

EMS Ad Hoc Committee Recommendations for City Council

Work Session – Tuesday, May 7, 2024

Presentation Will Cover

- EMS Ad Hoc Committee Process
- EMS Ad Hoc Committee Recommendations
- Fiscal Impacts of Recommendations
- Implementation and Transition Planning
- Next Steps

EMS Ad Hoc Committee Members

Councilmember Carlos Flores, EMS Council Committee Chair

Councilmember Elizabeth Beck

Councilmember Macy Hill

Councilmember Charles Lauersdorf

Councilmember Jared Williams

EMS Evaluation Process Overview

Established EMS Ad Hoc Committee to focus on recommending an EMS model that will offer patient-focused care and fiscal sustainability into the future.

Fitch team offered a series of briefing and reports to share information throughout the process:

- Reviewed 911 processes to kick off the discussions
- Interim Report #1 – MedStar financials and Interfacility Transports
- Interim Report #2 – Understanding unit hour utilization and work force impacts
- Interim Briefing #3 – Established four (4) EMS models for consideration
- Final Fitch EMS Evaluation Report

EMS Stakeholder Feedback

- Created opportunities to receive feedback from EMS stakeholders
 - MedStar Member Cities
 - Hospital CEO's
 - Tarrant County Medical Society
 - MedStar CEO
 - Medical Director
 - Local 440

MedStar Member City Feedback

OUTREACH

- Regular meetings with Member Cities to ensure everyone has a voice
- One-on-one meetings to better understand concerns

CONCERNS

- Paying for costs related to growth of other member cities – assign capital costs where growth occurs
- Governance and ensuring representation by member cities on the board or in advisory roles
- Budget unknowns and being able to plan for the future
- Fort Worth could decide to pull out and leave the Member Cities to provide for their own EMS service
- MedStar assets and how those will be handled now and moving forward
- Higher potential costs due to use of sworn personnel in operations and communications
- Identity branding and independence

Strategies to Address Member City Concerns

Allocate future capital costs related to growth to member cities that experience it

Longer term service agreements that will provide more stability

Cash out provision for today's assets, if agreement later terminated

Meaningful representation on a policy and technical advisory committees

Efforts to brand EMS units with member city markings

- No change in branding of MedStar until ambulances are replaced

Hospital CEO Feedback

High quality patient care

Good relationship/partnership

Interfacility transport challenges and opportunities

Billing timeliness/delays

Growth planning concerns

Interfacility Transports

Fitch & Associates evaluated the community demand for IFT's

Met with hospital CEO's to discuss and understand how IFT's impact hospitals and day to day business.

Agreed to pursue privatizing IFT's and removing this call volume from the 9-1-1 System

Public policy decision to not use public funding to cover the cost of IFT's

Hospitals anticipate a six-to-eight-month lead time to ensure an IFT program is established

Creating FAQ's and other communications to outline how future IFT's will be handled.

Will ensure transitions are seamless and there are no service interruptions or impacts to end users.

Tarrant County Medical Society

Ensure there is a continued focus on high-quality clinical and operational patient-centric care to the citizens of Fort Worth

Recognition that the medical community has an extensive history of deep involvement in the clinical care provided by the EMS System through the Emergency Physician's Advisory Board (EPAB).

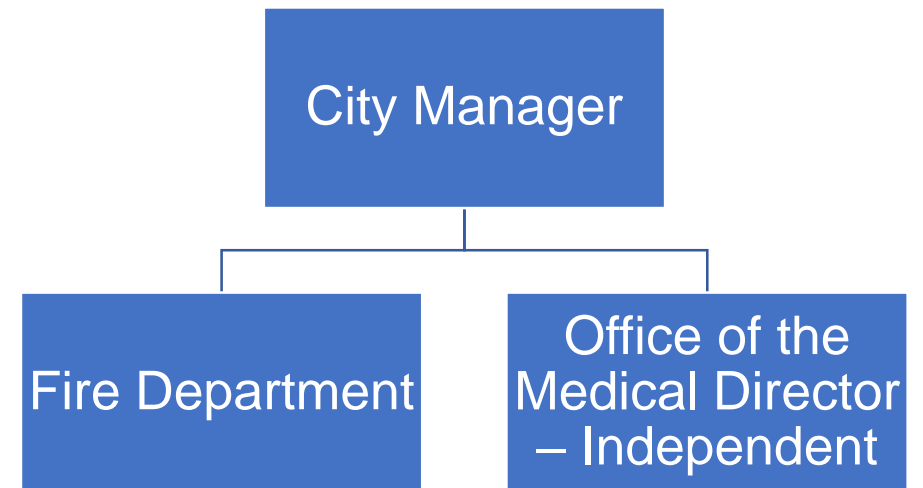
Key Areas of Focus:

- Continue to be involved in the hiring, evaluation, and any disciplinary actions of the system medical director.
- City should consider having a separate department, independent of any other department with an out-of-hospital clinical role, that reports to the City Manager's Office.
- An Office of the Medical Director (OMD) should be created, appropriately staffed, and funded in such a fashion as to enable the Medical Director to fully carry out the responsibilities described in Chapters 157 and 197 of Texas statutes.
- The OMD should have the only medical oversight of out-of-hospital clinicians employed/contracted with the City to avoid clinical conflicts between departments.

Independent Medical Direction Office of the Medical Director

Overview

- Understand the need to have independent oversight over patient clinical care
- Includes providing staff for the OMD to perform duties
- Medical Director sets patient care protocols consistent with national model clinical guidelines



Final EMS Ad Hoc Committee Recommendations

EMS Ad Hoc Committee Recommendations Overview

10 Recommendations

Three Categories:

- Interfacility Transports
- Governance
- EMS System Changes

Baseline Assumptions for Recommendations

- .50 Unit Hour Utilization
- 8-minute travel time 90% of the time
- Updated governance structure
- Includes privatization of IFT's

Interfacility Transports (IFT's)

Privatize IFT's and remove this call volume from the 9-1-1 System

Establish an IFT Working Group to work with Hospital CEO's and other stakeholders to develop the necessary policies and processes to support privatizing IFT's.

Governance Recommendations

Primary governance will move to the CoFW under the Fort Worth City Council.

Staff will recommend an advisory board structure to provide representation options for member cities, first responders, and the medical/clinical aspects of patient care

Develop service level agreements to memorialize EMS structure/relationship with participating Member Cities

Staff will work with the FWLab and with the Member Cities to develop fiscal options for ensuring that all parties are accountable for costs.

EMS System Recommendations

Single role EMS position within the Fire Department

Single role EMS positions will be classified as civil service positions

Maintain independent medical direction keeping the Office of the Medical Director independent of the Fire Department

Staff will be establishing an EMS Steering Committee and working group structure to ensure accountability and create engagement opportunities:

- Interfacility Transports
- MedStar employee transition and culture
- 911 Working Group
- Office of the Medical Director

Fiscal Impact of EMS System Recommendations

Christianne Simmons, FWLab, Chief Transformation Officer

Single Role EMS Civil Service Position

Scope

- UHU/staffing schedule and response times
- Revenue assumptions are consistent across all models
- Costs include OMD and Communications
- Conservative approach to staffing including responsiveness to Fire’s recommendations

Income	Amount
Revenue	54,674,162
Expense	65,561,299
Net Income	(10,887,137)

Personnel	Amount
Operation	396
Administration	76
Grand Total	472

EMT and Paramedic Pay

Classification	*MedStar	**Civilian Model	Fire Department
EMT	18.88	23.20	Certification Pay
Paramedic	28.88	35.77	Certification Pay

**MedStar using an annual average of FY24 Budget*

***Civilian Model using average market rate with 10% additional adjustment*

FD Certification	Annual Amount
EMT Basic	1,176
EMT Intermediate	1,644
EMT Paramedic 13	3,768
FAP Paramedic Pool	7,536

Health Insurance Impact

- HR and FWLab analyzed that there is **no additional impact** outside of the Civilian model already presented.
- The Civilian model converted the flat health rate plans into a weighted average to increase the fringe rate, which is the same methodology Fitch used.
- If the EMTs and Paramedics receive representation from a labor union, then there **will be health insurance implications.**

Civil Service Protection Additional Costs

- Promotional Exams \$5,000
- Trainee Exam One Time Cost \$30,000
- Trainee Exam is \$25 per trainee
- Future costs related to collective bargaining
- Continuing education requirements related to civil service EMS
- Pension contributions

Anticipated FY25 Budget Needs - \$7M

- Total estimated annual EMS system cost - \$10.8M
- Decision packages tied to 911 Working Group
 - Need administrative support for the new 911 Administrator
 - Working with Fitch & Associates to call out potential FY25 dispatch-related items that will improve the 911 system.
- Personnel related costs:
 - Establishing new EMS positions within the CoFW
 - Equipment needs
 - EMS system related costs
- FY24 Adopted Budget includes \$4.2M that has been earmarked for FY25; carrying forward the amount that was budgeted for a Medstar subsidy in FY24

Implementation and Transition Timelines

Transition and Implementation Timing Overview

- Fitch & Associates will manage the transition and implementation process
- Anticipate a 12-18 month timeline (depending on the model that is selected)
- Details will be refined when the City Council chooses an EMS model to implement
- Includes a Communications Plan for the multiple stakeholders, including end users of the 911 system

Communications Strategy and Plan

- The Communications & Public Engagement Department, HR Department, and Cooksey Communications will work cooperatively to develop a comprehensive communication plan that includes:
 - MedStar employee messaging and information about town halls
 - Hospital messaging
 - Messaging to users of the EMS system
 - General Media messaging (talking points and press releases after Ad Hoc Committee meetings)
 - A comprehensive, regularly updated webpage is available at fortworthtexas.gov/medstar.

MedStar Employee Messaging & Engagement

Written Communications – Memorandums & Roundups

- Completed: April 16th – Memo to MedStar Employees & Roundup (COFW internal newsletter)
- Completed: April 30th – Press Release (COFW media list), City News (COFW external newsletter), and Roundup (COFW internal newsletter)

Video Messaging

- Completed: CM Flores – April 30th in Roundup (COFW internal newsletter)

Virtual Town Hall

- Completed: April 17th
- Completed: May 1st
- Sessions Recorded & Posted

Q&A Link - Over 200 Q's

- Themes: Timelines, Pay & Benefits, Fire Model; Employment and Organizational Culture

High Level Implementation Items

Once an EMS system model is determined:

- Address board governance
- Work with FWLab to establish FY25 and FY26 budget needs
- Work with Fitch & Associates to develop and execute transition plan
- Address ILA with Member Cities
- Work with Local 440 on any proposed CBA changes, if necessary
- Determine capital assets and plan to purchase
- Develop and implement plan to work with MedStar employees to ensure they understand the transition plan
- Put agreements in place to have MedStar provide EMS services during 12-month EMS transition period

Set EMS system implementation goal date

Continue working with MedStar Member Cities on cost allocation methods, ILA, etc

Continue working with Hospital CEO's to implement privatized IFT process

Interlocal Agreement – Next Steps

Continue to meet with MedStar Member Cities to get alignment on next steps

If 100% aligned:

- Work together to dissolve the interlocal agreement
- Develop Service Agreements between City of Fort Worth and the Member Cities:
 - Length of agreements
 - How % of assets will be handled and recognized
 - Outline service requirements
 - Financial requirements
 - Agree on date to transfer assets to the City of Fort Worth

Civil Service – Next Steps

Determine the positions that will be classified as Single Role EMS Civil Service positions

Make changes to the Fire Collective Bargaining:

- To make changes, mutual agreement is required by CoFW and the Local 440
- Needed changes include:
 - Update definitions to include a Single Role EMS position
 - Determine other required processes:
 - Hiring
 - Promotional
 - Transfers and Laterals
 - Discipline
- Agree on how current MedStar employees will become CoFW civil service employees

Civil Service Process Timing

May 7th – Work Session on EMS Ad Hoc Recommendations

May 8th – May 14th – Internal strategy meetings – CMO, HR, City Attorney, FWLab

May 21st – Council Resolution

May 24th – informal meeting with Local 440 to develop timing for the MOU negotiating process

- Define the Single Role EMS civil service position
- Define pay, hiring, discipline for Single Role EMS positions

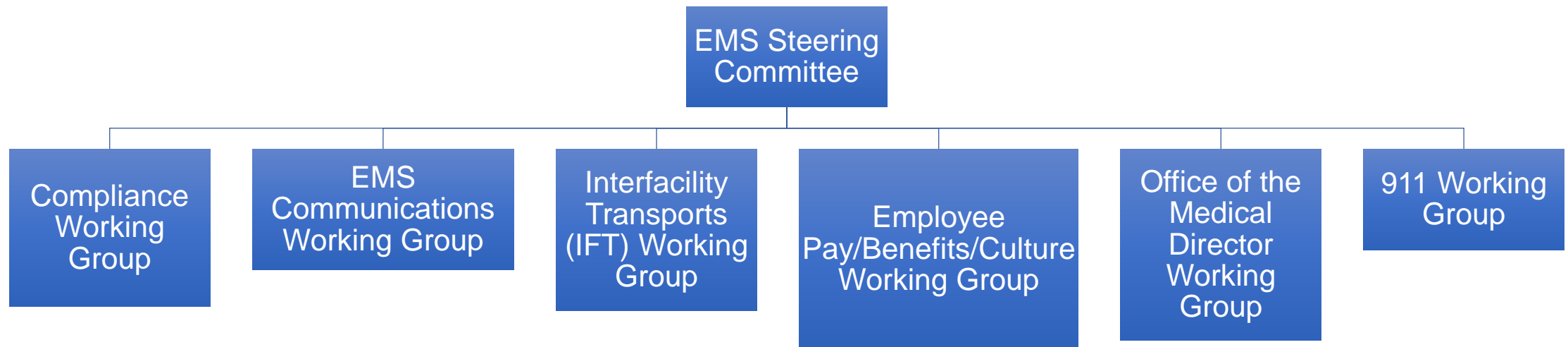
June – Bargain terms of MOU with the Local 440 – weekly sessions

July – Local 440 ratify terms of MOU

August 6th – Work Session update on MOU terms

August 13th – M&C to approve MOU

EMS Steering Committee and Working Groups



- Use a Steering Committee and Working Group structure to assist with transition and implementation activities
- Working Groups will provide updates to the EMS Steering Committee

Next Steps EMS Ad Hoc Committee Recommendations

- May 7th – Work Session presentation
- May 21st – Resolution to accept the EMS Ad Hoc Committee Recommendations and begin the implementation and transition plan