

ALS Study Committee

Tuesday, January 23, 2018

Public Safety Building

Minutes

Present: Gus Murby, Tom Marie, Steve Caskey, Chief Hollingshead, Chad Boylan, Brendan McNiff, Neal O'Connor, Holly Rand

Chairman called the meeting to order at 7:00PM.

Gus asked the Committee if anyone had objections to his controlling the agenda for the meetings more than he has been. The agenda for this evening as follows:

- Review of the minutes
- Took pulse of Committee and would like to share feedback
- Review/ revise the Paramedic labor cost table

Gus stated the Committee had a preliminary vote in October and favored the option of hiring additional Paramedics. From October on, the Committee has been developing this option, which was presented to the BOS in December. Now, three weeks after the preliminary presentation, people on the committee seem to be changing what they want. If there were objections they should have come out sooner than now.

Gus stated that Holly's email unintentionally violated the open meeting law so we are including it tonight as part of the record. It can be so hard to not violate, so no hard feelings for anyone, all learning as we go through this together.

Kristine updated the Committee that she has been working on the private ambulance scope of work developed with Brendan. Next step is to finalize the scope of work with response times, housing issues, and put out to firms.

Gus asked the Committee for feedback and summarized the following:

Feedback from everyone was 7+ on scale of 1-10

How are we doing?

Committee thinks we are looking at hard questions, revenue and lots of different perspectives. We have Brendan to thank for the disciplined review of the revenue as it was not a factor in last year's discussions.

What can we do to be more effective?

Need confirmation on each step. Committee is not in agreement, some members appear to have reservations and people apparently are afraid to ask questions. Cost parameters have not been nailed down soon enough; some still not convinced that the cost side of options are captured. Need to eliminate options we know won't work at this time and move on.

Approval of Minutes

July 18 approved with corrections

August 17 approved with corrections

September 12 approved with corrections

September 26 approved with corrections

October 24 approved with corrections

November 21 approved

December 6 approved with corrections

December 20 approved with corrections

January 10, 2018, approved with corrections

Gus made a motion to approve the above minutes, seconded by Neal O'Connor and vote was unanimous.

Committee discussed paramedic costs as presented by Gus. Gus has now divided each identified cost into each budget category. Items marked in "red" are discussion points that need to be decided/discussed this evening.

Committee discussed overtime and issues other towns are experiencing with overtime. Norfolk has issues with calling in medics to staff the station whenever the ambulance goes out. Tom Marie stated that OT budgets are too high, Chief Hollingshead indicated that OT budget includes the OT paid to call firefighters. Kristine discussed the stipend amounts are what is in the contract now. Health insurance is taken by 25% of the current staff, need to determine what is the number to be used for health insurance costs.

Committee discussed how to present the numbers, Kristine and Tom like 100% worst case scenario that all new FF/Medics take health insurance; Gus doesn't think that is a fair representation, if you budget for the four then that is budgeted in the insurance budget and taxpayers would pay if they do not take the insurance. Committee still needs a consensus on this issue.

Brendan stated if experience says 25% take it now go with 50% and assume some may have some individual plans vs family plans. Kristine will get the full utilization for the active employees from the Treasurer.

The OPEB/Retirement numbers Kristine was able to get from actuaries but they came with lots of caveats. At this time the Committee is comfortable working with these numbers. (See attached slideshow)

General overview of options

There are three options: Independent, Collaboration, and Outsourced.

Gus has tried to talk to Dover Selectmen, who had an initial enthusiastic response, Town Administrator seems neutral, asked to talk to him at the MMA meeting. No follow up from Dover.

Talked to Paul DeRensis, Sherborn Selectmen caught him at the MMA meeting, explained our position and he has not called back. It appears that for Dover and Sherborn at the BOS level it is not on their radar screen as a pressing issue. Both towns are relying on mutual aid successfully, if they utilize mutual aid and pay the ambulance fee when necessary then why would they talk to Medfield about the potential for a \$150,000 expense that they don't currently have to spend? Gus will continue to vet this option with the BOS in both towns. Economics of private ambulance for just Medfield may not work at this time.

If the Town chooses to outsource then we are looking at \$500,000-600,000 in addition to losing ambulance fees. Gus is keeping outsourcing as an option in the scenarios until we have numbers from the RFI.

In round numbers with option #1, \$300,000 budget increase, 150,000 increase in revenues. \$150,000 is the net cost to the town. The revenue anticipated does not include any support to the other towns as well. Conservatively, we have carried at \$25,000 for mutual aid revenue.

Tom discussed are we being conservative on the mutual aid but not conservative in other places? Gus stated we have been conservative but the private cost is significantly greater than the internal cost. Tonight is the opportunity to discuss these issues.

Steve asked for clarification on the preferred option for four medics? At the last meeting we had different opinions if it is really four. Committee continued discussion if it is four medics or five medics depending on attrition/retirement schedules. If the town reaches a full complement of 12 paramedics is there the possibility of an extra EMT? Committee discussed the possibility that an existing staff member may want to become a medic alleviating this scenario. Steve was still concerned a fifth medic would need to be hired in three years.

Tom asked if Gus was assuming the Committee is comfortable with the recommendation from October and asked Gus to poll the Committee

Tom—you need to ask Who is in favor of the current recommendation?

Chad—Continue looking at internal model of 4 Medics

Gus-In favor of internal model of 4 Medics

Holly-Can't make a decision until RFI for intercept model is completed

Tom-Not in favor of hiring, not enough revenue and new employees are 20-30 year obligation

Committee continued to debate the "extra EMT"; if the Town hires four medics, between retirements and internal staff going to school, the Town may not need to hire a 5th medic. There is a chance it could happen. Committee wants to present the actual costs and possibilities.

Brendan stated the Town will get a medical waiver on the PB truck. Franklin had a waiver for 9 years. Gellar is conservative, he created ALS in this region and understands why the waiver is needed. Region 4 is Boston EMS and they mandate double medics, we just happen to be in their region. Shouldn't be a sticking point of discussion.

Steve stated the Committee needs to discuss and it needs to be presented that there the possibility that you may hire need to hire 5th medic.

Gus asked the Committee to keep thinking about the best way to present these options discussed. He will continue outreach to Dover and Sherborn. Kristine will get additional health insurance utilization numbers for the next meeting.

Gus asked everyone to think about the following options:

1 option: Staff of 12

2nd option: If it does happen what can be done to minimize cost impact

3rd option: get to the 12 medics and we use the 13th for daytime shift work to eliminate OT

How do you position the 13th person for an open, honest and transparent discussion, when it may not happen? Chief Meaney stated the waiver does not seem to be an issue, and extension of the waiver is not an issue.

Chad would prefer not seeking a waiver and hiring all at once.

Gus stated he was opening the meeting up to other committee members who would like to present other options for consideration:

Steve would like to work with the 3 towns collaboratively. Steve sees the model as requiring five paramedics at a cost of \$550,000, yet Committee is only talking about four.

Brendan stated that you can stay with 11 medics and 1 EMT with the medical control waiver.

Gus did not agree with the \$550,000 cost, it is making the proposition look more expensive than it is. Steve stated he is trying to reach full ALS in three years without waivers

Gus stated that model follows Chad's accelerate hiring to get to the full medics in 3 years, full 8 medics in 3 years and eliminates risk of requesting waiver.

Steve stated that full ambulance private service will not be possible, will have to look at fly car with our own FF/EMT doing the transport to the hospital.

Neal stated that his options might be crazy, but he has been talking to lots of people who watched the meeting, they are business model people. They are dollars and sense people with no emotion. They want to see the existing department, what is the cost so they can look at apples to apples and we need to be prepared for these questions. Options for the committee are dollars and sense and you lose things in the process. There are pros and cons of privatizing the ambulance and that includes how do you justify the rest of the department. There are smart business owners at town meeting and they want to see the logical reasons of why we do this and they will be happy if we can show it. Lose credibility if we cannot. Neal proposed the following five options:

1. 4 Hires, and replace EMT's with Paramedics over time beyond that
2. Modify and go to 5 or hire 6 (Chad) Accelerated Staff Build up
3. Private-fly car model, use existing staff and non-transport. Four on the shift: 2 FF/EMT's and 2 Private Medics.
Neal things ublic looks at it this way: best bang for the buck
4. Add ALS and lose 1 FF per shift
5. Complete privatize the ambulance service and eliminate the fire department.

Gus stated he is putting parameters on these options. The Charter given by the Board of Selectmen is to get ALS services for the town. It's not to review the overall broad staffing for the fire department. The last option is not in the purview of this Committee. Gus stated as a member of the Board of Selectmen and an author of the Charter, it was being ruled out for consideration.

Gus stated in terms of Option #4, as a member of the BOS, he won't rule it out, but, this committee is not in charge of changing the fire fighting mission, we are looking at how to get ALS, not to cross over to affect the town's fire fighting methods. We are not asked to do this.

Neal stated he agreed with Gus but he has been asked these questions. My question

to the committee is how do we answer that. Kristine stated you answer it by saying elimination of the fire department is not in the charter or purview of the Committee. This Committee is not equipped to make that decision for the Town.

Chief Hollingshead stated that the new fire chief needs to be answering these questions about future of the department. Neal agreed that the next Fire Chief needs to be prepared to answer these business questions.

Tanya Boylan was present in the audience and wanted to know how the OT issues in Norfolk that were mentioned are an issue. There are some cases of 24 hours of OT per one fire call in Norfolk. Ms. Boylan questioned if the Committee looked at what it cost for a person on yearly basis. There could be cost savings as the new hires won't have as much vacation or OT, etc. Ms. Boylan asked if the Town could look at the SAFER grant to transition to ALS. Ms. Boylan asked the Committee to consider you don't know who/what you will get from a private service but if you hire from within then there is more control.

Updated Revenue Projections

Committee moved to the training room for the presentation. Brendan presented an updated analysis. (see attached spreadsheet)

Committee discussed the different versions for revenue. Brendan did not see a clear path for any private company to charge less than \$550,000. Transporting ambulances is not an option for Medfield, it is too cost prohibitive.

In terms of a non transport unit, Brendan didn't understand how they are doing it based on some of the costs we have discussed. It is very risky proposition for these companies.

Committee discussed how reimbursements are calculated, housing costs at the public safety building, intercept fees. Brendan predicted if he was bidding on this it would be in the range of \$650,000 to 700,000 plus intercept fees. There is possibility they do a cost per call model and only get paid when they ride in Medfield ambulance.

Sean Kay stated Brendan's numbers show you can hire the four firefighters at a better cost than an intercept service. Even better is to get another town to buy into this and go regional.

Committee authorized Kristine to send out the RFI before the next meeting.

Next Meeting: February 13, 2018 at 7:00PM

Meeting adjourned at 10:25.

