilization and admission or stabilization and transfer."

A 'Self-Categorization' Form was devised and approved by the Inter-Hospital Committee.

D. Review of EMS Coordinating Council of Southeastern Arizona Minutes/ October 11, 1984 and Report From Chief Zuniga Regarding November Meeting.

The minutes were reviewed. Chief Zuniga reported that $28,000 had been approved for educational programs for rural areas for training programs and equipment. The request for monies from the Tucson EMS Council was tabled until the next meeting on January 24, 1985. The "1251" monies still need clarification as to how and how much of the monies can be utilized. At the January meeting, the EMS Coordinating Council of Southeastern Arizona will be addressing the "make-up" of the Council. A concern has been raised since many voting members are not attending and are either constantly using proxys or have no representative. A letter is to be sent to voting members regarding this.

The Tucson EMS Council continued to discuss the unavailability of funds from the EMS Coordinating Council of Southeastern Arizona to the Tucson EMS Council. Dr. Meislin will again raise the issue of the Tucson EMS Council obtaining a seat on the EMS Coordinating Council of Southeastern Arizona's Board - by writing a letter again requesting this.

E. Hazardous Materials Training Courses:

It was affirmed that the Emergency Department Committee has agreed to the concept of a Hazardous Materials Drug Box and Training Course planned at the Arizona Health Sciences Center in collaboration with John Sullivan, M.D..

November 15, 1984, Tucson EMS Council Minutes:

F. Rural Metro Purchase of Associated Ambulance Company:

Dennis Brodigan was introduced as the new Rural Metro EMS Director. Mr. Brodigan confirmed that Rural Metro had purchased Associated Ambulance Company and in Tucson will base one ALS unit at University Medical Center and Kino Hospital and one BLS unit at Tucson Medical Center and St. Joseph's Hospital.

G. Provider Agency Motion:

Discussion was held on the Provider Agency motion "that any Provider Agency not advertise for emergency ambulance service with its phone number only".

It was taken by all Council members and guests that this meant the 911 number was to be included in the advertisement. Chief Zuniga questioned passing the motion if the Tucson EMS Council was unable to insure compliance. Dr. Meislin said Department of Health Services had the power to enforce this motion. Chief Zuniga asked Forrest Wood, Department of Health Services staff person in attendance, if there was a state rule or regulation that governed this. "Woody" said no. Chief Zuniga stated the Council's function was to make medical judgments, develop protocols and otherwise function in an advisory capacity. Dr. Meislin agreed and said that the Council expected control of compliance with all adopted motions/protocols to rest with the units primarily concerned with them, as for example, hospital motions/protocols with hospitals, and dispatch and response motions/protocols with that agency that controls the dispatch function for the MEDS system and holds the F.C.C. licenses for the EMS radio system. Chief Zuniga stated since that was the case, there was no other questions.

The following motion was made, seconded and approved by the Tucson EMS Council.

Motion

"That any provider Agency not advertise for emergency ambulance service without "911".

November 15, 1984, Tucson EMS Council Minutes:

H. 'Self-Categorization':

After reviewing the motions of the Emergency Department and the Inter-Hospital Department regarding this continuing issue, Dr. Meislin recommended that it be referred back to Dr. Harter's Policy Committee to recommend a policy after requesting input from the Medical Specialty Societies and other Tucson EMS Council Committees, and that this recommendation be brought back to the January, Tucson EMS Council Meeting.

I. Pre-Hospital Run Review:

After discussion, the following motion was made and approved by the Tucson EMS Council.

Motion

"That a copy of all Pre-Hospital runs, where the receiving hospital is other than the Base Hospital, be sent by the receiving hospital to that Base Hospital for audit."

J. Protocols:

The following Protocols were reviewed and approved as amended:

- Communications Procedure
- Emergency Inter-Hospital Transfer (noting that the Drug Listing be held until updated and approved by ADHS)

K. By-laws Revision:

Dr. Meislin will appoint a committee to review the Tucson EMS Council's By-laws looking at the possible re-organization and membership of the Council since many voting members have not been attending.

L. Adjournment:

The meeting was adjourned at 7:50Pm. The next meeting will be held on January 17, 1985 at 6:00PM at Northwest Hospital.

Recorded by: Evelyn Chapman

Approved by: Harvey Meislin

Greater Tucson Fire Foundation

Thank you for taking an interest in Tucson Fire Department history —

This is one of many sections that contain information, documents, letters, newspaper articles, pictures, etc. They have been collected and arranged in chronological order or by a subject. These items were collected, organized and entered into a computerized database by Dave Ridings retired Assistant Chief Tucson Fire Department, Al Ring friend of the department, Greater Tucson Fire Foundation and with the help of many friends and fellow firefighters.

All graphics have been improved to make the resolution as good as possible, but the reader should remember that many came from copies of old newspaper articles. This also applies to other items such as documents, letters, etc.

Credit to the source of the documents, photos, etc. is provided whenever it was available. We realize that many items are not identified and regret that we weren't able to provide this information. As far as the newspaper articles that are not identified, 99% of them would have to be from one of three possible sources. The *Arizona Daily Star,* The *Tucson Citizen* and the *Tucson Daily Citizen,* for which we want to give a special thanks.

Please use this information as a reference tool only. If the reader uses any of the information for any purpose other than a reference tool, they should get permission from the source.

Should the reader have additional information on the above subject we would appreciate you sharing it with us. Please see the names and contact information on the 1st. TFD Archives page right below this paragraph.

Greater Tucson Fire Foundation