



City of West Allis Matter Summary

7525 W. Greenfield Ave. West Allis, WI 53214

File Number	Title	Status
2003-0426	Communication	In Committee
	Fire Chief communication regarding Fire Department non-emergency basic life support transports.	
	Introduced: 6/17/2003	Controlling Body: Administration & Finance Committee

COMMITTEE RECOMMENDATION	POF
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SECONDER: E Reinke	EXCUSED
COMMITTEE ACTION DATE 6-17-	03
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FIRE DEPARTMENT

STEVEN J. HOOK Fire Chief

To: Honorable Mayor Bell and Common Council

From: Chief Steven J. Hook

Date: June 10, 2003

Re: Fire Department Non-emergency Basic Life Support Transports

At a special meeting of the West Allis Board of Police and Fire Commissioners on June 9th, the Commissioners approved my request for a change in some of our Emergency Medical Services operations. This change enables our basic life support units to provide non-emergency inter-facility, residential, and private sector transports.

I've attached my letter the Commission that explains the service and some of the anticipated operational changes. The operational impacts I've outlined may be only a sample of the actual outcomes of this program. I've been asked to provide the non-emergency transport service for a period through the end of 2003, and report monthly about its progress.

I'm providing this information to keep each of you aware of our department's activities and of potential revenue-generating services. If you have questions or concerns, please feel free to contact me at any time. I can be reached outside of normal business hours at home (771-6753) or via cell phone (940-2022). Please don't hesitate to forward information to me that could enhance this program or that could impede its progress and intended goals.

Thank you for your continued interest in our fire and emergency medical services.

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CITY OF WEST ALLIS





FIRE DEPARTMENT

STEVEN J. HOOK Fire Chief

To: Honorable Board of Police and Fire Commissioners

From: Steven J. Hook, Fire Chief

Re: Request for approval of non-emergency transport program

Date: June 9, 2003

In 1999, my staff and I reviewed the potential of offering inter-facility basic and advanced life support transports from one approved health care facility to another. These transports could have taken place during normal business hours and by appointment. At that time, we explored the volume of transports that would have been available and staffing implications for our workforce. The transports would have required changes in our agreement with Milwaukee County for the provision of paramedic services, and would have required hiring part-time nursing staff and additional personnel. The plan was tabled by our staff and held for future review.

Recently, we revisited the plan with several modifications that would enable us to perform basic life support (BLS) transports at first, and then potentially upgrade to advanced life support, dependant upon our trial period. To enable us to perform these transports, we expect the following modifications to our existing services:

- 1. Restaff our BLS units from two three-person units with officers and equipment operators on board, into three two-person units, staffed by two fire fighter/EMTs.
- 2. Place front-line BLS units in all three fire stations.
- 3. Support fire fighting activities by dispatching two BLS units on each fire alarm instead of one BLS unit (additional members are required to provide three-person interior fire fighting groups).
- 4. BLS units that are responding to non-emergency calls may be diverted to emergencies.

These changes enable us to accept BLS patient transports on a 24-hour basis without necessitating appointments and leaves BLS units available for response within our normal response area. The service would be offered to all residents, businesses, health care providers and any other entity that could require transportation of basic life support non-ambulatory patients.

There are several other considerations with this plan, including:

- 1. Front-line BLS responders have a 33% reduction in their workforce (decision-making, lifting and carrying strength). Therefore, fire units may be occasionally dispatched for assistance.
- 2. Fire responses take one additional person from our overall daily staff on a limited basis, but will enhance performance at working fire assignments.
- 3. Placing an additional front-line ambulance in service will force modifications in our capital replacement schedule.
- 4. If the market for inter-facility transport is larger than expected, we may have to utilize mutual aid responders more often (several BLS units could be busy when emergency calls are received).
- 5. Replacing our staffing structure will reduce our number of lieutenants and equipment operators by six each, saving approximately \$30,000 annually. This will be accomplished through attrition (lieutenants will take 2.5 years, equipment operators will take up to 7 years)

At this point we have no data to support the non-emergency transport program other than anticipated "conceptual" revenue. Billing costs would remain in place on the same schedule as all other BLS transports, and we would continue to use LifeQuest, Inc. as our billing agency. Theoretically, two inter-facility transports per day, recovering approximately \$250 per transport could yield over \$180,000 annually. However, this estimate is very questionable. In addition, we may require flexibility in our billing rates to enable us to negotiate contracts with customers.

To date, no health care facilities, residential facilities, or other potential service recipients are aware of this program with relation to our fire department, so significant staff time will be required to "sell" the program. Our initial target facilities include West Allis Memorial Hospital and several local nursing homes and elderly facilities.

In an exploratory meeting last Friday, Assistant Chief Bane and I introduced the plan to the Mayor, Council President Sengstock, Commission President Clark and Commissioner Dagenhardt. That group suggested seeking PFC approval for the trial period, and City leaders were supportive of the plan.

With this communication, I am requesting your Board's approval of a 60-day trial period for the non-emergency transport program, to enable us to establish a trend toward some more reliable data. If approved, we will begin staffing changes by the end of the week, and I anticipate reporting back to the Commission in August.

Thank you for your consideration in this matter. If you have questions or concerns, please feel free to contact me at any time.