

Tallahassee Office
2123 Centre Pointe Boulevard
Tallahassee, Florida 32308
P: (850) 386-3191
F: (850) 385-4501
www.mgtofamerica.com



December 8, 2005

Mr. Kurt Spitzer
Project Manager
Pinellas County Charter Review Commission
719 E. Park Avenue
Tallahassee, FL 32302

Enclosed are 25 copies of Appendices G, H, and I for inclusion in MGT's Final Report—*Fire and Fire Rescue Services Improvement Study*—for Pinellas County Charter Review Commission. The three appendices are titled:

- G. MGT's Response to Report Comments from the Pinellas County EMS/Fire Administration Department (Appendix H) and the Fire Chiefs' Association (Appendix I).
- H. Report Comments from Pinellas County's EMS/Fire Administration Department.
- I. Report Comments from the Pinellas County's Fire Chiefs' Association.

An electronic copy is also available. We ask that the copies be distributed to each member and appropriate record keepers of the Charter Review Commission.

Thank you for your assistance.

Sincerely,

A handwritten signature in black ink, appearing to read "Stephen F. Humphrey, Jr.", written in a cursive style.

Stephen F. Humphrey, Jr.
Senior Partner

Enclosures

J:\2689\Kurt Spitzer electronic letter 1208.doc



APPENDIX G:

**MGT'S RESPONSE TO
REPORT COMMENTS FROM
PINELLAS COUNTY EMS/FIRE
ADMINISTRATION
DEPARTMENT (APPENDIX H)
AND THE FIRE CHIEFS'
ASSOCIATION (APPENDIX I)**



December 2, 2005

Mr. Alan Bomstein, Chair
Pinellas County Charter Review Commission
620 Drew Street
Clearwater, FL 33755

Dear Mr. Bomstein:

As requested, we have prepared a response to the November 7, 2005, documents from the Pinellas County Fire Chiefs' Association and the EMS/Fire Administration Department of Pinellas County.

Each of these documents discusses issues related to MGT's final report on the Fire and Fire Rescue Services Improvement Study for the Pinellas County Charter Review Commission issued November 7, 2005. From our perspective, it is important to note that we issued two earlier versions of this report: (1) a preliminary draft report on September 19, 2005, and (2) a final draft report on October 11, 2005. The two earlier reports contained the majority of the information presented in the final version presented on November 7, 2005. Copies of the earlier versions were provided to both of the organizations noted above, as well as to representatives of the Pinellas County Council of Firefighters. These organizations provided no written comments on the two earlier study versions and provided their final set of comments only after the final report was given to the Commission. The primary purpose of the two initial versions was to solicit comments and then address the issues and data. We did ask both the Fire Chiefs' Association and the County's EMS/Fire Administration for their review of our earlier reports. However, none was provided prior to the November 7, 2005, meeting of the Charter Review Commission.

While some of the issues set forth in the documents—and in the case of the Fire Chiefs' Association, their presentation—are addressed in greater detail in this letter, we first wish to provide an overview with our impressions of the respective documents.

Fire Chiefs' Association

When the Charter Review Commission began to discuss the possibility of taking another look at the fire and fire rescue function in Pinellas County (along with several other functions), the Fire Chiefs' Association expressed concerns regarding the 1992 Fire Study and the possible new study. The Association then prepared a document outlining its ideas regarding study parameters. As the Charter Review Commission recognized, the Association's document focused on fire departments' effectiveness and addressed efficiency in only the most limited way. We do not believe this document served the Charter Review Commission's objectives. Nevertheless, the Commission did see merit in some of the items and did include those items in a revised proposal from MGT. This revised proposal was accepted by the Commission and the items that were not included became the responsibility of the County to research and address as appropriate.

Representatives of the Fire Chiefs' Association expressed concern about the revised study and their willingness to participate. MGT wanted them to participate and encouraged them to do so during the first several weeks of the study. However, the Association continued to express reservations and then chose not to participate, letting individual chiefs speak for themselves. After this decision, the Fire Chiefs' Association, although not a participant, was provided with both electronic and manual versions of each of the three versions of the report.

We do note that when several chiefs expressed concerns about a particular item in the report, for example automatic aid, the information was carefully researched and appropriate changes were made. We hoped the Association would participate in the study and we regret their failure to do so. It was apparent to us and others that the Association had decided to focus their efforts on discounting any study rather than seeking to provide advice and comment.

In the November 7th meeting, the Fire Chiefs, in close association with the firefighters' union, sought to challenge the final report through a letter to the Commission and a PowerPoint presentation. The Fire Chiefs' presentation initially focused on elements of the proposed scope of work. Their knowledge of what was done was very limited as (1) they were not the client, (2) they provided no project input, and (3) they chose not to participate. However, the statement of work elements were done during the study and were covered in our Commendations, Findings, and Recommendations section of the report. Based on our research and discussions with the individual fire chiefs, we concurred that the current system was very effective and that each of the issues brought forth by the chiefs should be included in our evaluation. However, as the report grew more and more lengthy, we focused on elements relevant to the Commission's responsibility to decide if any reason existed to take the current fire and rescue structure to the voters.

It is our understanding that the primary purpose of this study was to provide advice regarding potential efficiency improvements to the fire system that would help the Commission to determine if Pinellas County voters should consider system modifications. As noted above, we found that the system was very effective and therefore did not meet the "should be voted on" criteria. However, we began to recognize that the cost of the system was an issue that met the criteria and warranted the Commission's deliberation. Therefore, we focused our report on this issue.

EMS/Fire Administration

The Pinellas County EMS/Fire Administration, unlike the Fire Chiefs' Association, was very helpful and sought to provide information in a comprehensive and timely manner. Throughout most of the study, and even when they disagreed with our comments, department representatives answered our questions and improved our appreciation of the fire and rescue services and the Sunstar services.

Our only concern with the EMS/Fire Administration's input was the County's decision to withhold from MGT their comments on the first two drafts of our report. Many of the comments set forth in the EMS/Fire Administration's letter would have clarified and enhanced our report. While most of our responses are provided in the section specifically addressing key issues in their letter, we wish to note a most important point. The County has proposed an alternative method to address the efficiency issue focusing more on equipment and reductions in fire and rescue staffing, rather than station closings or limited duty hours. Its cost savings estimate of \$15,000,000 is

very similar to our estimate of \$15,000,000 to \$19,000,000. Interestingly, this estimate is also very similar to another consolidation regarding fire services. In Indianapolis, there has been significant effort to modify current legislation and consolidate the existing 10 fire operations as part of the overall implementation of a political consolidation approved by the city and voters several years ago. In this consolidation, the estimate of savings, should the 10 departments become a single operation, is \$19,000,000. Based on these estimates, we firmly believe our projected dollar savings is realistic.

Our research has indicated that numerous jurisdictions, including the above, have recognized that the duplicate services found in a multi-department structure do represent a major and reducible cost. In the following, we address more specific key issues set forth in the Fire Chiefs' Association and EMS/Fire Administration documents.

Below are responses that directly relate to the comments provided by the Fire Chiefs' Association and the County EMS/Fire Administration.

Pinellas County Fire Chiefs' Association

The following section relates to the comments provided by the Pinellas County Fire Chiefs' Association on the Fire and Fire Rescue Services Improvement Study prepared by MGT and submitted to the Pinellas County Charter Review Commission on November 7, 2005.

Section 1 of the MGT Report generally provides background information regarding fire and EMS services in Pinellas County. The section contains no findings or recommendations. The Fire Chiefs' Association Position Paper makes several comments on Section 1 that would have been good additions and clarifications to the final report had the Association provided them to MGT after the draft reports were initially distributed. However, as stated above, that was not the case, and comments were received after the final report was delivered. The Association's comments regarding Section 1 are very specific, but not including their comments in Section 1 in no way detracts from the background information being presented. In fact, the Association's last comment regarding Mutual Aid Analysis was changed in the final report after individual chiefs contacted MGT with questions on that subject. Because of the change, the Association's comment regarding "the serious error in the document" regarding Mutual Aid—"THE ENTIRE SECTION SHOULD BE REMOVED FROM THE FINAL DOCUMENT BECAUSE IT IS FALSE AND MISLEADING"—is not valid.

Section 2 of the MGT Report contains findings, commendations, and recommendations. On numerous occasions, the effectiveness of the Pinellas County fire and EMS services was recognized; indeed, it was never in dispute. They are very effective fire and EMS services. However, it is strongly arguable that the fire and EMS services are not efficient. The MGT Report presents information received from the 911 Dispatch Center, interviews with fire department chiefs, and research on fire/EMS services in other locations around the country. The information below is not meant to respond to each and every criticism put forth by the Association, but rather addresses several criticisms that need to be contested.

Pages 2-9 to 2-14. The Association criticizes this section of the MGT Report, stating the section is inaccurate and misleading. Indeed, there were 522,000 emergency responses for calendar year 2004 for 152,882 incidents. The report identifies the responses by fire departments or ambulance (Sunstar) vehicles. Had the Association provided their comments prior to the final report, the reference to fire departments or ambulance vehicles would have been clarified to say "emergency vehicles" and Exhibit 2-3 would have stated *Emergency Responses* instead of *Fire Department Responses*. However, the Association states in its comments that 470,489 fire or ambulance vehicles were assigned to responses, of which, according to the Association, 45% were staff units or administrative pagers. However, these staff units often respond, which places another vehicle on the scene of the incident. [Note: staff units and administrative pagers were not separately identified by the Association.] The point being made in the MGT Report is that on average, more than three emergency vehicles respond to incidents, regardless of the type of vehicle responding or the type of incident. If one assumes 522,000 responses for 152,882 incidents, the average number of emergency vehicles responding is 3.4; if 470,489 responses for 152,882 incidents is assumed, the average number of emergency vehicles responding is 3.1. [Although these figures relate to the entire calendar year 2004, MGT also conducted a similar analysis for a single month and, as stated in the MGT Report, came to similar conclusions.]

Page 2-19 of the MGT Report discusses the number of stations with a small amount of activity. The report recognizes that all stations not only respond to incidents, but also have other duties and responsibilities including training, fire prevention and code enforcement, public fire and life safety education CPR training, etc. The report assumes that all stations conduct these other duties and responsibilities, so the focus is on fire and medical responses. The report makes an observation regarding activity and calls for an in-depth study to review those stations with low activity. The Association calls into question, "Who is going to complete the in-depth study..." The report answers that question by stating that a single fire district, as recommended, provides the governance structure to complete an in-depth study and that substantive efficiency changes can only be made from the countywide level. To conduct an in-depth study prior to establishing a single fire district would be biased with local jurisdiction politics and would arguably not lead to increases in efficiency.

The Association questioned the potential cost savings associated with the closure and/or combining of fire stations and the reduction in the number of supervisory and/or administrative positions under different scenarios. In addition, the Association stated that the costs were not substantiated by anything. The report specifically states on pages 2-21 to 2-23 how the costs were developed. In addition, the Pinellas County EMS/Fire Administration calculated a similar figure when it analyzed the savings associated with the creation of a single fire district for the County.

The Association called into question some of the research contained in the MGT Report. The point of the research is to show the inefficiency of a multiple ALS response (a response by ALS ambulances and ALS fire apparatuses). Combining reductions in the number of ALS vehicles responding to an incident with an appropriate level of response based on symptom guidelines will improve the efficiency of the service provided without any change to the effectiveness of the service provided. Research indicates that this is the case, and interviews with emergency services operators in other large jurisdictions indicate that efficiencies will be attained without

decreases in effectiveness. As stated above, the mandate of the study was to provide advice regarding potential efficiency improvements for fire services in Pinellas County. A major potential efficiency improvement to the fire system would be to reduce the amount of duplication caused by multiple ALS responses.

If the Association had provided their comments on the MGT Report prior to submission of the final report, many of them would have been included or responded to in the MGT Report. However, that was not possible due to the timing of the release of the Association's comments.

Pinellas County EMS/Fire Administration

The Pinellas County EMS/Fire Administration staff presented their input on the MGT Report after the final report was presented to the Charter Commission. Had the County's comments been provided to MGT before the final report was issued, many of them would have been addressed. The following comments are not meant to challenge the County's assertions, but rather to respond to them.

The County challenges the population figures contained on Page 1-6 of the MGT Report. The source of these figures was the 2000 U.S. Census. The unincorporated population identified is the population not associated with a city or town. MGT stands behind the U.S. Census population figures.

Many of the comments from the County reflect wording changes. For example, the report made the following statement, "The contracts provide for a single-tier all Advanced Life Support (ALS) Emergency Medical System with a first responder component." The County submitted the following revised statement, "The contracts provide for a single-tier all Advanced Life Support (ALS) component within the all ALS Emergency Medical Services System." Clarifications such as this might have been helpful as the final report was prepared. However, as these recommended wording changes were not provided in advance of the final report, there was no opportunity to include any modifications or clarifications.

The County took exception to remarks on the lack of countywide training. The information regarding the consistency of training between and among fire departments came from interviews with the various fire department chiefs. Yes, it is true that on occasion, different fire departments train together using a jointly developed curriculum. However, outside of the North County, this type of coordinated training activity is the exception and not the rule. The point being made in the report is that training is not consistent countywide. Some departments conduct in-depth training and train with other departments, while others rarely train with other departments and cover the curriculum material without hands-on application. On the other hand, training for paramedics is highly centralized through the County, and the County should be commended for establishing and maintaining a high-quality program. The County established, funds, and oversees the paramedic training, which indicates that centralized training can be accomplished with excellent success.

The County questioned the analysis of the 20 fire stations with low busy rates. The intent of this section in the MGT Report is to point out that a significant number of stations have low utilization and therefore need to be looked at within the context of continued viability.

Without a single fire district, it would be difficult to plan the location of fire stations due to the jurisdictional issues that have historically arisen. As part of any in-depth review, appropriate “standards of cover,” response times, etc. would be determinants for station location, with the knowledge and understanding that station locations would not be hampered by jurisdictional conflict. The creation of a single fire district would allow for the types of in-depth studies necessary to improve the efficiency of the fire services provided to Pinellas County.

The County questioned MGT’s recommendation that the Public Safety Answering Point (PSAP) should implement a priority dispatch system, stating that the Sunstar Paramedics have utilized Medical Priority Dispatch Protocols since 1980. The use of dispatch protocols by Sunstar is not in question. The issue is the use of dispatch protocols by the PSAP, which would use symptom guidelines on the initial 911 call to determine the response. The current policy is to dispatch a fire response (ALS) when the caller requests medical attention, regardless of the medical symptoms. The caller is then transferred to Sunstar for evaluation regarding an ambulance response. As stated in the MGT Report, many large jurisdictions have implemented priority dispatch using symptom guidelines to evaluate 911 calls, which in some cases has significantly reduced the number of responses by their fire departments. In order to improve the efficiency of fire department operations, the MGT Report strongly advises the Pinellas County PSAP to implement a priority dispatch system.

The County is opposed to the MGT recommendation to create a single emergency dispatch center that co-locates all dispatchers for law enforcement, fire, and medical calls. The County states that one center could become a vulnerable single point of failure and therefore justify the use of Sunstar as a hot back-up site. While it is prudent to have a hot back-up site, it is not efficient to fully staff and operate multiple communications centers in the County. The County also argues that Sunstar must operate its own communications center as a “contractor,” with complete control over all aspects of their operation, including ambulance placement, movement, and the dispatch function. Those comments highlight a narrow issue relating to the Sunstar contract and not the efficient operation of the County’s fire and EMS system.

The County strongly disagrees with the analysis that Sunstar does not need stoplight preemptive devices. The County argues (in a letter from the Sunstar Chief of Operations) that since the preemptive technology is currently installed (and used by fire departments), Sunstar ambulances should have these devices. No comment is made regarding compensation for the already installed system. The MGT Report cites research stating that only in the rarest of cases are lights and sirens transport required. Preemptive devices may reduce response times and patient transport times, but they will most certainly adversely impact the traffic flow on streets and roads, causing even more dangerous traffic problems. The argument provided by the County on this issue is not compelling enough to modify the recommendation to install preemptive devices in Sunstar ambulances.

As with the information provided by the Pinellas County Fire Chiefs’ Association, had the County provided its feedback on the MGT Report prior to the release and presentation of the final report, MGT would have had the opportunity to respond to many, if not all, of the County’s comments and, where appropriate and justifiable, make changes based on the County’s input. Although the County’s information was not provided in a timely manner, MGT has attempted to respond to specific comments, many of which have been taken out of context. The focus of the

MGT study for the Charter Review Commission was to recommend opportunities to improve the efficiency of a very effective fire and EMS system for Pinellas County. The MGT Report provided the Charter Review Commission with the opportunity to improve the efficiency of the fire/EMS operation, with the strong possibility of reducing costs.

Summary

The primary purpose of the study was to provide to the Charter Review Commission with advice regarding potential efficiency improvements to the County's Fire and Fire Rescue Services. Depending on the results of the study, the Charter Review Commission's responsibility was to determine if Pinellas County voters should be asked to consider Fire and Fire Rescue system modifications. While the comments provided by the Fire Chiefs' Association and the County EMS/Fire Administration on the MGT Report were to some extent informative, the issue of the efficiency of the Fire and Fire Rescue Services in Pinellas County remains. The effectiveness of the Fire and Fire Rescue Services in Pinellas County has never been in question. However, as the MGT Report indicates, much inefficiency exists in the current Fire and Fire Rescue Services. Substantial savings could be achieved if a single fire district were created. Using an alternative method, the County EMS/Fire Administration came to almost the same potential dollar savings. Efficiencies to the services provided can be achieved, without impacting the effectiveness of very good Fire and Fire Rescue Services. MGT strongly believes that the analysis, findings, commendations, and recommendations contained in the report will be very useful in the continuing discussions regarding the future structure of the Fire and Fire Rescue Services in Pinellas County.

If you need any further clarification regarding this letter, please call me at (850) 386-3191.

Sincerely,

A handwritten signature in black ink, reading "Stephen F. Humphrey, Jr." with a stylized flourish at the end.

Stephen F. Humphrey, Jr.
Senior Partner

APPENDIX H:

***REPORT COMMENTS FROM
PINELLAS COUNTY'S EMS/FIRE
ADMINISTRATION DEPARTMENT***

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.

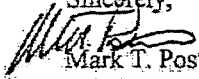
As stated, Sunstar Paramedics is meeting and exceeding our response time standards. In order to maintain our current performance, Sunstar Paramedics has to exceed the contract standard in order to maintain compliance. Exceeding the requirement requires a specific number of ambulances to meet the ten 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.

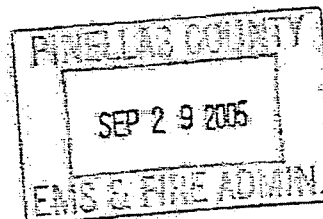
Since the systems are currently in place to accommodate preemption, it only makes logical sense that Sunstar ambulances should have these devices. Their use allows for Sunstar ambulances to have the ability to turn a red light to green if no other emergency units have control of the light. This feature 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



12490 Ulmerton Rd.
Largo, FL 33774
(727) 582-2090
Fax (727) 582-2249
www.sunstarems.com

APPENDIX I:

***REPORT COMMENTS FROM THE
PINELLAS COUNTY FIRE CHIEFS'
ASSOCIATION***

**PINELLAS COUNTY FIRE CHIEFS' ASSOCIATION
POSITION PAPER ON**

**Pinellas County Charter Review Commission's
Fire and Fire Rescue Services Improvement
Study prepared by MGT of America**

Prepared and Presented by the
Pinellas County Fire Chiefs' Association
November 7, 2005



Pinellas County FIRE CHIEFS' ASSOCIATION

President James S. Angie	Vice President Dan Groves	Secretary/Treasurer Scott McCull	North County Director Bud Meyer	Mid County Director Barry O'Neal	South County Director Charlie Furl	Director at Large Doug Lewis	Past President William L. Naylor
-----------------------------	------------------------------	-------------------------------------	------------------------------------	-------------------------------------	---------------------------------------	---------------------------------	-------------------------------------

November 7, 2005

Letter of Transmittal

Pinellas County Charter Review Commission;

I would like to thank you for the opportunity to present information on behalf of the Pinellas County Fire Chiefs Association regarding the fire and emergency services study.

The fire chief's association has concerns with the poor quality and misinformation presented in the MGT study. More importantly, there are concerns that this study will be accepted without a true understanding of the proposal, negatively impacting service delivery to the citizens of Pinellas County. An in-depth response to the report is enclosed for your consideration; however, I would like to point out some major concerns contained in the study:

1. The report identifies the closure of three to eight fire stations; and the closure of three to eight fire stations in the evening hours. The consultant utilized an arbitrary benchmark of two hours run time as a basis for this recommendation. Also, the consultant did not see fit to repeat the actions of the 1992 study by identifying specific stations for closure. For the record, the 20 choices for these closures include the entire barrier islands from Pass-a-Grill to Sand Key, Tierra Verde, Shore Acres, from Oldsmar north to the county line encompassing both the Oldsmar and East Lake fire districts, Clearwater's new station 51 which was built specifically because of response time needs, 50 percent reduction of service in Tarpon Springs, two stations in the Belleair Bluffs/Largo area that are cooperatively operating out of one fire station with two different types of apparatus, 25 percent reduction of service in the Palm Harbor area, 25 percent reduction of service in Seminole and the elimination of the main-land Indian Rocks Station. In addition to the permanent closures, those stations closed in the evening hours could create significant confusion for the public and local liability in the event of someone goes to the fire station in their time of need and finds it closed. The closure of fire stations, whether permanently or periodically, would increase response times for both fire and other emergencies.

2. The report recommends the implementation of priority dispatch which would reduce the current level of care to the community. There are many medical options for the public. They can go to their personal physician, a walk-in clinic, emergency department at a hospital or dial 9-1-1. There is only one place you can call for fire suppression. Fire departments are geographically placed and are staffed 24 hours a day to provide fire suppression coverage. The evolution of the fire departments to provide emergency medical services was due to their proximity, availability and duty to serve. In the post-9/11 era, the duties and responsibilities of the fire departments have expanded even more to an all-hazards response and service to the community. As public servants, dual-role firefighter/EMTs and firefighter/paramedics provide greater versatility of services for the amount of financial investment. Minimizing or reducing the services provided by dual-role firefighter/EMTs & paramedics and transferring these services to another private agency will only increase the overall costs for fire and emergency services in Pinellas County.

Further, what was not considered or evaluated by the consultant were the operations of the emergency transportation system component of the service. The study indicated the budgeted expenditures for the Sunstar Ambulance Contract totaled \$22.4 million. If fire departments were to expand in the area of emergency transportation, through the use of dual-role firefighter/EMTs and firefighter/paramedics which are already strategically placed throughout the county 24-hours a day, this would be a significant enhancement to both the emergency medical and the fire suppression components of the fire and emergency services system.

Once again, I appreciate the opportunity to speak to you on the topic of fire and emergency services and am available at any time to discuss any of your questions or concerns.

Yours in public safety,



James S. Angle, President
Pinellas County Fire Chiefs' Association

The following position paper is submitted by the Pinellas County Fire Chiefs Association (PCFCA) to the Pinellas County Charter Review Commission (CRC) in response to the Final Report that was submitted at the 11/07/2005 CRC meeting.

The PCFCA would first like to reiterate our initial position regarding the study and the process of the study. In our joint position statement submitted in conjunction with the Pinellas County Council of Firefighters we stated the following.

Both parties agree that Chapter 6 of the 1991 MGT America report, inclusive of the updates in 1998 and 2002, are flawed, provide inaccurate and unreliable information, and is a poor representation of the fire service in Pinellas County today. An analysis of the 2002 update was performed in 2002 to highlight these inaccuracies. This analysis is currently being updated to reflect the current status as it relates to the MGT report. Further, none of the information found in Chapter 6, Fire Services, of the MGT, should be used to, in any way, alter the current fire/EMS delivery model in Pinellas County.

Further, if a desire exists to again study the existing fire/EMS delivery model in Pinellas County, the parties agree that they can support a new study, only if all of the stakeholder groups are involved in the process and if the study is based, from the beginning, on a defined service delivery level. A sample RFP is being developed which would allow for a comprehensive analysis of the complete Fire/EMS delivery system.

With specific attention to the second paragraph, we remind the Commission that each party had hoped that the study would not be undertaken, however if the desire existed, that stakeholder groups would have input. The stakeholders did have input, however, a defined service delivery level was never discussed, nor determined at the beginning of the study. Further, not all of the critical areas for fire protection and EMS delivery were studied, therefore making MGT's final report flawed and invalid.

The following is documentation of the flaws in the report and examples of the misrepresentation of the data.

INTRODUCTION

In 1991, Pinellas County government commissioned a consultant study on government efficiency within Pinellas. The consultant firm of MGT America was selected to perform the study. The consultant was charged with examining many service areas. The MGT report was provided to the county commission and the commission appointed a charter review advisory committee. Chapter six of the consultant report examined the fire service. While the MGT report generated a lot of controversy, none of its recommendations were ever implemented. At the time of the report's release, the Pinellas County Fire Chiefs Association found many examples of the consultant's oversights and inaccuracies. Further, a majority of the Pinellas fire service organizations had no input into the report, nor were they contacted by the consultants prior to the report's completion. In 1998 the MGT America study was pulled from the shelf. Chapter Six, dealing with the fire service, was revised by Pinellas EMS and Fire Administration managers. The revised report, still with its inaccuracies and oversights, was provided to the Pinellas County Commission appointed Charter Review Commission. The Pinellas County Fire Chiefs Association felt strongly that the fire service was being misrepresented once again. The Association members created a rebuttal report and presented it to the Charter Review Commission. Once again, none of the MGT America recommendations were acted upon.

Again in 2002 the 11 year old report was revised by Pinellas County EMS and Fire Administration managers. The EMS and Fire Administration managers met on two occasions with members of the Pinellas County Fire Chief's Association. These meetings were to examine the revised information and discuss the merits of attempting to revise the decade old study. All parties agreed the report was flawed and a poor representation of the fire service in Pinellas County. The Pinellas County Fire Chief's Association requested that County government not utilize the report based on its age and controversy. No action was taken on the revised report.

The 2005 County Charter Review Commission hired MGT of America to study again the Fire and EMS delivery system in the County. After requests by the Fire Chief's Association to not do the study, it was undertaken in mid 2005. The PCFCA and PCCFF requested that the study be comprehensive and be based on a minimum service delivery level from the outset. Unfortunately, because of budget constraints with the project, key areas of the Fire/EMS system were not included as part of the study.

This position paper has been created to provide those readers of the MGT America study a fair and balanced view of the study from the Pinellas fire service organizations. The 2005 MGT report sought to quantify the costs of providing fire protection services. No attempt was ever made to examine the level of service in Pinellas communities. Further, no study was undertaken to quantify the effectiveness of the Pinellas fire service model. These omissions put the Pinellas County Fire Chief's Association in a position of deep philosophical difference with the methodology of the entire study. As a result, the consultants provided a report that addressed cost efficiencies only.

SCOPE OF WORK

As part of the review of the Final MGT report, the approved Scope of Work (SOW) was compared to the final product determining the completeness of the final report. The following comments are based on this comparison.

SOW Page # 1 - The study for the Fire element will provide findings and recommendations based on appropriate and relevant standards and benchmarks.... *We do not find any standards or benchmarks comparing our delivery to similarly situated Counties. There are obvious relevant standards including NFPA 1710. There are applicable laws including Florida Statute 633. These are just two of many examples.*

SOW Page # 2 - Communication - We place significant emphasis on gathering internal stakeholder input during this study. We see part of our job as helping the Commission build a consensus for necessary change, and helping the various organizations understand the needs and wants of its citizens and stakeholders in order to provide better services. - *We are unaware of any attempts to gather stakeholder input with the exception of the County Staff, Fire Chiefs and Council of Firefighters. We are not aware of any citizen surveys or focus groups being conducted. We are also unaware of any discussions with elected officials of Cities or Special Districts to get the input of these obvious stakeholders.*

SOW Page # 4 - Task 3.0 Identify Best Practices and Industry Standards - *We do not find any standards or best practices referenced in the final document as they pertain to fire delivery, training, and code enforcement. While some research is noted for EMS service delivery, it is not necessarily tied to best practices or industry standards.*

SOW Page # 7 – Activities

- County and city organization charts; *No reference to department organization chart research in the report.*
- authorized and filled positions for both departments – *No discussion on current or expected staffing*
- personnel rosters and position descriptions – *No explanation of study on any specific positions and their responsibilities.*
- budgets and financial reports – *Unknown, what, if any, research was done on specific budgets of individual departments.*
- strategic and operational plans – *No reference to strategic or operational reports.*
- routine management and operating reports – *No description of findings.*
- key statutes, ordinances, resolutions, and/or policies – *Some key statutes noted in the background. No reference to Florida Statute 633 as it relates to firefighter safety and staffing requirements.*
- Request that each service provider provide information regarding their mission, goals, programs, responsibilities, functions, and key issues as well as their expectations/desires for this project. – *Not sure where the "key issues and expectations" for the project were identified or reported from fire service stakeholders.*

SOW Page # 8 –

- Identify four-to-five similarly situated counties for comparison. – *Not Done*
- Determine the relevancy for benchmarking and research. – *Not Done*
- Identify appropriate performance standards – *Not Done*

SOW Page # 9 & 10 – Activities

- current organization charts showing number of authorized positions as well as any positions currently vacant – *No Reference in Report*
- policy and procedures manuals – *No Reference in Report*
- annual work plans and annual performance/operating reports – *No Reference in Report*
- performance measures and/or level of service standards – *No Reference in Report*
- workload volumes for primary work functions/activities for the past two years – *Complete for Medical and Fire Incidents Only*
- routine operational data and management reports (manual and computerized) – *No Reference in Report*
- list and brief descriptions of data processing systems being used – *No Reference in Report*
- facilities and equipment and their condition – *No Reference in Report*
- training programs – *While a paragraph in the report explains the training program, there is no reference to the number of programs or hours spent annually on training, this information is available.*

SOW Page # 10 - To evaluate the ability to prevent the outbreak of fires; ensure the enforcement of codes; investigate the cause, origin, and circumstances of fires; maintain a safe and effective response capability; and protect citizens' life safety and property against the dangers of fire and other emergencies – *Brief paragraph presented on code enforcement. Nothing noted on the primary cause of fires, or any reference related to a safe and effective response capability to be measured and maintained.*

SOW Page # 10 & 11 – Activities

- organizational structure, using the following criteria: - *Find no reference to any of the following*
 - actual and "official" organization structures are comparable;
 - related functions grouped within the same organizational entity;
 - clear lines of authority and accountability;
 - supervisory spans of control of three to ten direct reports; and
 - few, if any, one-on-one reporting relationships.
- operations, including - *Find no reference or measurement to any of the following*
 - appropriate and adequate operating policies and procedures;
 - effective and efficient work processes, workflow, methods and procedures within and among departments;
 - appropriate use of information technology;
 - adequate employee skills/capabilities and ongoing training programs; and
 - adequate and well-maintained facilities and equipment.
- customer services, including - *Find no reference to any of the following*
 - specified programs and services provided in accordance with legal mandates;
 - desired results or benefits achieved;
 - customer-orientation with a clear focus on service timeliness, responsiveness, and effectiveness;
 - adequate external communications;
 - routine reports regarding customer requests and complaints; and
 - periodic measurement of overall customer satisfaction.
- costs, including - *Find no reference to any of the following*
 - supported, justified budget requests;
 - actual expenditures compared to budget;
 - efficient utilization of staff resources;
 - economic acquisition and utilization of equipment and operating resources; and
 - not mandated/nonessential services.
- management practices, including - *Find no reference to any of the following*
 - informed and timely decision-making at appropriate levels;
 - meet performance expectations;
 - use of sound resource allocation and scheduling techniques;
 - maintain balance between workload and staffing levels;
 - use of routine management and operational reports that incorporate appropriate performance measures; and
 - adequacy of internal communications.

SOW Page # 12 - Outline an improvement recommendation for each significant function, where appropriate. The recommendations will focus on improving services, reducing costs without adversely affecting services, and on correcting identified deficiencies including:

- fire response and suppression – *No focus on improving services or the impact of the recommendations on existing services.*
- fire/EMS training – *No substantive research documented*
- EMS Services – *No focus on improving services or the impact of the recommendations on existing services.*
- code enforcement and fire prevention – *No substantive research*
- specialized response teams – *No Reference at all*

SOW Page # 13 - Activities

- executive summary:
 - project objectives;
 - listing of commendations and recommendations for each department – *Not completed for each department*
 - summary of functional fiscal impact statements – *No fiscal impact statements provided.*
- separate chapter for each of the functions containing:
 - *Not all functional areas described in the scope are considered. There is no supporting documentation. No fiscal impact, no timelines, and no implementation strategies.*
 - review methodology;
 - background:
 - organization and staffing;
 - budget; and
 - primary programs and operations;
 - commendations, each with supporting facts and/or opinions;
 - findings, each with supporting facts and/or opinions;
 - recommendations, referencing related finding(s) and describing the change and its justification in detail;
 - implementation strategies, plan, and time line—specifying what should be done, primary responsibility, schedule; and
 - fiscal impact, consisting of a chart that lists each recommendation and the savings, implementation costs, and net fiscal impact.

REPORT

Page # 1-2 - The Pinellas County Fire Chiefs' Association expressed concerns regarding the 1992 study and suggested parameters for the 2005 study. The Pinellas County Council of Firefighters also expressed concerns regarding the 1992 and 2005 study. They also were involved in the suggested study parameters.

Page # 1-3 – Areas to be studied included specialized response teams. No mention of these teams in the report.

Page # 1-4 – The report states that interviews were conducted with emergency services representatives in numerous cities throughout the country. While the report does allude to operations in six jurisdictions, with regard to priority dispatch, there is no mention of other departments in the findings related to the fire delivery. Further, there is no documentation

regarding how the six jurisdictions compare to Pinellas County in terms of size, complexity, and levels of service.

There is discussion of an onsite visit to the Thurston County Washington Dispatch Center. According to research conducted by the PCFCA, Thurston County has 236,430 people in 758 Square Miles or a population density of 311 people per square mile. Most of the fire districts are volunteer BLS providers. There are approximately 20,000 EMS incidents per year. We are unsure what comparisons or conclusions are useful in this report and what could be gained by studying a system so different.

Page # 1-6 – It is noted in Exhibit 1-1, that Pinellas County's population is still expected to increase. It is also noted that Pinellas County is the most densely populated in Florida. Further, the median age is higher, as is the disability status. Also, Pinellas County has the second highest number of residents in nursing homes. These demographics support some of the reasons that the current fire/EMS delivery system is in place.

Page # 1-7 - Four fire districts operate under the authority of a local fire board. Although fire districts are considered primarily rural (unincorporated) areas, three of the districts are, or have, primarily urban-type areas. – It is not clear on the meaning of this statement, nor how it affects the findings, however, for the record, there are a number of special fire control districts throughout the state that deliver service in both urban and suburban settings.

Page 1-7 - The city fire departments are a mixture of large and small departments. The largest, St. Petersburg, accounts for about 50 percent of the fire services under city management with 13 stations, while several coastal cities have one or two stations and minimal equipment. Exhibit 1-2 on page 1-8 indicates that there are 50 fire stations under city management and that would mean that St. Petersburg would represent 26 percent not 50.

Page # 1-10 – Exhibit 1-4 – While useful in demonstrating current costs for the entire system, the information means nothing without some comparison to similarly situated jurisdictions. Without some sort of benchmark there can be no conclusions made about the costs of the Pinellas County System.

Page # 1-13 - While there are many response codes, the County collapsed them into two primary codes, medical and fire. The method of "collapsing" the various call types into two primary codes leads to a misrepresentation of the information. For example, an Air Transport Incident is classed as a medical call. In reality, while a patient in medical distress is the reason that the air transport occurs, a fire response is necessary in order to set up a safe landing zone for the aircraft crew and people on the ground, as well as the patient. This requires the response of at least an engine company, and most often a district chief, in addition to the initial medical response. This inaccurately leads to a conclusion that 3 vehicles had responded to a medical call. A better way to examine the number of units responding to incidents is to examine each code which is easily done and included as part of this report on the next page.

Page 1-13 Exhibit 1-5 - The number of responses in calendar year 2004 was 152,882. In that year, the number of medical coded responses was 125,966. The number of responses is correct and can be validated by date in the 911 computer system. Using the information in Exhibit 1-5 and by adding all of the emergencies in 2004 that were identified as medical, the total will be 125,940. The number 125,940 is correct and can be validated by data in the 911 computer.

Page 1-14 – The vast majority of calls (75%) occurred between 8:00 a.m. and 10:00 p.m., with peak hours of 11 a.m. to 6 p.m. This data has led MGT to the conclusion that one alternative delivery model might be to close some stations or units during the non-peak hours from 10 p.m. to 8 a.m. The PCFCA strongly opposes this concept. Although the number of incidents does drop during these hours, the seriousness of incidents increases. At night, fires are often not discovered as early and therefore fires often are larger and further progressed on the FD's arrival.

In terms of residential fires, it should be noted that according to the United State Fire Administration's Report: More than half of residential fire deaths occur in fires that start from 10:00 p.m. to 6:00 a.m. The peak night hours are from 2:00 to 5:00 a.m., when most people are in deep sleep. Further, in this same report there is a noticeable increase in property loss from fire occurring between midnight and 6 a.m.

Page 1 – 15 – Mutual Aid Analysis – This would be better described as the Automatic Aid Analysis. The conclusions raised and reported in this section are some of the most inaccurate in the report. Exhibit 1-7 contains a serious flaw. The three rows on the bottom are mislabeled. Therefore, the conclusions released about how much automatic aid is given/received by each department is actually backwards. The comments regarding the most given and the most received are not valid.

RECOMMENDATION: Due to the serious error in the documentation regarding Mutual (Automatic Aid), THE ENTIRE SECTION SHOULD BE REMOVED FROM THE FINAL DOCUMENT BECAUSE IT IS FALSE AND MISLEADING.

Page #2-1 - Both fire chiefs and the County's EMS/Fire Administration personnel have noted that there are fewer than 500 fires per year now requiring suppression activity. - It is unclear as to how the consultant reached this conclusion. If it is related to the number of times the working fire file is activated, then it is not valid. There is no correlation to the number of times the working fire file is activated and the number of fires in which suppression activities were initiated. According to the report, the fire departments responded to 3,447 structural responses, 776 unconfirmed structural fires, 80 brush fires, 7,145 fire alarms, and in addition, 799 vehicle fires (according to NFPA report). One simple measure, although it might not account for all suppression activities, would be the number of incidents where "water on the fire" is reported to dispatch. In 2004, this occurred 771 times, indicating that at least 771 fires required the application of water as a suppression activity. Of course, there are other means of fire suppression.

Page # 2-2 - The brief description and commendation on code enforcement does in no way measure the productivity and effectiveness of the processes. There is no consideration for the time spent by fire companies in fire inspection and code enforcement activities. No consideration is given to the fact the most fire prevention staff personnel are cross-trained in other duties including fire investigation, plan review, public education/information and many are also certified firefighter/paramedics. As compared to the suggested study parameters reprinted below, this section is a totally inadequate representation of code enforcement and fire prevention activities throughout the county.

Code Enforcement and Fire Prevention - Evaluate the fire services ability to staff and conduct annual code compliance inspections within commercial and industrial properties. Study the effectiveness of working relationships between fire inspection and building inspection organizations. Evaluate the capability of fire service organizations to conduct plans examinations of site development, building and internal systems construction drawings. Evaluate the fire code compliance quality assurance programs within the Pinellas fire service organizations. An effective fire code compliance program is critical in providing quality, cost effective fire protection to our communities. It is also the first line of defense to protecting firefighter's lives while operating within buildings during fire and other emergency incidents. Qualified code inspectors should be on each fire company. Inspectors must be provided with a continuing education program to ensure their knowledge of codes and enforcement procedures are current and up-to-date. Code compliance programs must take advantage of technology advances to put the working tools for inspectors in the field to speed the inspection reporting process, sharing building hazard information with firefighting crews and providing compliance requirements to building owners.

Page # 2-3 - Fire and Fire Rescue Training - The brief description and commendation on Fire and Fire Rescue Training in no way measures the productivity and effectiveness of the processes. There is no consideration for the time spent by fire companies in fire and EMS training. There is no reporting of the total hours that a firefighter spends doing in-service fire and EMS training throughout the year. No consideration is given to the fact that most Training officers also function in other capacities in their departments, most commonly, health and safety. As compared to the suggested study parameters reprinted below, this section is an inadequate representation of training activities throughout the county.

Fire/EMS Training - Evaluate in-service training programs and determine if they are being provided with the goal of procedure standardization for all Pinellas automatic aid companies. Further, study the in-service training programs and make recommendations to improve the programs so as to garner additional points for ISO evaluations. Training programs and supporting policies should ensure that all personnel are trained and can demonstrate competency to execute all responsibilities within personnel assignments for fire suppression activities, EMS functions and specialized training necessary for firefighter safety and survival.

Page # 2-5 - Ambulance (EMS) Services – On page 2-5 and 2-6 a description of the ambulance service is provided, and a commendation issued. The purpose of the request to include ambulance services was to identify opportunities that might exist if the fire departments would have more involvement in transport. From the original suggested study parameters:

"Evaluate the current method and equity of funding for fire-based first responder units. Study the efficacy of a single-tier fire service based EMS first responder and transport service to emergency medical calls supported by a non-fire based component for non-emergency medical transports. Assess EMS response times utilizing a fractal measurement methodology and evaluate the system's current performance. Evaluate future traffic, roadway, and transportation issues as they affect station location and response times of fire-based EMS first responders."

The description and the commendation of the current system hardly meets the intent of the study parameter suggested and approved by the CRC.

Page 2 – 8 – According to the Fire Chief's, 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 where this statistic comes from. Is it an average of five minutes, or a fractal measurement? If fractal, what is the percent the five minutes of less is achieved. What national guidelines are we exceeding? The PCFCA has never provided this information. If it is from one or more particular departments this information should be provided.

Page 2-9 to 2-14 – The exhibits shown and described in the text of these 6 pages are inaccurate and totally misleading. The notation that there is an average of 3.5 vehicles per incident in Pinellas County is completely FALSE. There is NO data to support this claim. It is not the accuracy of the data, but inaccurate analysis, partly due to a lack of understanding of our system. On page 2-11 "For 2004, there were more than 522,000 responses or runs by fire department or ambulance (Sunstar) vehicles in 2004." Again after careful and accurate analysis of the data, it is clear that in reality there were 213,659 responses by FD response units and 135,668 Sunstar vehicles response. Therefore, a total of 349,327 vehicles responded to the 152,882 incidents for an average of 2.3 total vehicles for all calls.

Exhibit 2-3 would lead the reader to believe that in December, an average of 3.5 vehicles responded to the incidents. In reality, 1.46 was the average unit response, for fire department vehicles, which is consistent with the data for the entire year as was shown earlier in this report.

Exhibit 2-3 indicates there were 12,337 incidents in the month which had 42,885 responses (vehicles responding to the incidents). That means, on average, 3.5 vehicles responded to each incident. The sample data shows that, on average, there are 3 vehicles on most fire incidents and between 2 and 3 on medical runs. The number of incidents is not correct as there were 12,341 incidents in December. First, if all the incidents listed in Exhibit 2-3 are totaled, the number is 12,336, as opposed to 12,337, which means the MGT Study is not correct. The number of vehicles responding is also incorrect. Each time a vehicle responds to an emergency, the 911 computer system creates a TSTATS for that vehicle. The 911 computer system can validate that there were 38,596 vehicles assigned to different emergencies. Further review of the number of vehicles assigned to emergencies shows that 47 percent of the vehicles were administrative pagers or staff units. Examples of administrative pagers and staff units

would be; ambulances 10,839, Police units 3,430, Progress Energy 210, and Gas Co. 10, etc.

Exhibit 2-4 reports the total number of alarms by station. While it is agreed that there were 152,888 total alarms in the county, this graphic is misleading. The graphic only shows the number of incidents in a station's response area. It does not show the actual number of calls that a unit in that station responded to. In addition, the columns do not equal the confirmed total in 2004 of 152,882 incidents.

Page 2-11 - There were a total of 152,882 incidents in 2004, of which 125,966 (82.4%) were medical-related and 26,916 (17.6%) were fire-related. For 2004, there were more than 522,000 responses or runs by fire department or ambulance (Sunstar) vehicles in 2004. Both of the numbers in this paragraph are not correct. By adding the numbers on Exhibit 1-5 there were 125,940 medical incidents and 26,942 fire incidents. This information can be validated by information in the 911 computer. The 911 computer system can validate that there were 470,489 vehicles assigned to different emergencies. Further review of the number of vehicles assigned to emergencies shows that 45 percent of the vehicles were administrative pagers or staff units. For the 2004 totals, the emergency vehicles are fire engines, rescue trucks, ladder trucks, squad trucks, pumpers, and water units. In 2004 the fire service sent 213,649 emergency units to 152,882 incidents which means on average 1.40 vehicles responded to each incident. The average number of vehicles on medical incidents was 1.27 and the average number of vehicles on fire emergencies was 2.02. Many times units are canceled while responding to an emergency. When totaling the number of fire engines, rescue trucks, ladder trucks, squad trucks, pumpers, and water units that actually showed up at the emergency scene the numbers will change. Of the 213,649 units that were dispatched, 181,039 actually showed up at the emergency scene which means that, on average, 1.18 vehicles responded to each incident. The average number of vehicles on medical incidents was 1.13 and the average number of vehicles on fire emergencies was 1.46.

In December the fire service sent 18,043 emergency units to 12,341 incidents, which means, an average of 1.46 vehicles responded to each incident. The average number of vehicles on medical incidents was 1.27 and the average number of vehicles on fire emergencies was 2.42.

RECOMMENDATION: Due to these serious errors, THIS ENTIRE SECTION SHOULD BE REMOVED FROM THE FINAL DOCUMENT BECAUSE IT IS FALSE AND MISLEADING AND MAY LEAD A READER TO MAKE DECISIONS BASED ON TOTALLY INACCURATE INFORMATION.

Engines, Rescues, Trucks, Squads, Pumpers, and Water Units For 2004							
2004 TSTATS							
Page 2-11 of the MGT Study				Dispatched	Dispatched	Arrived	Arrived
				E,R,S,T,P,W	Average	E,R,S,T,P,W	Average
	Fire / Medical	MGT Total Calls	DSTATS Total Calls	Total Units	Units Per Call	Total Units	Units Per Call
Air Transport Incident	M	259	259	867	3.35	782	3.02
Alert One	F	3	3	0	0.00	0	0.00
Alert Two	F	30	30	50	1.67	29	0.97
Alert Three	F	3	3	13	4.33	4	1.33
Auto Crash	M	15,851	15,851	33,352	2.10	26,446	1.67
Automatic Fire Alarm	F	7,253	7,253	18,158	2.50	11,061	1.53
Bridge Alert	M	55	55	92	1.67	82	1.13
Brush Fire	F	83	83	162	1.95	144	1.73
Bomb Scare	F	71	71	11	0.15	10	0.14
Fire Unit Needs Police Help	F	13	13	17	1.31	8	0.62
Extrication	M	80	80	345	4.31	238	2.98
Fire Alarm Storm	F	719	719	0	0.00	0	0.00
Hazardous Materials	F	8	8	41	5.13	38	4.75
Hazardous Invest	F	44	44	45	1.02	42	0.95
Hospital Landing Zone	F	108	108	122	1.13	111	1.03
Hot Pit Refuel	F	7	7	0	0.00	0	0.00
Medical	M	108,566	108,566	121,734	1.12	111,745	1.03
Move up	F	842	842	842	1.00	842	1.00
Non Emergency Evacuation	F	284	284	0	0.00	0	0.00
Public Assist Call Disp.	F	108	108	81	0.75	22	0.20
Public Assist Call Comm.	F	32	32	22	0.69	16	0.50
Single Engine	F	9,064	9,064	10,125	1.12	9,174	1.01
Special	F	1,264	1,264	267	0.21	223	0.18
Star1 Swat Call	M	7	7	0	0.00	0	0.00
Storm Structure Damage	F	266	266	1	0.00	1	0.00
Structure Response	F	3,447	3,447	21,263	6.17	15,203	4.41
Swat Alert	M	6	6	2	0.33	2	0.33
Swat Callout	M	62	62	13	0.21	10	0.16
Technical Rescue	M	5	5	23	4.60	11	2.20
Transformer/pole fire	F	771	771	3	0.00	3	0.00
Trauma Alert	M	802	802	2,239	2.79	2,008	2.50
Tree Fire	F	505	505	0	0.00	0	0.00
Unconfirmed Structure	F	698	698	3,090	4.43	2,305	3.30
Water Rescue	M	247	247	668	2.70	499	2.02
Wires Down	F	1,319	1,319	1	0.00	0	0.00
		152,682	152,882	213,649	1.40	181,039	1.18

Page 2-16 to 2-18 – The exhibits shown and described in the text of these three pages describes the number of hours, on average per day that the units in a station are on fire or EMS incidents. This figure is used as a key factor in making a recommendation on the continued viability of stations that are on fire/EMS incidents less than two hours a day. One flaw in this data is that using the involved time does not accurately represent the total time needed to respond to, operate at, and return from an incident, nor does it consider the need for equipment restocking, cleaning and report writing associated with each call. This will be further discussed below.

Page 2 -19 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. It is unclear as to how the consultant arrived at the cut off of two hours per day. Is this based on a national standard or an accepted practice? Further, the two hour, or less, of time on EMS or Fire incidents does not represent what firefighters do. For starters, as noted above, the time spent involved in an incident does not represent the time actually committed to an incident (see above). Further, how much of the day is spent in training, vehicle and equipment maintenance, fire prevention and code enforcement, public fire and life safety education, CPR programs, emergency management, and other community related activities. This is precisely why the PGFCA had asked that they be included. As noted elsewhere in this document, brief paragraphs of commendation or simple surveys that do nothing except report who does what, does nothing to quantify what the fire/EMS service does.

As stated, the locations of fire stations are often based on geographic locations, service area, and population, with consideration for future changes. Using time as an indicator for a station closure is simply not good public policy. The report does nothing to quantify any of these other factors.

Who is going to complete the in-depth study described and should this information be available before any recommendation is made to the citizens. Response time is a very important factor when deciding which fire station to close. What will be the new response time in the affected area? Will the citizens in the affected area accept a longer response time? MGT has not provided one hard statistical fact that indicates that any fire station should be closed. The big dollar saving in the MGT study assumes that fire stations will be closed. How can anyone propose a new single fire district without having this information at hand? This information is needed before any decision can be made because there might NOT be any savings.

RECOMMENDATION: THIS ENTIRE SECTION SHOULD BE REMOVED FROM THE FINAL DOCUMENT BECAUSE IT IS FALSE AND MISLEADING AND MAY LEAD A READER TO MAKE DECISIONS BASED ON TOTALLY INACCURATE INFORMATION. FURTHER, NO DISCUSSION OR ACTION ON THE CLOSING OR RELOCATION OF ANY STATION, COMPANY, OR PERSONNEL SHOULD BE MADE UNTIL A COMPLETE IN-DEPTH REVIEW OF THE CURRENT LEVEL OF SERVICE IS UNDERTAKEN, AND THE MINIMUM EXPECTED LEVEL OF SERVICE DEFINED.

Page # 2-22 - 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 What would be the organizational structure of the new single fire district look like? There has to be other fire departments out there with 63 fire stations to look at. Again this information is needed before any decision can be made because there might NOT be any savings.

Page # 2-22 - Should the County form a single fire district, one of the functions that could have more centralization would be Code Enforcement.

- *How many inspectors are there in the County today?*
- *How many buildings are inspected each year?*
- *What is the workload of the current inspectors?*
- *How many inspectors are needed in other fire districts that have the same population and number of buildings?*

Page 2-22 - Should the County form a single fire district, training is one of the functions that could become centralized with the possibility of combining training activities rather than replicating them 20 times,...

- *How many training officers are there?*
- *What is the workload of the current training officers?*
- *How many training officers are needed in other fire districts that have the same number of fire stations and employees as Pinellas County?*

There are a number of training programs that are delivered countywide. Because of the shift schedules and need to send personnel to the training, replication of the same class is unavoidable, whether you are one fire department or 100. It must also be considered that some fire training is based on local hazards and specialized equipment and therefore only applicable to one or two departments. It would not make any sense to train the entire county on a marine unit that only 5 departments operate

Page # 2-23 - In the previous chapter, Exhibit 1-7 identifies the receiver/sender status of the fire departments of the 20 fire departments/districts in Pinellas County in supporting the mutual aid agreement. Through the mutual aid agreement, the 20 fire departments attempt to operate as a single fire district. However, individual jurisdictions control and fund their fire departments. The jurisdictions dictate, for the most part, where fire stations are located. As the display in the previous chapter indicates, three fire departments, Clearwater, Largo, and St. Petersburg, each respond to more than 3,000 incidents in other jurisdictions, 3,693; 3,058; and 3,765 respectively. Pinellas Suncoast also responds to more than 3,000 incidents in other jurisdictions, but it has more than 3,300 responses from other fire departments coming into its area of responsibility (specifically 344 more received than sent). Other large receivers include Safety Harbor, Dunedin, and Lealman, with received over sent responses of 896, 787, and 527 respectively. As noted previously in this document, the spreadsheet from which these conclusions were reached was mislabeled and backwards. Therefore, the findings above are, in reality opposite of that which is true.

Page # 2-24 - Exhibit 2-8, displays the potential cost savings associated with the closure and/or combining of fire stations and the reduction in the number of supervisory and/or administrative positions under different scenarios. The exhibit highlights two Modification Scenarios. The first Modification Scenario contains the closing of 3 stations, combining of 8 stations, and the reduction of 16 supervisory personnel. Modification Scenario 2 contains the closing of 8 stations, combining of 3 stations and the reduction of 25 supervisory personnel. The potential cost savings for the Modification Scenarios is \$14.4 million and \$19.9 million, respectively. *This is again one of the most misleading sections of the report. The "potential" cost saving is not substantiated by anything. The stations to be closed are not identified, nor are the decreases in supervisory positions. There is no substantive data on how these cuts would equal the 14.4 or 19.9 million dollar savings. There is no data to support these changes nor is any information given on how it would affect service delivery.*

RECOMMENDATION: THIS ENTIRE SECTION SHOULD BE REMOVED FROM THE FINAL DOCUMENT BECAUSE IT LACKS ANY SUBSTANTIVE EVIDENCE AND COULD LEAD A READER TO MAKE DECISIONS BASED ON INFORMATION THAT IS NOT VERIFIED. FURTHER, NO DISCUSSION OR ACTION ON THE CLOSING OR RELOCATION OF ANY STATION, COMPANY, OR PERSONNEL SHOULD BE MADE UNTIL A COMPLETE IN-DEPTH REVIEW OF THE CURRENT LEVEL OF SERVICE IS UNDERTAKEN, AND THE MINIMUM EXPECTED LEVEL OF SERVICE DEFINED.

Page # 2-25 - The ISO study in 1990 was requested by Pinellas County with the idea of having one rating for the entire county. The end result was a score of 88.66 which gave the County a rating of 4. If the County had accepted that rating those areas with a 2 or 3 rating would have lost their rating. With a single fire district in the County, it is very possible that a single ISO rating would occur and there could be losers and winners.

Page #2-26 - Pinellas County decided in 1983 that the system would be an all ALS first responder and that the transport system would also be ALS. The citizens now expect this level of service as the standard of care.

Page # 2-30 - Recognizing that a priority dispatch concept might be of value to the Pinellas County's fire and transport services to ensure the best utilization of personnel and equipment, the consultant team spoke with jurisdictions where this methodology has been applied for several years. The team obtained the names of key representatives for numerous jurisdictions that are currently using some form of priority dispatch. The team also reviewed the Web site for these and other entries to determine size and capabilities. The team spoke with representatives in six jurisdictions:

- Charlotte/Mecklenburg County, North Carolina;
- Richmond, Virginia;
- Tulsa, Oklahoma;
- Oklahoma City, Oklahoma;
- Reno/Washoe County, Nevada; and
- Little Rock, Arkansas.

A description of these six jurisdictions is presented below. As noted elsewhere in this paper, the selection of these agencies is not consistent with benchmarking with comparable service providers. These jurisdictions do not respond to as many incidents, and all but one are BLS only. The one that does provide ALS from First Responders only does so on 50% of the units.

Department	Population	Sq Miles	Population Density	Level of EMS provided by FD	EMS Transport By	Annual # of EMS Incidents
Richmond, Virginia	197000	82.5	3152.00	BLS - NON	Authority	30000
Tulsa, Oklahoma	396000	207	1913.04	BLS	U/K	U/K
Oklahoma City, Oklahoma	500000	621	805.15	50% ALS	EMSA	52000
Reno/Washoe County, Nevada	No Response					
Little Rock, Arkansas	183000	122	1500.00	BLS	Metro EMS	18000
Charlotte/Mecklenburg County, North Carolina	650000	542	1199.26	EMT/D	County EMS	75000

Page # 2-31 - MGT references Charlotte/Mecklenburg County in the study as a basis for implementing priority dispatch protocols. MGT references a representative of this agency had never heard of or received any complaints by citizens. The individual referenced both for his experience in Charlotte and Kansas City having used priority dispatch for 18 years without complaint. This was proven to be untrue in that in both 1999 and 2003 Kansas City's system (MAST) was reported in the newspaper for manipulating response times and failing to meet the response standard of eight minutes 90 percent of the time. Additionally, the City Auditor released information of a citizen's survey reflecting dissatisfaction with ambulance services response time which increased from 5 percent in 2000 to 12 percent in 2002.

Page #2-32 - The most important activity that increases survival is the speed at which first aid is given. Recognizing symptoms and being able to provide cardio-pulmonary resuscitation (CPR) within the first 4 minutes is the action that increases the chances of survival the most. This is what we do and why the system is setup the way it is.

Page # 2-32 - RECOMMENDATION: 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. Although the current system does provide for a level of priority dispatch, by reducing response modes to non-emergency, the PCFCA does support expanding this system. However, it may be more appropriate to dispatch the First Responder Unit and in some cases not dispatch the ambulance. This is supported by the following facts:

1. The FD First Responder Units are geographically stationed to provide a quick response to all areas of the County. Not sending these units that are already staffed and in place would not be good policy.
2. The ambulances are dynamically deployed meaning that generally they are further from the incident than the first responders. This results in longer response times and distances. The longer distances increase the risk to the public in terms of the possibility of a crash.
3. According to Exhibit 2-1 of the MGT report, in 2004 an ambulance was dispatched to 111,507 emergency calls, and 28,214 non-emergency calls for a total of 139,721 incidents. However, only 110,680 patients were transported. This means that on 29,041 incidents no transport occurred.
4. After research, it could be determined which type of calls generally contributed to the 29,041 calls that did not result in a transport. In these cases, the dispatcher could dispatch only a FD first responder unit which could, if necessary, request an ambulance after patient contact.

Page #2-34 - This should not be construed to mean that there is not a sense of emergency in all other calls since the sooner patients can receive treatment the sooner pain can be relieved, anxiety will subside, and there will be less likelihood of exacerbated illness or injury due to well meaning but improper handling of the patient. This is why the fire service responds to all emergency calls with an ALS crew.

Page #2-38 - MGT references the OPALS Study as a basis for promoting defibrillation in lieu of advanced life support protocols. The OPALS study was commissioned and received unlimited funding from Medtronic Corporation, the largest manufacturer of automatic external defibrillators. The study was based upon an area in Ontario where fire departments were provided semi-automatic defibrillators. The level of skills and intervention procedures for both BLS and ALS personnel were limited and were not advanced to the level of Pinellas County's EMS system. The OPALS study was the impetus for implementing advanced paramedic skills for that community, not a reduction to BLS levels. In July 1994, the Ontario Ministry of Health committed \$15 million over five years to training, equipment and salary support required for the operational component to study the 20 communities. At this time, services to the community were minimal. It wasn't until the third phase of OPAL that 50 percent of the paramedics were trained to provide advanced skills including endotracheal intubation and IV administration of drugs, Pinellas County's standard of paramedic care.

Page # 2-39 - MGT, in another study "ALS Does Not benefit Trauma Patient Survival, OPAL" this study states ALS care has no benefit over BLS. The study shows ALS on the scene longer compared to BLS. Basic Trauma Life Support teaches this fact. No trauma patients are ever saved on the scene. Definitive care is only delivered on the operating table. The golden one-hour-rule from time of accident to operating table is taught in the first day of paramedic school. BLS care is the care of standard for any ALS unit treating a trauma patient. Pinellas County EMS protocols require all trauma patients to be load-go once transport arrives. Any procedures beyond BLS care are done en route to the trauma center. BLS care and transport are only delayed by patients trapped in a vehicles, no transport unit available or life threatening injuries requiring advance paramedic skills (i.e. needle decompression, or airway obstruction). In Pinellas County, on the average, patients who met Trauma Alert Criteria and were transported by ground resources, reached the Trauma Center (Bayfront) in 36 minutes from the estimated time of injury. This excludes prolonged extrication and staging situations. Trauma patients delivered to Bayfront Medical Center, our main Trauma Center, arrived there before the conclusion of the Golden Hour 94% of the time. During the OPAL study period, Canadian paramedics were not trained to provide critical skills such as chest needle decompress. Transportation of trauma patients requires rapid packaging on a long backboard, cervical collars and BLS care.

Page #2-39 - MGT references Dr. Wang's article in *Critical Care Medicine* regarding endotracheal intubation in a safe manner by out-of-hospital rescuers, inferring that "39.2 percent did not perform an EIS during the evaluation year and concluded that out-of-hospital ETI, an important and difficult resuscitation intervention, is an uncommon event for most rescuers." Had MGT inquired with the Pinellas County Office of the Medical Director, they would have found that the County's success rate for this medical procedure was 100 percent in 2004, resulting in 1,177 endotracheal intubations.

Page # 2-41 - Four possible scenarios are provided to support the recommendation stated on page 2-40 regarding the delivery of ALS First Responders services. Two of these recommendations # 2 and # 3 discuss service delivery from a vehicle with one paramedic or EMT. This would clearly be a service reduction from the current level of service and may not be in compliance with State Laws regarding EMS. The last suggestion is to add additional ambulances, or some other vehicle, to increase response to times. However, it is presumed that the author means to reduce response times. This is not a good alternative as the FD paramedics and EMTs serve a dual role. It would make no sense to take funding from the dual-role providers and give it to the ambulance company to add personnel to perform a single role. The fire service would have to make up the lost revenue in order to maintain minimum levels of fire service protection, thereby increasing the cost of the whole system.

No consideration was given to the efficiencies created using role firefighter/paramedics and EMT as the transport provider. In the overwhelming majority of urban and suburban areas of Florida this is the model used. Firefighters staff transport units, but also, part of the complement of firefighters can be used for fires, and the multitude of other services delivered by the fire departments. This option was never studied nor discussed in this report. This very subject was one that the American Assembly process brought forth and was agreed upon by Pinellas County and the Council of Mayors.

REPORT APPENDICES

The report appendices were prepared by Pinellas County EMS/Fire staff. They included the subjects that were removed from the original suggested study parameters. These areas included Public Fire Education, Public Information, Water Supply/Hydrants, Future Roadway planning and Fire Investigations. These appendices and study have produced little more than a summary of who does what. It lacks any research and the data is not considered in any of the conclusions. The purpose of these being included in the original study parameters was to use the data as part of the research when examining effectiveness, productivity, and efficiency's. For example, the closing of several stations is recommended because solely on the hours "busy" with fire and EMS incidents. The purpose in including the public education component was to examine what hours fire companies are used for this important function. The survey and reporting of just an aggregate number means nothing to the findings in the report. This is yet another failure in the study methodology.

VERBAL STATEMENTS

There were a number of verbal statements made during the presentation of the reports at various CRC meetings. Some of the statements which were made lack backup data, and appear to be the opinion of the MGT staff. This is further cause for concern if this information is going to be used to make decisions. The following excerpts from the CRC log.

Meeting Date September 19, 2005

Coats	re on-demand staffing. Will that provide for civil disturbances, natural disasters,
Humphrey	On demand is standard operations not crisis.
Coats	How do you muster resources
Humphrey	Like New Orleans - bring in everybody else
Coats	Don't know if that's satisfactory in this community
Humphrey	If hurricane here --
Coats	Major fire
Humphrey	These people quite capable of handling - they are good - will come together
Coats	Even with on-demand concept
Humphrey	Oh, yes. Historically have done.

Sheriff Coats brings up an excellent point. In public safety, sometimes deployment decisions are based on what could happen. For example, during the summer thunderstorms that occur almost everyday, Existing Pinellas County resources are stretched to the limit. Mr. Humphrey's comments in the above are pure opinion. He offers nothing to substantiate that on-demand staffing would not result in less service to the Community.

Harrell	Apologize late. I read report. Two ques. Is there any question about quality of svc or just talking cost
Humphrey	No, saying will be as effective either way.
Harrell	Really talking about cost. (Yes) Want to make sure not talking about quality.
Humphrey	Great depts. Not an issue. Want to maintain.

Comments regarding the quality of service are opinions. How can it be said that service will be equally effective either way when there is no reference to service levels currently or proposed.

Meeting Date October 11, 2005

Humphrey	As we said in our initial discussion on consolidation, we think it is possible to have fewer stations, county consolidation. We have 20 stations that do less than 2 hours worth of run time in a 24-hour period. If we go to priority dispatch, that drops number to 1.2 and frankly if we took and dug into this chart, we find an awful lot of runs are being made into some of the best fire areas and while I agree with concept of automatic aid, I have a feeling that there is not a fair number of them that really should remain. It's quite, we don't have anything to do, so let's go answer the call. I hate to say it but I think there is still some truth to it.
----------	--

This is an outrageous statement that requires either substantiation or be stricken from the record.

WHAT'S ELSE IS NOT IN THE REPORT

- No reference to current or proposed staffing in relation to safe and effective medical, rescue, and/or fire operations.
- No reference to current departments that have or are seeking Fire Service Accreditation
- No "vision" as to the effects of the recommendations in the future. Considering an aging population and aging buildings.
- No reference to fire service role in Emergency Management.
- No reference to the effectiveness and efficiencies created by using countywide specialized response teams.
- No reference to our expanded role post 911 regarding acts of terrorism, including both domestic and international.
- No reference to current ISO ratings and the impact on insurance costs.
- No reference to the County wide basic fire flow capabilities.
- No evaluation of the radio communications ability to operate after a catastrophic event such as the hurricanes in La. and adjacent states and the attack on NYC (the Fire Department is aware that communications are likely to fail).
- No reference to aircraft, marine, or rail disaster firefighting and rescue capabilities.
- No reference to our capabilities and obligations to staff emergency shelters.
- No reference to firefighters being trained paramedics and serving as dual role personnel (proven highly cost effective-one person doing 2 jobs)
- No reference to which fire stations have been hardened and can expect to survive a moderate to major hurricane and which stations need to be hardened.
- No reference to a fire department's obligation to continue to train the County citizens in the nationally recognized C.E.R.T. program to improve survival rates for victims of natural and man made disasters.
- No reference to pre-fire planning.
- No reference to major disaster drill training.
- No evaluation of State laws and codes to see if they are stringent enough for local needs i.e. sprinklers
- No reference to a long term staffing plan.
- No reference to a long term Capital Improvement Plan.
- No reference to the existing EMS laws, and how and why they got passed, and no reference to these laws and legislative action which would be required for any implementation.
- No reference to all the capital items owned by the municipalities and independent districts, what they are worth and how would the County reimburse the districts for their long term investments (estimated to be many millions of local taxpayer dollars)
- No evaluation of our ability to handle high rise fires, which is a recognized risk. Needs more than 100 firefighters on a first alarm to handle a minor working fire.
- No evaluation of our ability to handle a large flammable liquid fire and if we have the capabilities to apply large volumes of foam.

SUMMARY

In summary, like the 1992 report, this report lacks completeness, contains inaccurate analysis of data, and provides a non-substantiated conclusion. Many of the recommendations and conclusions are based on opinion, in fact, the author and presenter of the document uses the words; possible, likely, potentially, and I think in the context of his opinion frequently. Opinions are hardly a basis for making decisions on the future of public safety delivery in this county. This report should not be accepted as the text could, in the future, lead a reader to believe that some of the recommendations are possible. As this document has pointed out, this could be no further from the truth. If the MGT report is accepted by the CRC into record, this report should be attached to it to allow for the flaws to be recognized.