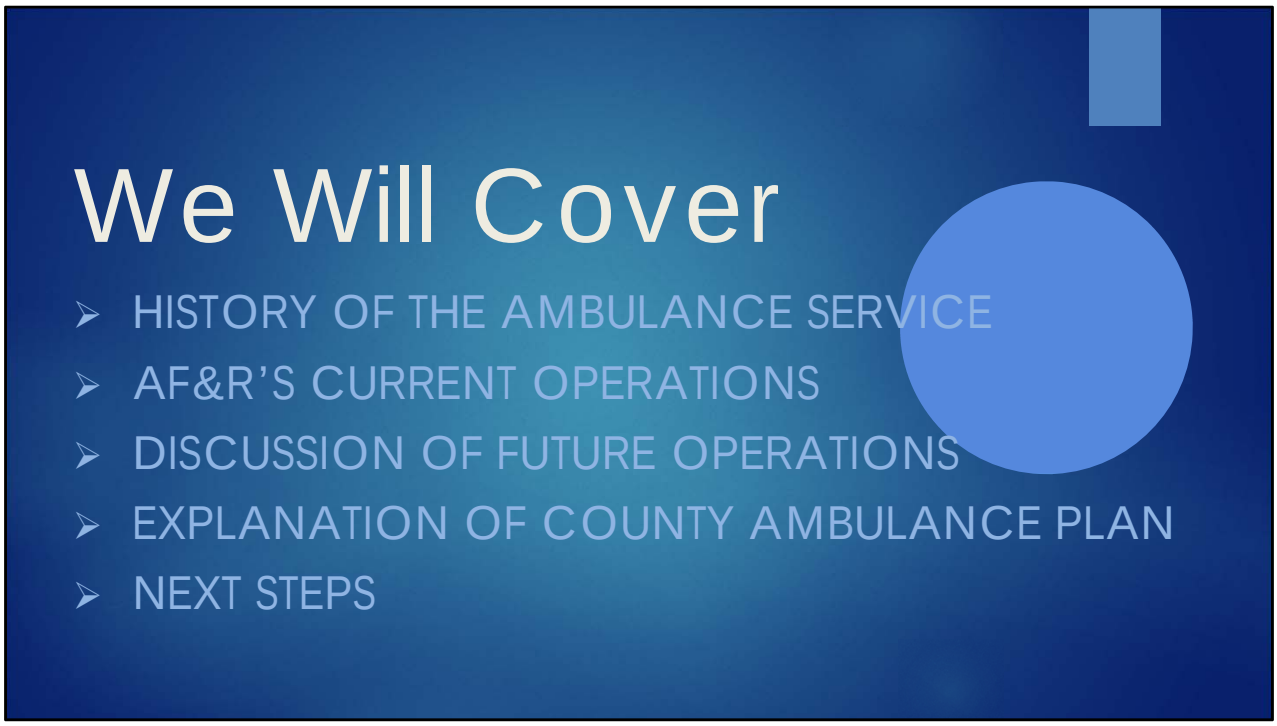
Greetings. For our viewing and listening audience. My name is David Shepherd. I have been with Ashland Fire & Rescue for 23 years now. I was hired in 1997 as a Firefighter/Paramedic. I have had the opportunity to work as an Engineer, a Captain, a Battalion Chief, a Deputy Fire Chief and I am currently honored to serve as your Fire Chief.

As you are all aware, one of the primary points of interest for the Cost Review Ad-hoc Committee centered around the discussion of whether or not Ashland Fire & Rescue should continue to run the local ambulance service. I imagine that this will be the first of several meetings. To get things started I am going to present an overview on the ambulance service here at Ashland Fire & Rescue. Some of tonight's presentation was already presented to members of the Cost Review Ad-hoc Committee. My apologies to those of you who have already seen this information.

It is important for me to state that I am not here to "sell" you on the ambulance service. I am here to give you the information you need so that you can make an educated decision about the future of the ambulance system here in Ashland.

And, as I begin my presentation tonight, I think it is also important to reiterate that the ambulance service here at Ashland Fire & Rescue is not its own entity. The services we provide as the holders of Ambulance Service Area #3 are very much integrated with the

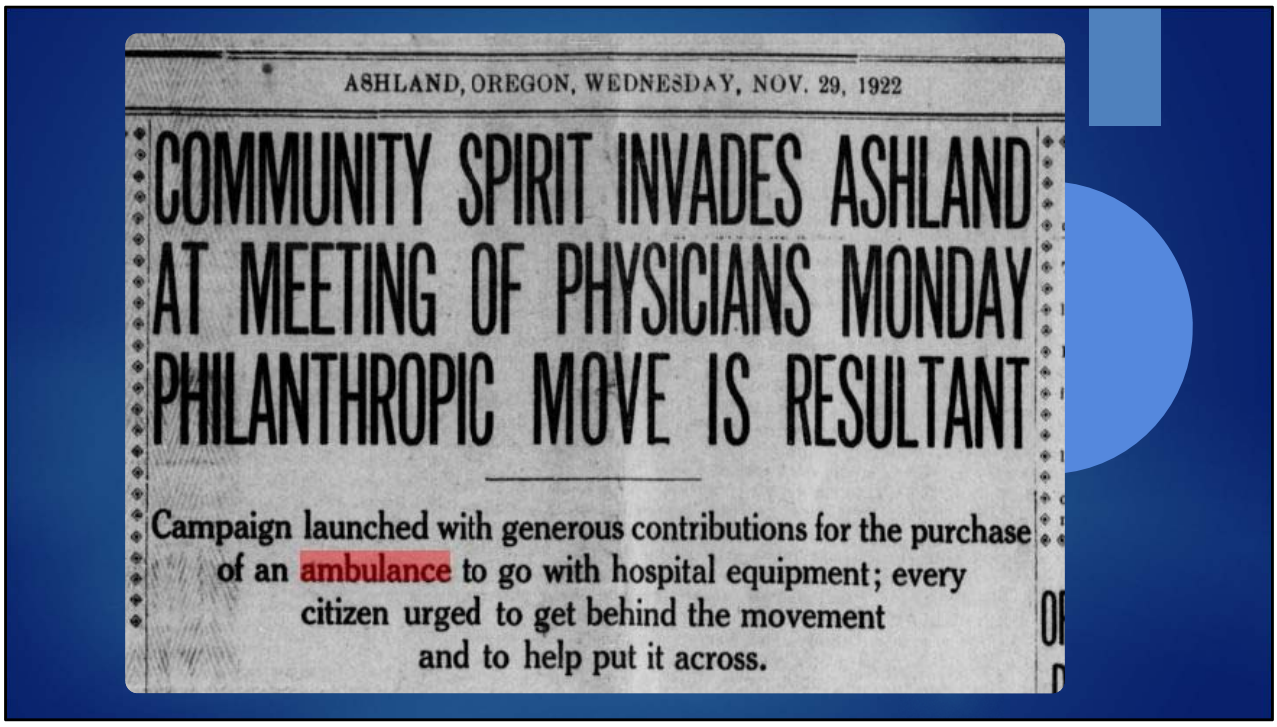
other services our department provides. Like all other fire departments in Southern Oregon, we respond to medical emergencies, we treat patients with medically qualified firefighting personnel, but then, instead of having someone else take the patient to the hospital, we take them ourselves. In some ways, we are simply “finishing the job we started”.



Tonight will look at:

- How we came to have the ambulance service
- What shift staffing and vehicle assignments looks like
- A side by side comparison of what things might look like if we didn't have the ambulance service
- A review of regulatory compliance regarding the ASA
- And discussion on the next steps to be taken

Let’s start with a little history lesson of how AF&R came to be a transporting ambulance service.

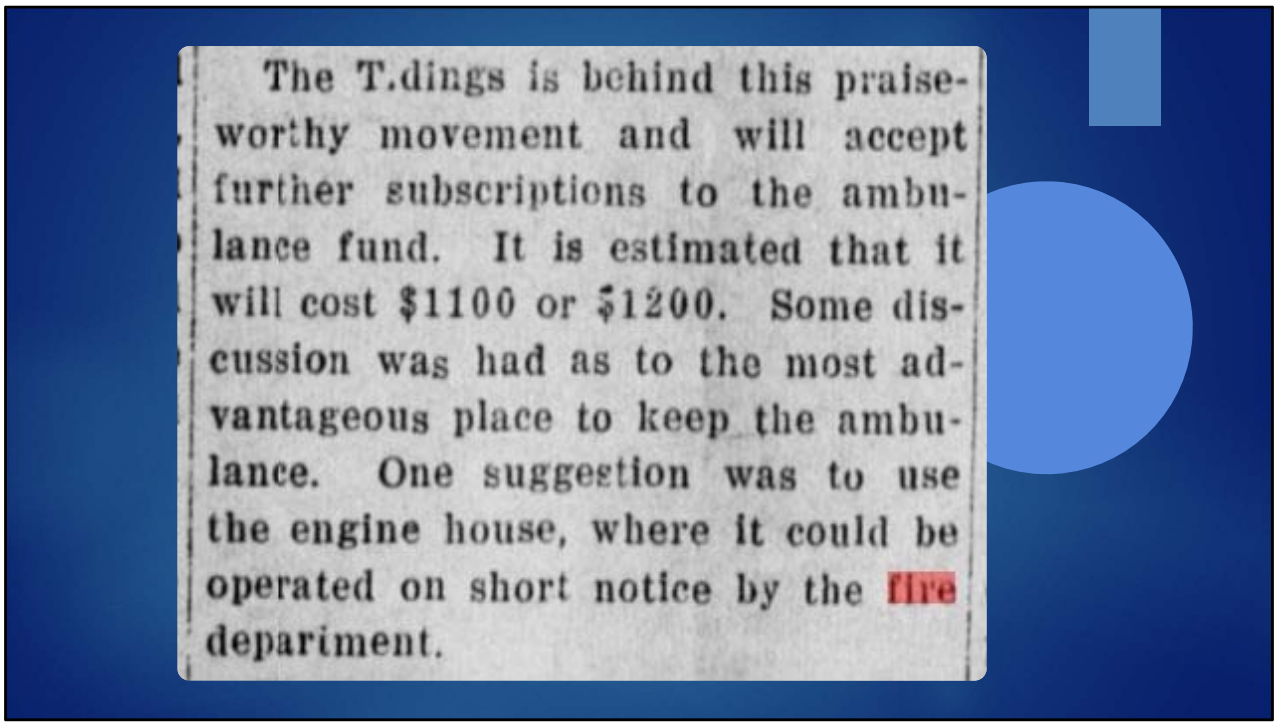


ASHLAND, OREGON, WEDNESDAY, NOV. 29, 1922

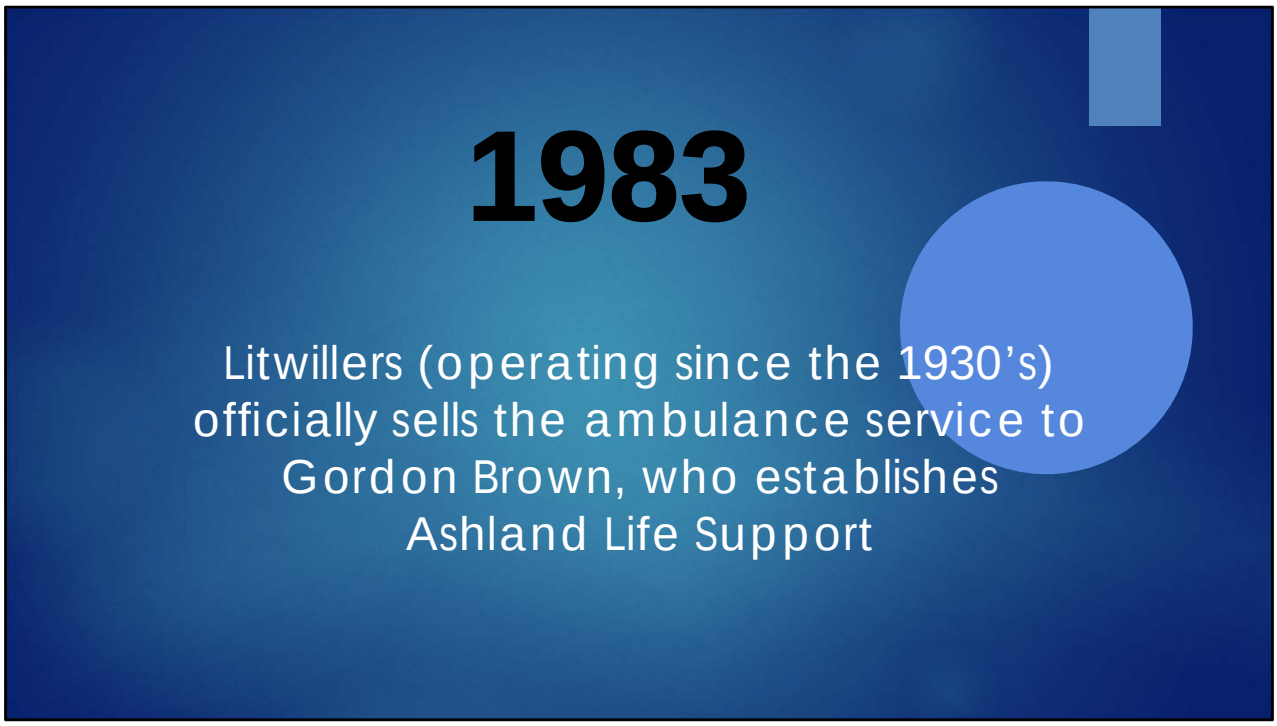
COMMUNITY SPIRIT INVADES ASHLAND AT MEETING OF PHYSICIANS MONDAY PHILANTHROPIC MOVE IS RESULTANT

Campaign launched with generous contributions for the purchase of an ambulance to go with hospital equipment; every citizen urged to get behind the movement and to help put it across.

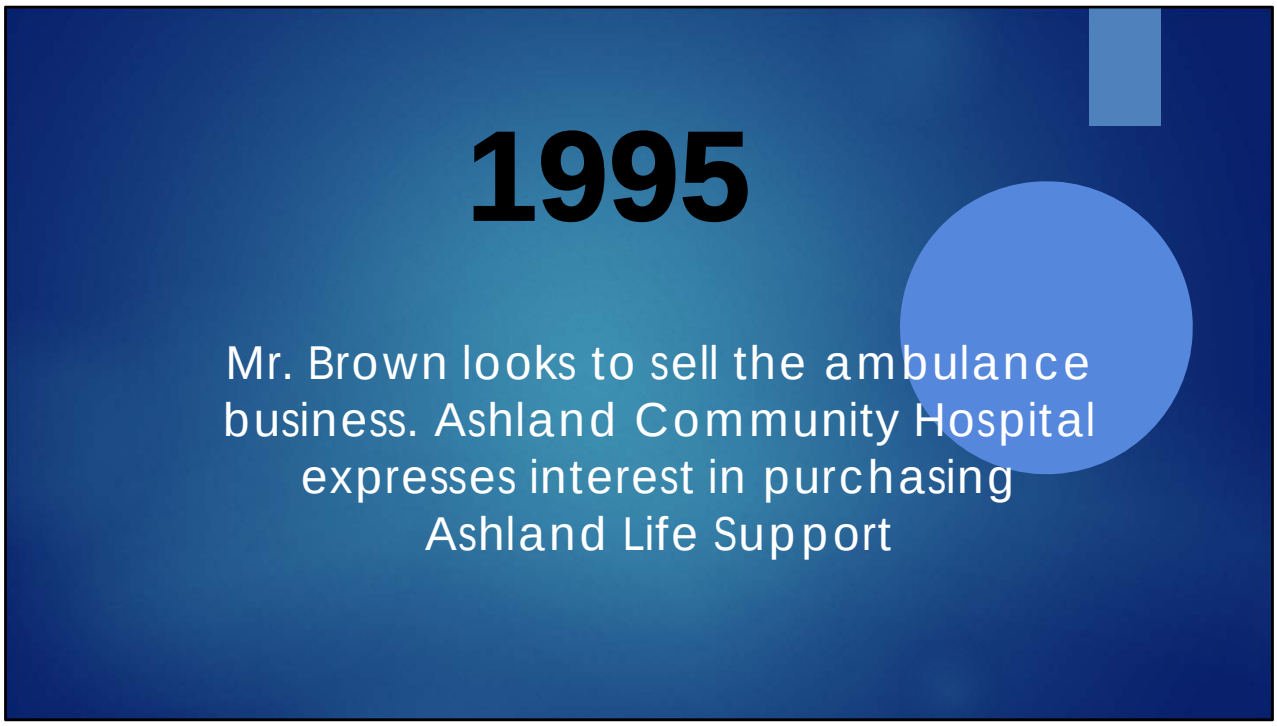
Having an ambulance and transporting patients is not a new idea to the citizens of Ashland. I have found articles talking about a city owned ambulance dating back almost 100 years. This headline comes from the Ashland "Weekly" Tidings from November of 1922.



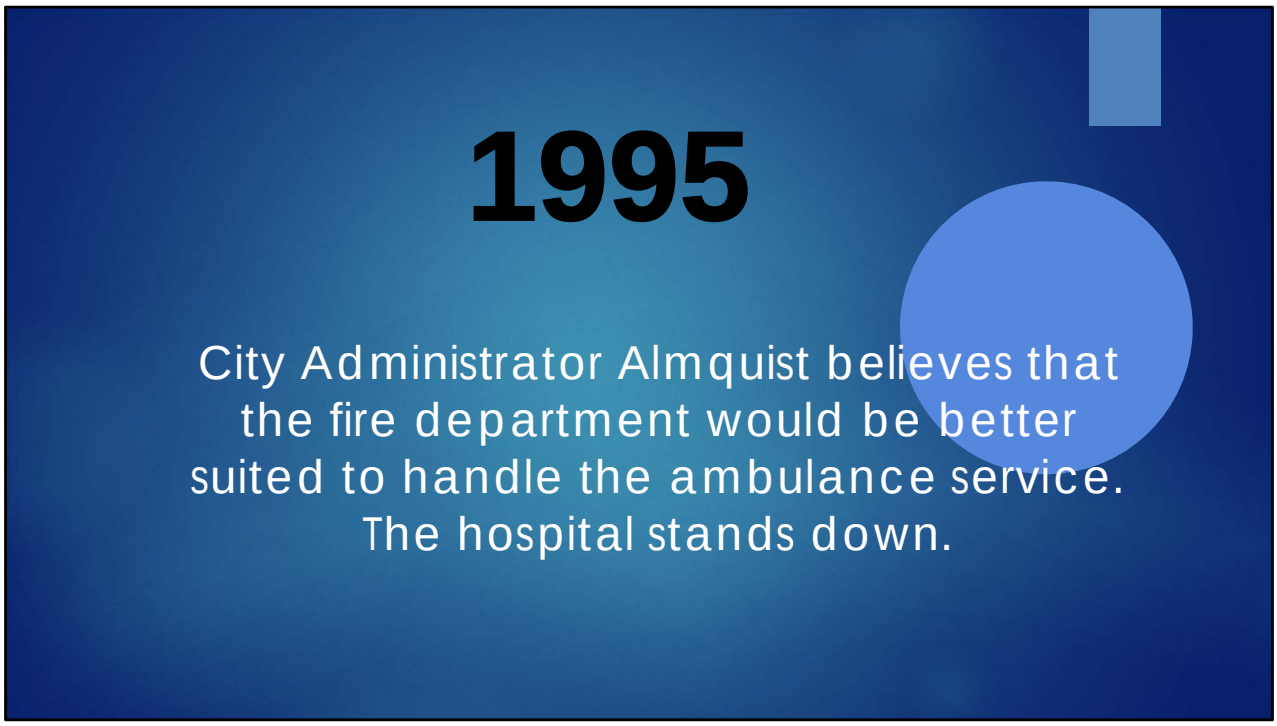
Furthermore, the use of the fire department regarding the ambulance is not a new concept. This was from the same article from 1922.



It's a little unclear how it all turned out in 1922 but sometime around 1930, the local funeral home, Litwillers, began operating the ambulance service. This continued until 1983 when the owners sold the ambulance side of the business to a family member, Mr. Gordon Brown. This private ambulance service was known as Ashland Life Support.



Sometime around 1995 Mr. Brown decided that he wanted to get out of the ambulance business. With the business directly across the street from Ashland Community Hospital it made logistical sense for the hospital to buy the business and associated property. ACH is interested and begins discussions with Mr. Brown.



During this time period in our City's history, the hospital was still part of the city. Instead of creating an entirely new division at ACH to handle the ambulance, then City Administrator Brian Almquist directed Fire Chief Keith Woodley to start gearing up the fire department to take on this responsibility.

1. AMBULANCE TRANSPORTATION SERVICE

Primary Responsibility - Keith E. Woodley, Don A. Paul, Walt Anders

The department desires to maintain a reliable, high quality emergency medical service within the Ashland area. Ashland Life Support has approached the City to purchase their ambulance company. The department believes it to be in the best interests of the citizens of Ashland for the Fire Department to manage the ambulance service. Key objectives within this action plan are as follows:

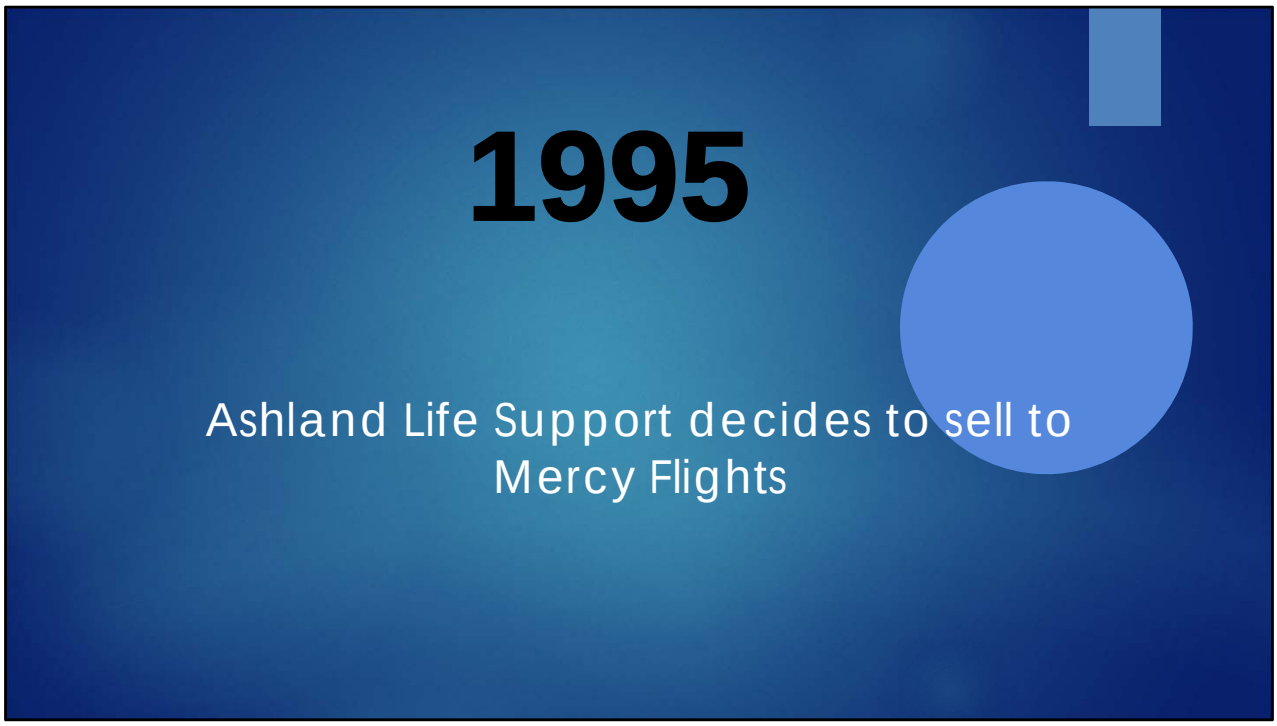
A. Obtain City Council commitment to the concept. (9/95).
B. Successfully complete negotiations with ALS (10/95).
C. Establish business plan: (11/95).
   - revenue/expenditure forecasts
   - program staffing
   - capital equipment replacement
   - input from union
D. Obtain ASA approval from County Commissioners (12/95).
E. Media publicity/information release (1/96).

As the fire department was in the process of creating a new strategic plan that year, the acquisition of the ambulance service became the #1 action item in the plan.

1995

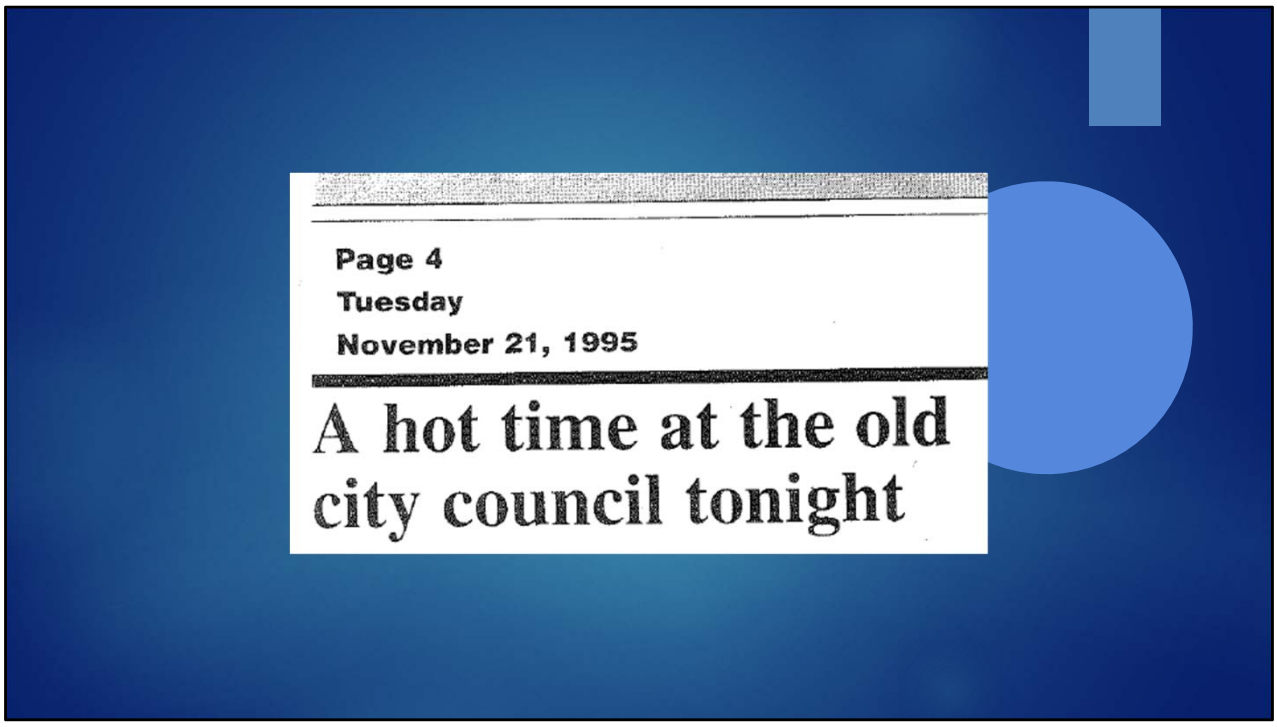
An offer is made and not accepted.
Tensions rise between the City
and Mr. Brown.

Articles suggest that the City offered close to $300k for Ashland Life Support.

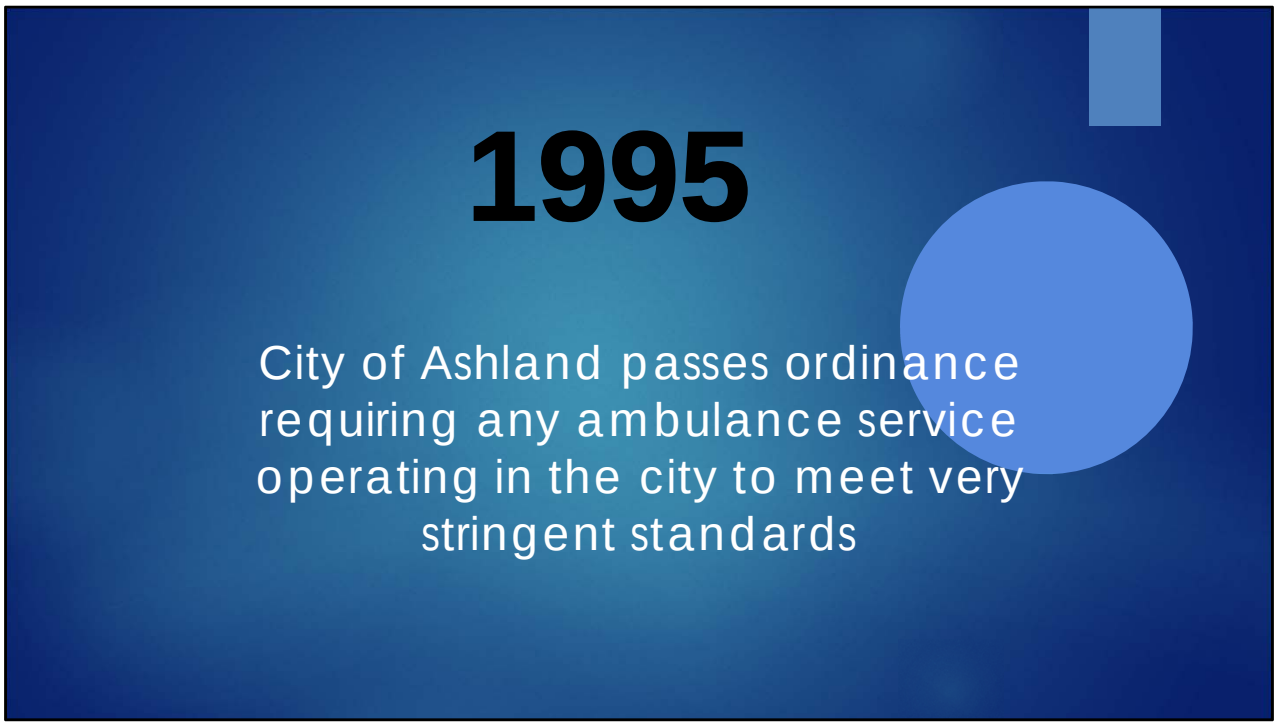


Not happy with how negotiations are going, Mr. Brown decides to sell to Mercy Flights.

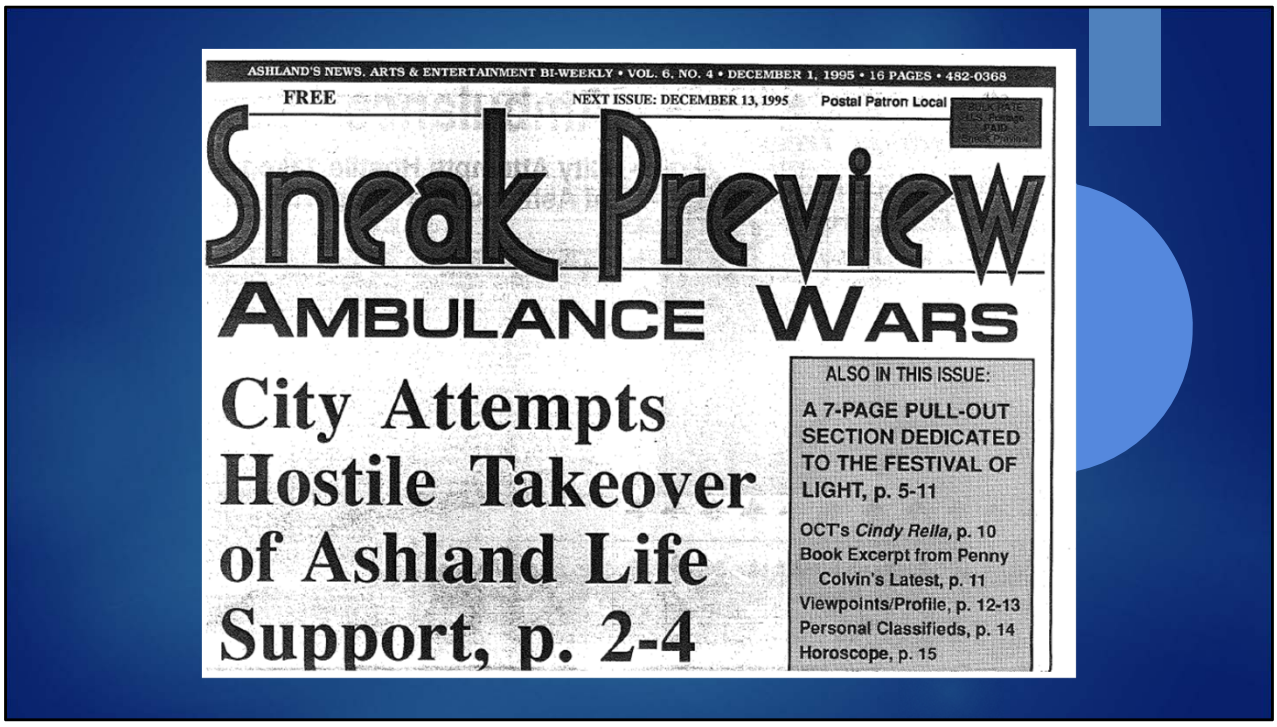
And then the fun begins.....



The City decided that they were going to have the ambulance service. Or at the very least, they were going to make sure that anyone who operated an ambulance in the City of Ashland would have to meet very stringent response, facility and personnel requirements.



This was done by passing a new City ordinance that addressed these issues.



Consequently, there was a fair amount of backlash from some of our community members who thought the City had overstepped their bounds.

see SALMON, Page 10A

Mail Tribune - 11-21-95

Ashland's ambulance-response law draws outcry

By RUSSELL WORKING
of the Mail Tribune

ASHLAND — A statewide ambulance association has blasted a city law requiring faster emergency response, saying the Ashland City Council is trying to force Mercy Flights Inc. out of town.

Dick Wilt, president of the Oregon State Ambulance Association, an organization of private and nonprofit ambulance companies, said he's stunned by the council's decision to require ambulances to respond to emergencies within four minutes 95 percent of the time.

response 90 percent of the time in urban areas.

The council unanimously approved the law in a first reading Nov. 7 and will hold the second of two votes tonight.

Speaking for the association — of which Mercy Flights is a member — Wilt called the city's action anticompetitive and unfair, and said it would raise the cost of emergency service in Ashland and make it unfeasible to serve rural areas. But officials say their own fire department — which also sends paramedics to medical emergencies — already beats the new standards.

Wilt wrote in a letter to the Mail Tribune that there is no "evidence that the new requirements will improve quality of care. We can only conclude the city's actions are not aimed at quality of care, but instead at forcing out a private company so that the city can take over emergency services without purchase."

But Ashland City Administrator Brian Almquist, who received a similar letter from the association, said the new law was not directed at Mercy Flights.

"It's the result of serious problems we had with the last provider in not even meeting their (state-required) response time," he said.

Earlier this fall, the city competed with the Medford-based Mercy Flights Inc., for the purchase of Ashland Life Support, which held the state license to provide ambulance service in the Ashland area. In the end, Mercy Flights bought the company.

Council members said they adopted the law because ALS wasn't always responding within eight minutes at least 90 percent of the time, as required by the state.

A Mercy Flights spokesman has said the city requirement would raise the company's expenses 50 to 75 percent, because it would require more staff and ambulances.

In a phone interview Monday, Wilt said he believes Ashland adopted a standard so stringent that neither Mercy Flights nor any other ambulance company could succeed.

"Say the city of Portland or Roseburg decided they want in the ambulance business," Wilt said. "They set up an ordinance with an outlandish response time, and they force the provider out of business."

But Ashland Fire Department paramedics already respond to 97 percent of the population within three minutes and the entire town within four, Chief Keith Woodley has said.

If the city ran the ambulance service, it would have to make the same response times, officials say.

The city of Springfield also has stricter standards than the state, but Springfield requires basic life support — a lower level of care than full ambulance service — to arrive within four minutes 80 percent of the time, said John Garitz, Springfield's deputy chief for emergency medical service. Ambulances must get there within eight minutes 95 percent of the time.

The ordinance even attracted attention at the state level. This article from the Mail Tribune talked about legal action began by the Oregon State Ambulance Association.

Southern Oregon's First Newspaper • Ashland, Oregon • November 22, 1995 • 50 Cents

WEDNESDAY

Ashland Daily Tidings

Weather

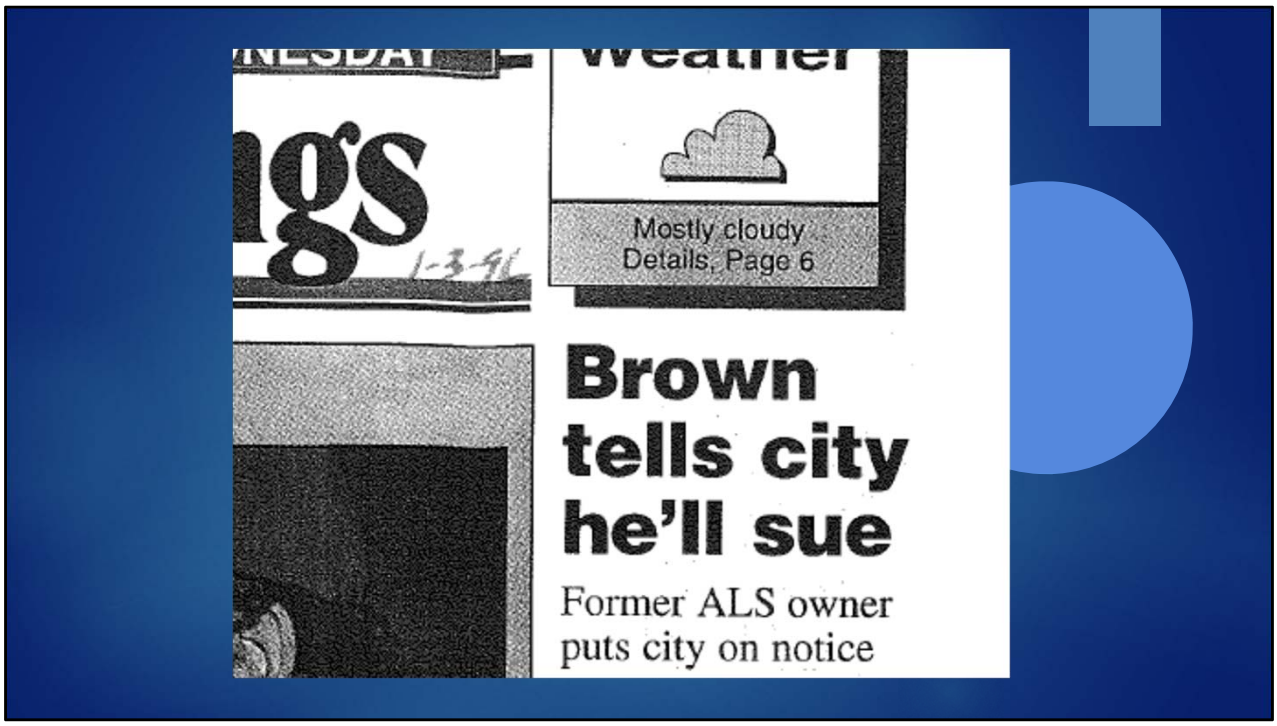
Increasing clouds
Details, Page 8

Mercy Flights edges away from ambulance deal

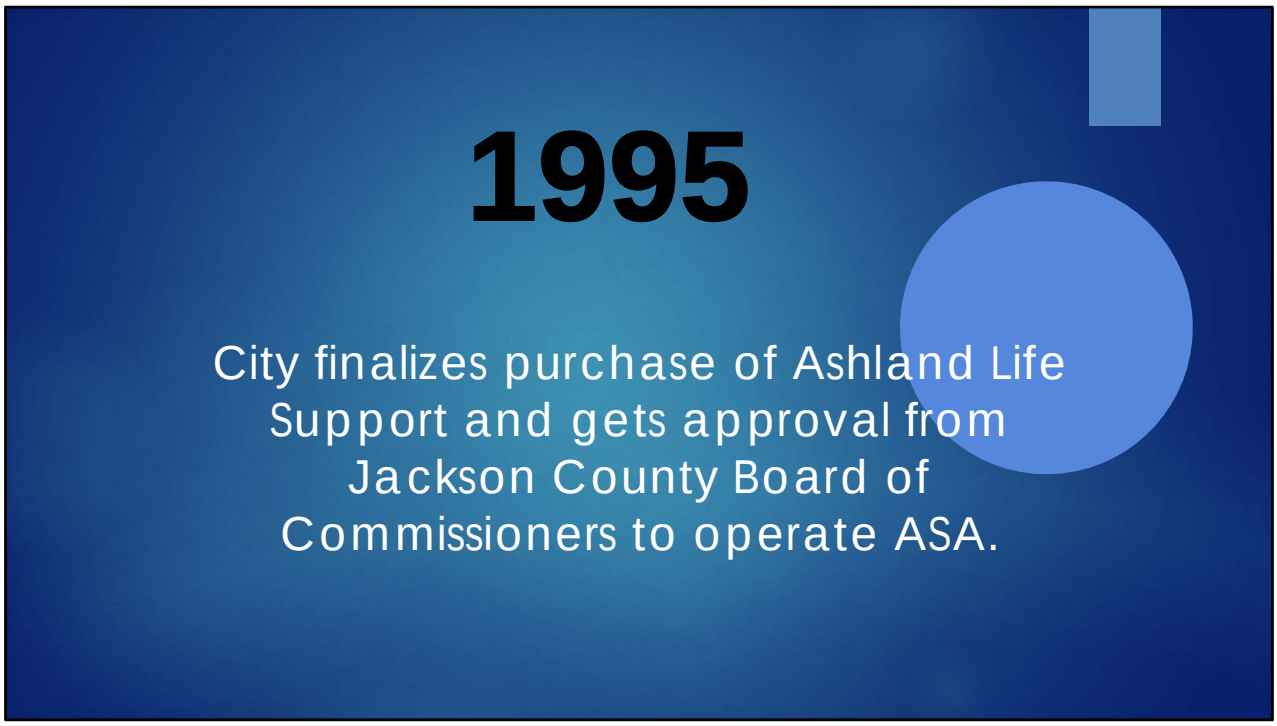
rm says it will withdraw
shland Life Support offer

Responding to the final adoption of the ordinance, Mercy Flights operations director Ken Parsons said "it is unlikely that Mercy Flights board chairman Jack James said the board has yet to make a official decision and would consult its lawyer today. In the letter Support) and the ambulance service area" said Parsons. "And for us to stay out of the city," added Kathy Newlun, financial officer According to an Ashland attorney who asked not to be identified, the potential withdrawal of Mercy Flights' purchase offer

Citing financial concerns related to the ordinance, and not wanting to be operating in a city that they did not feel welcome, Mercy Flights backs out of the deal to purchase Ashland Life Support.



Without Mercy, Mr. Brown is forced to begin talks with Ashland again.



Eventually, the City agrees to pay the $500k that Mercy Flights was going to pay Mr. Brown. The City also gets approval from Jackson County for the ASA.

Ashland takes over ambulance service

By Wendy Siporen
Ashland Daily Tidings

Today obviously isn't New Year's Day, but it does mark the beginning of a new chapter in city services for Ashland. This afternoon, Ashland Fire and Rescue will assume the ambulance transport responsibilities of Ashland Life Support in the greater Ashland area.

Mayor Cathy Golden called the acquisition of the ambulance service the biggest decision in Ashland since 1981

1995

ness, and Medford-based Mercy Flights stepped in instead. Earlier last year, Mercy Flights had said it did not want to compete with Ashland for ALS.

During a strategic planning meeting for the fire department in late October, Golden had harsh criticism for the company's tactics. "... Mercy Flights is definitely in the business of getting what they can and I think in terms of capitalizing on human suffering and loss they have moved in there in an un-

So we now roll into 1996 as the owners of the ambulance service.

No longer just a fire department, we change our name to Ashland Fire & Rescue.

A couple of notes:

-City leadership at the time believed that the ambulance service would provide needed General Fund revenues and thus was a good financial decision.

-Leading up to 1995 there had been significant call volume increases in the City and surrounding area. Consequently, Ashland Life Support was unable to keep up with responses as they only staffed one ambulance. Both AF&R and the county fire department had licensed ambulances in their fleets and had an agreement with ALS to provide transports when ALS was not available. In 1995 this was occurring almost daily.

-I think this is a great time to point out that we did not just acquire the ambulance service. The city paid a half million dollars for it. While I'm sure most of the cost was tied to the home and property across the street from Ashland Community Hospital, there was certainly some compensation to Mr. Brown for his business. I bring this up because, if we were to give up the ambulance business, it would probably be worthwhile for us talk about "selling" the service.

Questions?

Ashland Fire & Rescue

TO TRANSPORT OR NOT?

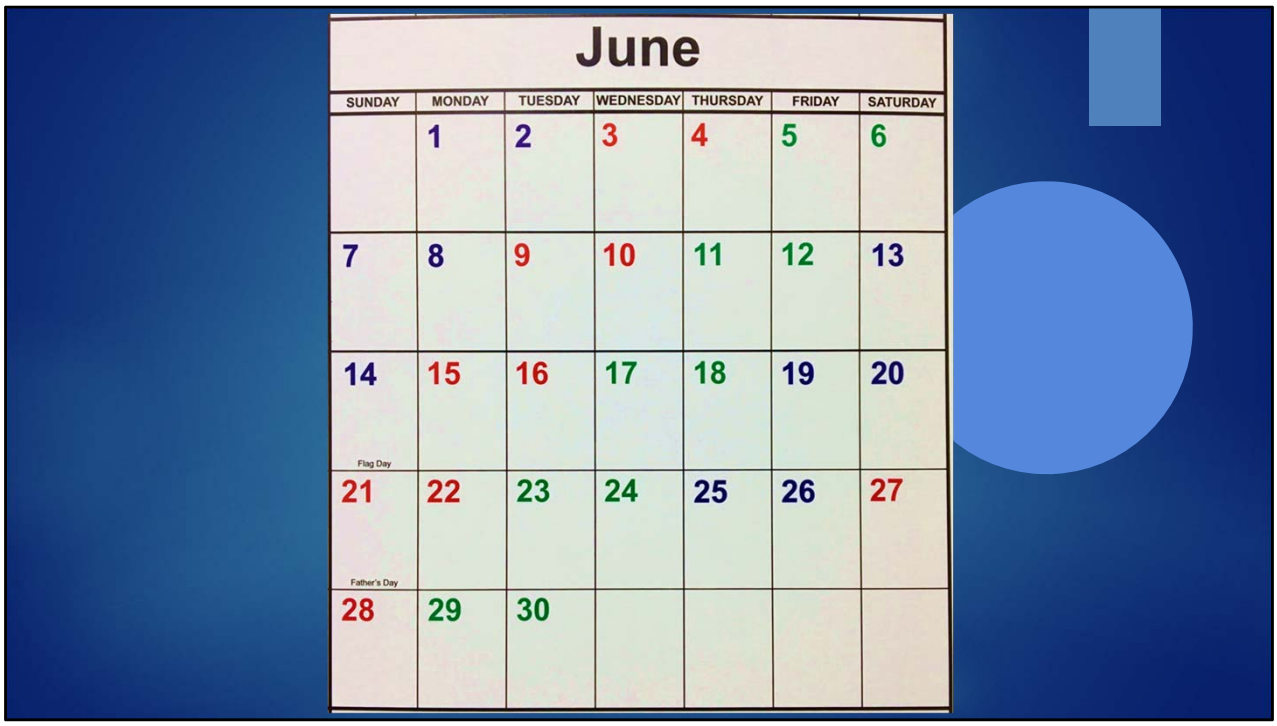
Current Operations
(Transporting)

Let’s take a look at how the department currently functions.

Shift Schedule

- 3 OPERATIONAL SHIFTS – A, B AND C
- 10 FIREFIGHTERS ARE ASSIGNED TO EACH SHIFT
- SHIFTS WORK A "48/96" SCHEDULE
  (TWO DAYS ON FOLLOWED BY 4 DAYS OFF)

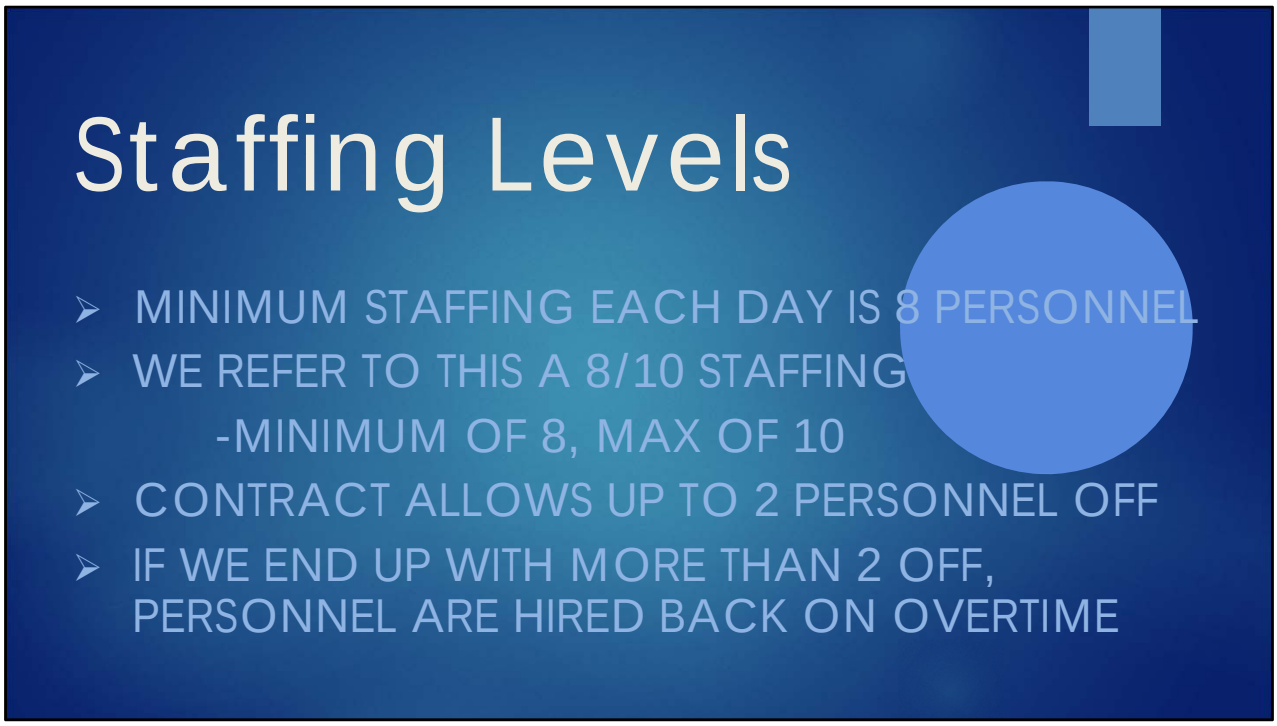
The department is divided into three operational shifts, A, B, and C Shift. There are 10 personnel assigned to each shift, for a total of 30 firefighters. Each shift works a 48 hour cycle, then gets 96 hours off. We refer to this common fire department schedule as a "48/96".



June

SUNDAY	MONDAY	TUESDAY	WEDNESDAY	THURSDAY	FRIDAY	SATURDAY
	1	2	3	4	5	6
7	8	9	10	11	12	13
14 Flag Day	15	16	17	18	19	20
21 Father's Day	22	23	24	25	26	27
28	29	30				

Here is an example of that 48/96 shift schedule. Days in Blue are B Shift. Days in Red are C Shift. And days in Green are A Shift.

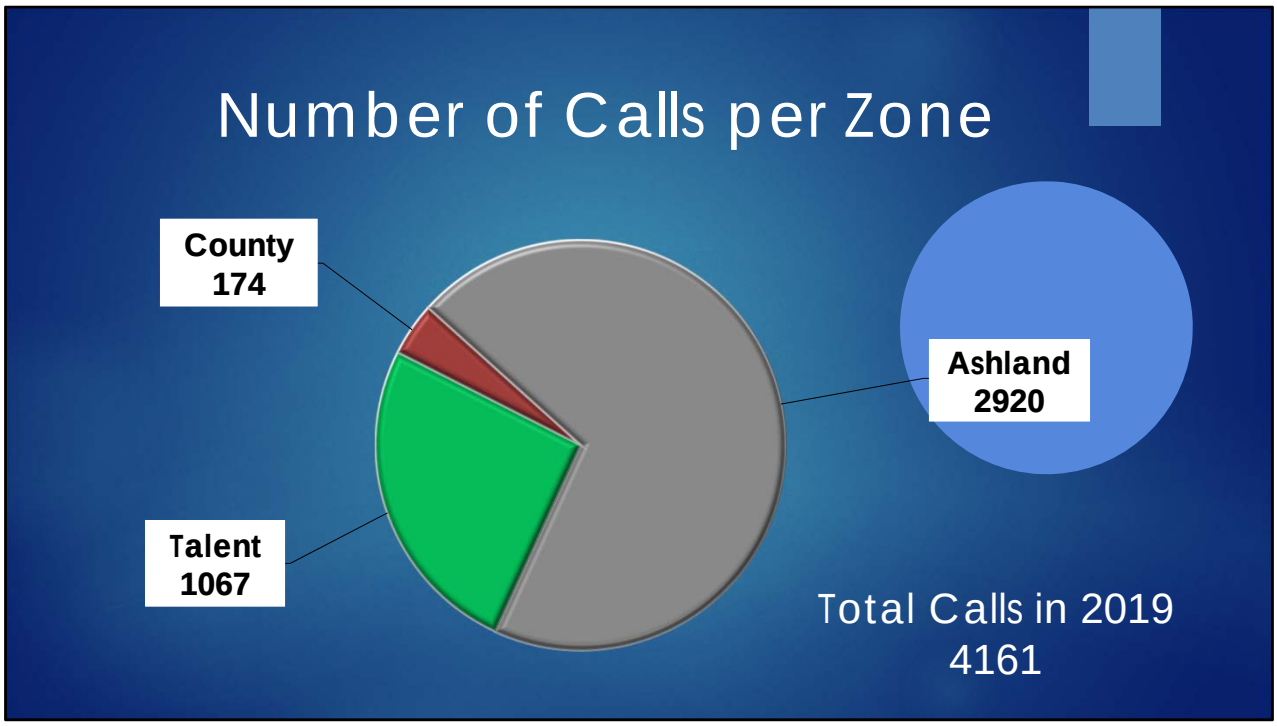


Let's spend a couple of minutes talking about daily staffing.
We are currently running what we call an 8/10 staffing level. What this means, is that, we have determined that we need to have at least 8 firefighters on duty each day. As we actually start each day with 10 firefighters, we can have up to two people off without having to hire someone back on overtime. The union contract allows for two firefighters to be off duty on any given day due to vacation or comp time request. Additionally, we have vacancies due to sick calls, family leave and injuries. Occasionally, we grant employees time off to attend mandated training or meetings. If for any one of these reasons we end up with more than two personnel off shift, we must fill any openings using overtime. We fill open slots until our minimum is back to 8.

The following slides give a graphic representation of how we deploy those 8, 9 or 10 firefighters that are on duty each day. This slide shows our maximum staffing, or staffing at 10. As in, there is no one that is off duty. At Station 1 we have a shift commander, a fire engine with three and an ambulance with two. Station 2 has a fire engine with two, and an ambulance with two. Staffing at this level occurs about 20% of the time.

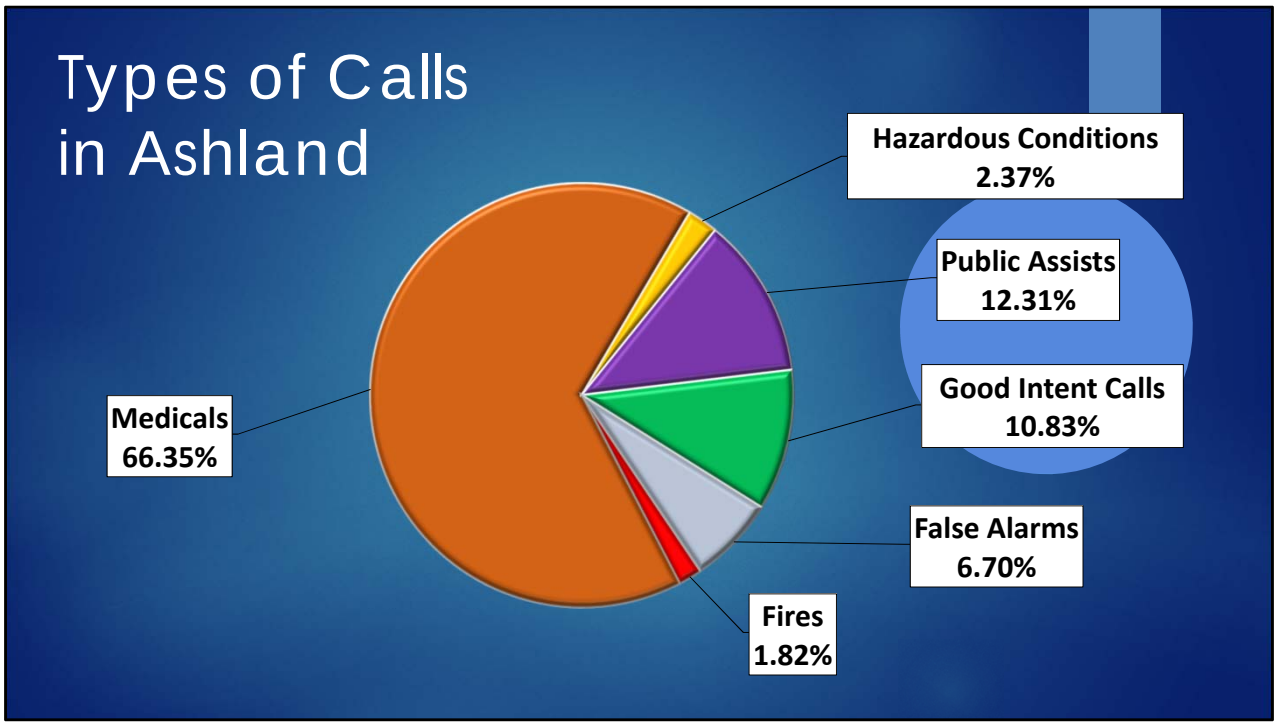
Staffing at 9 is similar to that at 10. The only difference is that we lose the firefighter on the engine at Station 1. Staffing with 9 firefighters occurs about 30% of the time.

Once we get down to our minimum staffing level of 8 firefighters, we only staff Station 2 with 2 personnel. Those 2 firefighters will now staff either a fire engine or an ambulance based upon the type of call they are asked to respond to. Staffing at 8, or minimum staffing level, occurs about 50% of the time.



So what do we do with our firefighters…….The department responded to 4161 calls for service in 2019. Of those calls, 2920 were in the City of Ashland. 1067 calls were in Talent and those areas just outside of our city limits. The remaining 174 calls were in the more rural parts of our ambulance response area. If we didn't operate the ambulance service, the department would only be responsible for responding to the 2920 calls within the City.

(70% Ashland, 30% out of Ashland).

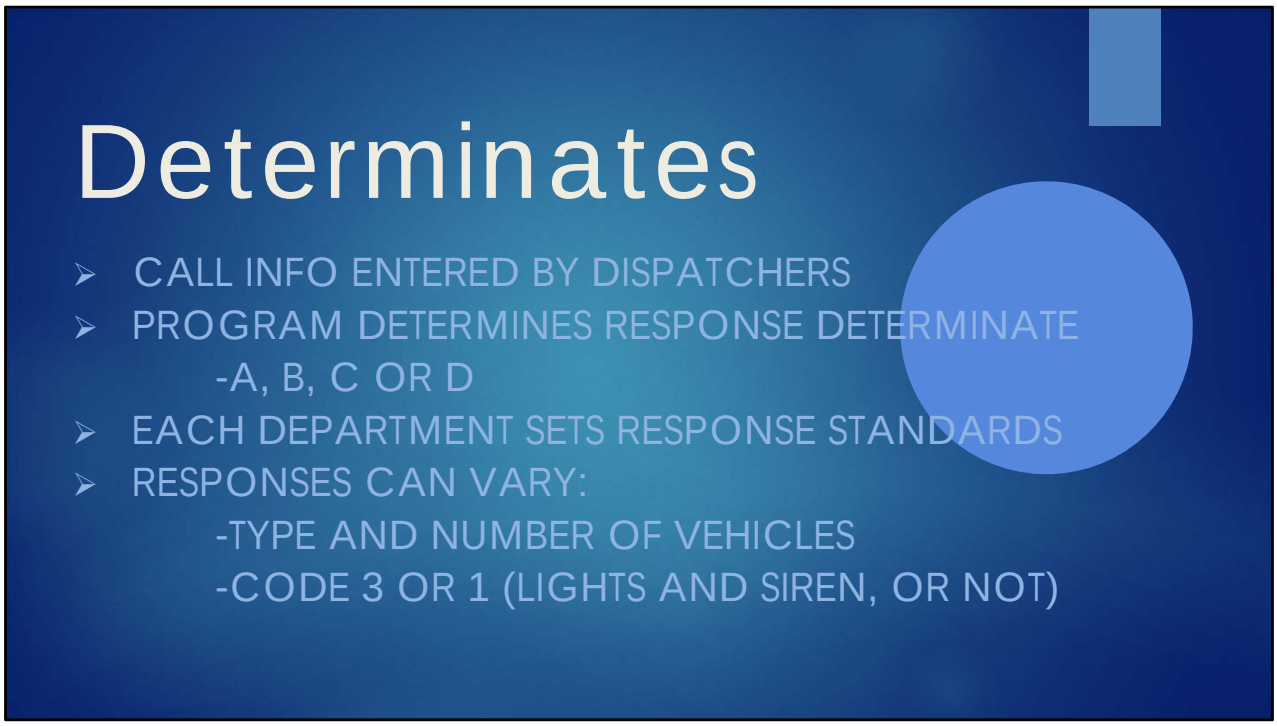


Here is a breakdown on the types of calls we have in the City.

In case you are wondering. Hazardous Conditions are things like natural gas leaks. Public Assists include lifting uninjured fall victims off the floor. Good Intent Calls occur when someone calls 911, we respond, and enroute we are told we are no longer needed (pt. gets ride to ED). False Alarms can be something like a smoke detector activation from dust or steam.

Call Severity (Acuity Level)

Let’s go over call severity or, as it is sometimes called, acuity level



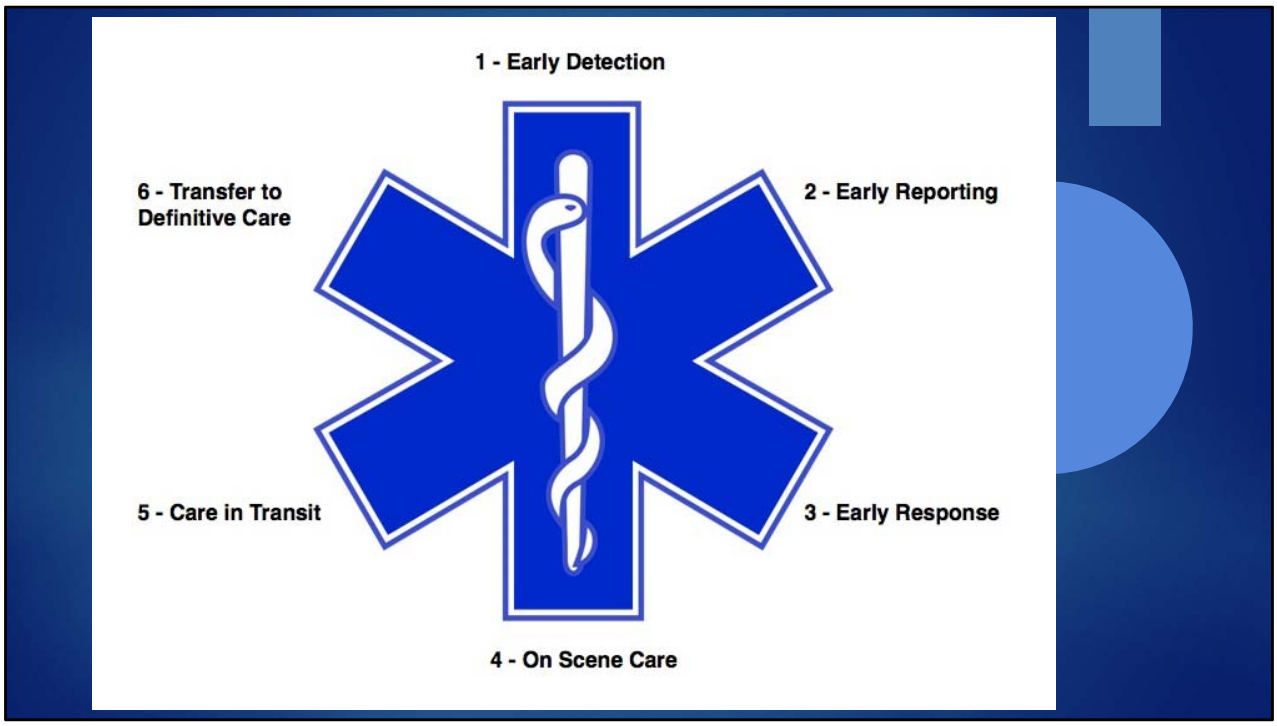
Through a series of questions and answers between a 911 caller and the dispatcher, information about the call is inputted into a medical triage system that determines what sort of response should occur. We call these response determinates. The response determinates we most typically see are Alpha, Bravo, Charlie and David level responses. With Alphas being the least serious and Davids being the most. For example, someone who feels light headed, is nauseous and has no other signs or symptoms would receive an Alpha determinant. On the other end of the spectrum, someone who is having breathing difficulties and cannot speak in full sentences would receive a David level determinate. So how does this affect our operations?

Alpha Level Response

If we were called out on an Alpha level call or a low acuity call, we would only send one ambulance Code 1. Code 1 meaning without lights and sirens. A quick response and additional personnel are not needed for Alpha level calls.

However, as the breathing problem call was a David level response, we would send both an ambulance and a fire engine Code 3. Code 3 being with lights and sirens on. This assures that we get to the scene quickly and have the necessary number of personnel on scene to treat an immediate life-threatening emergency.

As we are talking about how and why we respond, I think this is a good time to point out that all fire departments respond to most medical emergencies. There crew members are EMTs and/or Paramedics. They carry all of the necessary equipment to handle most severe medical and trauma situations. Their goal is to stabilize the patient and make them ready for transport by ambulance. At Ashland Fire & Rescue, we just took the next step and added ambulances into our fleet. Allowing our Firefighter/Paramedics who were already on scene to load the patient into an ambulance and take them to the hospital.



As you noticed from the earlier slide, almost 2/3 of our 911 calls are for medical emergencies. There are a couple of graphics floating around that try to capture the essence of emergency medicals services. The graphic on the screen takes the six points of the Star of Life and relates them to the process that should occur when a citizen is suffering from a medical or traumatic event. The six steps are: Early Detection, Early Reporting, Early Response, On Scene Care, Care in Transit and Transfer to Definitive Care.

It is important to point out that, whether we have the ambulance service or not, our crews will always be part of #3, Early Response and #4, On Scene Care.

While it is not written into law, I believe that fire departments have a moral obligation to the tax payers of their communities to initiate an Early Response and provide On Scene Care until arrival of the ambulance service. Again, this is not something that is regulated by law, it has simply become a national fire service best practice.

In order to make sure we can still promptly respond to calls even when the ambulances are tied up during transports, all of our engines have the necessary equipment and trained personnel to treat all life threatening emergencies. It's a little hard to make out, but the equipment shown at the bottom of the picture are those things carried on our fire engines. I see a cardiac monitor/defibrillator, and Advanced Life support airway kit and a Paramedic medication kit. Everything we need to handle things like cardiac arrest, seizures, strokes, breathing problems, diabetic emergencies, etc. while awaiting the ambulance.

Additional information regarding the relationship between first responders and ambulances can be found in question #7 of Attachment #2 in your packets.

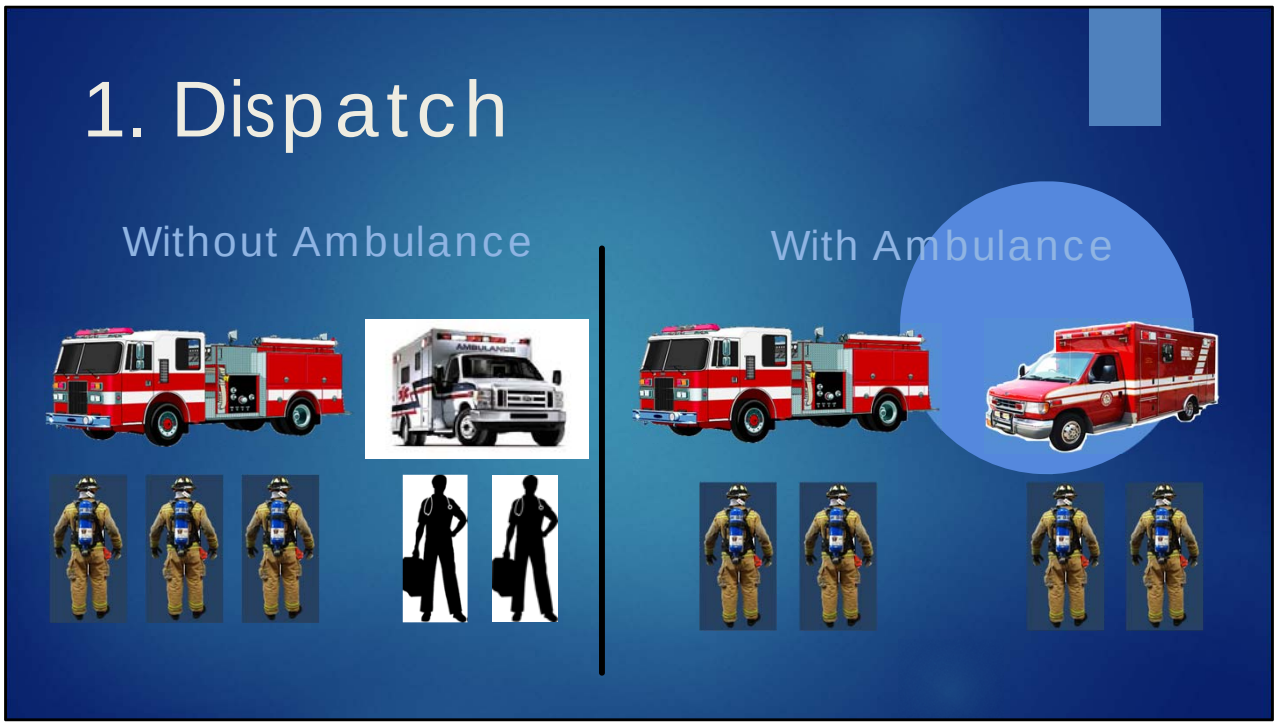
Questions?

Ashland Fire & Rescue

TO TRANSPORT OR NOT?

Future Operations
(Not Transporting)

Let's now discuss what fire department operations might look like if we didn't have the ambulance service. The following set of slides give a visual representation of what it might look like if a private ambulance was responsible for transporting patients, versus the fire department.



For the purpose of this comparison, let's assume that someone living in the City of Ashland is suffering from breathing difficulties. They have recognized that they need immediate assistance, have called 911, and units are dispatched. As this is a "D" or David level response, both a fire engine and an ambulance are sent on the call. The right column shows how we currently respond, one of our fire engines with 2 firefighter/paramedics and one of our ambulances with 2 firefighter/paramedics will go enroute at time of dispatch. The left column shows what would happen if we didn't have the ambulance service. One of our fire engines would respond with 3 firefighter/paramedics and the private ambulance provider would respond with 1 paramedic and 1 EMT.

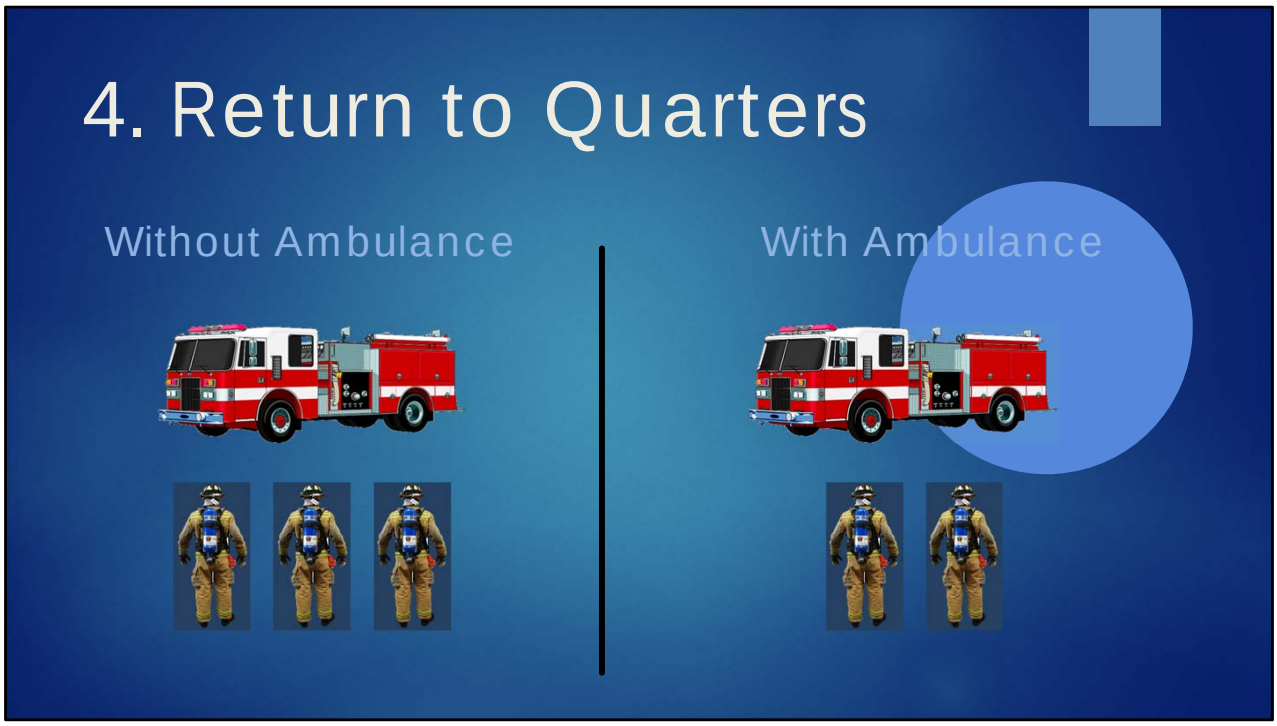
The units would arrive on scene and care would be initiated.

3. Patient Transported

Without Ambulance

With Ambulance

The patient would be transported to a local hospital.



The fire engine would return to quarters.

Once back at the station, the remaining personnel would ready themselves for the next call. Currently, with the ambulance, as 2 of the FF/Paramedics are transporting the patient to the hospital, the remaining crew will either staff a fire engine or an ambulance depending on the type of the next emergency. Without the ambulance, the three firefighters would ready the engine for the next response.

5. Completion of Call

Without Ambulance

$0

With Ambulance

$400

In our current configuration, with the ambulance service, at the completion of the call, crews will write a report and submit info for billing. If we didn't have the ambulance, crews would make ready for the next call.

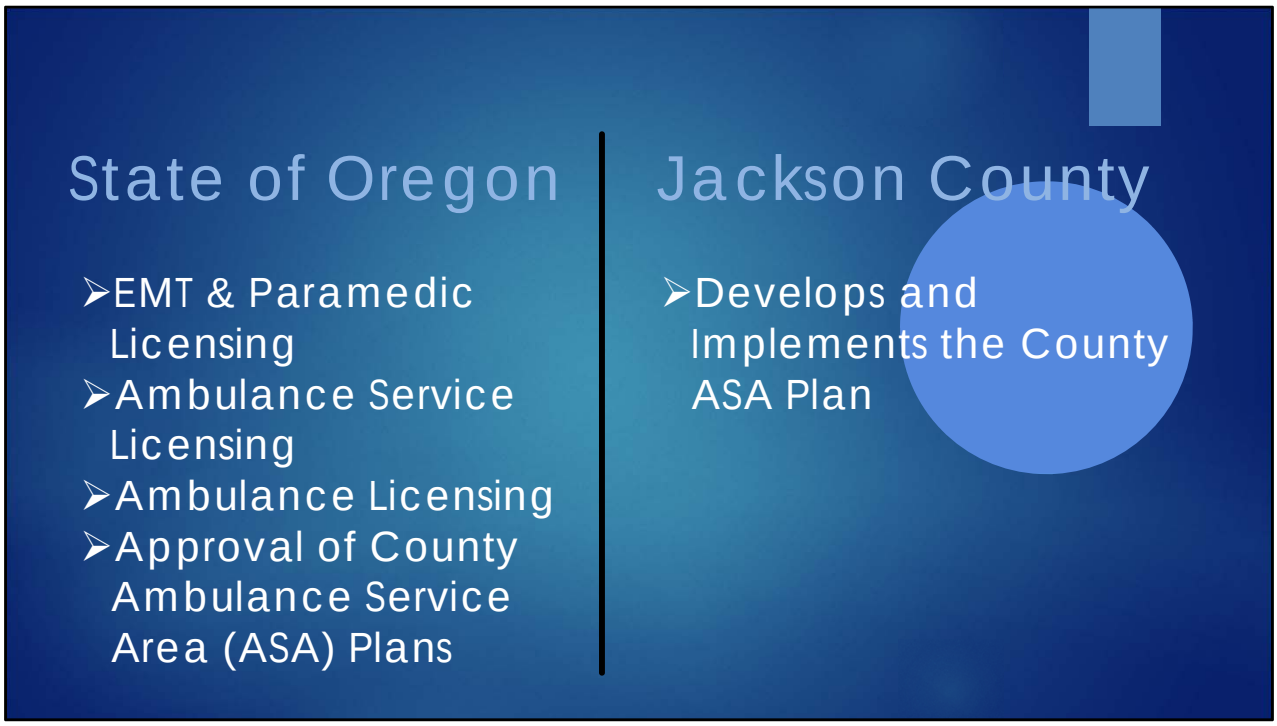
Questions?

Ashland Fire & Rescue

TO TRANSPORT OR NOT?

Regulatory

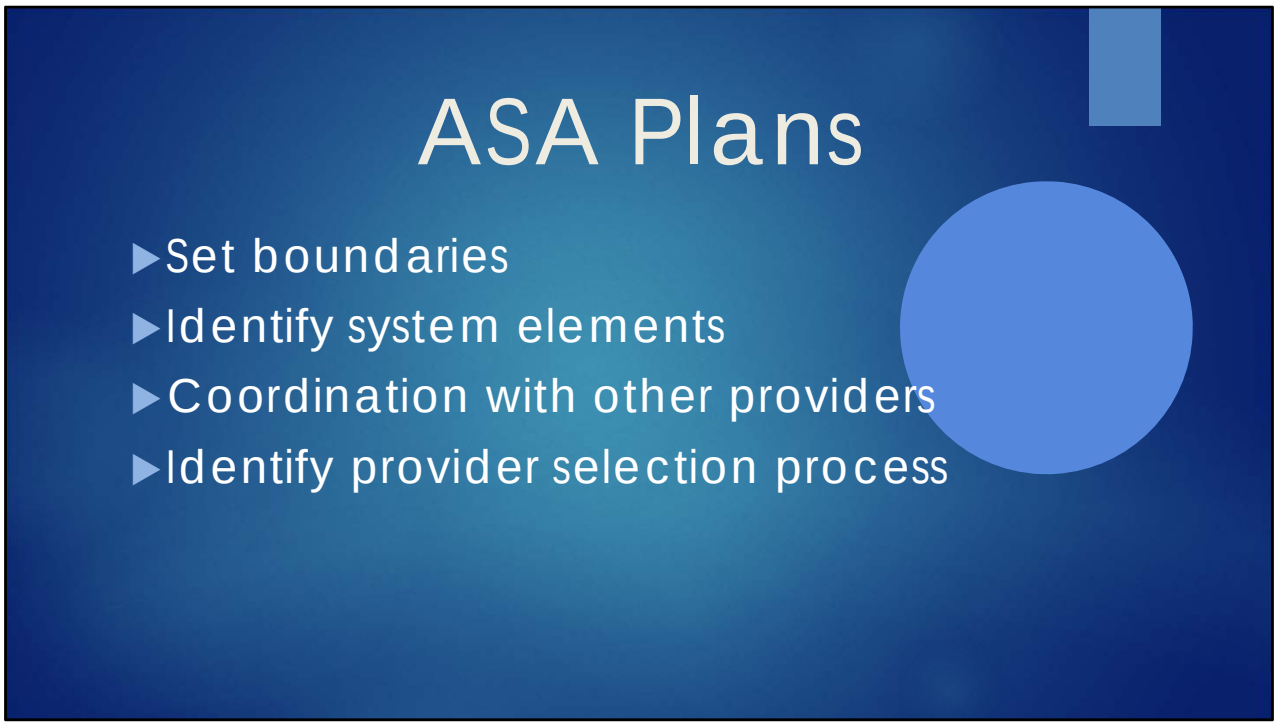
Let’s now talk about the regulation of ambulance services here in Oregon.



The two primary regulatory bodies are the state and the county.

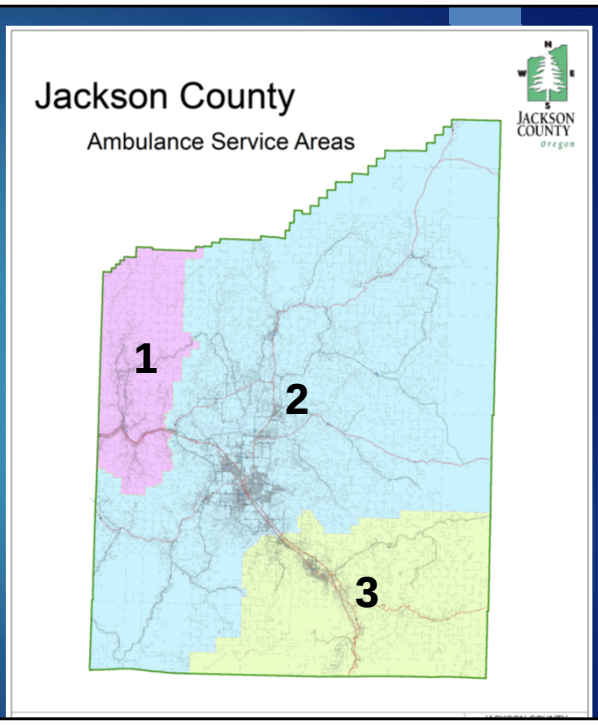
At the state level, the Oregon Health Authority is charged with licensing EMS providers., licensing both the physical ambulances and the ambulance services and approving county ambulance service area plans. Henceforth, known as ASA Plans.

Jackson County is responsible for ASA Plan implementation, with approval from the state.

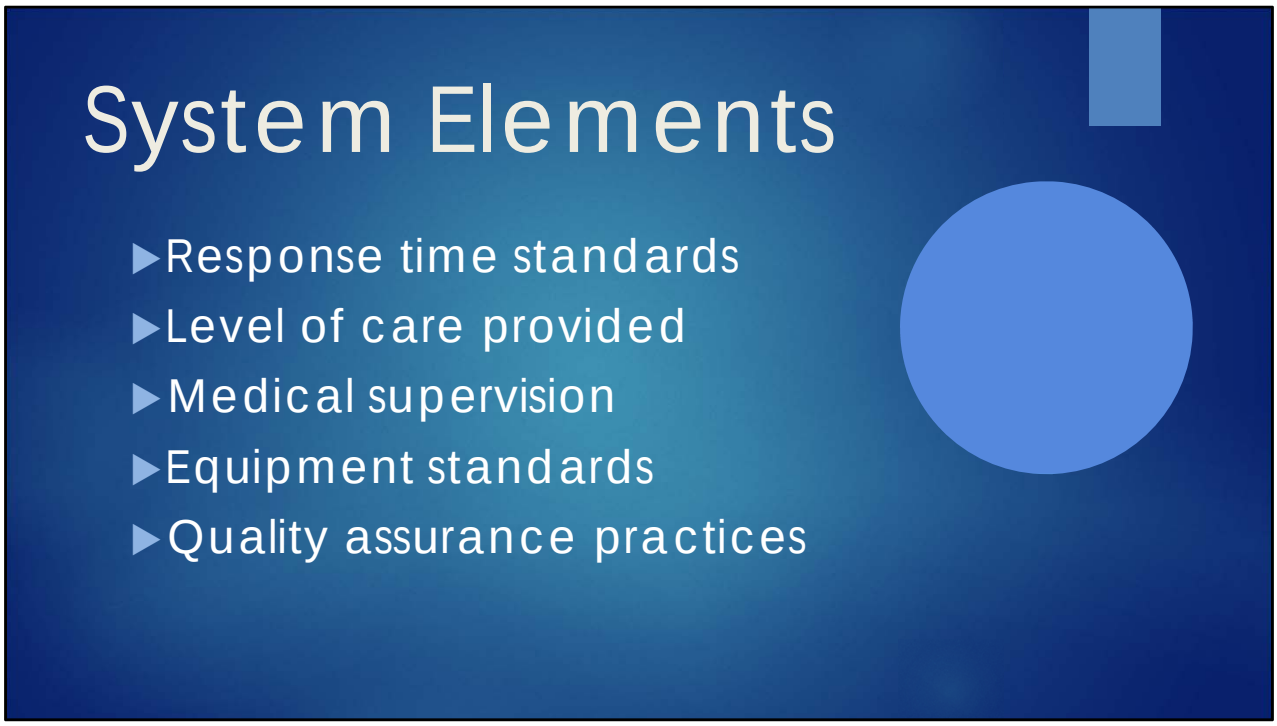


All county ASA Plans must contain four certain features as identified by state law. Those features are boundaries, system elements, coordination and provider selection.

Boundaries

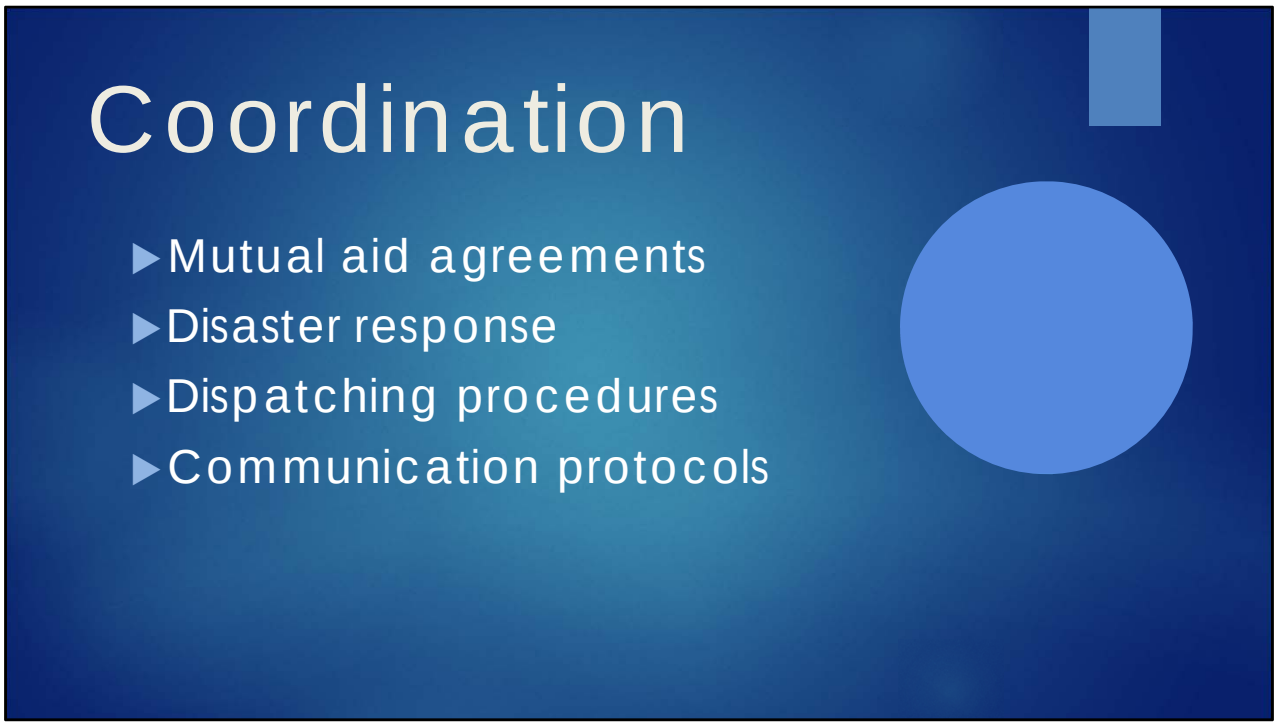


The first feature is the identification of boundaries. Jackson County has opted to divide the county into three ambulance service areas. Rogue River Fire Department provides service to ASA #1 in the Northwest part of the county. Mercy Flights has ASA #2, the area shown in blue. And AF&R delivers care within ASA #3, the Southeast corner of the county.



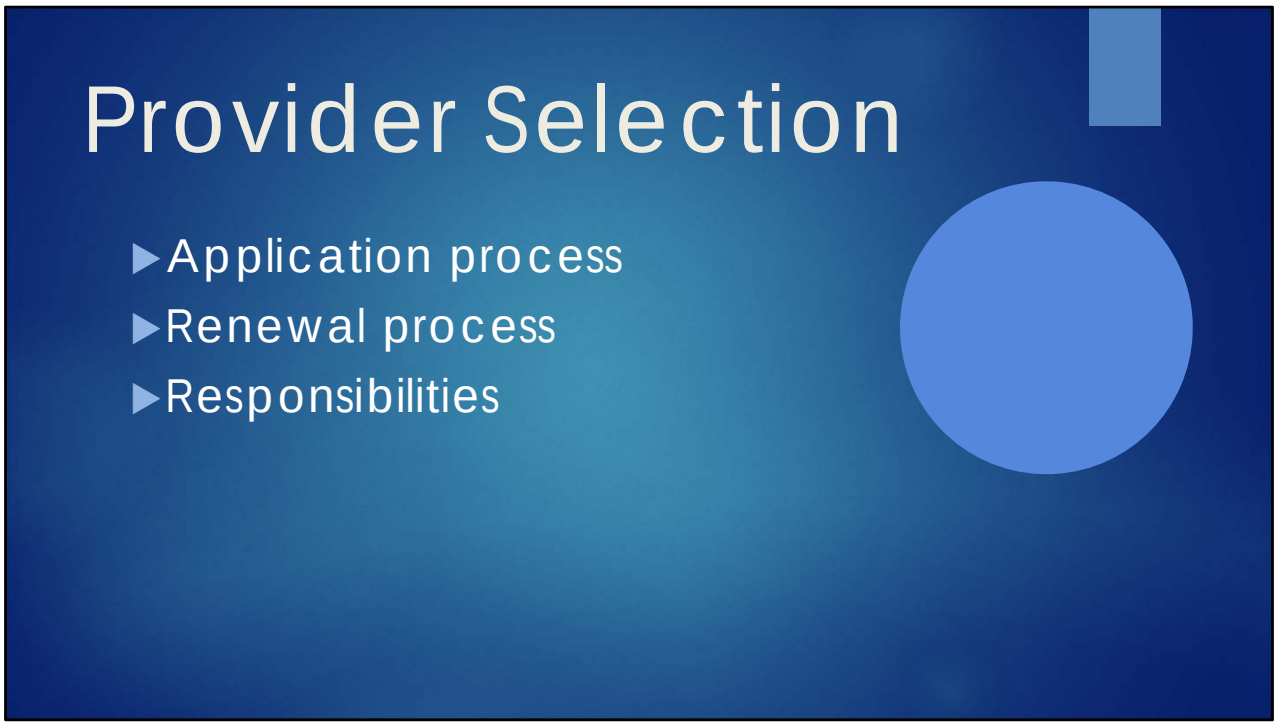
The next component of the ASA Plan are system elements. System elements are those things such as:

- Response time standards
- Level of care provided
- Medical supervision standards
- Equipment standards
- And Quality Assurance practices



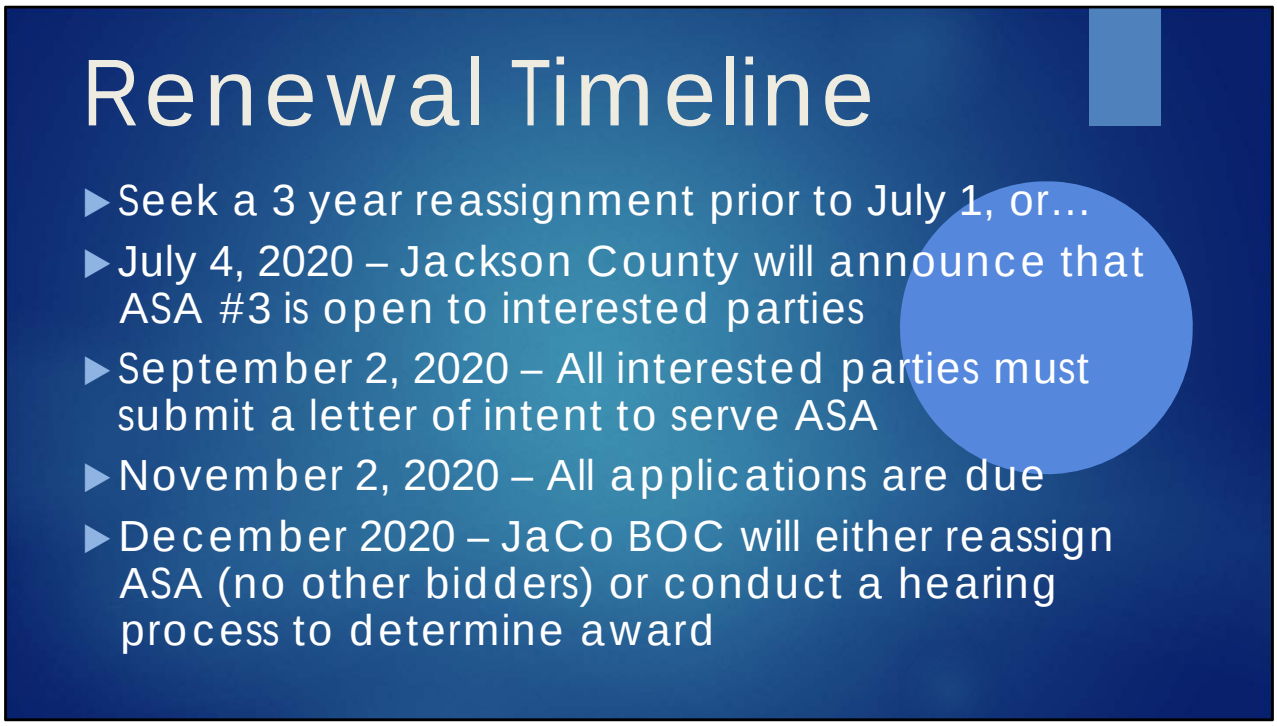
Coordination is the next feature. Coordination identifies those things such as:

- Mutual aid agreements
- Disaster response
- Dispatching procedures
- And communication protocols



The last key feature of an ASA Plan speaks to how the county will assign an ambulance service area. Key components of provider selection include:

- The application process
- The renewal process
- And the responsibilities of ASA holders during their assignment



As previously shown, Ashland Fire & Rescue has maintained the contract for ASA #3 since 1996. We are currently ending a five year renewal cycle as of December 31, 2020. The timeline of events for the next process are shown on the slide.

- If we so desired, we may ask the Jackson County Board of Commissioners for a 3 year extension. This would have to be done by June 30, 2020. Basically, we would be required to show that our operations exceed current standards.
- Assuming we do not apply for the 3 year extension, prior to July 4, the county will advertise that ASA #3 is open to interested parties.
- The county will expect letters of intent from any interested parties by September 2nd
- Applications must be completed by November 2nd.
- If there are no challenges, the Jackson County Board of Commissioners usually receives a report from the public health division manager and ASA holders are granted another five years.
- If there is a challenge to an ASA, there will be a hearing(s) that are presented to the JaCo BOC. The hearing(s) would include presentations, public testimony, introduction of evidence and rebuttals.

Questions?

As I stated at the beginning, I am not here to sell you on the ambulance service, but I would like to give you my personal opinion on some of the advantages and disadvantages that the ambulance service brings. Here are my top three in each category.

Pros

- Citizens receive exceptional prehospital care
- Department realizes increased staffing levels (transport revenue used to hire additional FF/Paramedics gives us more staff for fires)
- Holding the ASA allows us to provide a greater service level if desired (a private provider only needs to meet minimum standard as set by County)

Let's start with the advantages.

1. Without question, holding the ASA means that your fire department provides exceptional service in the area of pre-hospital emergency medical care.
2. Because we generate over a million dollars a year in revenue, the department is allowed to have increased staffing. While additional staff is primarily used to help run the ambulance service, when not on medical calls, those firefighters are available for other citywide emergencies.
3. Holding the ASA means that we have more control over the ambulance service provided in our area.

Cons

- City subsidizes the ambulance service (revenues do not cover all cost associated with the ambulance service)
- FF/Paramedics are frequently transporting patients to area hospitals, making them unavailable for fires and other responses
- Not an efficient business model (risk mitigation requires that substantial readiness be available for the next emergency)

Now the disadvantages:

1. The ambulance service is not fully funded by transport revenues. Without a doubt, the General Fund is helping to subsidize the added level of service.
2. While we do have more staff on duty, these crew members are often unavailable when transporting patients to area hospitals.
3. Our fire based ambulance service is not a good business model, it is a public safety model. As such, we cannot operate as efficiently as a private ambulance service.

Thank You