

**Pinellas County Charter Review Commission**  
**Fire and Fire Rescue Services Study**  
**Pinellas County Analysis of the MGT America, Final Report**

**Executive Summary of MGT Report:**

The first section of this report summarizes the Final Report of the MGT America, 2005 Study. The second section of this report critiques the content of MGT America's study.

**Section 1 - Scope of MGT Study:**

- Fire and Fire Rescue Response
- Fire and Fire Rescue Training
- Code Enforcement and Fire Prevention
- Specialized Response Teams
- Ambulance (EMS) Services
- Water Supply for Fire Protection
- Public Fire and Life Safety Education
- Fire Investigation
- Community Relations/Public Information

**Background Information from MGT:**

- Total System Cost - \$177.1 million
- Total System Responses CY 2004 – 152,882
- Total Stations – 63
- Total Line Personnel – Approximately 1,350

**MGT Report Commendations:**

- Reduction in number of fires
- Working closely together to form a highly effective interdepartmental operational agreement (Automatic Aid/Closest Unit)
- Code Enforcement and Fire Prevention
- High quality EMS training program
- Fire training facility and North County fire training
- Excellent Ambulance Service response and transport services

### **MGT Report Recommendations:**

1. Establish a Single Fire District Encompassing the Entire County
  - a. Co-locate, relocate or eliminate 10 of the 20 lowest volume stations. If this is not possible due to distance from next nearest station, consider reducing staff during certain times of the day.
  - b. Reduce the number of supervisory positions.
  - c. Regionalize Code Enforcement
  - d. Centralize Fire Training
2. The Pinellas County Public Safety Answering Point Should Implement a Priority Dispatch System
  - a. Use Criteria Based Dispatch Guidelines
  - b. Implement an aggressive CPR training campaign
  - c. Implement a Symptom Criteria System utilizing a consulting nurse service
3. Pinellas County Should Revise its Policy Regarding ALS to Incorporate the Appropriate Level of Response Based on the Incident
  - a. County could continue to fund EMS under an agreement similar to the 1997 EMS, ALS First Responder Agreement.
  - b. Shift funds currently provided to fire departments to a contractor for first responder services. Could be a private contractor or, as an entity, all or a portion of the fire departments in Pinellas County.
  - c. Could provide first response ALS using a single Paramedic
  - d. Could provide first response BLS using a single EMT
  - e. Could modify the Sunstar ambulance contract to increase the response time by increasing the number of ambulances or first response vehicles.
4. Combine and Co-locate 911 Public Safety Answering Point
  - a. Reduce equipment and staffing duplication
  - b. Conduct a feasibility and implementation study
5. Pinellas County and Sunstar Should Not Install Traffic Pre-emption Devices on Ambulances At This Time

**Whereas Pinellas County EMS and Fire Administration agrees with some of the assumptions of the MGT Report, EMS & Fire Administration vigorously disagrees with other sections. The department feels strongly opposed to public safety recommendations, which lack supporting data, or conclusions reached where assumptions are vague. In addition, the department opposes any recommendation that fails to optimize conditions, which will improve safety and survivability of over 7,500 critical condition, emergency medical patients each year.**

**The following staff analysis provides a combination of feedback on the accuracy of the preliminary final report as well as, some professional perspectives on conflicting statements, based on industry standards.**

**The final page of this analysis provides staff's opinions as to the pros and cons of a single independent consolidated fire department.**

## Section 2 - Analysis:

1. **Page 1-6 states, "Within the county, the largest city is St. Petersburg with a 2000 U.S. Census population of 248,232, followed by Clearwater (108,787) and Largo (69,371). The population in the unincorporated areas of the county totals 136,761."**

The County unincorporated population is incorrect. The Pinellas County Planning Department reports an unincorporated population of 287,952 in 2000.

2. **Page 1-6 states, "Disability status (population 21 to 64 years) – 22.6% versus 12.1% for Florida;" continued on Page 1-7 "Of the Florida nursing home population of 88,828, 10.2% ((9,059) reside in Pinellas County (Miami-Dade County is the only county with a higher population in nursing homes).**

This data is significant when assessing system design and performance. The higher population of "disabled" citizens and nursing home residents will increase the demand on the EMS system. Call volume per capita comparisons should be included in this study. This is the only mention of these particular statistics.

3. **The chart on Page 1-8 lists the Pinellas County Service Delivery Organizations.**

The organizations listed with asterisks as providing fire service to unincorporated areas do not include East Lake, Lealman, Palm Harbor and Pinellas Suncoast. Also, these four departments are separated in the chart and designated as "Fire Districts". All departments in the County are part of a fire district. These four should be listed as "Independent Fire Districts".

4. **Page 1-11 states, "Tax assessment and collection services are provided by the county through a contract with each fire district."**

It should be noted Pinellas Suncoast Fire Rescue District does not collect ad valorem taxes. Their major source of funding comes from Non-ad valorem Special Assessment fees. Also, many of the fire districts are collecting impact fees and receive special grant funds.

5. **Page 1-11 states, "The County also has other unincorporated areas that need fire and fire rescue services. The County contracts with several fire departments to provide the fire and fire rescue services to these areas. For 2004-05, this amount is \$14.4 million."**

This statement is unclear. Pinellas County contracts for Fire Protection Services. "Rescue Services" also known as "ALS First Responder Services" are separate and distinct Agreements with a separate funding source.

6. **Page 1-11 states, "Contractually, the fire departments providing these services to the unincorporated areas are held to certain performance requirements to ensure service quality."**

A more accurate statement would be "Contractually, the fire departments providing these services to the unincorporated areas are held to certain performance requirements to ensure service equality with municipal areas."

7. **Page 1-11 states, “The contracts provide for a single-tier all Advanced Life Support (ALS) Emergency Medical System with a first responder component.”**

The correct statement would be “The contracts provide for a single-tier all Advanced Life Support (ALS) First Responder component within the all ALS Emergency Medical Services System.”

8. **Page 1-12 states, “As part of the Emergency Medical Services, ALS First Responder Agreement, the County was authorized to include an ambulance transport component in the EMS system. The County created Sunstar ambulance (a Pinellas County trade name) and contracts with a private ambulance company to provide emergency and non-emergency transport services.”**

The EMS Authority is authorized to provide Ambulance Services pursuant to Chapter 80-585, Laws of Florida (Special Act), a countywide referendum, Section 54, Pinellas County Code and County Ordinance 88-12. The citation referred to by MGT is simply a recital in the ALS First Responder Agreement. The county’s authorization for the EMS system comes from the Special Act Legislation and not the agreements with the municipalities or fire districts.

9. **Page 1-12 states, “The County also funds several staff positions in this agency. The total estimated expenditures for the EMS/Fire Administration for 2004-05 are \$8.3 million.”**

To clarify, there are 47 staff positions funded in EMS and Fire Administration; most are dedicated to ambulance billing functions. There is a very small management team.

10. **Page 1-12 states, “The County’s EMS/Fire Administration is responsible for collecting the ambulance transport user fees. In addition, this agency provides medical supplies to Sunstar and the fire departments. The funding to cover these two activities comes from the user fees The County also funds several staff positions in this agency. The total estimated expenditures for the EMS/Fire Administration for 2004-05 are \$8.3 million.”**

The EMS portion of the EMS and Fire Administration is supported by ambulance User Fees. In addition to Medical Supplies, the Medical Direction Service Agreement, the Continuing Medical Education Program, EKG Equipment Maintenance for Fire Departments, plus Radio Equipment and Maintenance are all supported by User Fees. The County EMS staff encompasses a small management team, and mostly clerical staff dedicated to ambulance billing functions.

11. **Page 1-13 states, “For the calendar year 2004, the total number of responses was 152,882.”**

The language should be clarified to show that these are Fire and Fire Rescue responses and not system-wide activity. Approximately 140,000 Ambulance Service responses were excluded.

12. **Page 2-1 states, “Pinellas County firefighting organizations should be commended for the reduction in the number of fires in the county.”**

This statement omits improvements in building construction standards and public education programs that resulted from the efforts of Pinellas County agencies and other governmental entities.

- 13. Page 2-2 states, “The Automatic Aid Agreement has created a spirit of common purpose. The Fire Chiefs Association has sought to unify a multi-headed, multi-agenda group to address common issues and encourage cooperativeness. While there are differing opinions within the various fire agencies, they have made efforts to minimize their areas of contention and focus on the critical aspects of their responsibilities.”**

Pinellas County Government through its Emergency Communications, Emergency Management and EMS and Fire Administration departments played critical and essential roles in developing and implementing the Automatic Aid Agreement, and plays a critical role in facilitating cooperation and reinforcing the terms of that agreement.

- 14. Page 2-3 states, “The Fire Departments of Pinellas County should be commended for the expert work they are doing in the areas of Code Enforcement and Fire Prevention.”**

This statement omits the efforts of other governmental agencies, such as the Pinellas County Construction Licensing Board and factors beyond local fire departments such as the NFPA.

- 15. Page 2-4 states, “The fire training provided to firemen is also very high quality.”**

The term “firemen” is discriminatory and archaic. Approximately 10% of the nation’s firefighting workforce is female. Locally our percentage is thought to be higher, although exact statistics are not available. The proper term is “firefighter”. There are several references to “firemen” in the document that should be replaced.

- 16. Page 2-4 states, “The fire departments of other parts of the county also periodically conduct joint training activities. However, these training opportunities have not been as formal or coordinated as the training being conducted in the North County.”**

This statement is untrue. For several years in a row there have been multi-company countywide training exercises that were highly coordinated by the Training Chiefs and some took place at South County locations.

- 17. Page 2-4 states, “The EMS training being conducted in Pinellas County is excellent and the county, EMTs and paramedics, and fire departments should be commended for establishing and maintaining a high quality program.”**

Pinellas County EMS and Fire Administration established, funds and oversees the County EMS Continuing Medical Education Program.

- 18. Page 2-6 states, “The available ambulances and response times are constantly monitored by the Sunstar Computer Aided Dispatch (CAD) system and adjustments are made by Sunstar Dispatch as needed.”**

It should be noted that Pinellas County EMS administrative and regulatory staff monitor ambulance levels, resources and response times 24 hours a day, seven days a week.

- 19. Page 2-8 states, “According to the fire chiefs, automatic aid has led to a fire department/district response time of less than five minutes, exceeding the national guidelines for response as well as the Pinellas County contract for EMS response.”**

It is unclear if MGT properly analyzed Response Time performance of ALS First Responders. Actual performance averages “less than five minutes”; the contractual requirement is 7:30 at 90% reliability or higher. There is a significant difference in average and fractile response time reporting and response reliability.

The excellent response times are actually the product of several factors including, but not limited to, population density, unit availability, county contract incentives and disincentives, the number and location of fire stations and apparatus, etc.

- 20. Page 2-19 states, “The twenty stations that have less than two hours of activity per day deserve an in-depth review as to their continued viability, taking into account location, service area, population, response times, etc. However, if those 20 stations with low “busy” rates could be co-located, relocated, or eliminated, resulting in 10 stations from the original 20, a savings of up to ten to fifteen millions dollars in fire service costs could be realized.”**

The MGT analysis regarding the level of activity is not utilized within the industry in determining the number of stations. “Standard of Cover”, NFPA 1710 and other national standards are the critical elements for determining Fire Station locations and acceptable levels of response.

Four departments in the County have obtained national accreditation, which is dependent on a well-documented Standard of Cover. The Standard of Cover applies to both EMS and fire incidents. Several other departments are in the process of obtaining accreditation.

Distribution of fire stations pertains to geographical placement of fire stations so that first-due companies can effectively provide fire control, reduce flashover potential, initiate rescue operations and provide quality patient care.

Concentration is the spacing of fire stations close enough together so that an effective response force can be assembled on-scene within the NFPA 1710 recommended standard of 10 minutes. The term “activity”, as used in the study refers to incident response only. Typical fire department activity involves many other critical activities such as documenting thorough and accurate information into EMS and fire reports after each call, mandatory EMS and fire training, hydrant testing, pre-planning of high hazard occupancies, daily station duties and public education activities.

- 21. Page 2-22 states, “Depending on the organizational structure of the new single fire district, it is likely that economies of scale would reduce the number of current supervisory positions and allow for combining or collapsing many positions including those related to training, communications, public education, and possibly building inspections.”**

Such a proposal should be supported by specific details and organizational structure design and not assumptions based upon limited data analysis.

- 22. Page 2-22 states, “By having centrally coordinated fire training throughout the county, all firemen (sic) would be assured of receiving not only consistent training,**

**but would also have the opportunity of working together and becoming familiar with how different departments conduct operations.”**

The Fire Training Officers and County EMS and Fire Administration staff meet monthly to jointly develop curriculum that is standardized and deployed throughout the local fire departments. Countywide drills are held routinely. Recent topics include firefighter survival tactics, incident command, high-rise fires, etc. It is unclear how MGT arrived at this conclusion.

- 23. Page 2-22 states, “Although ISO ratings are not directly affected by training, the fact that fire training is standardized across the entire county allows for transparency among firemen (sic) and between fire stations. For ISO purposes, the type and extent of training provided to fire personnel and the number of people who participated in training are the elements included in ISO reviews.”**

Insurance Service Office (ISO) ratings are definitely impacted by training. Section 1-580 of the Fire Rating Suppression Schedule is dedicated to training facilities and training contact hours. It is unclear if MGT understands the basic provisions of the ISO Fire Suppression Rating Schedule since the first and second sentence contradict each other.

- 24. Page 2-32 states, “The Pinellas County Public Safety Answering Point (PSAP) should implement a priority dispatch system using symptom guidelines to evaluate 911 calls and provide victims with the most appropriate response.”**

This statement is misleading. Pinellas County’s Sunstar Paramedics have utilized Medical Priority Dispatch Protocols since the 1980s, are certified as Emergency Medical Dispatchers and are accredited by the National Academy of Emergency Dispatch. In effect, this community has been doing part of this activity for decades. Although Pinellas County (through Sunstar) has only partially implemented Priority Dispatch with local fire departments to reduce the number of responses; it does not mean the existing system does not impact responses or patients. Upwards of 40% of medical responses are “downgraded” to no lights or sirens during response. Further, hundreds of lives are impacted each year with CPR, bleeding control, childbirth and other lifesaving instructions provided over the telephone to citizens by Sunstar’s Paramedics.

The current system protects Pinellas County from dispatcher/EMD caused-liability. This is an Ambulance Contractor responsibility. If the county were to implement Emergency Medical Dispatching (versus having Sunstar continue it) the general fund would have to support hiring several dozen more government employees at 9-1-1. In addition on Page 2-30, MGT lauds six other jurisdictions that have had tremendous success with the ambulance service providing ambulance dispatch and caller interrogation. It is a mystery why MGT would recommend something different for Pinellas County.

It is important to note that Pinellas County EMS and Fire Administration ALS First Responder contracts encourage Citizen CPR Training by fire departments through financial incentives. The Sunstar Ambulance contract requires free Public CPR Training to be conducted monthly. There are 500 automated external defibrillators registered in Pinellas County. Finally, the decision as to whether an EMS response is made to a 9-1-1 caller is based upon EMD protocols approved by the Medical Director and the Medical Control Board. We see little value if any, in adding nurses to the dispatch center.

- 25. Page 2-37 states, “The EMS Intermediate (EMT II and EMT III) has more advanced training .....**

There is only one level of EMT and one level of Paramedic allowed under Florida law. Research conducted in the Kansas City EMS system in 1990 indicated “11.7% of patients prioritized as non-emergent unexpectedly received ALS care after evaluation by ALS personnel.” These results give strong support for the use of a single tier, all ALS ambulance system.

**26. Page 2-41 states, “County could modify the Sunstar Ambulance contract to increase the response time by increasing the number of ambulances...”**

We believe the consultant meant decrease the response time (or make the response time faster).

**27. Page 2-43 states, “Pinellas County should create a single emergency dispatch center that co-locates the dispatchers for all law enforcement, fire, and medical calls.”**

Although there are a high number of law enforcement communications centers, this aspect was not part of the Fire Service delivery study. As for EMS and Fire Communications, there are only two Communications Centers to serve nearly one million citizens.

Locating all PSAP, Fire and EMS Communications into one center could become a vulnerable single point of failure. In the last three years, we have experienced several situations, which have necessitated the emergency relocation of dispatch personnel from either the 9-1-1 Center or the Sunstar EMS Communications Center (i.e. power failure, telephone line cut, spilled cleaning chemicals, etc.). Redundant centers are a critical necessity to ensure uninterrupted public service in a crisis.

It is unclear if MGT understands Communication Center design or operation. There are requirements for the Ambulance Service to have redundant and backup communications to meet Commission for the Accreditation of Ambulance Service (CAAS) requirements. Further, NFPA 1221 requires plans and equipment for redundancy and uninterrupted operations.

It is also unclear if MGT understands the performance mechanisms contained in a Public Utility Model EMS System and specifically the Ambulance Service Agreement. In order to hold the Ambulance Contractor responsible for response time performance with liquidated damages and not simply let them make “a level of effort,” the Ambulance Contractor must have complete control over all aspects of their operation including, ambulance placement, movement and the dispatch function.

Finally, Computer Aided Dispatch requirements for Police, Fire and EMS vary dramatically. A System Status Management ambulance CAD has to have significant data mining and historical demand analysis ability. Furthermore, it must be seamlessly linked to the Billing System database and any electronic Patient Care Field Reporting capability.

**28. Page 2-38 states, “Sunstar is currently exceeding their contract response times without needing preemptive devices. However, even when responding with lights and sirens, ambulances proceeding through red-light intersections are dangerous to both civilians and the ambulances. In an analysis of Pinellas County information, as well as research in the use of ALS transport, only the rarest of cases is a lights and siren transport required.”**

We strongly disagree with the analysis by MGT on this issue. Whether the Ambulance Service is exceeding response time requirements or not, is immaterial. Improving safety or improving response time would positively impact the lives of our citizens, responders and patients. These important considerations were overlooked.

It does not appear MGT analyzed the improved safety for citizens or responders by reducing intersection accidents. Nor does it appear MGT considered the reduction in the transport time for critical patients transported emergency with lights and sirens to Hospitals when heart attacks, strokes, and trauma all require rapid physician level intervention. Over 7,500 critical emergency, patient transports a year is not a small number of patients (or "the rarest of cases"), which could benefit from safer or more expedient emergency transportation. Please see attached letter from Sunstar.

**29. There is no mention in the report of the successful creation of countywide Hazardous Materials and Technical Rescue teams.**

The Hazardous Materials team is comprised of personnel from five fire departments, which responds countywide. Training support, vehicles and equipment are provided by Pinellas County and overseen by the County's Emergency Management Department.

The Technical Rescue Team is also comprised of five fire departments, which respond countywide. The County also provides training support, vehicles and equipment funding for the Technical Rescue Team.

The countywide services provided by these two teams are another example of highly efficient systems that are created and coordinated through cooperative agreements. Their creation reduces the cost of each city/district providing these mandated services which otherwise would be duplicated within each fire district.

**30. There is no mention in the report of the numerous successful countywide coordinated activities, which improve both fire and fire rescue services.**

The following information was provided to MGT by EMS and Fire Administration staff:

**EMS and Fire Authority Responsibilities**

EMS Oversight and Funding of ALS First Responder Services  
EMS Oversight and Funding for Continuing Medical Education  
EMS Oversight and Funding for System Medical Direction  
Fire District Funding and Monitoring of Unincorporated Dependent Districts  
Draft Hydrant Ordinance  
Fireworks Ordinance and Enforcement

**EMS Projects**

Mass Casualty Units (3)  
Countywide NAAK (WMD Medical Treatment) Kits  
Countywide Advanced Life Support Supplies  
EMS Equipment Exchange Program  
Knox Box / Supra Box Grant  
Communications Back Up System Trailer

**Fire Service Projects**

Brush Trucks (3) Implementation and On-going Maintenance  
Wildland Fire Equipment and Training Grant  
Tanker Trucks (2) Implementation and On-going Maintenance  
Fire Training Center Funding, Design and Construction. Contract Oversight

Hydrant Installation  
Emergency and Long Term Interim Fire Department Management (East Lake, Lealman & Belleair Bluffs)  
Fire Station Funding, Planning and Construction (Tierra Verde, Sand Key & Lealman)  
Technical Rescue Team (Vehicles, Supplies, Equipment and Training)  
Urban Area Security Initiative Coordination (Over \$200,000 this year)  
Fire Administration Grants  
Deccan Software Planning

**Disaster Management/Coordination**

Disaster Response Coordination to:  
Hurricanes- in-state, and out of state  
Wildfires  
Emergency Operations Center Fire Desk  
Emergency Operations Center EMS Desk  
Disaster Advisory Committee

**Other County Department's Support Functions**

Countywide Dispatch E-911  
Countywide Emergency Medical Dispatch  
Hazardous Materials Team (Supplies and Equipment)  
Vehicle Maintenance  
Countywide Radio System

## Single Independent Fire District

### PROS

- Consolidation reduces the duplication of executive and administrative efforts as well as policy development, budgeting and labor relations.
- Costs for providing the service will be uniform across the County.
- Municipal and County millage rates may be reduced if the fire protection costs are transferred to a countywide independent fire district.
- It is easier to make and implement major policy or operational decisions when there is only one department (versus 20) to manage such change.
- Countywide service delivery spreads the cost of improving efficiency over more participants while reducing overlaps and duplication of effort.
- Qualitative benefits include increased flexibility from pooling resources and economy of scale. A single fire/rescue agency can view fire protection from a larger, regional perspective and position resources (limited ladder truck resources) without regard to smaller jurisdictional boundary lines.
- Economies of scale could be improved in operations, training, fire prevention and management spans of control.
- The cities and fire districts would no longer rely on automatic aid to meet operational objectives and response capabilities. The smaller departments with limited resources would not be dependent on another jurisdiction to deal with large-scale incidents.

### CONS

- Each city relinquishes, to some extent, the ability to determine the scope and level of emergency services provided to its own community. May potentially lose the local community connection/identity.
- The cities have numerous sources of non-ad valorem revenues to offset the municipal millages for fire protection.
- A countywide independent fire district with taxing authority may create an additional ad valorem tax or assessment that city and County residents currently do not pay.
- The MGT Study states the fire system currently in place operates efficiently. Mixing personnel together could cause organizational conflict.
- Each jurisdiction currently adjusts fire operations based upon the perceptions and reality of need and the availability of various fiscal resources. This can often be a good cost-containment method.
- Existing personnel who are comfortable with the current system will have to adjust to organizational change.
- Expenditure of large capital funds are required for what could be an unpopular or controversial decision. Cities/Districts may not be willing to turn their assets over to another entity.
- A new labor contract will have to be developed with one employer and one bargaining agent. There is potential for the bargaining agent to pursue a benefit package that includes the best benefit/salary packages from all existing departments. Increased salary/benefit packages could eliminate any potential cost savings.
- Currently, ten labor organizations represent nineteen fire departments. The new district will be required to create a single labor organization.

September 26, 2005

C.T. Kearns, MBA, Paramedic  
Executive Director  
Pinellas County EMS Authority  
12490 Ulmerton Road  
Largo, Florida 33774-2700

Dear Mr. Kearns:

This letter is in reference to the MGT study presented to the Pinellas County Charter Review Commission (CRC). In the draft report, it states that Sunstar Paramedics should not be allowed to use preemption devices on ambulances due to Sunstar currently meeting response time requirements.

As stated, Sunstar Paramedics is meeting and exceeding our response time standards. In order to maintain our current performance, Sunstar Paramedics has to exceed the contract standard in order to maintain compliance. Exceeding the requirement requires a specific number of ambulances to meet the ten minute standard. Reducing the amount of time to get to any scene overall reduces the need for the number of ambulances thus reducing system cost. This cost reduction is realized in the competitive process in place in Pinellas County and then passed along those who pay for the service.

Since the systems are currently in place to accommodate preemption, it only makes logical sense that Sunstar ambulances should have these devices. Their use allows for Sunstar ambulances to have the ability to turn a red light to green if no other emergency units have control of the light. This feature would allow ambulances the ability to gain intersection access and improve both response and emergency transport times while responding and transporting critical patients to the hospital.

Recently we experienced two serious intersections accidents with Sunstar ambulances, where I am convinced signal preemption would have avoided these serious collisions. These collisions on July 27, 2005 and August 11, 2005 may have been prevented with such traffic signal control devices in place. These crashes occurred where civilian vehicles were at fault and both resulted in traffic delays, property damage and personal injuries.

Your consideration in this matter is appreciated. If you have any questions, feel free to contact me at (727) 582-2069.

Sincerely,



Mark T. Postma  
Chief Operations Officer



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