

Ruth Stellmacher

From: David Patterson <david.patterson@falck.com>
Sent: Saturday, March 9, 2024 8:17 AM
To: CityRecorder
Subject: Written comment for 3/11/24 City Council meeting - Item 5.a. 24-98
Attachments: Falck letter on Salem AP Triton recommendation.pdf

Please find written comments for Item 5.a. 24-98 in the attached PDF.

Thank you,

David Patterson
Regional Managing Director



Northwest
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Falck

March 8, 2024

Salem City Council
555 Liberty Street SE Room 220
Salem, OR 97301

Regarding Item 5.a. 24-98

Dear Council members:

I am writing today to provide written comments regarding the Agenda Item noted as: "Salem Fire Department Proposal for the Reintegration of Ambulance Services: Implementing the Ambulance Operator Model under Fire Department Oversight."

Falck is honored to partner with the City of Salem Fire Department and is proud to have served the Salem community's ambulance service since 2015. This week we learned that the Salem Fire Department is proposing to take over ambulance service in the City. We are disappointed that we did not have the opportunity to discuss this proposal with Salem Fire prior to it being brought before the City Council for consideration. We would like to request that the vote be delayed to engage in a more collaborative process and allow for additional analysis. We believe Falck can continue to partner with the City to provide EMS service in an effective and sustainable way.

Bringing EMS services in-house for Salem Fire is a dramatic shift with massive financial and operational risk to the City of Salem. With current budget challenges at the City, further analysis and consideration is needed to determine if there is a model that can meet the City's financial and service goals without taking on significant capital, staffing and liability costs, and we believe that model can include Falck.

Falck has recently piloted or proposed system improvements to improve quality and address staffing challenges, including our rate increase request that is currently pending before the Council. This rate increase is a tremendous step toward stabilizing Paramedic staffing. Notably, the rate increase is supported in the report. We request that you allow time for the impact of this rate increase to be realized before taking steps to redesign the EMS system.

This proposal represents a major transition that would be better undertaken by the Fire Chief who will oversee its implementation following the retirement of Chief Niblock. A dramatic change to the EMS system on the heels of new leadership will exacerbate the challenges of the transition for everyone at Salem Fire.

Finally, Falck did not have the opportunity to be interviewed or collaborate on the analysis behind the proposal before you, nor were we able to review the EMS Valuation and Optimization Study conducted by AP Triton before it was posted to the City Council agenda. As a partner to the City and Fire Department, Falck provided hundreds of records for this study, but we were not included in the development of what is being characterized as a comprehensive and collaborative report. As your partner for the last nine years, we appreciate your consideration of our feedback on the report which is outlined below.

Staffing

There is a known Paramedic shortage both locally and nationally. While this continues to be a massive challenge for EMS organizations, there is scant mention of the risk for adequate recruitment of qualified EMTs and Paramedics in the AP Triton study or recommendation.

Staffing shortages have impacted several professions including here in Salem. Indeed, both Falck and Salem Fire are not fully staffed to full time hiring goals today. OSAA and OHA also recognize the Paramedic shortage in Oregon and have considered different approaches to increase the available Paramedic workforce, including proposals to 'time out' the Associate Degree requirement for Paramedics.

It's important to note that Falck continues with a multitude of approaches to solve the Paramedic staffing issue in Salem:

- A new CBA that provided substantial pay increases resulting in full EMT staffing but has not resolved paramedic staffing yet;
 - Mandated overtime for Paramedics;
 - Provided double time incentives to fill shifts;
 - E-mailed (and continue to contact) every Oregon Paramedic (through OHA's publicly available roster) to invite them to work with Falck in Salem;
 - Expanded the work of our National Talent Acquisition team supporting national recruitment efforts for Falck in Salem;
 - Implemented flat shift incentives of up to \$700 for 12 hours of Paramedic staffing on top of any other overtime/double time incentive;
 - Offered Paramedic retention bonuses of \$11,000;
 - Renewed relationships with local Paramedic education programs as a recruitment method;
 - Created and funded "Path to Paramedic" Paramedic school Scholarship programs for our existing EMT staff;
 - Initiated Paramedic sign-on bonuses of \$10,000;
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- Paired EMTs with Paramedic Supervisors and Paramedic Managers for supplemental ambulance staffing.

Our team is working hard to achieve a solution, but the reality is that these efforts have helped but have not solved the challenge entirely.

Cost of the EMS System

On Page 110 of the AP Triton study, it is noted that, "If the City of Salem provides all ambulance transport directly, these costs are much higher than if they decide to subcontract for all, or a substantial number of, the system. In the subcontracting model, many of these costs are included within the hourly contractual rate."

Personnel cost is the single largest expense to any EMS system. As wages rose 30% or more, the challenge became how to fund additional payroll to recruit and retain qualified staff. As AP Triton points out on Page 100 of their Salem study, "There is a fixed amount of money available, referred to as the "cap," regardless of whether the provider is public or private." In order to fund these new payroll demands, additional revenue is needed for the system.

As a result, Falck suggested a rate increase in December 2023 that is supported by Salem Fire, AP Triton, and our local Labor Union, IAEP R12-30. We have already signed an MOU with IAEP R12-30 in Salem to immediately and dramatically increase our Paramedic pay scale the moment the City of Salem approves these new rates. This is reflected on page 104 of the AP Triton study: "It is important to note that Salem Fire Department (ambulance) rates are lower than those of the surrounding entities, which should be considered moving forward." However, this is unfortunately twisted in the AP Triton study on Executive Summary, page v, as, "Financial data supports the increase in rates to strengthen the financial foundation of reintegrating EMS within the City of Salem and its Fire Department and ensures financial sustainability." The flaw to this statement is that these increased rates for service improve the current situation for your existing EMS system workforce, as these dollars are already allocated to direct and substantial Paramedic pay enhancements. These dollars are allocated to labor costs and do not consider additional costs of transitioning to a city-run ambulance service.

In addition, IAEP R12-30 is the recognized Union for this operation. If the City takes over the system, the IAEP Local organization may cease to exist along with their contracted wages and benefits. There are many questions that need to be answered before making a final decision.

Financial Risk

The City has several options for system design presented by the AP Triton study. However, the Ambulance Operator Model recommendation poses a significant risk to the City. The AP Triton analysis of the financial modeling of the proposed EMS system model, is, at best, high-level and rudimentary, and at worst, flawed. The calculation of

expenses lacks detail. There is no adequate accounting for the workers compensation, medical direction, professional liability, auto liability, and cost of personnel turnover. This is cited as a major risk in the recommended model on Page 115: "The task of onboarding 42 new employees and the constantly high turnover rate expected for this class of employees is a significant undertaking." It should also be noted that pay estimates for the proposed model are just that; there is no cost certainty of what a future collective bargaining agreement would demand from the City for employee benefits and wages. Furthermore, cost of benefits estimate for staff provided by AP Triton is dramatically low and does not fully consider the long-term impact of additional City pensions and retirement plans.

In addition, training is cited as a challenge for Salem Fire Department Paramedics today (Page 64: "SFD demonstrated an inconsistent level of training for each Paramedic throughout the year.") On Page 116, it is mentioned that "a constant hiring process will tax City resources in Human Resources and training" as it relates to the recommended ambulance model. With the high turnover expected, training costs and demands will increase. Indeed, on Page 65 of the study, it is noted that in the current state at Salem Fire, "The previous figure shows an opportunity for improvement relating to the Department's annual training program." "Based on the number of Paramedics in the Department, an increase in EMS training hours is warranted."

Falck is currently providing \$932,900 annually to the City of Salem for EMS expenses derived from user fees. This figure has increased nearly \$37,000 a year over the past two years. One flaw in the AP Triton calculation is not recognizing this loss of risk-free revenue the City enjoys by engaging a contracted ambulance provider. In addition, Falck is liable for financial penalties for performance and fees for radio use that provide additional revenue generation for the City, and we supply disposable medical supplies totaling in the thousands of dollars every year to Salem Fire Department.

Other EMS System delivery model options included in the report have far less risks to the City and should be thoroughly evaluated before the Council acts on a single recommendation from an external consultant. This is a major policy decision and should not be rushed.

Benefits of Falck and Falck-initiated system improvements

Falck is a taxpaying entity, private employer, and partner to the City of Salem. We employ 80 professionals with 19 ambulances headquartered in the City of Salem. This back-up resource provides additional surge and disaster response capacity that far exceeds the number of ambulances proposed for purchase in the AP Triton study. The study also recommends seven 24-hour ambulances and one 10-12 hour ambulance. However, the full-time employee requirement AP Triton cites is only for the seven 24-hour ambulances.

It should also be noted that AP Triton proposes 24-hour shifts for the EMS crews. This would be a dramatic change, as Falck employees work 12-hour shifts. This impact is

noted in the current "turn out time" of Salem Fire of 1 minute, 56 seconds (Page 93). This is a complication and result of 24-hour shifts - as the time it takes crews to respond to a call is slower on 24-hour shifts. By contrast, on Page 44 of the report, it is noted that Falck's turnout time is 44 seconds. In addition, the high utilization of ambulance crews working 24-hour shifts is unfriendly to the workforce and can present health challenges and cognitive issues. According to a recent article from Katherine Benoit citing a well-known EMS sleep study: "In many situations an EMS provider will get little to no sleep during a 24-hour shift. In fact, one study showed those working 24-hour shifts reported the highest levels of fatigue and fair/poor health. Working these long shift hours puts the EMS provider at higher risk for cognitive and motor impairments, sometimes to the same extent as being intoxicated." This is consistent with a high utilization ambulance system as found in Salem. Moving back to a 24-hour shift configuration is moving backwards and contrary to the current research and industry recommendations.

We were not surprised to see that many of the recently made Falck suggestions to Salem Fire were also cited in the AP Triton study. Falck suggested innovative ways to manage increased call demand, including:

- A basic life support (BLS) deployment model;
- Co-responder models;
- Mobile health/community paramedic programs;
- PSAP 9-1-1 patient navigation for low acuity needs.

We should collectively provide the right response to the right patient at the right time, and it is imperative that systems evolve to respond to community needs. A public/private partnership provides that flexibility and opportunity.

Additionally, Foundation-owned Falck continues to make investments in the Salem EMS system. Falck has recently added:

- Additional support personnel in Salem;
 - New cardiac monitors fleetwide;
 - New, fleetwide mobile data computers and mounts in all ambulances;
 - Issued seven Purchase Orders for new build ambulance/remounts to begin our fleet refresh program in 2024 (including adding autoloader stretchers as an upgrade to the existing configuration);
 - Physical plant improvements to our Salem headquarters;
 - Improved engagement with community non-profits, including the Salem Chamber and SEDCOR, as well as OSAA;
 - Year-long leadership development programs for our front-line Supervisors and management team, among other investments.
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Conclusion

A rushed decision of this magnitude presents significant risk to the City and could result in a model that is not sustainable. Additional economic and financial analysis is required to ensure that AP Triton's high-level projections have accounted fully for the costs and associated risks of this change. The City should carefully conduct a robust and in depth evaluation of all options considered in the AP Triton study, and engage with Falck to consider additional options before deciding on the consultant's current recommendation.

This decision will have a significant impact on the EMTs and Paramedics currently working in the system. If Salem were to make this decision to change 15 months before the contract term, it would have devastating effects on our ability to recruit and retain EMS professionals in Salem. We are offering our expertise in EMS system design in a truly collaborative and comprehensive evaluation to provide the best EMS system to the City of Salem.

We deeply value our partnership and the privilege to serve Salem and Salem Fire. Falck's EMT and Paramedic teams in Salem work extremely hard to provide high caliber care to the Salem community. **I respectfully recommend that you take additional time to further study the implications of this recommendation before you make a decision.**

Respectfully,



David Patterson
Regional Managing Director

Ruth Stellmacher

From: Victor Hoffer <vichoffer2@gmail.com>
Sent: Sunday, March 10, 2024 5:09 PM
To: CityRecorder
Cc: vichoffer2
Subject: Public Comment for March 11, 2024
Attachments: Mayor and City Council members.docx

placed here and by attachment:

Mayor and City Council members,
My name is Victor Hoffer and I work for Falck Ambulance in Salem, Oregon.
I would like to provide public comment on the topic of ambulance transport services in Salem.

1. If the Council decides to have Salem Fire take over transport in Salem a few things should be part of their takeover:
 - a. Salem Fire must hire all employees that are currently employed by Falck as of March 11, 2024. Falck is well represented by women, the BIPOC and the LGBTQIA+ communities.
 - b. Salem Fire cannot give away part of the service area to other agencies. That would amount to not protecting the citizens that pay taxes to the city. In addition, subcontracting an area after they have stated they want the area back is not appropriate or ethical.
2. The real failure were the RFPs in 2005 and 2015. With all due respect they were poorly written. As a 40 plus year medic and having worked on RFPs I assure you, what should happen is a strong RFP be written and then let Salem Fire, Falck, AMR and all comers meet and beat the baseline RFP.
3. A properly written RFP is the real world solution to solving the ambulance situation in Salem.
4. Finally, any system with Salem Fire should involve a complete chain of command outside of the Fire Suppression chain of command. FDNY has an EMS Chief, EMS Deputy Chiefs, EMS Battalion Chiefs, and so on and so on.
5. As an aside, I am willing to meet with anyone who may have further questions and provide guidance for a properly written RFP.

Thank you for your time and consideration.

Victor Hoffer
510 West Church Street
Mount Angel, Oregon 97362

Ruth Stellmacher

From: Matthew Brozovich <president@salemfirefighters.net>
Sent: Sunday, March 10, 2024 9:06 AM
To: CityRecorder
Subject: Council Item: 24-98 (EMS System)
Attachments: Salem Fire Fighters Local 314 EMS Endorsement .pdf

City Recorder -

I would like to submit this letter of support on behalf of Salem Professional Firefighters Local 314 for the Monday March 11th Council meeting.

Thank you,

Matt

Matt D. Brozovich - President
Salem Firefighters Local 314
president@salemfirefighters.net
(503) 480-4473



SALEM PROFESSIONAL FIRE FIGHTERS ASSOCIATION
Local 314 of the International Association of Fire Fighters

March 4th, 2024

Mayor Hoy and City Council -

Salem Professional Fire Fighters endorse the adoption of the single role "Ambulance Operator Model" within the Salem Fire Department's Emergency Medical Services (EMS) system. As the Union President for Salem Professional Fire Fighters, I have examined the conclusive findings and recommendations outlined in AP Triton EMS Valuation & Optimization Study that concludes the same model.

The study advocates for the single role "Ambulance Operator Model" as a strategy to improve the efficiency and effectiveness of EMS operations in Salem. This model aligns with current industry practices and national standards. As highlighted in the study, the anticipated net revenue assures financial sustainability and supports further enhancements to EMS infrastructure, ultimately serving Salem's community at a higher level.

Additionally, the recommendation to integrate the Ground Emergency Medical Transport (GEMT) Program aligns with the departments goals, promising improved reimbursements for Medicaid services. The application of GEMT funding will solidify the EMS system's financial base, aiding in successes of the single role "Ambulance Operator Model."

In conclusion, adopting the single role "Ambulance Operator Model" is a crucial step toward optimizing EMS services in Salem and delivering exceptional care to those in need. We fully support this initiative and we're dedicated to aiding in the successful transition to this model for the betterment of Salem Fire Department and the citizens we serve.

Please feel free to reach out for any further details or support needed on this matter. Your consideration of this proposal is greatly appreciated.

Sincerely,

Matthew D. Brozovich
President - IAFF Local 314

Ruth Stellmacher

From: noreply@cityofsalem.net on behalf of scott46ac@gmail.com
Sent: Sunday, March 10, 2024 8:39 AM
To: citycouncil
Subject: Contact City Council
Attachments: ATT00001.bin

Your Name	Alan C Scott
Your Email	scott46ac@gmail.com
Your Phone	5033023602
Street	1590 Norway St NE
City	Salem
State	OR
Zip	97301
Message	I support the city's return to fire department ambulance service. Thank you. Alan Scott Ward 1

This email was generated by the dynamic web forms contact us form on 3/10/2024.