



Fire Service-Based EMS Electronic Tool Kit

Resources for Leaders

This Second Edition of the Fire Service-Based EMS Electronic Tool Kit is intended to provide fire service managers and fire fighter union officials with the latest information on fire service-based emergency medical services. It includes two separate sections: **Section One** provides information and tools related to fire service-based EMS in general, while **Section Two** provides specific information and tools directly related to the impact of the federal Patient Protection Affordable Care Act (PPACA) on fire service-based EMS, as well as opportunities that the PPACA might present to fire departments.

This resource is provided as a cooperative effort between the International Association of Fire Chiefs (IAFC), the International Association of Fire Fighters (IAFF), the Metropolitan Fire Chiefs Association, the Congressional Fire Service Institute (CFSI), and the International Fire Service Training Association (IFSTA).

If your department's EMS first response system or your ambulance transport operation is currently threatened or under open attack, the IAFF and the IAFC have specific strategic and tactical resources available to assist you. These resources are customizable for your situation and are not included in this electronic Tool Kit. To access these resources, contact the IAFF Department of Fire/EMS Operations at 202-824-1594 or the IAFC EMS Section through the contact information at their web site, www.iafcems.org.

The Electronic Tool Kit information is designed around “Talking Points” and various electronic links to documents described within the kit, as well as links to other resources, including web sites and videos. Users may access these links and download resources at any time.

SECTION ONE:

FIRE SERVICE-BASED EMS GENERAL INFORMATION

The information provided in this section of the electronic tool kit covers many facets of fire service-based EMS. The “Talking Points” can be used when communicating inside and outside of fire departments, including presentations to the public, the media, elected officials, public managers and others. The content of the links address issues such as fire

service-based EMS historical information, deployment and service delivery models, interaction with the medical community, as well as EMS system elements such as treatment, transportation, training and certification, billing and collection, issues related to private EMS providers, and other important areas of interest.

RESOURCE: TALKING POINTS

- The fire department is geographically deployed throughout the community to minimize response times. The most expensive parts of the EMS system – personnel, apparatus, and facilities – are already being paid for.
- Response time is the absolute priority for medical emergencies. Firefighters are in the best position to respond quickly and provide vital services.
- EMS has been a part of the fire service for more than 50 years – and even longer in many metro jurisdictions. EMS is not a distraction from our mission – it is one of our core services provided by firefighters and paramedics within the mission.
- Prehospital, 9-1-1 emergency response is one of the essential public safety functions provided by the United States fire service. Fire service-based EMS systems are strategically positioned to deliver time critical response, effective patient care and scene safety.
- Of the 200 most populated communities, 97 percent have the fire service delivering pre-hospital emergency medical service response. Additionally, the fire service provides critical advanced life support (ALS) response and care in 90 percent of the 30 most populated United States cities and counties.
- EMS training is part of the basic training for all firefighters. Different levels of EMS certification exist in each state.
- Personnel are the most expensive part of any emergency response system. Fire departments are essentially “standing armies” in their communities poised to respond to an emergency. Utilizing firefighters to provide EMS gets more bang for the buck.

- Firefighters can work more hours in a week before being paid overtime than can private sector EMS workers, according to Federal Fair Labor Standards Act (FLSA) regulations.
- The ride in the ambulance for the sick or injured person is only part of the system. A comprehensive EMS system includes rapid response, intervention, stabilization, and then transportation to a definitive care facility, if needed. The direct delivery system is backed up by a continuous quality improvement process that seeks to improve the level of care.
- Fire service-based EMS brings the treatment to the patient – wherever they are. Treatment by firefighters begins immediately, even if the patient is trapped in a building that’s on fire, pinned in a car crash, or in a collapsed structure.
- The provision of EMS response, treatment, and transportation by firefighters is seamless. One agency is responsible for the continuity of patient care and provides EMS within an “all-hazards” response model.
- Firefighters are long-term workers in their communities. Most fire departments have very low turnover rates. Firefighters know about the needs in their communities... and firefighters are highly experienced emergency medical care providers.
- The fire service-based EMS deployment model is more robust than any private for-profit ambulance-based EMS model. Firefighters are deployed and ready to respond to any type of emergency. Firefighters don’t leave town when the going gets tough.

Resource 1-1: Prehospital 9-1-1 Emergency Medical Response — The Role of the United States Fire Service in Delivery and Coordination

This white paper discusses the origins and history of emergency medicine in the United States and the evolution of the fire service role in these services. It further explains several of the models used by fire service organizations to provide EMS, explains the differences between emergency and non-emergency EMS, and the capabilities of multi-role firefighters in EMS. The paper explains that EMS is not just the ambulance ride; it’s a system that includes a number of components that leverage the strengths of the fire service.

www.iaff.org/tech/PDF/FB%20EMS%20Whitepaper%20FINAL%20July%205%202007%20.pdf

Resource 1-2: Emergency Medical Services: A Guidebook for Fire Service-Based EMS Systems

This comprehensive guide provides fire service managers and fire fighter union officials with up-to-date information on fire service-based EMS. The goals of the guide are to provide background on EMS systems; to guide managers and union officials in analyzing their EMS systems; to provide direction for system evaluation; and to guide fire department leaders confronted with competitive procurement through developing and responding to requests for proposals.

The guide contains nine chapters and appendix materials. The chapters cover the principles and origins of fire service-based EMS, its impact on the community, quality and effectiveness measurement, response time, system costing and revenue, competitive procurement, EMS in Canada, the role of the medical director, and the future of EMS.

www.iaff.org/tech/PDF/EMSGuideBk.pdf

Resource 1-3: Addressing Myths Often Generated by Private EMS Providers

This document details the tactics used by private ambulance service providers in seeking to convince fire chiefs and local government officials to discontinue fire service-based EMS ambulance service and turn those responsibilities over to a private company. The five myths that are generally advanced by the private contractors in these situations are detailed and rebutted.

www.iaff.org/Tech/PDF/EMS_Myths.pdf

Resource 1-4: Benefits of Multi-Role Firefighters

This brief summary provides information on the benefits and capabilities of multi-role firefighters over single role EMS workers.

www.iaff.org/Tech/PDF/FBEMSTools/Multifaceted_Firefighters.pdf

Resource 1-5: Press Coverage of Private EMS System Abandonment of Service

In December of 2013, a private EMS and ambulance service provider, First Med, abruptly shut down all of their operations in six states. No warning was provided to the communities previously served by First Med. According to press reports, this company operated under the names TransMed, Life Ambulance and MedCorp. Over 70 municipalities were left without service as result of this action.

www.iaff.org/Tech/PDF/First_Med.pdf

Resource 1-6: Fire Service-Based EMS Advocates Web Site

The Fire Service-Based EMS Advocates web site is a collaboration of the CFSI, IAFC, IAFF, National Fire Protection Association (NFPA), and the National Volunteer Fire Council (NVFC). This organization exists to inform members of Congress and others of the vital role and importance of fire service-based EMS.

www.fireserviceems.com

Resource 1-7: Report on EMS Field Experiments — Multi Phase Study on Fire Fighter Safety and Deployment of Resources

This report presents the results of more than 102 field experiments designed to quantify the effects of various fire service-based EMS deployment configurations for three different scenarios: 1) patient access and removal from the incident scene, 2) a victim of systemic trauma due to a long distance fall and 3) a patient with chest pain leading to a cardiac arrest.

www.iaff.org/tech/PDF/EMS%20Nist%20Report_LORES.pdf

Resource 1-8: Video – National Medical Report

Explains the role of the fire service in EMS. Suitable for viewing by the public to explain the basic concepts of fire service-based EMS.

www.youtube.com/watch?v=nks-XJU_Kg0&feature=channel_page

Resource 1-9: US Fire Department Profile

A recent NFPA profile of the fire service in the United States showed that a clear majority (60%) of fire departments, even the smallest volunteer fire departments serving communities of 2,500 residents or less, provided some form of EMS.

Fire service-based EMS is provided in over 90% of communities with populations of 50,000 or more, including 100% of communities with population counts above 250,000.

Source Table 11 and Table 18 – US Fire Department Profile 2012, National Fire Protection Association, Fire Analysis and Research Division.

<http://www.nfpa.org/~media/Files/Research/Fact%20sheets/fdprofilefactsheet.pdf>



SECTION TWO:

THE IMPACT OF THE FEDERAL PATIENT PROTECTION AFFORDABLE CARE ACT (PPACA) ON FIRE SERVICE-BASED EMS SYSTEMS AND POSSIBLE OPPORTUNITIES PRESENTED WITHIN THE ACT.

There will be many challenges and opportunities facing fire service-based EMS Systems as the Patient Protection Affordable Care Act (PPACA) moves through its implementation phases. There is some urgency to the decision points presented in this potentially major shift in EMS, but where, when, and how leaders across the full spectrum of the fire service will address them has yet to be determined. There will be implementation differences from state to state, urban to rural, etc. regarding some specific PPACA elements, but there are also consistencies nationally that will clearly emerge.

This section of the Electronic Tool Kit is dedicated to information related to the PPACA and opportunities that might present themselves to fire service leaders as they design and manage adjustments to their fire service-based

EMS systems. New and enhanced partnerships by fire departments with various entities in the health care community and others are sure to be important as the PPACA is more clearly defined and fully implemented.

If your department is interested in more information on opportunities to deliver Community Paramedic (Community Health Care) Services, contact the IAFF Department of FIRE/EMS Operations at (202)824-1594 or the IAFC EMS section via the web at www.iafcems.org

Just as in Section One of the Tool Kit, there are “Talking Points” for use when communicating inside and outside of fire departments, including meetings with the medical community, as well as presentations to the public, the media, elected officials, public managers and others. There are also links to information to assist fire department managers and local union officials as they design their approach to taking advantage of opportunities presented by the Act.

RESOURCE: TALKING POINTS

- The fire service is the predominant EMS provider in the United States.
 - Fire stations are strategically located throughout the community, providing minimal response times and excellent locations for healthcare outreach and community educational/informational sessions.
 - Fire service-based EMS EMT’s and paramedics routinely work in the patient’s environment. Living conditions, social deterrents, family support, socio-economic factors and other environmental factors of total healthcare management are easily assessed.
 - Fire service-based EMS EMT’s and paramedics are sworn to protect the community they serve, enjoying an excellent reputation and credibility within the community.
 - Fire service-based EMS EMT’s and paramedics should be seen as gatekeepers to the healthcare system. As the first contact for many patients, the only contact that does not require a waiting room, they are uniquely positioned and trained to connect patients to the most appropriate, cost effective healthcare resource.
 - Historically, fire service-based EMS systems have not been conditioned to the traditional fee for service payment system. In fact, quality of care measures, such as patient outcomes, community save rates, event to balloon time, and low response times have been the leading measure of effectiveness for fire service-based EMS systems.
 - Fire service-based EMS EMT’s and paramedics work under protocols designed and approved by a licensed physician. This environment provides an increased compliance rate for the consistency of care for organizational and system-wide procedures.
 - Fire service-based EMS EMT’s and paramedics are the only healthcare workforce that can administer care in any hazardous situation.
 - Fire service-based EMS EMT’s and paramedics provide public education on a daily basis, therefore, including topics such as health and wellness education and prevention topics is a natural progression.
- Firefighter/Paramedics are uniquely equipped to provide preventative healthcare tips to community members and other target audiences.
- Fire service-based EMS EMT’s and paramedics provide healthcare services in a more diverse environments than any other healthcare workforce. In the same 24 hour period, a Firefighter/Paramedic can deliver care in a home, an alley, a nursing home, a care home, a vehicle, a hospital, a jail and a city park. This diversity in work environments provides tremendous opportunity for the healthcare system to benefit from the unique perspectives Firefighter/Paramedics can provide to the healthcare needs of a community.
 - Unlike many healthcare settings and offices, Fire service-based EMS service is available 24/7/365.
 - Fire service-based EMS services are supported through 24 hour Public Safety Answering Points (PSAP) and dispatch centers; centers that offer opportunities for partnerships to coordinate community-wide healthcare triage and follow-up services.
 - A fire service-based EMS system is an essential resource in achieving the Triple Aim of the Patient Protection Affordable Care Act (PPACA): reducing cost, improving the health of a population, and improving the quality of care.
 - Fire service-based Firefighter/Paramedics should not be overlooked as a resource to help hospitals reduce readmission rates by implementing an out-of-hospital patient follow-up program.
 - A fire service-based EMS system acts as a safety net for the healthcare needs of an entire community. Leveraging the inherent strengths of such a system with community-wide healthcare partners will provide stakeholders the opportunity to improve the quality of care at a reduced cost.

Resource 2-1: Influencing the Implementation of the PPACA

This document provides advice for local union officials and fire chiefs to prepare for the implementation of the PPACA and the changes that will be implemented that impact the provision of emergency medical services.

www.iaff.org/Paramedicine/Implementation_of_PPACA.pdf

Resource 2-2: Realigning Reimbursement Policy and Financial Incentives to Support Patient-Centered Out-of-Hospital Care

This Journal of the American Medical Association (JAMA) article concludes that current payment models for emergency medical care may be a disincentive for EMS providers to avoid unnecessary emergency room visits for customers that they contact in the field. This limits the role of first responders in the overall health care system. The report also recommends changes to these payment models to improve care and reduce expense.

www.iaff.org/Paramedicine/Out-of-Hospital_Care.pdf

Resource 2-3: The Expanded Role for Emergency Medical Services under Health Care Reform

This paper explores the role of fire-service-based EMS providers in the health care system with the implementation of the PPACA and it explores the possible impacts on local fire departments.

www.iaff.org/Paramedicine/ACA_and_EMS.pdf

Resource 2-4: When it Comes to the Affordable Care Act - Don't Leave Money on the Table!

This article discusses aspects of the Patient Protection Affordable Care Act (PPACA) that could present revenue opportunities for fire service-based EMS services and encourages fire chiefs and local union presidents to seek information and form local partnerships.

www.iaff.org/Paramedicine/ACA.pdf

Resource 2-5: What is the Medical Community Looking for from EMS?

The EMS Insider article discusses changes to the emergency medical system that will occur upon the implementation of PPACA. The author discusses the concept of “mobile healthcare” and changes to the healthcare payment system that are also part of the PPACA. The article also includes a number of examples of cost-saving innovations.

www.iaff.org/Paramedicine/EMS_Insider.pdf

Resource 2-6: Community Health Service Delivery Model — Chandler, Arizona

This paper introduces the Chandler, AZ Fire Department’s *Community Health Service Delivery Model*. This model details the expansion of service provision; leveraging existing resources to meet the changing health care needs of the community. The model also includes partnering with existing community providers to meet the tenants of the PPACA.

www.iaff.org/Paramedicine/CHSDM.pdf

Resource 2-7: Fire Service-Based EMS Community Healthcare Provider Programs

This PowerPoint presentation provides information about the new environment in which fire service-based EMS will be provided. The program includes information on incentives and disincentives for emergency medical services providers, hospitals, and other health care providers. The development of partnerships between the fire service-based EMS provider and other components of the health care system is encouraged.

www.iaff.org/Paramedicine/FD_Community_Paramedic.pdf



Resource 2-8: Video — Private Sector Interest in Deploying Community Paramedics Can Compromise Fire Service-Based EMS Systems

The Patient Protection Affordable Care Act (PPACA) presents new opportunities for EMS providers to partner with health care system stakeholders to enhance the effectiveness and efficiency of patient care, while at the same time reducing costs across the board. One of those opportunities lies in the potential for infusing Fire service-based EMS Community Healthcare Providers or “Community Paramedics” into the process to handle certain service requests. It has been shown that reducing the number of 9-1-1 emergency responses, treating some patients in the field, or more effectively routing patients to the most appropriate care facilities will be important aspects of implementing the PPACA. There is interest from private sector EMS providers to position themselves to deliver these new system components, and some have already started. Fire Service-Based EMS Systems can perform these services better than anyone, but they must get out in front of these efforts. Not doing so can jeopardize the future of Fire Service-Based EMS Systems, response resources, and patient care. Following is a link to a video that demonstrates the interest of one private sector EMS provider regarding these types of service delivery opportunities:

www.jrn.com/ktnv/news/better-lv/AMR-making-sure-9-1-1-calls-are-real-emergencies-225185752.html

Several private ambulance companies have formed business units to provide community health care. Two of these businesses are Envision (AMR) and Falck.

Envision Healthcare - www.evhc.net/Index.aspx

Falck - www.falck.com/us_emergency/pages/partners.aspx

Resource 2-9: Fire Service-Based EMS Community Healthcare Provider Programs

The official IAFF position statement on the use of firefighters and fire department members in the larger community health care system – also known as “community paramedics”. The statement advocates services such as on-scene response, “frequent caller” programs, in-home evaluation of high-risk patients, and enrollment assistance for those without healthcare insurance.

www.iaff.org/Paramedicine/Healthcare_Provider_Program_Policy.pdf

Resource 2-10: A Brave New World — Opportunities Abound for Fire Service-Based EMS

This article from Fire Chief Magazine details ten opportunities that may be presented to fire service-based EMS organizations related to the implementation of the PPACA. The article concludes with advice to fire chiefs and local union officials – continually demonstrate innovation to our stakeholders; collaborate with local healthcare systems and with each other; and advocate for our citizens.

www.iaff.org/Paramedicine/Brave_new_world.pdf

Conclusion

This Fire Service-Based EMS Electronic Tool Kit is intended to better inform leaders, provide background information and resources to assist in dealing with a variety of issues regarding fire service-based EMS in general, and provide information and guidance relating to the potential impact of the PPACA on fire service-based EMS systems. The information provided covers many facets of fire service-based EMS. Users should decide for themselves what information best suits their specific situation and needs.

