



**Board of Supervisors of Northampton County**  
**P.O. Box 66 • Eastville, Virginia 23347**

*Katherine H. Nunez*  
County Administrator

PHONE: 757-678-0440  
FAX: 757-678-0483

BOARD OF SUPERVISORS  
*H. Spencer Murray, Chairman*  
*Larry LeMond, Vice Chairman*  
*Oliver H. Bennett*  
*Robert G. Duer*  
*Granville F. Hogg, Jr.*

**MEMORANDUM:**

**TO:** Board of Supervisors

**FROM:** Katie H. Nunez  
County Administrator

**DATE:** April 7, 2016

**SUBJECT:** EMS Management Study

At the direction of the Chairman and Vice Chairman, my office issued a Request for Proposal for a management study of our Emergency Medical Services Department. As per the Scope of Work, the County is desirous of reviewing our current operations for the provisions of emergency medical services and analysis of the County's plan to increase staffing and to also review and determine if privatization of emergency medical services is a reasonable consideration for the County, both in terms of operational and financial aspects. A copy of the RFP is attached.

Six responses were received (copies attached) and the results are shown on the attached spreadsheet.

Board action is needed to concur with the issuance of the RFP to seek these professional services, and to designate a funding source for payment of same.

<b>Responses to RFP for EMS Management Study</b>		Responses due: 5 p.m., Wednesday, April 6, 2016
Vendor	Price Proposal	
Emergency Services Solutions, Powhatan, VA	5-10 day-long site visits @ \$50.00 per hour + \$200 flat rate per day travel time = a range of between \$3,000 for a 5-day trip and \$10,000 for a 10-day trip	
Fitch & Associates, Platte City, MO	\$29,725 + travel expenses (for 2 site visits and a 14.25 staff day project)	
Matrix Consulting Group, Keller, TX	\$44,400 + \$4,100 travel expenses (equals 300 staff hours) = \$48,500	
McGrath Consulting Group, Wonder Lake, IL	\$44,810 (all inclusive)	
Springsted Incorporated, St. Paul, MN	\$17,750 + \$2,500 travel expenses = \$20,250.00	
TriData, LLC, Arlington, VA	\$19,142 (all inclusive)	



**Emergency Services Solutions, Inc.**

P.O. Box 738 Powhatan, VA 23139

www.essems.com

**CONSULTING AGREEMENT**

**THIS CONSULTING AGREEMENT (the "Agreement")** dated this \_\_\_\_\_  
day of \_\_\_\_\_, \_\_\_\_\_

**BETWEEN:**

**Northampton County of PO BOX 66, Eastville, Virginia 23347**

(the "Client")

**- AND -**

**Emergency Services Solutions Inc. of PO BOX 738, Powhatan, Virginia 23139**

(the "Contractor").

**BACKGROUND:**

- A. The Client is of the opinion that the Contractor has the necessary qualifications, experience and abilities to provide services to the Client.
- B. The Contractor is agreeable to providing such services to the Client on the terms and conditions set out in this Agreement.

**IN CONSIDERATION OF** the matters described above and of the mutual benefits and obligations set forth in this Agreement, the receipt and sufficiency of which consideration is hereby acknowledged, the Client and the Contractor (individually the "Party" and collectively the "Parties" to this Agreement) agree as follows:



RECEIVED  
3-30-16

## **Emergency Services Solutions, Inc.**

P.O. Box 738 Powhatan, VA 23139

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### **Services Provided**

1. The Client hereby agrees to engage the Contractor to provide the Client with services (the "Services") consisting of:
  - o Review current Emergency Medical Services System and make recommendations on a future design/delivery model for Emergency Medical Services System. The Contractor will provide a written report at the end of the defined period, with a presentation to the Client at their discretion.
2. The Services will also include any other tasks which the Parties may agree on. The Contractor hereby agrees to provide such Services to the Client.

### **Term of Agreement**

3. The term of this Agreement (the "Term") will begin on the date of this Agreement and will remain in full force and effect until May 31, 2016, subject to earlier termination as provided in this Agreement. The Term of this Agreement may be extended with the written consent of the Parties.
4. In the event that either Party wishes to terminate this Agreement, that Party will be required to provide 10 days written notice to the other Party.

### **Performance**

5. The Parties agree to do everything necessary to ensure that the terms of this Agreement take effect.

### **Currency**

6. Except as otherwise provided in this Agreement, all monetary amounts referred to in this Agreement are in USD (US Dollars).



## **Emergency Services Solutions, Inc.**

P.O. Box 738 Powhatan, VA 23139

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### **Compensation**

7. For the services rendered by the Contractor as required by this Agreement, the Client will provide compensation (the "Compensation") to the Contractor as follows:
  - o ESS Inc. estimates 5 to 10, day long site visits will be required to evaluate the current system. ESS will also spend time observing as a ride-a-long with current EMS crews. ESS will charge \$50.00 an hour once on-site in Northampton County. A flat rate of \$200.00 will be charged for travel time and expense for each site visit day.
8. Invoices submitted by the Contractor to the Client are due within 30 days of receipt.

### **Reimbursement of Expenses**

9. The Contractor will be reimbursed from time to time for reasonable and necessary expenses incurred by the Contractor in connection with providing the Services under this Agreement.
10. All expenses must be pre-approved by the Client.

### **Confidentiality**

11. Confidential information (the "Confidential Information") refers to any data or information relating to the Client, whether business or personal, which would reasonably be considered to be private or proprietary to the Client and that is not generally known and where the release of that Confidential Information could reasonably be expected to cause harm to the Client.
12. The Contractor agrees that they will not disclose, divulge, reveal, report or use, for any purpose, any Confidential Information which the Contractor has obtained, except as authorized by the Client or as required by law. The obligations of confidentiality will



## **Emergency Services Solutions, Inc.**

P.O. Box 738 Powhatan, VA 23139

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apply during the term of this Agreement and will survive indefinitely upon termination of this Agreement.

13. All written and oral information and material disclosed or provided by the Client to the Contractor under this Agreement is Confidential Information regardless of whether it was provided before or after the date of this Agreement or how it was provided to the Contractor.

### **Ownership of Intellectual Property**

14. All intellectual property and related material (the "Intellectual Property") that is developed or produced under this Agreement, will be the sole property of the Client. The use of the Intellectual Property by the Client will not be restricted in any manner.
15. The Contractor may not use the Intellectual Property for any purpose other than that contracted for in this Agreement except with the written consent of the Client. The Contractor will be responsible for any and all damages resulting from the unauthorized use of the Intellectual Property.

### **Return of Property**

16. Upon the expiry or termination of this Agreement, the Contractor will return to the Client any property, documentation, records, or Confidential Information which is the property of the Client.

### **Capacity/Independent Contractor**

17. In providing the Services under this Agreement it is expressly agreed that the Contractor is acting as an independent contractor and not as an employee. The Contractor and the Client acknowledge that this Agreement does not create a partnership or joint venture between them, and is exclusively a contract for service.



## **Emergency Services Solutions, Inc.**

P.O. Box 738 Powhatan, VA 23139

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### **Notice**

18. All notices, requests, demands or other communications required or permitted by the terms of this Agreement will be given in writing and delivered to the Parties of this Agreement as follows:

- a. Northampton County  
PO BOX 66  
Eastville, Virginia, 23347
  
- b. Emergency Services Solutions Inc.  
PO BOX 738  
Powhatan, Virginia, 23139

Or to such other address as any Party may from time to time notify the other.

### **Indemnification**

19. Except to the extent paid in settlement from any applicable insurance policies, and to the extent permitted by applicable law, each Party agrees to indemnify and hold harmless the other Party, and its respective directors, stockholders, affiliates, officers, agents, employees, and permitted successors and assigns against any and all claims, losses, damages, liabilities, penalties, punitive damages, expenses, reasonable legal fees and costs of any kind or amount whatsoever, which result from or arise out of any act or omission of the indemnifying party, its respective directors, stockholders, affiliates, officers, agents, employees, and permitted successors and assigns that occurs in connection with this Agreement. This indemnification will survive the termination of this Agreement.



## **Emergency Services Solutions, Inc.**

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### **Dispute Resolution**

20. In the event a dispute arises out of or in connection with this Agreement, the Parties will attempt to resolve the dispute through friendly consultation.
21. If the dispute is not resolved within a reasonable period then any or all outstanding issues may be submitted to mediation in accordance with any statutory rules of mediation. If mediation is unavailable or is not successful in resolving the entire dispute, any outstanding issues will be submitted to final and binding arbitration in accordance with the laws of the Commonwealth of Virginia. The arbitrator's award will be final, and judgment may be entered upon it by any court having jurisdiction within the Commonwealth of Virginia.

### **Modification of Agreement**

22. Any amendment or modification of this Agreement or additional obligation assumed by either Party in connection with this Agreement will only be binding if evidenced in writing signed by each Party or an authorized representative of each Party.

### **Time of the Essence**

23. Time is of the essence in this Agreement. No extension or variation of this Agreement will operate as a waiver of this provision.

### **Assignment**

24. The Contractor will not voluntarily or by operation of law assign or otherwise transfer its obligations under this Agreement without the prior written consent of the Client.

### **Entire Agreement**

25. It is agreed that there is no representation, warranty, collateral agreement or condition affecting this Agreement except as expressly provided in this Agreement.



## **Emergency Services Solutions, Inc.**

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### **Enurement**

26. This Agreement will enure to the benefit of and be binding on the Parties and their respective heirs, executors, administrators and permitted successors and assigns.

### **Titles/Headings**

27. Headings are inserted for the convenience of the Parties only and are not to be considered when interpreting this Agreement.

### **Gender**

28. Words in the singular mean and include the plural and vice versa. Words in the masculine mean and include the feminine and vice versa.

### **Governing Law**

29. It is the intention of the Parties to this Agreement that this Agreement and the performance under this Agreement, and all suits and special proceedings under this Agreement, be construed in accordance with and governed, to the exclusion of the law of any other forum, by the laws of the Commonwealth of Virginia, without regard to the jurisdiction in which any action or special proceeding may be instituted.

### **Severability**

30. In the event that any of the provisions of this Agreement are held to be invalid or unenforceable in whole or in part, all other provisions will nevertheless continue to be valid and enforceable with the invalid or unenforceable parts severed from the remainder of this Agreement.



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**Waiver**

31. The waiver by either Party of a breach, default, delay or omission of any of the provisions of this Agreement by the other Party will not be construed as a waiver of any subsequent breach of the same or other provisions.

**IN WITNESS WHEREOF** the Parties have duly affixed their signatures under hand and seal on this \_\_\_\_\_ day of \_\_\_\_\_, \_\_\_\_\_.

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Northampton County  
Client

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Emergency Services Solutions, Inc.  
Contractor



RECEIVED  
4-5-16

April 6, 2016

Via Electronic Mail: [knunez@co.northampton.va.us](mailto:knunez@co.northampton.va.us)

Katherine H. Nunez  
County Administrator  
Northampton County Board of Supervisors  
16404 Courthouse Road, PO Box 66  
Eastville, VA 23347

Dear Ms. Nunez

This letter proposal is in response to a County of Northampton request for proposal for a Management Study for Emergency Medical Services Department.

**Our Understanding of Your Objectives**

The project provides information that will be used by the Board of Supervisors in determining the next phase of EMS service delivery. Tasks involve evaluating the current system, determining impact of hospital move and alternative delivery of paramedic and ambulance service.

The County requires a report that reviews operational and financial aspects of current EMS operations, evaluates the County's plan to increase staffing in FY 2017, and determines if privatization of EMS is a reasonable consideration. Fitch & Associates will identify options to improve departmental operations and increase efficiency, as well as strategies to handle the move of Riverside Shore Memorial Hospital.

**An Experienced Firm and Team Known for Developing Innovative Solutions**

Fitch & Associates (*FITCH*) has over 30 years emergency services consulting experience to local, state, and provincial governments. We have successfully served over 1,000 clients in all 50 states and 14 other countries including both large and small EMS agencies. *FITCH* is the author of multiple textbooks and recently prepared an *InFocus Report* titled: "Making Smart Choices about Fire and Emergency Medical Services in a Difficult Economy" for the International City and County Management Association. We annually conduct and publish operational and benchmarking surveys for professional trade publications and routinely conduct satisfaction surveys. Our clients range in size from the Hong Kong Fire Services Department to small volunteer agencies. We completed a review and master plan for the City of Richmond, Virginia Fire and Emergency Services Department and the Richmond Ambulance Authority.

We have assembled a team specifically for your project. Their experience includes expertise in Virginia EMS operations, process improvement, operations, and system analysis.

Each member of the Northampton consulting team has had emergency service experience at the executive level. *Joseph (Jay) Fitch, PhD*, the firm's founder and president served as the Director of EMS

in St. Louis and Kansas City before developing the firm. *Guillermo Fuentes, MBA* was Chief Administrative Officer of the Niagara Regional Police Agency after serving as Associate Director of EMS. *Michael Ward, MGA*, served 25 years with Fairfax County (VA) and was executive director of a hospital-based paramedic and ambulance service at Saint Clare's Hospital in northern New Jersey.

The responsibilities of each team member and brief biographical summaries are provided as part of the proposal. Additional information about the firm and the consultants can be found on our website at [www.fitchassoc.com](http://www.fitchassoc.com).

#### **A Time Tested Methodology - Customized to Address Northampton's Needs**

The approach we use blends local individuals' knowledge of the service with our broad experience working with diverse organizations. Our process includes:

- Meeting by conference call with key leaders as a "steering group" to frame the detailed objectives of the review and desired outcomes.
- Forwarding a comprehensive information data request (IDR) to be completed by system participants that outlines specific documents for the consultants' review.
- On-site observation of operations
- Reviewing data and requesting additional information.
- Benchmarking of the system's performance against accepted standards.
- Developing a list of key recommendations to strengthen the system for the future.
- Submission of a report and conducting an executive presentation.

The project will result in a clearly written report and discussion that synthesizes the consultant's findings. Specific elements to be included in the report will be: review of operational and financial aspects of current EMS operations, impact of movement of Riverside Shore Memorial Hospital to Accomack County, evaluation of County's Phase II proposal to increase caregiver staffing in Fiscal Year 2017 and determine if privatization of EMS is a reasonable consideration.

Fitch & Associates is uniquely qualified to conduct the Northampton EMS study. *FITCH* specializes in public safety consulting and has direct experience with assignments similar to yours. We have provided several references for your consideration.

The attached approach to data collection addendum outlines our methodology in more detail. We propose several mechanisms to meet your project's goals, as noted above. In concert, each method will complement the other and allow for extensive stakeholder involvement. We understand that the study period is planned for April 15 through May 20, with a final presentation by the end of May 2016. We recognize that the timeframe proposed is aggressive; the firm is able to complete the work on time and on budget.

The project, as described, will involve 14.25 staff days, (on and off-site) including two on-site visits. The total project service fee will be \$29,725 including travel expenses. A suggested work plan and project hour's breakdown are attached for your review. Our firm is known for providing actionable and realistic options for the future.

We appreciate the opportunity to respond to your request and hope to work with you on this important project. If you have any questions or require additional information, please contact me by phone (816) 431-2600 or by email at [jfitch@emprize.net](mailto:jfitch@emprize.net).

Kathrine H. Nunez  
Northampton County Board of Supervisors

April 6, 2016  
Page 3

Sincerely,

A handwritten signature in blue ink, appearing to read "Joseph J. Fitch".

Joseph J. Fitch, PhD  
President

Attachments

- Fitch Background Brochure
- ICMA InFocus report

# Approach to Data Collection for the Northampton County EMS Study

The consultants will utilize five main approaches to the collection of data for the project:

1. *Questionnaire*

An Information Data Request (IDR) will be provided, for completion. The IDR will then be made available to the consultants in advance of their first visit. This will provide the consultants with key data points and information, and will also identify the records and reports which they require.

2. *Examination of records and reports*

This will, of course, begin with a review of any supporting documents for the provision of fire services. It will include:

- Review of any previous studies and planning documents;
- Review of annual reports and records;
- Review and analysis of any available Geographic Information Systems (GIS) and performance reports;
- Detailed review of relevant performance documentation, much of which will be identified and collected during the questionnaire stage; and,
- Additional documentation and other performance measures based on our experience conducting similar reviews.

3. *Interviews*

Interviewees will include:

- |                                 |                                  |
|---------------------------------|----------------------------------|
| ▪ County leadership             | ▪ Elected officials as requested |
| ▪ Hospital administration       | ▪ County fiscal/budget staff     |
| ▪ EMS Department staff          | ▪ Communications Center manager  |
| ▪ Volunteer EMS/Fire leadership |                                  |

4. *Direct observation*

This approach will be used in at least two areas:

- Administration, where processes and systems, both formal and informal, will be observed;
- Operations, where the processes and systems will be observed from a department member's perspective.

The two figures below reflect the project team and their individual responsibilities on the project and provides a proposed work plan along with project pricing.

**Project Team Members and Responsibilities**

Team Member	Position	Primary Responsibilities
<b>Joseph (Jay) Fitch, PhD</b>	<i>Founding Partner</i> , Fitch & Associates, 31 years with the firm	Project Partner, project oversight, option development review, quality assurance and budget
<b>Guillermo Fuentes, MBA</b>	<i>Partner</i> , Fitch & Associates, Director of communications and technology practice. 10 years with the firm	EMS operations analysis, options development
<b>Michael J. Ward, MGA, MIFireE</b>	<i>Senior Associate</i> , 40 years in Fire and EMS, 25 years with urban county fire and rescue, 12 years as university professor, 5 years with firm	System assessment analysis, stakeholder interviews and interface, options development, report preparation
<b>Data Team</b>	Dispatch and deployment specialists working under Mr. Fuentes	Data collection, travel time maps

**Proposed Work Plan and Hours by Phase**

Goodyear Project			Consultant Hours				
	Phase	Description	Fitch	Ward	Fuentes	Data team	Total
<b>Team Work Plans</b>	1	Project Establishment & Team Work Plans	2	4	2	2	<b>10</b>
<b>Comprehensive Data Collection</b>	2	Data Collection & On-site Evaluation	-	16	-	8	<b>24</b>
	3	Survey Analysis, Benchmarking, Option Development	7	18	5	16	<b>46</b>
<b>Expert Analysis and Findings</b>	4	Preparation and Presentation of Written Report	8	16	6	4	<b>34</b>
<b>Hours and Cost Summary</b>							
<b>Hours</b>			17	54	13	30	114 Hours
<b>Hourly Rate</b>							\$250/Hour
<b>Total Professional Fees</b>							\$28,500 Fees
<b>Travel Expenses</b>							\$1,225 Travel
<b>Total Project Cost</b>							<b>\$29,725 Total</b>
<b>Total Days On and Off-Site</b>							14.25 days

### ***Relevant Experience***

In all of our projects, Fitch consultants work closely with the agency's leadership, local government officials and stakeholder groups. The success of the projects listed below is due to our analysis techniques as well as intense contact and communication with the department.

#### **The City of Richmond, Virginia**

The City requested Fitch and Associates conduct a detailed analysis of the Richmond Fire and Emergency Services Department (RFES) and prepare a master plan facilitating the department's operational, capital and human resource planning processes. RFES is an "all hazard" department responding to more than 32,000 annual requests from 20 stations.

This multi-year project involved extensive stakeholder consultation, objective analysis, benchmarking and involved multiple agencies, including the City's independent ambulance authority. Nearly 60 specific improvement opportunities were identified to facilitate RFES becoming more effective and efficient and changing its core mission from a traditional response agency to one much more deeply engaged in community risk reduction. Annual operational (non-personnel) process improvement savings in excess of \$1.7 million were identified and earmarked for needed capital improvements.

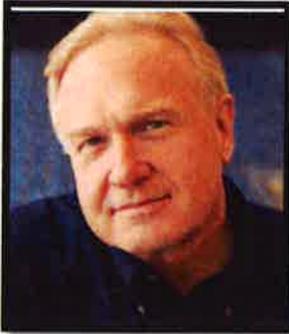
The primary contact for this project is Fire Chief Robert Creecy. He can be reached at (804) 646-5451 or [Robert.Creecy@Richmondgov.com](mailto:Robert.Creecy@Richmondgov.com)

#### **Advanced Medical Transport, Peoria, Illinois**

Advanced Medical Transport (AMT) is a not-for-profit entity originally created by the City and County of Peoria and the hospitals of Peoria. Fitch & Associates was originally engaged to create this system's business structure and performance specifications in 1990. The Firm has represented the organization at varying points in its 25-year history including conducting reimbursement reviews, providing operational support, and strategic planning services. AMT has grown to serve several other rural communities and eventually assumed management responsibilities for the community ambulance service in Cedar Rapids, Iowa. The system has continued to meet its performance commitments and operates without local tax subsidies. It has the distinction of receiving a perfect score in two subsequent reviews by the Commission on the Accreditation of Ambulance Services (CAAS).

The primary contact for this project is Andrew Rand, Executive Director. Mr. Rand also serves as Chair of the Peoria County Commission. He can be reached at (309) 494-6220 or [arand@amtci.org](mailto:arand@amtci.org)

## Biographical Summaries



**Joseph (Jay) Fitch, PhD**

Dr. Fitch is the firm's founding partner. His areas of expertise include emergency services system design, business process improvement, change management, and project leadership. He will be deeply involved in the research, development of innovative approaches and will regularly interact with the project team.

Jay served as both a firefighter and paramedic prior to being named director of EMS for the City of St. Louis and subsequently in Kansas City. He is recognized as a public safety operation and systems design expert. Jay is the author of one of the textbooks that have been used by both the United States Fire Academy and the American Ambulance Association. For more than a decade he served as chair of the board of directors of a suburban Kansas City municipal fire district. Jay co-authored the International City and County Management Association *InFocus Report* titled "Making Smart Choices about Fire and Emergency Medical Services in a Difficult Economy."



**Guillermo Fuentes, MBA**

Mr. Fuentes is a partner and leads the communications and technology practice for the firm. His experience in public safety operations, communications, technology and senior administration is wide ranging.

He is a leading expert on the analysis, design, and deployment/risk management for public safety agencies. He supervises statistical and operational analysis, computer modeling and the development of deployment plans as well as major technology purchases and communications center installations for clients. He frequently conducts studies on the feasibility of amalgamating communications call center functions regionally and across service lines. Mr. Fuentes has worked on a variety of complex projects. His ability to move between field operations, communications centers and administrative functions - applying analysis to real life situations makes his contribution to projects both complete and practical. He leads the team responsible for the management services agreement between the firm and Robert Wood Johnson Medical University Health System's EMS/Mobile Health Services.



**Michael J Ward, MGA, MIFireE**

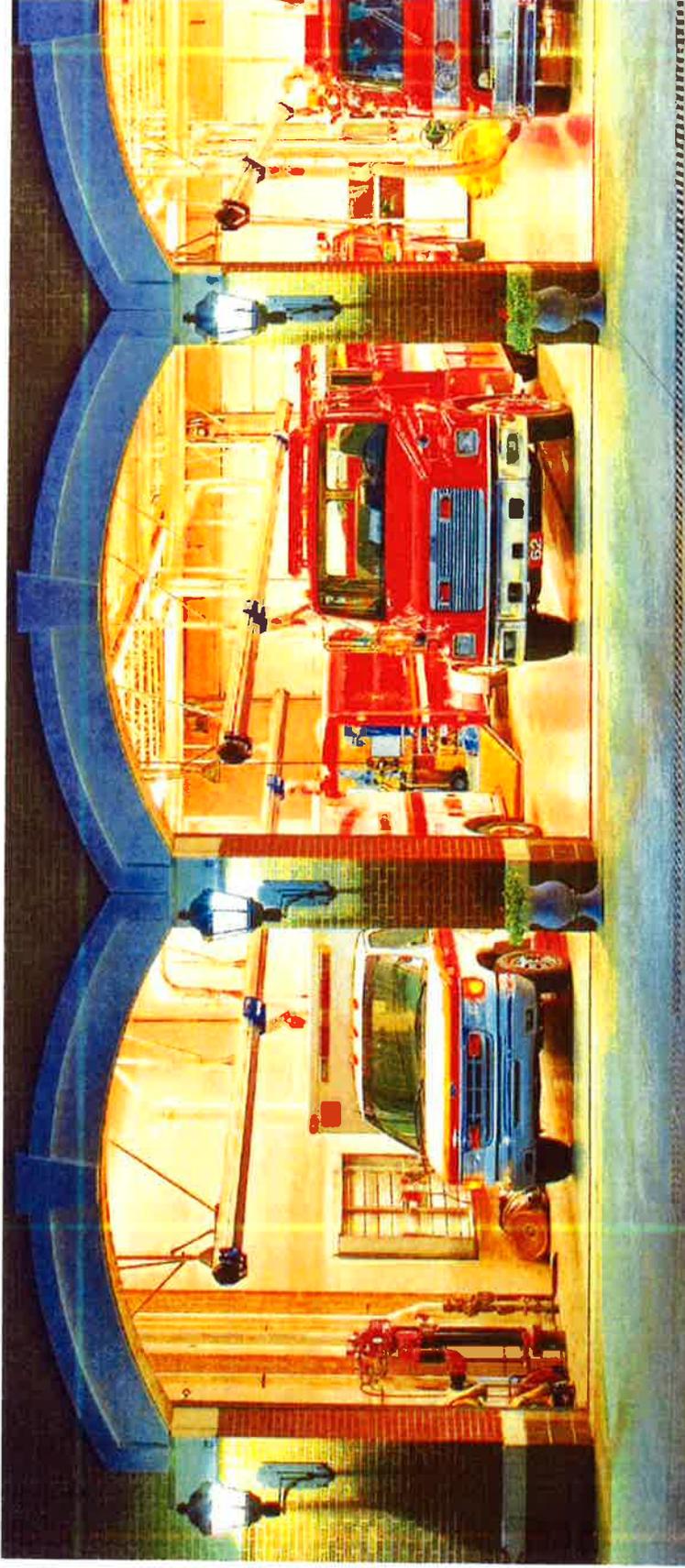
Mr. Ward is a Senior Associate with the firm. He served 25-years with the Fairfax County (VA) fire and rescue department. Two years as the executive officer for the Operations Chief and two years as an Assistant Fire Marshal. He served four years in EMS administration, retiring as the acting division director.

Following his retirement, he served seven years as Assistant Professor of Emergency Medicine at George Washington University, directing the Emergency Health Services program that provided undergraduate and graduate degrees. As a member of the *FITCH* team, he recently completed a two-year assignment as the interim executive director of a hospital-based 9-1-1 paramedic and medical transportation department. In addition to his consulting role, he serves as the Executive Director of the National EMS Management Association which contracts for management services with the firm.

**FITCH**

**& ASSOCIATES**

Leading Change in Emergency Services  
for Three Decades™



Turning obstacles into opportunities.  
And opportunities into results.



Managing response times. Maintaining large-scale incident readiness. Adapting to the changing workforce. Making the most of limited resources. These are just a few of the challenges facing leaders of today's emergency response agencies.

Since we opened our doors three decades ago, Fitch & Associates has helped communities of all sizes across the United States and around the world manage change and deliver better and more efficient emergency services. Whether private, fire- or hospital- or community-based, by air or ground, we've navigated complex issues, introduced innovative ideas and delivered lasting value, time after time.

# Information into insight. Insight into action.

At Fitch & Associates, we give emergency services customized solutions to complex problems. From objective system reviews to complete system designs, competitive procurement, expert analysis, benchmarking, professional development and much more, we've helped hundreds of EMS agencies, fire departments and public safety organizations achieve excellence despite limited resources, rising costs and increasing public expectations.



**1869**  
America's first city ambulance service operates out of Bellevue Hospital in New York using **horse-drawn carriages**.

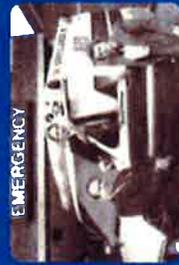
**1966**  
The National Academy of Sciences publishes the **landmark white paper** Accidental Death and Disability: The Neglected Disease of Modern Society.



**1971**  
The television show **Emergency!** changes public attitudes about the fire service and EMS care. When it debuts, there are 12 paramedic units in the entire U.S.



**1978**  
**Jay Fitch** is named EMS chief for the city of St. Louis at the age of 24.



**1984**  
**Fitch & Associates** founded.



**1985**  
Fitch & Associates introduces the concept of **performance-based contracts** for helicopter medical transport.



**1987**  
Fitch & Associates conducts the first annual **EMS Salary Survey**, published in the Journal of Emergency Medical Services.

**1987**  
Fitch & Associates authors **Beyond the Street**, one of the first textbooks for EMS managers.

## 2 Key Questions to Ask Before Hiring a Consultant

How often do clients actually implement the recommendations made?

A plan has little value if it merely sits in a desk drawer. At Fitch & Associates, our recommendations are designed to be put into action as smoothly and quickly as possible.

How sustainable are the recommendations?

The best ideas have lasting value. Fitch & Associates has a three-decade track record of developing plans that bring results, both short- and long-term.



**1989**  
The Fitch & Associates/JEMS survey of EMS in the 200 largest cities in America reveals ALS as the standard of care in urban settings.

**1991**  
Fitch & Associates assists in creating the Richmond (Va.) Ambulance Authority and building it into one of the top-performing systems in the U.S.

**1994**  
Fitch & Associates hosts the inaugural Ambulance Service Manager certificate program.

**1995**  
Fitch & Associates redesigns the EMS system in Charlotte, N.C., and assumes interim management responsibility. It is now frequently cited as one of the best systems nationwide.

**2002**  
Fitch & Associates holds the first Communication Center Manager certificate course.

**2005**  
Fitch & Associates supports Hong Kong Fire Services Department communications upgrade.



**2006**  
Fitch & Associates launches the Pinnacle EMS Leadership Forum, which immediately gains national stature as the premier annual learning/networking event for EMS executives.



**2010**  
Fitch & Associates authors the ICFIA report "Making Smart Choices about Fire & EMS in a Difficult Economy."

**TODAY**  
Fitch & Associates has served clients in nearly 1,000 communities spanning 49 U.S. states and 13 countries.

Worldwide expertise.  
Personal attention. Local solutions.™





When hiring a consultant, you need both expertise and responsiveness. Fitch & Associates has earned a global reputation as the leading fire and EMS consulting firm because we understand that our future is linked to your success. **We don't believe in cookie cutters. We do believe in listening to every client's unique needs.**

**Find out how we can help you.**

Visit us online at [fitchassoc.com](http://fitchassoc.com), or call us at 816-431-2600 today.

**FITCH**

**ASSOCIATES**

Leading Charge in Emergency Services  
for Three Decades.

2901 Williamsburg Terrace, Suite G

PO Box 170

Platte City, MO 64079-0170

816.431.2600

[fitchassoci.com](http://fitchassoci.com)

# Making Smart Choices about Fire and Emergency Medical Services in a Difficult Economy



STRATEGIES AND SOLUTIONS FOR LOCAL GOVERNMENT MANAGERS

VOLUME 42/NUMBER 5 2010

Despite encouraging indicators in some sectors, city and county leaders are still facing tough choices about supplying core services, including police, fire and emergency medical services (EMS). These core public safety services typically represent the largest slice of the budget pie, and thus are an understandable target for cost reductions. But savings cannot come at the cost of lost lives. What evidence and benchmarks exist to help decide what's appropriate? How does a public official tell the difference between facts and opinions? This report frames the challenges facing local government and offers guidance on effectively assessing fire and EMS, implementing changes safely and, ultimately, effectively communicating these changes to key stakeholders.

**ICMA**  
PRESS

## **Economic reality**

The picture for state and local governments is clear: The current economic problems that took years to evolve will require many years to fix. Even as the economy begins to rebound, tax revenues will continue to lag, forcing communities to struggle to meet expanding demand for emergency services. U.S. Fire Administration officials estimate that once the recovery begins, it will take one to three years for cities to see signs of increasing revenue, with fire agencies experiencing a three- to five-year lag.<sup>1</sup>

In many communities, public safety funding comes from general revenue sources that may rely heavily on property taxes, and many fire and ambulance districts are funded exclusively through property tax assessments. Those agencies have been especially affected by climbing foreclosure rates, falling home prices, and reassessments that reduce property tax revenues.

## **Impact of municipal budget cuts on public safety**

Many communities are dealing with budget deficits by instituting across-the-board cuts or incremental expense reductions. In such a scenario, every department, from wastewater to roads and bridges, might be instructed to cut 5 percent from its budget, with limited assessment of the impact—and without considering whether some departments may be better able than others to reduce their budget. Additionally, in many cases, department heads are told to do this with limited guidance or direction. What appear to be straightforward changes can have significant unintended consequences.

This is true for a number of fire agencies that are using the “brownout” method to address long-term budget problems. A brownout involves taking stations or response crews out of service periodically to reduce the cost of providing core services. This approach is often used with little or no data to logically and systematically justify brownout choices.

Brownouts are a form of rotating across-the-board cuts. They are often implemented with the belief that everyone should “feel the pain” equally. Besides being rooted in a sense of fairness, across-the-board-style cuts are a convenient way to avoid making tough decisions. In truth, determining the best long-term solutions requires serious policy discussions that take into account what a community really values (and the sometimes-unintended consequences of funding reduction decisions), as well as thorough data analysis to understand the demand on equipment and personnel.

If applying responsible operational cuts is challenging, addressing the large expense of public safety personnel can be even more difficult. Our experience has shown that public safety services (i.e., 911, fire, EMS, and police, exclusive of corrections and jails) represent nearly two-thirds of a typical municipal expense budget. Although a number of cities generate some revenue through billing for EMS and fire services, severe reductions in revenue ultimately must be addressed through equally severe reductions in spending. The majority of fire and EMS agency costs are typically associated with the labor or staff.

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**If you're considering putting your ambulance service out to bid...**

This is a complicated but potentially rewarding process, if done correctly. In the professional experience of this report's authors in working with municipalities, there are four key considerations to take into account:

- **System design** – Underlying legal and organizational structure, financing strategy, business and medical oversight structure, and system safeguards
- **Politics** – Lobbying by special interest groups; expected, but can be diminished if you steer the conversation to a discussion of public policy
- **Economy** – Economies of scale, socioeconomic trends, system revenue sources, and payer mix
- **Medical standards** – The standard of care as defined by the medical authority, including response time standards, priority dispatch protocols, medical protocols, destination protocols, equipment standards, and personnel certification requirements.

A structured procurement process takes each of these factors into account in a comprehensive, step-by-step approach that helps ensure a robust response. The essential question for city managers is: Should we focus our energies on making government a better producer of EMS, or a better buyer of EMS?

To read a comprehensive white paper, "Going Out to Bid: Why a Structured Procurement is Better," see [fitchassoc.com/icma](http://fitchassoc.com/icma). A special chart on the balanced decision process—highlighting each of the steps and the key questions that government leaders should answer when considering changes to their EMS system—is also available.

It is common to find 80 to 90 percent of a fire department's budget attached to personnel compensation and benefits. The inescapable fact is that any real reduction requires cuts in current and future expenses for personnel.

Compounding the direct wage-and-benefit expense are the costs associated with public retirement systems across the country. The mayor of the City of Los Angeles, when warning of potential layoffs in 2010, said that soaring pension costs now eat up two of every ten dollars the city spends from its general fund.<sup>2</sup> To address the problem, some communities are migrating away from defined-benefit programs to defined-contribution programs similar to a 401(k) plan; others have negotiated more favorable terms via tiered systems that offer less to new public employees or have increased employee contributions.

The need to reduce costs in operational budgets and wages has put some local elected officials in an undesirable position. Traditionally, they have sought endorsements from labor groups such as the International Association of Fire Fighters (IAFF), but they are now encountering a double-edged sword: The public's negative reaction to what is perceived as overly generous salaries and benefit packages in a period of high unemployment is making officials more cautious. The current economic crunch is encouraging fresh discussions about expanded roles and alternative approaches to service delivery.

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### **The challenge of fire service overtime**

As cities and counties grapple with budget cuts and public employee unions work to retain pay and benefits, firefighters have recently found themselves in the eye of the storm. National news reports have drawn attention to the high salaries of some firefighters, mostly as a result of generous overtime and sick leave policies. The Orange County, Calif., Fire Authority paid \$28 million in overtime pay in 2008, a 55 percent increase since 2003, according to a recent report in the *Orange County Register*. In 2008, the median pay for an Orange County firefighter was nearly \$138,000, of which \$36,000 was overtime.

At the Los Angeles City Fire Department, overtime pay rose by 60 percent from 1998 to 2008, according to an analysis by the *Los Angeles Daily News*. In 2008, more than fifty firefighters earned more than \$100,000 in overtime pay alone—with one person bringing in more than half a million dollars in overtime over three years.

In Clark County, Nev., budget woes and the threat of layoffs have pitted the firefighters' union against some elected officials and members of the community. In 2009, Clark County firefighters earned an average of \$187,000 in total compensation, including benefits and overtime pay, according to the *Las Vegas Review-Journal*.

These statistics make some wonder why overtime is paid routinely instead of being reserved for special circumstances. Firefighters, however, see things differently—though even some quietly admit there can be, in individual cases, abuses. A typical schedule for a firefighter is to work ten 24-hour shifts per month. That means firefighters are actually on the job about 56 hours a week—more than the typical 40 hour work week—making hourly pay rates lower than they at first might appear, said Gary Ludwig, deputy fire chief in Memphis, Tenn., and chair of the International Association of Fire Chiefs Emergency Medical Services Section.

Add to that the inherent physical dangers, and "I believe the job that we do, the effort we put out, and the sacrifices we make [are] worth the compensation that our firefighters receive," Ludwig said. In addition, he said, in many cases it's cheaper to pay overtime than to hire, train, and pay not just the salary but the pension and benefits for new workers. A rule of thumb is that if the cost of hiring and the benefits package exceeds 50 percent of pay, it costs less to pay time-and-a-half to existing workers.

Memphis pays relatively little in overtime: about \$3 million of an annual budget of about \$162 million. "When we crunched the numbers, we found it was cheaper to hire new employees than to pay overtime," Ludwig said. To make sure his department is prepared to fill vacancies due to scheduled retirements, they hire and put new hires through firefighter training six months prior to when the position comes open.

Keeping open communications between the fire chief and the city or county manager is critical, Ludwig said. If municipalities want to stop paying overtime, they can do so by hiring new workers.

Source: Jenifer Goodwin.

### **A variety of delivery approaches**

The history of fire services and EMS in the United States tells a story of incremental change, versus a well-considered, objectively planned process for designing public safety services to meet the needs of customers. From community to community, a diversity of agencies vary in performance and funding from highly sophisticated and reliable to rudimentary and unsustainable.

#### **Fire suppression and prevention**

Fire suppression and prevention services are typically provided by municipal departments

in urban and suburban areas and by volunteers in less densely populated areas. There are four common models for the organization of fire services in the United States.

**Municipal/county** In densely populated areas, it is most common to have municipal or county fire department funded primarily by general revenue or property taxes. The departments typically have 24-hour staffing by either fully paid firefighters or a combination of paid and volunteer or on-call firefighters.

**Volunteer** In less densely populated and rural areas and even some urban and suburban communities, volunteer organizations provide fire suppression. Volunteer departments may staff personnel at the station on an unpaid or paid-per-call basis, or volunteer firefighters may respond from home.

**For-profit** A less common method of providing fire suppression is through for-profit companies. A limited number of for-profit fire agencies have existed since the 1950s and currently can be found in unincorporated communities in Tennessee and Arizona.

**Industrial/airport** In addition to fire services for residences and businesses, specialized fire service units exist at airports and large industrial sites. Municipal fire departments or private contractors may provide aviation fire services. Large industrial sites may provide their own fire suppression personnel or a private contractor.

Traditionally, the fire service limited its activity to fire prevention and suppression and “heavy rescue”-related services. Over the past thirty years, however, the mission of most fire departments evolved to include out-of-hospital emergency medical response care, and in some communities, ambulance transport.

#### Emergency medical services

The fire service has always had some level of involvement in medical emergencies. Over the past thirty years, however, the mission of most fire departments has evolved to include out-of-hospital emergency medical response and care in a more integrated way. This may range from offering basic medical first response and to providing full EMS and medical transportation.

Six common provider types delivering EMS are fire service, public utility model, third government service, private for-profit agency, community-based or volunteer nonprofit agency, and hospital-based service. (See Table 1 for a description and the advantages and disadvantages of each.) Ambulance transport services have existed in some form for more than a century. Hospitals, funeral homes, private ambulance companies, and fire departments all played a role, but it wasn’t until the late 1960s that EMS systems evolved into organized community programs. This was the result of a major federal report in 1966 on accidental death on U.S. highways and clinical research showing that early intervention in sudden cardiac arrest outside the hospital could save lives.<sup>3,4</sup> The report resulted in national demonstration projects and the infusion of millions of tax dollars into EMS system development, which lasted until the early 1980s. The fire service was one of the many entities engaged in medical response as a part of this initiative.

#### Fire departments as medical first responders—and associated challenges

Today the fire service is one of the leading providers of EMS response and transport in the United States. Fire departments are the primary medical first responder organization in most communities due to short response times, skilled manpower, and ability to bring

time-sensitive, life-saving interventions to a patient quickly. For example, a fire engine company that can get to a scene in four minutes, initiate CPR, and deliver electric shocks using an automated external defibrillator can dramatically improve out-of-hospital cardiac arrest survival in a community.<sup>5</sup>

The fire service's role as a medical first responder is rarely challenged. What is often debated is the expense of getting the right resources to the right place in the right amount of time. Citizens are understandably puzzled when a fire engine with four fire-fighters, a rescue truck, a police vehicle, and an ambulance all arrive at the scene of what appears to be a routine call. Isn't that a waste of resources? Not necessarily, but it

**Table 1 Service delivery approaches**

Description	Advantages	Disadvantages
<p><b>Fire service</b> Typically, fire and EMS agencies are described as either single role—when ambulance personnel operate as a separate (civilian) division within the fire department—or dual role—when the same personnel provide both fire and transport coverage.</p>	<ul style="list-style-type: none"> <li>• Public confidence in the fire department</li> <li>• Integrated command and control</li> <li>• Public officials' direct control of day-to-day operations; utilization of capacity currently available within the fire department, particularly when cross training and dual role personnel are utilized.</li> </ul>	<ul style="list-style-type: none"> <li>• Primary use of 24-hour shifts, which limits the ability to match resources with demand</li> <li>• Complexity, lack of flexibility, and required impact bargaining of labor agreements</li> <li>• Traditionally higher labor costs</li> <li>• Level of effort (number of stations/units), rather than performance-based requirements.</li> </ul>
<p><b>Public utility model</b> This approach uses a separate governance structure whose members are appointed by, and funding levels approved by, elected officials. Public utility systems use a highly defined business structure in which a public agency provides oversight and either directly provides or contracts with a private service provider for day-to-day operations.</p>	<ul style="list-style-type: none"> <li>• Performance-based contracts</li> <li>• Public ownership of essential assets</li> <li>• Transparent transfer from one contractor to another during a bid cycle</li> <li>• Flexibility to involve other jurisdictions and services in a regional approach.</li> </ul>	<ul style="list-style-type: none"> <li>• Complexity of the business relationship</li> <li>• Possible reluctance of local elected officials to develop the redundancy of a separate entity for oversight</li> <li>• Employees may be required to change employers at end of contract cycles</li> <li>• A limited number of qualified bidders.</li> </ul>
<p><b>Third government service</b> This type of service is considered a uniformed public safety service, like police and fire, but typically employs civilians in a separate department or ambulance district. Finance, purchasing, vehicle maintenance, and other support functions are either directly provided or separately contracted by the parent governmental agency.</p>	<ul style="list-style-type: none"> <li>• Increased schedule flexibility and lower personnel cost structure (as a result of utilizing the civilian workforce)</li> <li>• Single-mission delivery focus</li> <li>• Direct control of day-to-day operation by local government</li> <li>• Public sector ownership.</li> </ul>	<ul style="list-style-type: none"> <li>• Cost containment is dependent on the parent entity's budgetary and managerial process for expenditure control</li> <li>• Generally no operational performance-based requirements</li> <li>• May be relegated to a position of less importance than other municipal public safety departments.</li> </ul>

continued on page 7

continued from page 6

Description	Advantages	Disadvantages
<p><b>Private for-profit</b> Service is provided using an exclusive or non-exclusive franchise or contract with the local government. It may or may not include rights to provide non-emergency services. Contracts may be level-of-effort or performance-based. Clinical performance, assets, capitalization, and day-to-day operations are managed wholly in the private sector.</p>	<ul style="list-style-type: none"> <li>• Limited day-to-day involvement for the local government, including public labor unions or public employees</li> <li>• Performance contracts generally define services provided</li> <li>• Labor cost structures are generally lower than nearly all public sector providers</li> <li>• A local government's system design and ongoing oversight costs may be recovered through franchise or user fees.</li> </ul>	<ul style="list-style-type: none"> <li>• Accountability and transparency issues associated with private firms</li> <li>• Little financial oversight; financial oversight must be built into agreements, otherwise it is limited</li> <li>• Agreements must be carefully developed to optimize competition and eliminate "free for all" unregulated competition</li> <li>• Fewer career development opportunities, so personnel turnover may be higher</li> <li>• Sudden service withdrawal could create crisis.</li> </ul>
<p><b>Community-based or volunteer nonprofit agency</b> Service is provided by volunteers, paid personnel, or a combination of the two. Organizational governance comes from within the organization. Service may be supported by donations, user fees, or government subsidies. Assets, while often donated by the community, are typically under the control of the agency board.</p>	<ul style="list-style-type: none"> <li>• Lower cost structure</li> <li>• Little day-to-day involvement by local government</li> <li>• Service demands generally determine staffing model (use of paid personnel in addition to volunteer workforce).</li> </ul>	<ul style="list-style-type: none"> <li>• Difficulty recruiting volunteers</li> <li>• Resistance to accountability and transparency issues</li> <li>• Leadership, clinical competencies, and tenure vary widely based on individual member commitment</li> <li>• Frequently undercapitalized and require additional public funding to stay solvent.</li> </ul>
<p><b>Hospital-based service</b> Service is provided by a local hospital or stand-alone entity owned or controlled by a hospital. Contracts may be level-of-effort or performance based. These services are frequently nonprofit and draw on the hospital's clinical and administrative resources.</p>	<ul style="list-style-type: none"> <li>• Public confidence in the health care institution providing service</li> <li>• Robust opportunities for clinical enhancements and positive career paths</li> <li>• Capital usually provided by the hospital</li> <li>• Limited day-to-day involvement by local government.</li> </ul>	<ul style="list-style-type: none"> <li>• Can be a low priority within the hospital's financial and operational structures</li> <li>• EMS revenue recovery overshadowed by hospital revenue recovery efforts</li> <li>• May require some local tax funding.</li> </ul>

does raise legitimate concerns. While cities report that half of all calls are responded to using advanced life support (paramedic) resources, only a fraction of those are actually life-threatening.<sup>6</sup> Research shows that paramedic-level care is beneficial in a handful of critical instances.<sup>7</sup> However, the Institutes of Medicine have called for more study to better understand how EMS can most effectively improve patient outcomes.<sup>8</sup>

In the meantime, is it sound public policy for fire agencies to provide a lights-and-sirens response to every 911 request for service, or for personnel on every apparatus to be paramedics? With the previously discussed data in mind and for safety purposes, many communities limit the fire department's first response to only those requests prioritized as life-threatening emergencies, in accordance with strict medical dispatch protocols.<sup>9</sup>

Fire departments facing budget constraints are exploring alternative strategies for meeting demand. Several have successfully implemented approaches to accomplish that goal. For example, in suburban Portland, Ore., Tualatin Valley Fire and Rescue deploys peak-demand engine companies or rescue response vehicles to match demand. During times of peak requests for service, response times can be maintained to the benefit of patients in need. To reduce the service-level impacts associated with shutting down fire companies, the San Jose Fire Department is using an innovative resource management strategy they devised called *dynamic deployment*. It requires an additional investment in resource-management software tools, communication center personnel, and ongoing data gathering and analysis, but it is anticipated to reduce service-level impacts to the most critical calls.<sup>10</sup>

Several communities—including Louisville, Ken.; Richmond, Va.; and Cleveland, Ohio—are experimenting with protocol-based triaging of non-emergency calls at the 911 dispatch level, providing callers with alternatives such as a nurse-assist line or an appointment and transportation to a clinic. This approach reduces responses to non-life-threatening calls, lowering costs and enabling scarce resources to remain ready for priority calls.<sup>11</sup>

#### The role of fire departments and private ambulance services

The fire service and the private ambulance industry are the two largest providers of emergency ambulance service in the United States,<sup>12</sup> but they view EMS delivery from contrasting perspectives. The fire service views its role as an “all hazards” department, with EMS as an extension of its public safety mission. Its involvement in EMS stems from many sources. In some communities, the fire service adopted EMS when a private provider proved unreliable or abandoned the market. In other cases, many departments saw EMS (beyond first response) as a natural growth opportunity. For others, EMS was an opportunity for the fire service to increase revenue and maintain jobs as fire calls diminished. This wasn't always the case in every department, but today's fire service is almost universally passionate and committed to being involved in EMS delivery. An example of this interest was recently evident when fire service stakeholder groups aligned to create the Fire-Based EMS Advocates Group and developed an informational campaign to promote the fire service as the ideal provider for EMS.<sup>13</sup>

In contrast, the private sector views its own role as a health care and medical transportation provider delivering services in a public safety environment. Private providers often have a close connection with the communities in which they operate, but unlike fire departments, are typically contractual in nature. Ambulance contracts vary widely, from level-of-effort agreements (e.g., a company will base an agreed-on number of ambulances in a community 24 hours a day, 7 days a week) to comprehensive, performance-based contracts clearly delineating requirements and expectations. Private services are frequently focused on medical response and transport alone and typically do not expand into services unrelated to the core mission. The American Ambulance Association, a private sector advocacy group, has published a reference guide for community leaders considering procuring emergency ambulance services.<sup>14</sup>

Fire departments and private ambulance companies both lobby local officials for the right to deliver emergency ambulance service. While each group promotes its model as

the better option, no published research supports one model over another in terms of patient outcomes or efficiencies, and there is no indication that the diversity of providers will cease in the future. Local governments may benefit from adopting procurement principles, regardless of their current service delivery model—and whether or not they intend to conduct formal ambulance procurement.

### **Current fire/EMS reimbursement issues, future trends, and health care reform**

The fire service has traditionally relied on tax revenue for funding. During the past decade, many fire agencies have added user fees to supplement this source. If a fire department provides emergency ambulance service, it is also possible for the agency to be partially reimbursed a fee-for-service through the billing of individual patients and insurance carriers. Rarely does the fee charged cover the full cost of providing the response and transportation service, and fire agencies commonly charge less than non-governmental providers and are not typically required to recoup the full cost of services because they receive community tax support.

Confusion often results when comparing transport-fee collection statistics among communities and entities. In our experience, nonprofits, government-based entities, and private companies use differing methods to calculate collection percentages. This makes benchmarking difficult and can result in one entity quoting higher collection performance than another, when the real difference lies in how the collection rates are calculated and how each entity accounts for contractual allowances (the amount that must be written off from Medicare and Medicaid charges due to federal requirements) and bad debt. The most reliable indicator of collection percentages is calculated by using the actual cash collected compared to the total amount billed.

Regardless of delivery model, EMS providers—like other health care providers—serve patients covered by a variety of insurance plans, as well as those who are underinsured or who have no health coverage. Because agencies do not receive full reimbursement for the services delivered, they must build unreimbursed services into their rate structure, thereby shifting the burden to private insurers (i.e., cost of service + unreimbursed services = retail cost). This may change with introduction of health care reform, but the impact on EMS reimbursements is not yet clear. Almost half of EMS patients are Medicare and Medicaid patients. If states begin to cover the uninsured and better support the underinsured, increased revenue from fees could result. It's not clear whether this will change the payment levels of other insurance payers.

Health care is moving away from level-of-effort reimbursement (i.e., payment for delivering a service regardless of if it was appropriate or delivered without error) to paying for only evidence-based care that is delivered safely. Today, EMS is funded for transports only (i.e., agencies typically receive reimbursement only when a patient is transported, as opposed to, say, when a patient is treated at the scene but refuses transport). This is true regardless of whether the care was appropriate or correctly delivered. As the reimbursement model evolves, EMS may be reimbursed for the care delivered, but at the same time could be required to focus on patient safety and to deliver the right evidence-based care. In our experience, most EMS provider organizations are not prepared for such a change, due to a lack of performance measurement and reliable process design. EMS providers of every variety need to begin now to develop reliable patient care systems, based on current evidence-based guidelines. EMS systems need to incorporate a series of outcome, process, and balancing measures that can be viewed over time to aid in process improvement and reduction in variability.

### Compounding issues

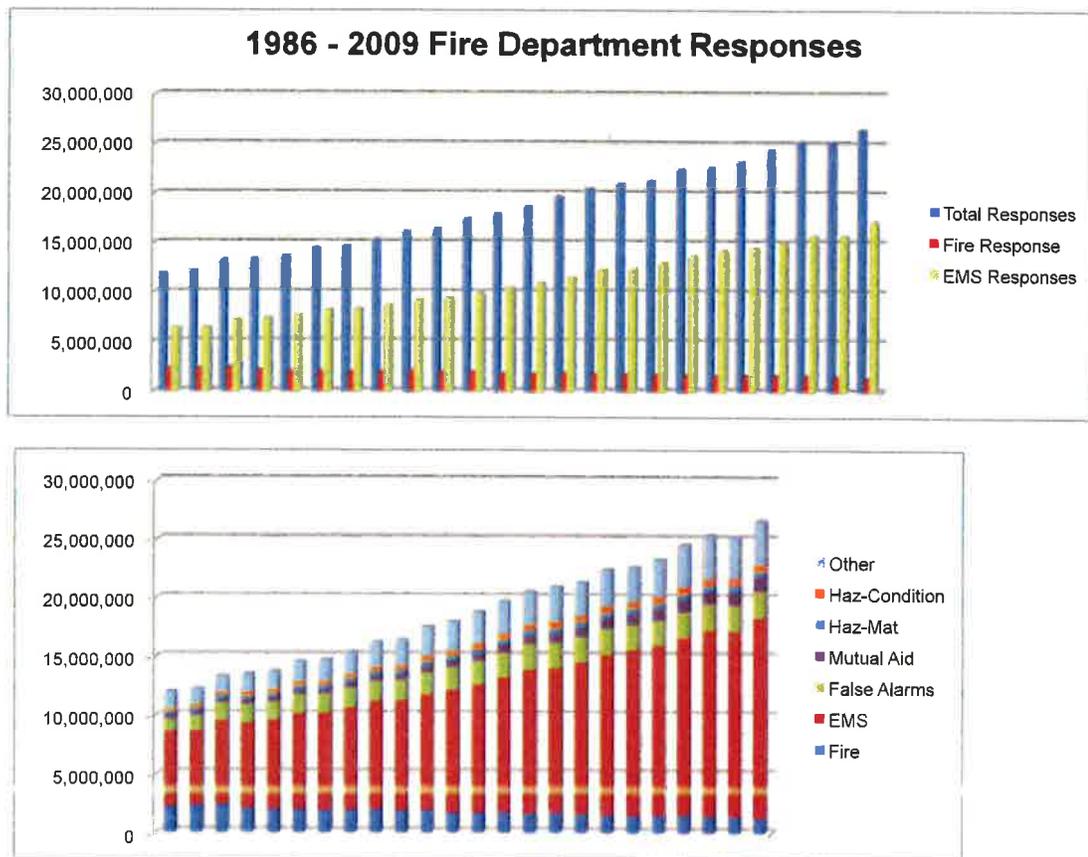
Fire and EMS agencies have become a social safety net for many people: Calling 911 brings a response, no matter the caller's ability to pay, immigration status, or station in life. But when uninsured patients use 911 and the emergency department as a way to get primary health care, the cost to the system is far more expensive than if they had accessed care at a clinic or a doctor's office.

In addition, the fire service faces several compounding issues, including:

- Expanded fire service missions
- Fewer fire calls
- Post-9/11 assignments and disaster readiness
- Decline in volunteers and expansion of career personnel
- Response time issues
- Public expectations
- Brownouts and similar cost-reducing tactics
- Effect on mutual aid.

The following sections discuss each of these issues.

**Figure 1 Distribution of U.S. fire service call volume, 1986-2009**



### Expanded fire service missions

Similar to the role it plays as a social safety net, the fire service's embrace of an all-hazards mission has led to mission creep and added expense, as departments take on specialized tasks such as swift-water rescue, confined space rescue, and hazardous materials response. These expanded roles require new skills, specialized equipment, and ongoing training. At the time, the decision to add additional responsibilities was based on good intentions—but now, many departments are struggling to maintain the staffing and skill levels required to safely provide these high-risk services.

### Fewer fire calls

A critical development in the past twenty years is the dramatic reduction in fire-related responses, structure fires, and fire-related deaths. Between 1986 and 2008, the number of actual fire responses decreased by more than one-third.<sup>15</sup> During that same period, total fire department call volume more than doubled, to more than 25 million requests for service in 2008.<sup>16</sup> Much of that increase has come from additional calls for medical assistance. Figure 1 shows the distribution and growth of fire service calls.

Although residential fires still account for 84 percent of all structure fires in the United States, between 1986 and 2008, responses to residential fires declined more than 30 percent. In the same period, deaths in residential fires declined 42 percent.<sup>17</sup> Fire prevention, improved building codes—including requirements for automatic sprinkler systems—early detection systems, and new firefighting technologies have resulted in this stunning reduction.

### Post-9/11 assignments and disaster readiness

In the post-9/11 era, most fire departments have increasingly been tasked with additional assignments, such as preparing for events related to weapons of mass destruction, formalizing incident command, conducting urban search and rescue, and addressing pandemic flu and active-shooter scenarios. The true cost of readiness is frequently misunderstood. Constant readiness for infrequent events—or events that may never happen but would have catastrophic consequences for an unprepared community—is expensive. The cost of readiness shows up in training, disaster drills, special equipment, and reserve forces.

### Decline in volunteers and expansion of career personnel

Volunteers have always played an important role in America's fire service, but volunteerism is waning. Individuals now work in distant communities and have less free time, even as training requirements increase and liability concerns grow. While the number of volunteer firefighters has decreased since 1983, career firefighters increased by nearly 34 percent during the same period.<sup>18</sup>

Community officials often want to know if their fire service staffing levels are on par with those in other places. One informal yardstick sometimes used is the number of firefighters per thousand population, used to compare one community to another to bolster support for increased staff. But communities are so variable—and departments' missions, risk profiles and scope can be so different—that these comparisons must be taken with a grain of salt. We know of no reliable evidence that supports an optimal number of firefighters per thousand population.

### Response time issues

With budget cuts, longer response times have attracted the attention of the press in a variety of communities. Fire companies have been shuttered without changing the deployment strategy, resulting in units that are farther away being the first to arrive at the scene of fires or medical emergencies. This delayed response allows additional time for fires to become larger in size and complexity, and in true medical emergencies, such as choking or sudden cardiac arrest, it may make a difference between life and death.

According to the 2000 U.S. Census data, 79 percent of the U.S. population lives in an urban area.<sup>19</sup> In a recent survey of the emergency services in the 200 largest U.S. cities, only 63 percent of first responders reported measuring response times in accordance with National Fire Protection Association (NFPA) Standard 1710, which requires the crew to arrive at the scene of an emergency within six minutes.<sup>20,21</sup> NFPA Standard 1710 allows for 60 seconds of dispatch time, 60 seconds of crew mobilization time, and 240 seconds of drive time (6 total minutes). Although the evidence supporting the time standard is limited and often contested, it remains the only nationally accepted standard communities can use to benchmark performance.

More troubling in the survey is the fact that only 28 percent of the departments using the NFPA standard report being in compliance. Currently no national study or reporting requirement is in place to measure all communities throughout the country. Meanwhile, objective response time measurements are sporadic to nonexistent in most places, in our experience.

During tough economic times, many communities experience an increased demand for EMS, as residents have fewer health care options. Job losses and resulting losses of insurance benefits affect access to family physicians. Calling 911 and going to an emergency department (ED) become substitutes for primary care. This sets up a daunting challenge: As the demand for both ED and ambulance services expands, wait times in the ED increase, causing both service delays and reduced productivity for ambulance crews. With many EMS systems already coping with previous cutbacks, the result is even greater difficulty in providing timely services—or even maintaining critical services.

As noted, tax revenues are not likely to improve in the near term. We believe that many communities will face fundamental changes in the provision of fire and EMS. The key question for them is: Will your community safely and systematically plan for change, or will it be reactive and subject to the whim of special interests?

### Public expectations

Most taxpayers are not aware of the actual cost to operate their fire services and EMS. Most also do not know if their fire department provides effective service or represents good value when compared to other similar agencies. Sensationalized media coverage and dramatic portrayals of emergency services often distort public and elected officials' understanding of fire and EMS departments and the actual work they do. Furthermore, smaller communities can be strongly invested in having their own hometown fire departments. While consolidating a variety of small agencies into one can make real economic sense, it can be hard for a community to give up the perceived control and community identity they have become used to. Regions facing true hardship may find consolidation as the only alternative.

Many fire and EMS agencies facing cutbacks are ill-equipped to make sound decisions regarding station closures or reduction and elimination of programs. This is mostly due to the lack of meaningful data. The fire service collects run-volume statistics, but data is not typically outcome oriented. In other words, it's difficult to show a direct correlation between cost-reduction strategies and patient outcomes or structure fire losses.

### Brownouts and similar cost-reducing tactics

The news media are filled with regular reports of communities “browning out” fire stations on a rotating basis. Brownouts occur when staff is reduced on each engine or truck company, often on a rolling basis, as an alternative to closing specific stations or taking certain pieces of equipment out of service. But, in truth, such practices do little but give the impression that the agency is acting to address the underlying problem. Without clearly measuring the pre- and post-reduction results, the department cannot know the real effect on the safety of citizens or employees.

Dramatic changes in resources should never be executed without a detailed understanding of the likely outcomes and risks involved—including strategies to mitigate those risks. Without this understanding, a fire agency is rolling the dice with the public’s health and welfare. For example, say a community with six fire stations has decided to rotate the closure of one station per day. Each station, depending on its location, has different risks associated with its specific response area, and it responds to a different number of calls each day. Some stations are very busy; some are not. Some serve high-risk, industrial areas or densely populated areas, while others may serve neighborhoods with relatively low fire risk. If the downtown station runs an average of ten calls per day and a slower station only runs an average of one call per day, the risk to an individual living downtown for delayed care or fire response is exponentially greater when that station is closed for the day.

Policymakers must understand the consequences of station closures before making changes. Better data and information provide greater ability to minimize the risk. Furthermore, any failure to quantify the impact and mitigate potential risks will only fuel critics when there is a significant degradation in the response to a major event, such as a fatal house fire or serious vehicle crash.

Reducing expenses associated with transporting EMS patients is another strategy being considered. Several large cities are exploring the pros and cons of privatizing their systems’ EMS transport component. The stated goal is a reduction in full-time fire department employees and resulting cuts in personnel costs. However, the “soft” or downstream effects must also be taken into consideration for an honest comparison. Before privatizing, community leaders should consider the impact on the effective fire force and the collection of third-party revenues.

### Effect on mutual aid

Reducing the number of firefighters may also mean increasing dependence on mutual aid from surrounding areas. Communities that were once self-sufficient for basic fire response now routinely find themselves needing support from other fire agencies. In fact, mutual-aid requests increased more than 400 percent from 1986 to 2008, with more than half of the fire agencies in the United States routinely relying on mutual aid for first alarm (initial) assignments.<sup>22,23</sup> As communities further reduce costs and response capacity, mutual-aid requests will likely increase. Stretched to the breaking point, some fire agencies are questioning their ability to provide surrounding communities with mutual aid if they can’t provide reliable service to their own citizens. How would the community react if a response to a critical event were delayed or insufficient because units were deployed elsewhere?

**20 questions to discuss with your fire chief**

1. How does the performance and cost of our program objectively benchmark against others with similar volumes and demographics, and where can we get the data to answer questions?
2. Are stations in the right locations to optimize our response capabilities and resources?
3. How many response resources is the "right" amount for fire calls? For medical calls? What tells us that this is correct?
4. What is an acceptable productivity level to expect from EMS personnel?
5. What is an evidence-based and legally defensible response-time goal for our community, and how often do we reach critical response levels (i.e., too few units)?
6. Many communities use a 90th-percentile response time as a standard for first arriving units. What is our response time standard?
7. Do we need to send a fire apparatus to calls, including all medical requests from 911?
8. Do units need to respond with lights and sirens to all 911 calls, despite the nature of the complaint?
9. How much down time do our fire and EMS personnel have while waiting for calls? How do we evaluate the "right" number and schedules for staffing?
10. How does our department treat the standards that are published by the National Fire Protection Association (NFPA) and the Insurance Services Office (ISO)—as requirements or as guidelines?
11. Fire-related responses are declining significantly. When are the numbers low enough to consider consolidating or contracting with another community? Are there other alternatives to having our own fire department?
12. Some communities are selectively closing stations (i.e., enacting rolling brownouts) to reduce costs. What are the benefits and risks of this strategy?
13. In addition to providing medical first response service, should our fire department get into or out of the business of transporting patients?
14. Should we consider getting into the business of non-emergency transports (interfacility and scheduled transports) and the extra revenue that might bring?
15. Regardless of what others are doing, is *our* fire department better positioned to provide EMS transportation in our community than other organizations? What factors should be considered?
16. Besides privatization, what strategies could be used to improve efficiency of our service?
17. Can service levels be enhanced without changing the governance structure or making significant additional investments?
18. How can we be assured that the processes, procedures, and protocols utilized in managing our emergency service agencies reflect current best practice? Where are we getting our information?
19. Fire and EMS are dangerous occupations and generate significant internal and external litigation. How should our fire and EMS system evaluate and mitigate both safety and legal risks associated with providing these services?
20. Emergency services represent a large percentage of our community's budget. How do we show the taxpayers we are getting the best value for the dollars we spend?

## Tough choices in fire and EMS

Fire service leaders face difficult decisions, many on an unprecedented scale. Strategies that worked in the past may not be effective today. Traditionally, reducing expenses meant reducing training and travel, eliminating civilian positions, cutting back on the quality and quantity of office supplies and other nonessential materials, or delaying a new cadet academy or new stations. What happens now, when those tactics don't come close to closing the budget gap? How do fire service and civic leaders make the right choices not just to meet this year's budget, but for the long-term health and benefit of their department and the community? For a list of tough questions that city and county managers should be ready to ask their fire chief, see the "20 questions" sidebar.

### Define the core mission

The process for making decisions may not be as complicated as it seems. First, departments must refocus on core services. A detailed understanding of what fire departments are called on to do by their constituents will aid in clarifying their core mission. As Figure 1 shows, in the vast majority of departments, response to medical emergencies is the number-one activity based on need, followed by motor vehicle collisions and fire-related calls—but each department needs to establish its own set of priorities based on community needs and values.

### Focus on priority services

Once core priorities are established, the department can focus on ensuring that those priorities get proper attention. Establishing core priorities enables critical decision making about where to invest time, cut costs, or consider service elimination. For example, imagine a budget meeting where a decision needs to be made between buying new automated external defibrillators (AED), which could save dozens of lives each year, and purchasing new wetsuits for the dive rescue team to recover the remains of drowned swimmers. Historically, this could be a tough decision, decided by passionate debate between the responsible chiefs as to why one should receive funding priority. However, when the leadership team starts the discussion by clarifying its core mission, identifies the frequency of specific calls, and conducts a risk assessment, the decision becomes much easier. In this example, medical emergencies make up the majority of the call volume, and AEDs have been proven to save lives. They become the priority for purchase.

### Use data to drive decisions

In addition to making key decisions based on the core mission, departments need to embrace data to drive decisions and focus on what results they are striving to achieve. For example, fire departments, like other public safety organizations, need to consider two foundational elements when matching resources to service needs: (1) provide geographical coverage so that appropriate resources may respond in an evidence-based time frame for medical and fire calls and (2) supply those resources in adequate numbers to meet fluctuations in call demand.<sup>24</sup>

Police and EMS agencies have been experimenting with these concepts, but the fire service has limited experience with them. The key is to focus on what you're trying to achieve. For example, research shows that the ideal number of firefighters to safely enable entry into a house is four.<sup>25</sup> To achieve that goal, fire departments have focused on putting four personnel on every apparatus versus creatively looking at achieving the result of four personnel at the scene. The difference may be subtle, but it could mean that two pieces of apparatus cover a wider area with two or three people, so that the

system is designed for the ideal number to arrive on the scene together. Focusing on the outcome or the result helps you to define the “what” and hopefully not get anchored by the “who” or “how.”

The key in these examples is obtaining clarity on the goal and using data and information to drive the decision. With a clear aim and good data, it’s not only easier to make sound decisions but also easier to communicate those decisions to staff and the public in a way that is clear, factual, logical, and free of the traditional selling that comes with decisions that are not made methodically. The process can still be difficult, but when stakeholders and decision makers are able to see the data and understand the reasoning, change initiatives can be implemented more quickly and with less resistance.

#### Use technology in decision making

Most departments have a wealth of data at their disposal. Valuable information about calls (including when, where, and type of call) is first recorded in 911 call centers. Agencies use computer-aided dispatch, geographic information systems, and record management systems to capture, profile, and analyze data. Unfortunately, without understanding the underlying processes that need to be managed, many departments have purchased either systems that provide only a single non-integrated solution or a “one size fits all” computer system that promises to do many things, but does none well. Effective data systems, once considered novel, are now among survival attributes for agencies. Additional attention is required to capture data that will inform key process and management decisions.

Specific information about calls is also available through patient care reports that are increasingly done electronically. New federal health initiatives are encouraging integrated pre-hospital and hospital record systems that will allow study and improvement of patient outcomes. A variety of software programs assist in the analysis of data, providing guidance in the deployment of resources and monitoring of operational performance indicators, such as response time and time units spend idle at emergency departments. We’ve seen an increasing number of communities employing technology to help them better understand where to build new fire stations—and which ones to close.

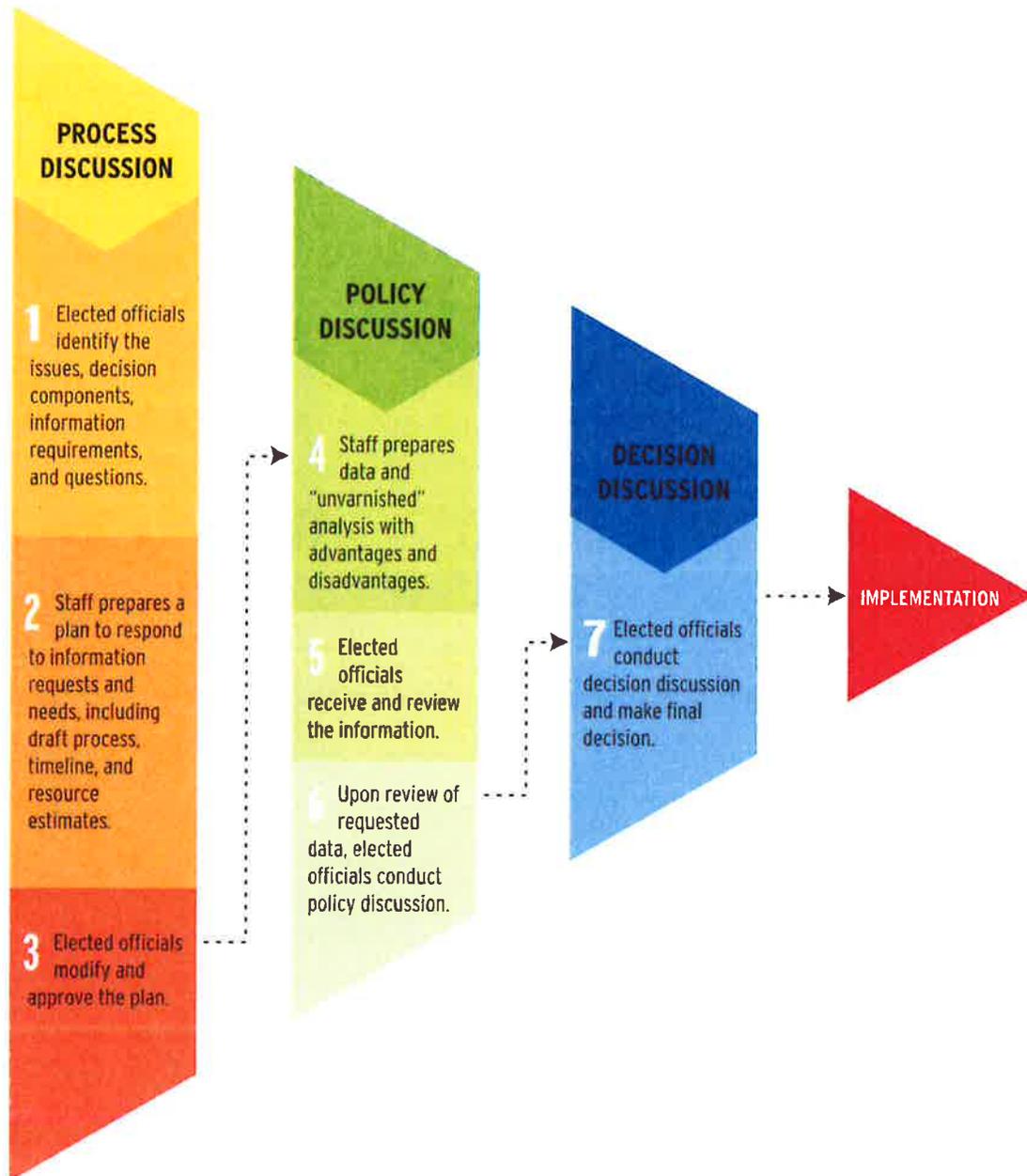
### A process for making tough decisions

Decisions to close stations; reduce staffing; and change schedules, work rules, and other mechanisms to control costs are often complex and always controversial. Making a difficult decision in such an emotionally charged environment requires special attention to the process of *making the decision* in a disciplined manner and then *implementing the decision* with positive action.

The balanced decision process developed by the City of Cedar Rapids, Iowa, is a solid guide that other communities can adapt. This process has three distinct phases and seven steps recommended for making difficult public safety decisions, as illustrated in Figure 2.

Process, policy, and decision discussions are clearly separated in this approach. In a “real world” example, a suburban community has invested heavily in infrastructure and has limited reserves. It is grappling with an explosive housing boom that has suddenly stopped. Multiple poor decisions were previously made, now creating a severe revenue shortfall that is expected to continue for a number of budget cycles. Cuts are being made across the community, and it’s been suggested that two of nine fire stations be closed.

Figure 2 Balanced decision process



Courtesy of the City of Cedar Rapids, Iowa.

**Process discussion**

In the first phase (process discussion), the decision elements and informational elements are identified, timelines are developed, and the entire process is agreed on. Questions at this stage may include:

- What are the appropriate decision points?
- What questions need to be answered?
- What information and data are needed to answer those questions?

These questions help ensure that the process is intentional and that council members' needs are anticipated early, rather than allowing the process to evolve haphazardly. Using the station-closing example, key elements in this phase are the determination of (1) what statistics and fiscal and operational analysis may be needed, (2) what those will cost, (3) what committees will address specific components of the issue, and (4) how the public will be engaged in the process.

### Policy discussion

In the second phase (policy discussion), information is developed, reviewed, analyzed, and discussed to ensure that a thorough understanding of specific advantages and disadvantages and the public policy implications for each option are clear. In our station-closing example, an independent analysis was commissioned during process discussion to review risks, identify potential mitigation strategies, and identify multiple future-state options for the fire department. In the policy discussion phase, information is presented, various stakeholder groups' views and public input are considered, and council policy discussions focus on vigorous debate of the advantages and disadvantages of various options—not on support of particular positions.

### Decision discussion

In the third phase (decision discussion), a final decision is reached after vigorous but principled debate occurs. Focus is placed on the discussion of positions and the rationale for those positions so consensus can be reached.

This approach recognizes that public health and safety issues are often emotionally laden. Transparency and the open disclosure of the advantages and disadvantages of each option being considered enhance the public confidence in the ultimate decision reached.

### Communicating with stakeholders

Once a decision is made, how you communicate it is one of the most important elements of the change process. Laying groundwork with important stakeholder groups is essential, along with developing a communications plan that addresses the informational needs of key constituents. Your communication plan articulates your key messages and takes into account all of the ways you want to express those messages—through traditional and alternative media, your own website, town hall meetings, and every other way people in your community will get information and develop perceptions.

Your key constituents include the agency's staff, public employees and union leadership, neighborhood groups, local business and chamber of commerce groups, and the media. For each of these groups, the following four questions must be answered.

#### Questions to be prepared to answer when seeking change

- What are we trying to accomplish?
- What's wrong with the old way of doing things?
- What specifically will change?
- How does this affect me? (resident, visitor, employee)
- When and how will this be implemented?
- What can I do about it?
- How will this impact performance or outcomes?
- How will I know a change is an improvement?
- What is leadership doing about this?

Source: Adapted from Daryl R. Conner, *Managing at the Speed of Change*, Villard Books/Random House, 1992.

- **How will each group be affected by the change?** Changes will not have the same effect on every group, and in the case of bargaining units, impact bargaining must be part of the process. It is important to know what evidence supports the assessment impact to be able to move from voicing opinions to sharing objective data. One of the tasks is to determine how to effectively target the message to different groups.
- **What are the groups' most likely points of resistance?** Answers to this question flow directly from the first question. You must ask them to identify concerns and help them articulate the "iceberg" issues that may be looming large beneath the surface. Anticipate that not all members or groups can fully articulate their concerns, and try to harvest the dissent to be able to respond thoughtfully.
- **Who are the champions?** Champions are important out in the trenches, where change takes place. Influence is not distributed equally. Often the viability of the change process rests with the reactions of key opinion leaders. Identifying the champions in each group and developing tactics to influence these individuals should not be overlooked. It's just as important to understand that some groups will not be influenced and will remain in opposition to change.
- **How will the information be communicated?** A variety of channels should be utilized to communicate about the impending change. Remember the "rule of seven": Communication experts cite research that shows that leaders must repeat the message at least seven times before most people will understand it. Repetition is not only okay; it's a must. Make sure the leadership team has solid information early so that the communications can be consistently cascaded throughout the organization and community.

In addition to the fundamental legal and human resource requirements of implementing changes that may impact the future livelihood or employment status of staff members, the messaging needs to be focused on the organization's mission and how the decision and the implementation process move the organization toward accomplishing its larger mission.

## Summary

Even as the U.S. economy slowly recovers from recession, communities are expected to face tight budgets for years to come—and in some cases, unprecedented cuts will have to occur. While across-the-board reductions may seem fair, public safety agencies, and in particular fire and EMS, have special considerations to take into account. The core mission of fire departments has changed dramatically in the past fifty years, as medical-related calls have far outstripped fire suppression, yet fire suppression requires more personnel on scene. Some communities have used the budget crisis to fundamentally rethink their approach to fire and EMS. To do so effectively requires access to data and a systematic approach to engaging key stakeholders with a frank discussion of implementation options and policy choices.

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**Proposal to Conduct a Management Study for  
the Emergency Medical Services Department**

**NORTHAMPTON COUNTY, VIRGINIA**

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# **LETTER OF TRANSMITTAL**

April 4, 2016

Ms. Katherine H. Nunez  
County Administrator  
Northampton County  
16404 Courthouse Road  
Eastville, VA 23347

Dear Ms. Nunez:

The Matrix Consulting Group, Ltd. is pleased to provide you with our Proposal to provide Emergency Medical Consulting Services for Northampton County. The Matrix Consulting Group is a firm comprised of highly experienced local government management consultants specializing in the analysis of public safety services. We have structured a proposal and a project team that will provide the County with the highest possible quality of consulting services.

We understand the County is seeking assistance from a qualified firm to assist them in determining whether the County should add additional EMS personnel or privatize EMS services in the County. The study will include a fact finding review of costs and benefits of both public and private provisions of EMS transport services and report on the County's capacity and ability to provide these services with the pending relocation of the local hospital as well as providing financial analysis regarding the economic feasibility of privatizing EMS transport services.

A review of our proposal will show that the Matrix Consulting Group has extensive experience evaluating emergency medical and fire services and management in Virginia and throughout the United States. The references we have provided can attest to the depth, quality and value of our analysis. Our experience can be summarized by the following points:

- While our firm has provided fire services consulting since 2002, senior members of the firm have worked together in this and other firms to provide public safety consulting services in Virginia and throughout the United States for over 30 years.
- Overall, our team's emergency medical and fire experience includes over 250 prior projects. This includes our just completed fire services studies for **King William County and Suffolk (VA)**. The table, below, is a list of fire studies conducted in just the past five years by our proposed project team:

Amesbury, Massachusetts  
Athens, Texas  
Auburn, Maine  
Augusta, Maine  
Barnstable, Massachusetts  
Bayonne, New Jersey  
Bellingham Washington  
Brattleboro, Vermont  
Canandaigua, New York  
Cedar Rapids, Iowa  
Central San Mateo, California  
**Chesapeake, Virginia**  
Clayton, Ohio  
Cleveland Suburbs, Ohio  
**Cooper City, Florida**  
**DeKalb County, Georgia**  
Dinuba, California  
Dubuque, Iowa  
El Paso, Texas  
**Fort Lauderdale, Florida**  
**Georgetown County, SC**  
Glenview, Illinois  
Grants Pass, Oregon

Hanford, California  
Hermosa Beach, California  
Highland, California  
Indio, California  
Keene, New Hampshire  
Kettering, Ohio  
Killington, Vermont  
**King William County, Virginia**  
**Martin County, Florida**  
Meriden, Connecticut  
Middleborough, Massachusetts  
Middletown, Ohio  
Milwaukee, Wisconsin  
Monrovia, California  
Napa, California  
Needham, Massachusetts  
North Kingstown, RI  
Norwalk, Connecticut  
Omaha, Nebraska  
Pacific Grove, CA  
**Parkland, Florida**  
Peoria, Illinois  
**Pinellas Sun Coast, Florida**

Placer County, California  
Plano, Texas  
**Pompano Beach, Florida**  
Portland, Oregon  
Portsmouth, New Hampshire  
Pueblo, Colorado  
**Putnam County, Florida**  
Red Bluff, California  
Reno, Nevada  
Ridgewood, New Jersey  
Sacramento, California  
Santa Clara County, California  
Scottsdale, Arizona  
**Seminole County, Florida**  
**Seminole, Florida**  
Southlake, Texas  
Spokane, Washington  
**Suffolk, Virginia**  
Sunnyvale, California  
Trophy Club, Texas  
**Walton County, Florida**  
**Winter Garden, Florida**  
Wilbraham, Massachusetts

Within this experience, we just completed an EMS feasibility study for Winter Garden (FL) to determine whether they should continue to use a private transport provider or move the service in-house. Our just completed study for Trophy Club developed an EMS performance audit.

- As the President of the firm, with over 30 years of experience analyzing public safety functions, I would be the overall Project Manager for this assignment. My experience analyzing the EMS and fire services encompasses over 150 projects.

We look forward to an opportunity to further discuss our proposal with you. If I can answer any questions, please do not hesitate to contact me by phone or email.

Richard Brady  
President



**Matrix Consulting Group**

## **1. FIRM BACKGROUND AND SIZE**

## **1. FIRM BACKGROUND AND SIZE**

The Matrix Consulting Group was formed by senior consultants who created it in order to pursue a service in which the senior people actually do the work in a low overhead environment. Our only business focus is the provision of organization and management analytical services to local government. Our firm's history and composition are summarized below:

- We were founded in 2002. However, the principals and senior staff of our firm have worked together in this and other consulting organizations *as one team* for between 10 and 30 years.
- Our *only* market and service focus is management, staffing and operations analysis of local government.
- Each of our senior consultants has between 10 and 30 years of analytical and management experience. Our public safety analytical team is comprised of career public safety analysts and former public safety managers who now are full-time consultants.
- Our firm maintains offices in California (where we are domestically incorporated), Texas, Illinois, Washington and Massachusetts.
- We currently have 15 full-time and 5 part-time staff.

We are proud of our track record in providing analytical assistance to local governments around the country. This track record is bolstered by our rate of successful implementation, which exceeds 80% of recommendations made.

The following table provides some additional general demographic and contact information on our firm.

<b>Location / Mailing Address for Corporate Headquarters</b>	201 San Antonio Circle, Suite 148 Mountain View, CA 94040 v.650.858.0507 f.650.917.2310
<b>Corporate Contact</b>	Richard P. Brady, President – <a href="mailto:rbrady@matrixcg.net">rbrady@matrixcg.net</a>

**Services Provided**

Management, organizational, shared-services, staffing and operational (efficiency and effectiveness) analysis for local government entities across the various functions, including:

- Administration (Finance, HR, IT, etc.)
- Community Development
- Community Services (including animal services)
- Finance studies, including user fee analysis
- **Fire and Emergency Medical Services**
- Law Enforcement (police, corrections, courts)
- Parks, Recreation and Community Services
- Public Works
- Utilities / Infrastructure Maintenance

We are proud of our experience assisting local governments in Virginia and the rest of the country on a wide variety of analytical topics, including emergency medical services and fire. The quality of our work directly translates into high implementation rates for our firm, generally exceeding 80% of recommendations made.

## **2. QUALIFICATIONS**

## **2. QUALIFICATIONS**

As one of the leading public sector management-consulting firms in the country, we are well positioned to assist Northampton County on this engagement. This section outlines our experience conducting a wide variety of services studies.

### **1. EMS AND FIRE DEPARTMENT MANAGEMENT STUDIES**

The Matrix Consulting Group has conducted over 250 fire and emergency medical services studies. A summary of the Matrix Consulting Group's fire and emergency medical services analytical experience in recent years is provided in the table below (with South Atlantic agencies are in **bold**):

Amesbury, Massachusetts	Hanford, California	Placer County, California
Athens, Texas	Hermosa Beach, California	Plano, Texas
Auburn, Maine	Highland, California	<b>Pompano Beach, Florida</b>
Augusta, Maine	Indio, California	Portland, Oregon
Barnstable, Massachusetts	Keene, New Hampshire	Portsmouth, New Hampshire
Bayonne, New Jersey	Kettering, Ohio	Pueblo, Colorado
Bellingham Washington	Killington, Vermont	<b>Putnam County, Florida</b>
<b>Broward County, Florida</b>	<b>King William County, Virginia</b>	Red Bluff, California
Canandaigua, New York	<b>Martin County, Florida</b>	Reno, Nevada
Cedar Rapids, Iowa	Meriden, Connecticut	Ridgewood, New Jersey
Central San Mateo, California	Middleborough, Massachusetts	Sacramento, California
<b>Chesapeake, Virginia</b>	Middletown, Ohio	Santa Clara County, California
Clayton, Ohio	Milwaukee, Wisconsin	Scottsdale, Arizona
Cleveland Suburbs, Ohio	Monrovia, California	<b>Seminole County, Florida</b>
<b>Cooper City, Florida</b>	Napa, California	<b>Seminole, Florida</b>
<b>DeKalb County, Georgia</b>	Needham, Massachusetts	Southlake, Texas
Dinuba, California	North Kingstown, RI	Spokane, Washington
Dubuque, Iowa	Norwalk, Connecticut	<b>Suffolk, Virginia</b>
El Paso, Texas	Omaha, Nebraska	Sunnyvale, California
<b>Fort Lauderdale, Florida</b>	Pacific Grove, CA	Trophy Club, Texas
<b>Georgetown County, SC</b>	<b>Parkland, Florida</b>	<b>Walton County, Florida</b>
Glenview, Illinois	Peoria, Illinois	<b>Winter Garden, Florida</b>
Grants Pass, Oregon	<b>Pinellas Sun Coast, Florida</b>	Wilbraham, Massachusetts

Within this experience, we just completed an EMS feasibility study for Winter Garden (FL) to determine whether they should continue to use a private transport provider or move the service in-house. Our just completed study for Trophy Club developed an EMS performance audit.

We also recently completed a fire services study for **King William County and Suffolk (VA)**.

**2. ORGANIZATIONAL STUDIES OF COUNTIES**

The Matrix Consulting Group has extensive experience working with counties in Virginia and throughout the United States. The table, below, highlights some of the counties we have recently worked with.

County	Type of Study
<b>Broward County, Florida</b>	Accounting Study
DeKalb County, Georgia	Countywide Study
Gwinnett County, Georgia	Development Review Study
Johnson County, Kansas	Countywide Study
<b>King William County, Virginia</b>	Fire and EMS Study
<b>Martin County, Florida</b>	Fire Study
Mat-Su Borough, Alaska	Emergency Services Study
Monroe County, Michigan	Countywide Study
Rockingham County, NH	Finance, HR and Jail Study
<b>Seminole County, Florida</b>	Fire Study
Shasta County, California	Criminal Justice Study

We are also currently completing a countywide study in Peoria County (IL) and have recently completed a countywide study in DeKalb County (GA) which included an assessment of its fire and emergency medical services department.

These studies included reviewing, assessing and making recommendations for issues related to work practices and processes, management structures, staffing, policies and procedures, and performance measures for all departments within the organization. In many cases, the goal was the development of a master or strategic plan to address budgetary limitations and define service expectations for the future.

### 3. REFERENCES

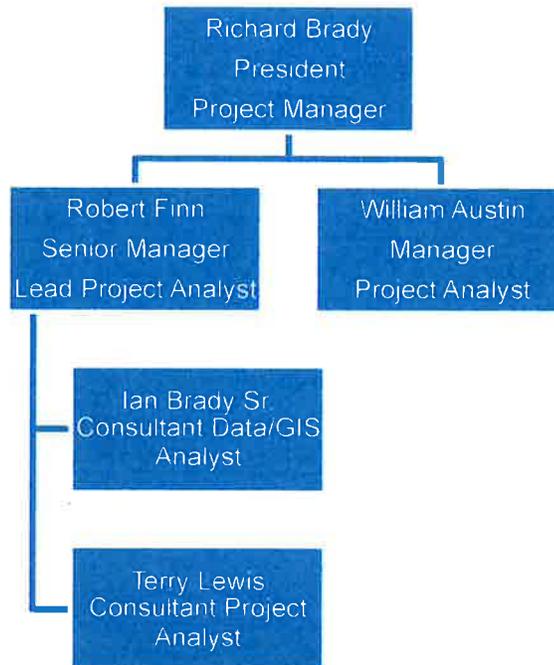
As requested, we have provided several references for recent clients and projects that include aspects similar to those sought by the Northampton County. We encourage you to contact these references to discuss the quality and depth of our work.

Client	Project Summary	Reference
<p><b>King William County, Virginia</b></p> <p><b>Fire and EMS Services Study</b></p> <p><b>2015</b></p>	<p>The Matrix Consulting Group was retained by King William County to evaluate and provide recommendations regarding the delivery of Fire and EMS services in the County. Key recommendations included standardizing response procedures, establishing performance standards, developing annual training plans, staffing a peak time ambulance in the northern portion of the County and formalizing agreements with the fire and EMS agencies serving the County.</p>	<p>Charles Griffin County Administrator <a href="mailto:countyadmin@kingwilliamcounty.us">countyadmin@kingwilliamcounty.us</a></p> <p>(804) 769-4927</p>
<p><b>Winter Garden, Florida</b></p> <p><b>EMS Transport Feasibility Study</b></p> <p><b>2014 – 2015</b></p>	<p>The Matrix Consulting Group evaluated the Feasibility of the City of Winter Garden, Fire Department to begin providing EMS transport services for the City. The focus of the study was to compare the potential pros and cons to providing the transport services and developing a 5-year budget related to costs and revenues of operating an EMS transport service. The project has shown clear cost / revenue and service advantages of converting to a fire based service delivery system.</p>	<p>Laura Zielonka Finance Director <a href="mailto:lzielonka@cwgdn.com">lzielonka@cwgdn.com</a></p> <p>407-656-4111 x2313</p>
<p><b>Suffolk, Virginia</b></p> <p><b>Staffing and Efficiency Study</b></p> <p><b>2014 – 2015</b></p>	<p>In this study, the Matrix Consulting Group evaluated the current staffing and operations of the Suffolk, Virginia Fire Rescue Department. Key recommendations included options to revise staffing methods, which will result in annual savings of \$389,000. Other recommendations included improving dispatch call processing and turnout times, revising performance standards, moving plan review functions to the planning department, developing a public fire education program and developing a policy for adjusting leave hour balances of 24-hour personnel transferring to an 8-hour position.</p>	<p>Jeff Gray <a href="mailto:jgray@suffolkva.us">jgray@suffolkva.us</a> Administrative Analyst</p> <p>(757) 514-4037</p>

## **4. KEY PROJECT PERSONNEL**

## 4. KEY PROJECT PERSONNEL

The Matrix Consulting Group proposes to utilize a senior project team, including our President and other key personnel with fire and emergency medical service analytical experience. The senior professional members of the team have between 10 and 30 years of professional experience as consultants and/or fire and EMS professionals. The organization chart, which follows, depicts the project team:



Summary descriptions for each of the project team members are provided in the table, which follows, with more detailed resumes for the most senior team members provided in the pages after the table.

Consultant	Summary of Experience
<p><b>Richard Brady</b> <b>President</b> <b>Project Manager</b></p>	<ul style="list-style-type: none"> <li>President, Project Manager and Police Lead Analyst</li> <li>Overall responsibility for the firm's management studies.</li> <li>30 years of fire / emergency services consulting experience.</li> <li>Project manager and lead analyst on almost 500 projects.</li> <li>Extensive experience conducting over 150 fire / EMS studies nationwide involving over 300 jurisdictions.</li> <li>BA Cal State University, Hayward; PhD, Oxford University, UK.</li> </ul>

Consultant	Summary of Experience
<b>Robert Finn</b> <b>Senior Manager</b> <b>Project Analyst</b>	<ul style="list-style-type: none"><li>• Senior Manager with the Matrix Consulting Group</li><li>• 20+ years of combined experience as a public safety executive and consultant.</li><li>• Experience as a Fire Chief – and prior experience as a Coordinator of EMS and Firefighter / Driver / Paramedic.</li><li>▪ MBA, BS in Public Safety Management, Grand Canyon University.</li><li>▪ Peer Assessor, Team Leader, and Technical Reviewer with the Commission on Fire Accreditation International (CFAI).</li></ul>
<b>William Austin</b> <b>Manager</b> <b>Project Analyst</b>	<ul style="list-style-type: none"><li>• 35+ years of experience in fire, emergency medical and emergency management services.</li><li>• Retired Chief of the Tampa, Florida Fire Department.</li><li>• Former Fire Chief of the West Hartford, Connecticut Fire Department.</li><li>• MS in Security Studies from the United States Navy Postgraduate School.</li><li>• MPA from Troy State University.</li><li>• Graduate of the Executive Fire Officer Program, National Fire Academy.</li><li>• Graduate of the Resident Program for Senior Executives in State and Local Government of the John F. Kennedy School of Government at Harvard University.</li></ul>
<b>Ian Brady</b> <b>Consultant</b> <b>Research/GIS Analyst</b>	<ul style="list-style-type: none"><li>• Consultant for the Matrix Consulting Group.</li><li>• Experience working with project team on various management and public safety studies.</li><li>• BA in Political Science from Willamette University, Salem, Oregon.</li><li>• Project focus on data collection and analysis under direction of one or more of the senior staff assigned to the project.</li></ul>
<b>Terry Lewis</b> <b>Consultant</b> <b>Project Analyst</b>	<ul style="list-style-type: none"><li>• Manager with the firm – 4 years with firm</li><li>• More than 30 years of experience in the fire service. Retired Fire Chief of the Henderson (KY) Fire Department. Prior to that, he served with the Loveland-Symmes Fire Department (OH) advancing from the rank of firefighter/paramedic to Battalion Chief.</li><li>• Peer Assessor and Team Leader for the Commission on Fire Accreditation International (CFAI).</li><li>• He earned a BS degree in Fire Science and AA in Accounting from the University of Cincinnati and has completed the Executive Fire Officer (EFO) program from the National Fire Academy.</li></ul>

The resumes of our principal and key team members are provided in the following pages.

**RICHARD P. BRADY**  
**President, Matrix Consulting Group**  
**Project Manager**

**BACKGROUND**

Richard Brady is the President of the Matrix Consulting Group. Mr. Brady has been a management consultant to local government for more than thirty years.

The list, which follows, summarizes Mr. Brady's project experience on fire and emergency medical management studies and selected other studies. It should be noted that Mr. Brady has managed or participated in over 200 studies of fire, EMS and emergency communications in his career.

**EXPERIENCE RELEVANT TO THE PROJECT**

• **Fire and EMS Service Management, Effectiveness and Efficiency Studies**

- |                                  |                                    |
|----------------------------------|------------------------------------|
| Alachua County, Florida          | Albany, New York                   |
| Americus, Georgia                | Anchorage, Alaska                  |
| Augusta-Richmond County, Georgia | Bellingham, Washington             |
| Boston, Massachusetts            | Brattleboro, Vermont               |
| Bremerton, Washington            | Broward County, Florida            |
| Burlington, Massachusetts        | Charlotte County, Florida          |
| Chelsea, Massachusetts           | Hilton Head Island, South Carolina |
| Lansing, Michigan                | Montpelier, Vermont                |
| Newark, California               | Norwalk, Connecticut               |
| Omaha, Nebraska                  | Peoria, Illinois                   |
| Reno, Nevada                     | Salt Lake City, Utah               |
| San Rafael, California           | Sarasota County, Florida           |
| Suffolk, Virginia                | Tallahassee, Florida               |
| Venice, Florida                  | Winter Garden, Florida             |

• **Fire Master Plan Studies**

- |                          |                              |
|--------------------------|------------------------------|
| Dinuba, California       | Huntington Beach, California |
| Redmond, Washington      | Woodinville, Washington      |
| Monroe, Washington       | Orange County, California    |
| Corte Madera, California | Sacramento, California       |

**EDUCATION**

Mr. Brady received his BA degree from California State University at Hayward and his MA and PhD degrees from Oxford University, U.K.

**ROBERT FINN**  
**Senior Manager, Matrix Consulting Group**  
**Project Analyst**

**BACKGROUND**

Robert Finn is a Senior Manager with the Matrix Consulting Group and previously served as the Chief of the Southlake (TX) Department of Public Safety.

**EXPERIENCE AS A FIRE and EMS SERVICES CONSULTANT**

Clients for whom Mr. Finn has served as the lead project analyst on fire service studies include the following:

Anchorage, Alaska	Auburn, Maine
Bedford, New York	Boston, Massachusetts
Chelsea, Massachusetts	Cleveland, Ohio
DeKalb County, Georgia	Dinuba, California
Huntington Beach, California	Hanford, California
Mat Su Borough, Alaska	Lincoln, Rhode Island
Monterey, California	Mesa County, Colorado
Pacific Grove, California	North Utah County, Utah
Peachtree City, Georgia	Perrysburg, Ohio
San Antonio, Texas	Redding, California
Sterling, Illinois	Springdale, Arkansas
Winter Garden, Florida	Suffolk, Virginia

**EXPERIENCE AS A PUBLIC SAFETY PROFESSIONAL**

Mr. Finn has served at many levels in public safety, including as the following:

- Chief of Police (2008 to 2011)
- Chief of Fire Services (2004 to 2008)
- Lieutenant of Professional Standards (1999 to 2004)
- Lieutenant of Training (1995 to 1999)
- Coordinator of Emergency Medical Services (1993 to 1995)
- Firefighter / Driver / Paramedic (1987 to 1993)

**PUBLIC SAFETY ASSOCIATION AFFILIATIONS**

Center for Public Safety Excellence as a Peer Assessor, Team Leader and Technical Reviewer (2006 to Present).

**EDUCATION AND TRAINING**

He has an Executive MBA and a Bachelor of Science in Public Safety Administration from the Grand Canyon University, Phoenix (AZ).

**IAN BRADY**

**Senior Consultant, Matrix Consulting Group**

**BACKGROUND**

Ian Brady is a Senior Consultant with the Matrix Consulting Group as part of our Management Services Division, and is based in our Mountain View (CA) office. He began with the firm as an intern but now has 4 years of consulting experience. He specializes in public safety and is dedicated to providing analytical support for all of our police, fire, emergency communications and criminal just system studies. Mr. Brady also developed the firm's GIS analytical tools for analyzing field service workloads and service levels, beat design and efficiency, and alternatives to deployment and scheduling of resources.

**EXPERIENCE IN PUBLIC SAFETY STUDIES**

Mr. Brady has experience conducting fire service management, staffing and operations studies, including recently for the following clients:

- Anchorage, Alaska
- DeKalb County, Georgia
- Hanford, California
- Redding, California
- Shasta County, California
- Suffolk, Virginia

Mr. Brady has experience conducting GIS analysis, including recently for the following clients:

- Arlington, Washington
- Birmingham, Alabama
- Berkeley, California
- Hanford, California
- Hayward, California
- Laguna Hills, California
- Orange County, Florida
- Patterson, California
- Portland, Oregon
- Raleigh, North Carolina
- Suffolk, Virginia
- Winnipeg (Manitoba)

**EDUCATION**

Mr. Brady received his BA in Political Science from Willamette University in Oregon.

**TERRY LEWIS**

**Consultant, Matrix Consulting Group – Project Analyst**

**SUMMARY OF PROFESSIONAL QUALIFICATIONS**

Terry Lewis has over 30 years of experience in the fire service. He began his career in 1980 with the Loveland-Symmes Fire Department in Ohio, where he worked until 1999, advancing through the ranks from Firefighter/Paramedic to Battalion Chief. While in Loveland Symmes, Chief Lewis worked in a variety of capacities including financial management, fire prevention, public education and managing the operations division. Terry was appointed Fire Chief in Henderson, Kentucky in 1999 until retiring in 2009.

**EXPERIENCE**

**Consultant, Matrix Consulting Group**

Recent fire service regional analytical studies include Matanuska-Susitna Borough (AK), King William County (VA) and Mesa County (CO).

**Fire Chief, City of Henderson, Kentucky**

Provided overall management and direction of fire suppression and risk reduction services, utilizing 60 personnel covering eighteen square miles and approximately 30,000 customers. Administered an annual operating budget of \$4.5 million along with various capital improvement projects. He has also composed Standard of Cover Documents and developed and served on the Board of a regional hazmat and technical rescue team.

**Peer Assessor and Technical Advisor:**

Served as a Peer Assessor and Technical Advisor (Mentor) during the Accreditation process for the following agencies:

- King of Prussia, PA
- Lenexa, KS
- Fort Lee, VA
- McChard AFB, WA
- Menasha, WI
- Wilson, NC
- Clearwater, FL
- Edmonton, Alberta, Canada
- Winter Park, FL
- Country Side Fire District, IL
- Southlake, TX
- Santa Clara County, CA
- Port Huron, MI
- Fenton, MO
- Searcy, AR
- Summit, NJ

**EDUCATION**

Bachelor of Science in Fire and Safety Engineering Technology and Associate of Science in Accounting from the University of Cincinnati.

**WILLIAM AUSTIN**  
**Manager, Matrix Consulting Group**

**BACKGROUND**

William brings over 35 years of fire service experience to the project team, which includes serving as the Chief of the City of Tampa (FL) and West Hartford (CT) Fire Departments.

**EXPERIENCE**

Fire Chief, West Hartford, Connecticut

Fire Chief, Tampa, Florida

Chairman, Citizen Corps Advisory Commission, Connecticut

Chairman, Capital Region Emergency Planning Committee, Hartford Connecticut

Deputy Commander, Region 3 All Hazards Incident Management Team, Connecticut

**EDUCATION AND TRAINING**

National Certification as Chief Fire Officer

Master's in Security Studies (Defense and Homeland Security) US Navy Postgraduate School

MPA, Troy State University

Executive Fire Officer Program, National Fire Academy

Resident Program for Senior Executives in State and Local Government, John F. Kennedy School of Government at Harvard University.

## **5. PROJECT APPROACH**

This section of our proposal provides a summary of our proposed approach to conducting the scope of services described in the Request for Proposals. This detailed work plan would serve as the basis for our initial data collection efforts, interviews and other project tasks.

This section of our proposal provides a summary of our approach to conducting the Management Study for the Emergency Medical Services Department as described in the Request for Proposals.

### **1. BACKGROUND TO THE STUDY**

The purpose of this study is to conduct a comprehensive review of the service delivery area of the Northampton County Emergency Services Department to guide management in developing decisions on the proper staffing levels for the Department and whether privatization of emergency medical services is a reasonable option for service delivery. The main issue driving the need for the study is the pending closure of the local hospital in the County and it being relocated approximately 17 miles north into neighboring Accomack County, which will increase transport times and the time personnel are committed to calls requiring patient transport.

The Northampton Emergency Medical Services Department serves a County of approximately 12,389 residents in area covering an area of 795 square miles of which 212 square miles are land and 584 square miles are water.

The results of this study will include detailed analyses of each alternative available to the Northampton Emergency Medical Services Department along with a full implementation plan, costs and anticipated outcomes of implementing the strategy.

### **2. PROJECT APPROACH**

The Matrix Consulting Group believes very strongly in the science of our craft. As a result, we utilize formal project management techniques in conducting our studies, to best meet the needs of our clients. These techniques include:

- **Fact-based and jurisdiction specific analysis:** The central tenet of our approach is collecting facts and data specific to the jurisdiction to ensure all analysis and recommendations are specific to the agency and its requested scope of services.
- **Understanding of the project:** Prior to beginning any study, the project team familiarize themselves with basic information regarding the jurisdiction, including collecting any service level data information, such as number of calls for service,

financial data, current staffing approaches, apparatus deployment plans, response times, service area, etc. This fact based approach continues throughout the project.

- **Interactive study process:** A successful project needs to be based on a study process that involves Department staff and their input regarding recommendations. This approach includes meeting with Emergency Medical Services Department representatives from each operational area.
- **Detailed project management plan:** All project work activities, including team member roles, deliverables, schedule, and budget is detailed in a project management plan along with regular status updates during the study.
- **Cross-trained project team:** Our project team's background as both career consultants and former fire rescue service managers provides a unique understanding of the various components that need to be explored to arrive at recommendations that are able to be implemented while providing accurate and timely financial projections.
- **Work product reviews:** All interim and final work products are reviewed by the client and designated project manager before being delivered or presented at any public meeting.

Our approach and philosophy has provided our clients with valuable assistance and advice in dealing with important public policy, organizational and operational issues. It has also resulted in projects with high implementation rates.

### **3. METHODOLOGICAL OVERVIEW**

Evaluations of emergency medical services must take into account the specific characteristics and environment of the communities being served. While comparative personnel / population ratios are interesting from the broad perspective, they are insufficient to support defensible judgments about the adequacy of resources available to or required by a specific community. As a result of this, we have a structured approach which examines, in detail, the unique workloads and service level characteristics of each function in the delivery of EMS services; and secondly, an approach which is interactive and involves the participation of staff from the Emergency Medical Services Department. Our basic approach to evaluating the options available for providing EMS services in Northampton County would include the following:

#### **(1) Detailed Data Collection and Analysis**

The Matrix Consulting Group focuses intently on the collection and analysis of descriptive data:

- Documenting the current operating and capital costs for emergency services.

- Documenting the current demand for EMS services.
- Documenting and analyzing current service levels.
- Documenting how resources are deployed and utilized.
- Documenting current efforts to encourage functional and regional cooperation.
- Documenting current staff pay, incentives, benefits and retirement programs.
- Gathering standard operating procedures.
- Evaluating and defining specific staffing requirements in each service function.
- Evaluating the current and long range facility and capital needs of the agency.
- Defining alternative service levels based on the results of analysis. Definitions of alternative service levels will need to be based on a quantifiable and consultative process between the project team and the client, staff and others identified in the study and could include such factors as:
  - Response time targets.
  - Nature and quality of services provided to citizens.
  - Level of staff utilization deemed acceptable.
  - Other roles and responsibilities of staff (e.g., maintenance).
- Documenting any contracts being utilized to determine how costs are developed and the types of services being provided.
- Documenting current management systems and approaches used in EMS operations.

We are known as a 'fact based firm', and this approach leads to our clients' better understanding the magnitude of a service delivery issue and the opportunities for improvement.

## **(2) Interactive Study Process**

In our extensive work with fire and EMS agencies, we have found that a successful project (i.e., one which results in positive change in the organization being analyzed) needs to be based on a study process which involves the participating agencies in the project, and through that involvement, builds "ownership" in project recommendations and results. To achieve that involvement, we propose a multi-faceted approach, which consists of the following components:

- We would conduct one-on-one interviews in the County and the Department focusing on job content as well as issue identification.
- We conduct regular formal and informal communications throughout the study process, including status reports.
- Frequent interim deliverables that will be used to demonstrate our progress in achieving the study goals and objectives.

We have found that these interactive approaches lead to higher levels of implementation of recommendations because there are no surprises – all ‘stakeholders’ understand the need for change and have had extensive input into the process.

### **3. SUGGESTED PROJECT WORK PLAN**

The Matrix Consulting Group has developed a detailed work plan for completing the scope of services described in the RFP. Overall, the most significant advantage of our approach is the development of a detailed analysis of the current operating environment and associated costs, including the identification of how to enhance the “status quo”, which may maintain or improve service levels while at the same time providing cost efficiencies during the implantation process of recommendations.

#### **Task 1 Project Initiation.**

The project will begin with meetings between the consultant team and our County contacts to identify key goals and objectives of the project, develop a detailed work scope and schedule for the project, and develop agenda and outcomes / expectations for the future input gathering activities of the Management Study. This session will be utilized by the team to develop the necessary background information on the EMS system, existing service levels, scheduling issues, and project constraints necessary to conduct the requisite planning efforts. If necessary, we will also conduct initial interviews with elected officials to gain their input.

Following the project initiation, we would develop a formal work plan and project schedule. Preparation would also include a comprehensive review and evaluation of various documentation to gain an understanding of current services, service levels, and accomplishments of the Northampton County EMS over the last several years.

Based on the results of these interviews and initial data collection, the project team would develop the initial Management Study development planning documents for this study.

Project Deliverable – MCG	County Services Required
<ul style="list-style-type: none"><li>• On-site initial meeting with Executive staff to review goals, objectives, and project management plans</li><li>• Kick-Off presentation to appropriate staff</li><li>• Detailed project management plan – outlining dates for monthly status reports</li></ul>	<ul style="list-style-type: none"><li>• Attendance at kick-off presentation and initial Executive staff meetings.</li><li>• Designate a project steering team members for review of interim deliverables.</li></ul>

**Task 2      Review and Evaluate Background Information and Data and Conduct Staff Interviews.**

The purpose of this task is to develop an understanding of the EMS system and obtain the necessary data, knowledge and background to provide a framework for issues identification, alternative scenario development and stakeholder needs.

At a minimum tasks associated with this objective would include a review of any and all current or historical documents, reports, and data necessary to understand the clinical, operational and financial aspects of the EMS delivery system. At a minimum, this review will include:

- CAD data
- RMS/Reporting data
- Current and trended budget data
- GIS data
- Prior studies and recommendations
- Relevant statutes, ordinances, regulations and contracts
- Medical control policies
- Clinical protocols
- Communication network schematics
- Communication protocols
- Facility and vehicle inventories
- Facility and vehicle maintenance and replacement policies
- Current deployment plans

- Methods and practices related to resource integration
- Demand and response data
- Annual reports of relevant agencies or groups
- Current census data and projections
- Demographic data
- Development trends and projected or known applications
- Community planning documents and standards
- Financial data (both historical and current)
- System planning documents and related assumptions
- Hospital planning data

We would also interview the current staff of the EMS Department to gain their perspective on the current system strengths, weaknesses and improvement opportunities.

Once these initial data collection activities have been completed, the project team will prepare a detailed written profile which presents our understanding of the Department's current organization, operations, and financial situation as it relates Northampton County EMS. This profile will contain charts, graphs, tables and other information to fully detail the historical and statistical trends impacting Northampton County EMS. This information will also be used to develop the future projections of what the EMS demands in the County will be over the five-year planning period.

The profile will be circulated among EMS division management and other personnel, as appropriate, for comment and to ensure the accuracy of our understanding. Once completed and reviewed by divisional personnel and the project steering committee, the profile information will provide the basis for developing service alternative approaches recommendations for the project.

Project Deliverable – MCG	County Services Required
<ul style="list-style-type: none"><li>• Conduct staff interviews</li><li>• Develop a descriptive profile of the current operations provided by the Department.</li></ul>	<ul style="list-style-type: none"><li>• Making staff available for one on one or group interviews.</li><li>• Reviewing the draft profile to ensure accuracy.</li></ul>

**Task 3 Analyze and Evaluate the Current System of EMS Service Delivery**

The purpose of this objective is to provide a complete and comprehensive organizational analysis of the EMS delivery system based upon the elements found in the standards found in the Commission on Accreditation of Ambulance Services that would be relevant to the County and the current approaches to emergency medical service delivery. The end result of this analysis will be the provision of geographic, temporal, and demand-based service delivery depictions presented in both a tabular and GIS graphic format.

**Task 3.1 Develop an Overview of the Current Systems Methods of System Governance, Administration and Oversight.**

Upon completion of this task, the project team will provide an overview and context of the current EMS system. This overview will include:

- A historical context and description of the current system.
- An identification of the relevant stakeholders in the system and their roles, responsibilities and standards of performance.
- A description of the regulatory and statutory authorities affecting the system.
- A summary of the system of regulatory authority impacting the system.
- An identification of trends and alternative models in EMS system design.
- Identification and evaluation of the management systems that the County has in place to manage the service delivery.

**Task 3.2 System Financing**

System financial stability and sustainability is a crucial, yet often ignored, component of EMS system design success. In this task, the project team will conduct an extensive review of current and projected EMS revenue and earnings results and projections. The evaluation of current and projected system finances will include:

- A review and report on operating expenditures especially as they relate to personnel costs, materials, supplies, and contractual services.
- An identification of current and alternative revenue sources.
- Comparison of existing expenditure and revenue rates with national comparative benchmarks.

- Identify current and develop recommended cost saving strategies in conjunction with a relative cost/benefit analysis of each option as it affects operational and clinical performance.
- An evaluation of existing and planned infrastructure including method of acquisition, utilization, life span attribution and replacement and replacement funding methodologies.
- Evaluate current lifespan of capital assets and identify best practices for maximizing life span of such assets.
- Analyze current and/or pro-forma rates and fees for the purposes developing strategies to maximize billable revenue.

### **Task 3.3 Human Resources**

The processes and systems for the selection, management, retention and development of human resources within the EMS system will be identified, described and analyzed. These include the processes and strategies that:

- Determine needed staffing levels.
- Recruit and train appropriate level of personnel.
- Assure proper certifications and licenses is obtained and maintained
- Assure competent clinical care and adherence to protocols.
- Assure adequate resources exist for current and planned training/continuing education and professional development needs.
- Continuous Process and Quality Improvement is maintained and observed throughout the organization/system.
- Identify and evaluate the quality assurance program to assess the linkages (or not) between dispatch, first responders and transport providers.
- Ensure the physical and mental health, wellness and fitness of system participants.

This will be accomplished through interviews with personnel, leadership, clinical quality and human resource professionals within the system. Best practices from our extensive national practice will be identified and gaps between best practices and current practices will be identified and methods of improvement recommended.

### **Task 3.4 EMS Response Performance**

This analysis will utilize relevant (primarily CAD and PCR if available) data to formulate response modeling which will provide a high degree of accurate representation as to the current performance of the system as it relates to response time and the ability of any alternative to meet or exceed existing performance levels as measured by response time. This analysis will include:

- Current levels of service demand experienced within the County for BLS and ALS services. ALS response time segments to ALS appropriate calls will be identified and evaluated.
- Current levels of service demand for transports at both the BLS and ALS levels.
- Potential ability of cumulative system resources to meet reasonably projected demand.
- A review and evaluation will be made of current station locations and/or posting strategies to identify areas of potential efficiencies and service improvement.
- Based upon the development and demographic data obtained in prior Tasks, service demand impacts will be projected and the level of resources both to deliver and support a level of service consistent with community expectations will be identified for this future planning horizon.
- Areas where geographic and/or density of call distribution considerations result in consistently long response times will be identified and impacts of alternative ALS delivery evaluated.
- The impact on total patient scene time will be modeled and evaluated in any and all ALS system models proposed or contemplated.
- The project team will evaluate the current and projected deployment of EMS resources throughout the County service area. Using an advanced GIS program, the project team will evaluate the current deployment plans and determine predicted travel times throughout the County. We also utilize this analytical tool to evaluate the following:
  - What is the impact of ALS and BLS deployment, redeployment and/or station relocation on the ability to meet targeted EMS response times?
  - Where are EMS resources deployed? Are these the most effective locations given EMS service demands in the County?
  - What is the impact of having a dual tier response system in the County's geographical area?

- What is the impact of deployment changes on the ability to respond to multiple emergencies concurrently?
- If a program change is to be phased in, where should ALS resources be initially located to minimize response times while meeting other requirements such as cost minimization and system effectiveness?

Based on this analysis alternatives to deployment (both physical and strategic) will be identified within service delivery scenarios that stabilize and/or minimize costs while maintaining acceptable community standards of care and levels of service.

### **Task 3.5 EMS System Delivery Evaluation**

The purpose of this task is to provide a comprehensive overview and development recommendations for efficiencies with respect to the overall system of delivery and the mechanisms that support that delivery to the County. Completion of this task will result in:

- A comprehensive system analysis utilizing relevant standards, will be conducted and produced with resultant gap analysis if applicable
- An inventory of available resources will be conducted and an evaluation made with respect to their inter-operability in a seamless EMS delivery system.
- Utilizing our multi-disciplinary team, a thorough analysis of dispatch and call taking capabilities, methods and practices. This includes an analysis and reporting of call taking time segments and total queue time as it relates to EMS system performance.
- An analysis and evaluation of scene management and personnel safety will be conducted utilizing national standards and practices including communications and accountability protocols.
- Document and evaluate the coordination and integration between agencies and functions critical to the performance of EMS system delivery. This includes learning cycle loops between the clinical, operational, communications, and quality review processes.

Project Deliverable – MCG	County Services Required
<ul style="list-style-type: none"><li>• Conduct detailed data analysis.</li><li>• Conduct GIS evaluation of the current EMS delivery system.</li></ul>	<ul style="list-style-type: none"><li>• Ensuring availability of personnel to meet with the project team as needed</li></ul>

**Task 4 Community Risk Analysis And Standards Of Coverage**

The purpose of this objective is to gain a clear and comprehensive understanding of the demand for services on a historical basis and project demands given identified socio-demographic shifts and community development patterns.

**Task 4.1 Future System Demand Projections**

Based upon the data collected and documented in the tasks above, the successful completion of this objective will provide a projection of service demand based upon reasonable projections of changes in community development and demographics.

**Task 4.2 Population Growth Projections**

Based upon census-based data, historical population growth will be combined with known and projected community development to reach a conclusion about population and population density impacts on Northampton County during a 5-year planning horizon. We will work with the County planning staff to develop growth projections.

**Task 4.3 Service Demand Projections**

Utilizing accumulated data and application of current service demands, projections for service demand based upon relevant considerations including population density and shifts in demographic characteristics will be developed and documented.

Project Deliverable – MCG	County Services Required
<ul style="list-style-type: none"><li>• Development of future demand projections.</li><li>• Provide opportunity for additional input .</li><li>• Conduct necessary edits and answer questions for the County and EMS Department</li></ul>	<ul style="list-style-type: none"><li>• Provide the agency representative for review of the projections to provide comments and feedback on any required edits.</li></ul>

**Task 5 Alternative Service Delivery Model(s)**

This objective will result in the creation of an agreed upon criteria for evaluation of options, and the development of alternative delivery strategies and EMS system designs for Northampton County.

Based on the cumulative data obtained in the prior study objectives, the project team will develop feasible EMS system design options for consideration and review using the relocated hospital location and hospitals in the Hampton Roads area as an alternative. The primary step in presenting alternatives is to identify common metrics that are meaningful to the County and provide a rigorous contribution to the ultimate success of the potential alternative. Based on the data and information obtained during

the previous tasks, the project team will present the County with recommendations for metrics to be utilized for comparison. These will likely include the following broad categories at a minimum:

- System Financial Sustainability and Flexibility
- Governance Structures and Systems
- Total Cost of System
- Trends in, and alternatives to, revenue structures
- Measures of system performance
- Impacts on other partner agencies/regional system

Once these metrics are agreed upon and quantified, the project team will present a comprehensive comparison of high probability alternatives to the County. This process will then lead to the ultimate recommendation on system design and will define our recommendation for:

- EMS system design – including ambulance transport and required staffing
- Management structure – including job descriptions for any recommended positions.
- Facility and resource deployment strategies.
- EMS Service demand and performance projections.
- Funding levels needed to support that system design.
- Increased use of local fire departments in the EMS system.
- Privatization of the EMS System in Northampton County.
- Strengths of the option.
- Weaknesses of the option.

Project Deliverable – MCG	County Services Required
<ul style="list-style-type: none"><li>• Development of analysis of alternatives for EMS service delivery.</li></ul>	<ul style="list-style-type: none"><li>• Provide the agency representative for review of the alternatives to provide comments and feedback on any required edits.</li></ul>

**Task 6 Development and Review of Draft and Final Project Report**

The project team will develop, produce and distribute a draft report for additional input and review by the County. The draft report will contain:

- A clear vision for the future of the County EMS system as well as all entities participating in it.
- Recommendations and costs for any staffing changes.
- Recommendations for a strong organizational structure.
- Specific strategies to staff the organization for best practice EMS coverage.
- Options available for privatizing the EMS system in the County.

The draft report will be delivered to the County for review and input. The project team will complete necessary revisions to the report based upon the input received and develop a final project report. Final versions of the final report will then be produced and distributed in accordance with the desire of the County.

Project Deliverable – MCG	County Services Required
<ul style="list-style-type: none"> <li>• Develop the draft project report</li> <li>• Conduct necessary edits and answer questions for the County and EMS Department</li> <li>• Deliver the Final Report.</li> <li>• Make a presentation of the final plan to County staff and elected officials at a public meeting if desired.</li> </ul>	<ul style="list-style-type: none"> <li>• Provide the agency representative for review of the draft report to provide comments and feedback on any required edits.</li> <li>• Schedule a mutually acceptable date for the presentation of the final report.</li> </ul>

**4. PROJECT WORK SCHEDULE**

The chart, below, shows our proposed schedule for completing the project and accomplishing the work tasks described in the previous section of our proposal. As shown in the chart, we propose to conduct the project in 12 calendar weeks. The chart also portrays points at which it is appropriate to have Project steering committee and staff review meetings.

Task / Week	1	2	3	4	5	6	7	8	9	10	11	12
<b>1. Project Initiation</b>												
<b>2. Data Collection and Interviews</b>												
<b>3. Detailed Analysis</b>												
<b>4. Community Risk Analysis and Demand</b>												
<b>5. Alternative Service Delivery Options</b>												
<b>6. Draft And Final Report</b>												

## **6. PROJECT COST**

## 6. PROJECT COST

The following table outlines our cost estimate to provide the consulting services to Northampton County, as outlined in our proposed work plan. The table portrays the hours associated with each project task for each category of project team member. Project expenses are shown separately. As the table shows, we propose a project cost of **\$48,500**.

Task	Project Manager	Senior Manager	Analysts	Total Hours
<b>1. Project Initiation</b>	8	8	0	<b>16</b>
<b>2. Data Collection and Interviews</b>	8	32	32	<b>72</b>
<b>3. Detailed Analysis</b>	4	24	24	<b>52</b>
<b>4. Risk Analysis and Demand</b>	4	32	32	<b>68</b>
<b>5. Alternative Service Delivery Options</b>	4	16	8	<b>28</b>
<b>6. Draft and Final Report</b>	8	32	24	<b>64</b>
<b>TOTAL HOURS</b>	<b>36</b>	<b>144</b>	<b>120</b>	<b>300</b>
<b>RATE PER HOUR</b>	<b>\$200</b>	<b>\$175</b>	<b>\$100</b>	
<b>TOTAL COST</b>	<b>\$7,200</b>	<b>\$25,200</b>	<b>\$12,000</b>	<b>\$44,400</b>
<b>TRAVEL RELATED EXPENSE</b>				<b>\$4,100</b>
<b>TOTAL PROJECT COST</b>				<b>\$48,500</b>

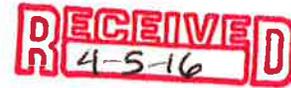
We would be pleased to enter into a fixed price, not to exceed contract to provide these services to Northampton County. Our usual practice is to bill monthly for time and deliverables associated with the project tasks.

**Janice Williams**

---

**From:** Katie Nunez <knunez@co.northampton.va.us>  
**Sent:** Tuesday, April 05, 2016 10:15 PM  
**To:** jwilliams@co.northampton.va.us  
**Subject:** Fwd: EMS Proposal  
**Attachments:** Proposal Northampton County.pdf; Untitled attachment 00785.htm

Katherine H. Nunez, County Administrator  
County of Northampton  
(757) 678-0440 ext. 515



Begin forwarded message:

**From:** [McGrathPhD@aol.com](mailto:McGrathPhD@aol.com)  
**Date:** April 5, 2016 at 6:26:31 PM EDT  
**To:** [knunez@co.northampton.va.us](mailto:knunez@co.northampton.va.us)  
**Subject:** EMS Proposal

Ms. Nunez, Chief Stedman spoke with you about you RFP and we appreciate your input and acceptance of a PDF electronic copy inasmuch as the short preparation time.

Please confirm you were able to open the attachment. If you have any questions please contact me.

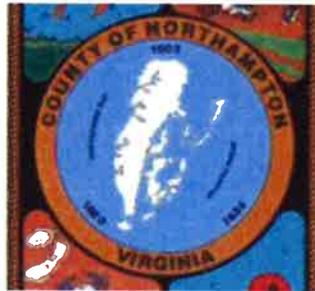
*Tim McGrath Ph.D.*

McGrath Consulting Group, Inc.  
P.O. Box 190  
Wonder Lake, IL 60097

(815) 728-9111

Proposal  
To Conduct A  
**Management Study for the  
Emergency Medical Services  
Department**

for



**Northampton County, VA**

*Submitted by*



April 2016



April 5, 2016

Ms. Katherine H. Nunez, County Administrator  
Northampton County Board of Supervisors  
P.O. Box 66  
16404 Courthouse Road  
Eastville, VA 23347

Dear Ms Nunez,

McGrath Consulting Group, Inc. is pleased to submit a proposal to conduct a comprehensive Management Study of the Emergency Medical Services Department. We are confident we can develop and provide a quality report that addresses the current and future Emergency Medical Service needs for Northampton County. This proposal outlines the project plan, methodology, consulting team assigned to this project, and other information.

This proposal outlines our understanding of the project, study plan, methodology, consulting team assigned, and other information pertaining to this project. McGrath Consulting Group, Inc. utilizes consultants that are highly skilled individuals with both educational credentials and work experiences in the areas outlined in this proposal. Our consultants have an extensive understanding of the EMS service and utilize proven study methodologies. The culmination of the project is a report that addresses current and future opportunities while ensuring the provision of EMS services in the most cost-effective and efficient manner.

Our project manager will communicate regularly with your designated individual to ensure a timely response to issues, questions, or requests you might have; as well as participate as a consultant during site visits. Our project team will remain intact during the duration of this project.

The items outlined in the RFP are very encompassing and our firm brings the necessary resources and experience to address all of these issues and opportunities. Our 16 years of consulting experience in public safety and human resources have allowed our firm to serve over 230 municipal clients. We understand the importance of this project and look forward to the opportunity of working with governing officials, the EMS department, and other identified stakeholders.

Sincerely,

*Tim McGrath, Ph.D.*

Tim McGrath, Ph.D., CEO

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## **Proposal Summary**

If is the understanding of the consultants that Northampton County is seeking an independent emergency services consultant to conduct a comprehensive Management Study of the Emergency Medical Services Department. The services shall result in a professional assessment and study addressing the current level of emergency medical services being provided to and within Northampton County. The consultants shall conduct a complete assessment and study of the current EMS services including operations and administration of the Northampton County Emergency Medical Services Department. The Emergency Medical Services Management Study will provide options for various EMS service levels with recommendations that are relevant to best practices, benchmarks and accepted standards for EMS services. The project is expected to identify areas of excellence and opportunities for improvement in the current delivery system and assess resources used to meet the demand and the performance of services to the community. The project will evaluate all aspects of service delivery including emergency medical services delivery and how it will be affected by the relocation of the hospital.

The final Management Study will provide recommendations for a future organizational model for the delivery of emergency medical services for Northampton County. The Management Study recommendations will include various service delivery options, resources required and cost benefit analysis. The final study will include an implementation schedule for the recommended service delivery improvement options.

## **Firm Background**

McGrath Consulting Group, Inc. was founded in May of 2000 with a mission to assist municipal agencies that wish to provide cost-effective, high quality services in public safety.

**Address:** McGrath Consulting Group, Inc.  
P.O. Box 190  
Wonder Lake, IL 60097

**Office:** Wonder Lake, IL

**Contact:** Phone: (815) 728-9111  
Fax: (815) 331-0215

Cell: (815) 307-2780  
Web: [www.mcgrathconsulting.com](http://www.mcgrathconsulting.com)  
Email: [tim@mcgrathconsulting.com](mailto:tim@mcgrathconsulting.com)

**Federal Tax I.D. #:** 01-0774070

**CEO:** Dr. Tim McGrath

## **Firm Identification & Qualifications**

McGrath Consulting Group, Inc. specializes in public sector consulting predominately in the fields of public safety (fire, EMS, police) and human resource management. The principals of the company have over 50 years of public sector experience. McGrath Consulting employs approximately twenty seven staff members (principals, consultants, and clerical) that may be used on any study depending on the area of expertise required.

McGrath Consulting Group, Inc. has conducted a number of EMS studies addressing opportunities to assure long term effectiveness and viability of high quality emergency medical services for the residents and visitors of Northampton County. Our firm prides itself on its innovative recommendations that maximize service in the most cost effective manner. We address current and future issues regarding: service delivery, cost, adequate staffing levels, opportunities to improve services, resource needs, exploration of partnerships, and alignment of the mission of the EMS Department and of Northampton County.

## **Study Methodology**

Our study methodology involves immersing a highly skilled team of consultants with expertise in the field of EMS. The team will examine all aspects of current service delivery and utilize this information as the foundation for the development of options and recommendations. The consultants will meet with other area service providers to ensure a global approach to providing EMS in Northampton County.

The consulting team will conduct interviews, make observations, measure performance, and determine expectations of Northampton County, the EMS medical director, and current EMS

service providers. More importantly, our team will ensure that stakeholder's concerns and ideas are heard, thus allowing the team to explore greater options.

## Unique Approach

Our firm does not utilize a cut-and-paste approach with our clients. Rather, we take the time needed to learn the culture of the Northampton County EMS department as well as the EMS service providers. Learning the culture of both Northampton County and the EMS service providers sounds nice, but what does it mean and why does it make a difference in the outcome of a study?

Basically, organizational culture is the personality of the organization comprised of the assumptions, values, norms and tangible signs (artifacts) of organization members and their behaviors. Each department has its own culture which might or might not align with the perceived culture of those that govern and administer the municipality.

Our firm believes that understanding the culture is essential to identifying opportunities for change. We seek to understand the culture by viewing it at different levels:



Source: Svinicki, J. *Wisconsin State Fire Chiefs' Association; Winter 2013. Vol 7, No.4 (P.7)*

**Organization Identity** – organizations have an inherent identity which is reinforced. Observations of this identity is not always a clear indicator of the culture of the organization; however, by taking the time to listen to the internal stakeholder we can learn the culture of the organization.

**Collective Commitment** – shared perspectives. What are the underlying rules or norms that guide the organization’s members? Thus, we take the time to understand how the organization approaches problems and opportunities.

**Social System** – the organization develops a synergy representing the patterned series of interrelationships existing between individuals, groups, and institutions and forming a coherent whole.

**Sense Making** – does the espoused culture align with the enacted culture? We gain an understanding of the stakeholder reality of “this is how we do it here”. We determine how strong these assumptions are held by the organization in order to identify the most prudent and successful way to introduce change.

Thus, our unique approach is to ensure an in-depth understanding of the vision, mission, and values of the service provider; thereby providing traditional and innovative approaches to provide cost-effective, efficient future services to the area it serves.

## **Stakeholder Input**

McGrath Consulting Group’s company philosophy has always been to encourage input from anyone interested in the project. The following stakeholders would be interviewed:

- Northampton County government officials
- Northampton County EMS Department Managers and Leadership Team Members
- Northampton County EMS Department Members

In addition the consultants will interview:

- EMS Medical Director
- Other area EMS service providers and leadership members

- Other community members/stakeholders as identified by Northampton County and the EMS Department leadership

Stakeholder input is critical to the project's success; therefore, considerable amount of time will be dedicated to this endeavor. These meetings will provide the consulting team the ability to identify the culture of the service provider; identify opportunities in improving existing services; identify future service delivery options; determine future needs, and identify the best governance model. All of which are essential in the implementation of EMS service delivery.

Our firm has always requested input from the members who provide the service and these interviews are normally conducted in small groups (upon a member's request we will conduct that interview individually). Regardless how all stakeholder's interviews are conducted, we take extreme efforts to ensure confidentiality as outlined in the RFP.

## **Scope of Work**

The study will address the following objectives which are briefly described below. Each objective has considerable depth and this outline is intended to illustrate the scope of work – not the breadth of the topic.

### **Objective - Development of Project Work Plan**

- Develop a project work plan based on the scope of work require to complete the project
- Conduct an initial meeting with the Northampton County project team and the Northampton County EMS Department representatives
- Gain an understanding of the organization's background, goals and expectations for the project
- Establish working relationships, make logistical arrangements, determine communication process and finalize contract arrangements
- Identify work plan specifics
  - Primary tasks to be performed
  - Person(s) responsible for each task
  - Time table for each task to be complete
  - Method of evaluating results
  - Resources to be utilized
  - Possible obstacles or problem areas associated with the accomplishment of each task

### **Objective - Review of Background Information and Data**

- Review and analyze pertinent information, data, maps and previous studies
- Assess and evaluate the information provided to the Consultant by Northampton County and the Northampton County EMS Department
- Utilize the appropriate information, data, maps and other information in the development of the EMS Emergency Medical Services Management Study

### **Objective – Organizational Overview Component**

- Review and evaluate the EMS Department’s management processes including mission, vision, strategic planning, goals and objectives
- Assess and evaluate the functionality of the EMS Department’s Organizational Structure
- Examine EMS Department’s leadership effectiveness
- Determination of the managerial leadership philosophy:
  - Alignment with the governing strategic initiatives
  - Best practices to ensure a unified Department team in providing services
- Gain an understanding of past management practices and impact on the culture of the organization
- Review and evaluate the EMS Department critical issues and future challenges
- Evaluate the effectiveness of both internal and external communication processes
- Review and assess the EMS Department policies and/or procedures for reporting and record keeping including document control and security processes
- Review existing policies and procedures of the Department – evaluate against industry best practice:
  - Standard Operating Guidelines/Procedures – both emergency and non-emergency services
- Evaluate the use of information technology within the EMS Department

### **Objective - EMS Department Management Overview/Operations**

- Assess the current overall EMS Department operations for efficiency and effectiveness – information used as the basis for recommendations
- Gain an understanding of the history and culture of the organization
- Provide a general overview of the Department and protection area
- Assess the current Department operation including EMS service delivery
- Analyze the Department’s organizational structure and design including EMS program administration
- Review foundational policy documents
- Evaluate the Department’s operations for compliance with commonly accepted standards

- Review of current trends in emergency and non-emergency EMS service demands

### **Objective - EMS System Operations**

Determine trends using data collection for the last three years to determine trends in:

- Emergency responses
  - EMS/Rescue
- Analyze current emergency operations:
  - Types of emergency incidents
  - Response times
  - Time of emergency alarms
  - Day of the week of emergency
  - Calls by month
  - Simultaneous call data
  - Location of responses
- Assess existing Department strategic plan
- Review current deployment strategy and identify any gaps
- Review alternative station re-location opportunities
- Analyze current workload of individual EMS companies and/or staff
- Assess actual system reflex time performance of individual companies and/or staff
- Review and assess incident control and management in terms of performance
- Evaluate emergency medical services delivery and support functions
- Assess current mutual aid and automatic response agreement(s) with surrounding jurisdictions and other EMS Service delivery organizations

### **Objective - Industry Standards Comparison**

- Impact of national emergency response trends
- Evaluate significance of national, state, and local EMS standards:
- Assessment of the EMS Department's compliance with industry standards

### **Objective - Evaluation of EMS Training**

- Evaluate training records for the past three years
- Assess the training program and professional development opportunities
  - Facilities
  - Resources
  - Programs/Curriculums
  - Schedules
  - Records

- Certificates
  - Record keeping procedures
- Assess and evaluation of training facilities
- Evaluate the training program administration and outcomes
- Identify recommendations to improve training opportunities with surrounding agencies based on community and area risks and hazards
- Identify and evaluate alternative training delivery methods
- Identify and provide potential funding options for the fire training facility needs
- Evaluate the EMS Department Safety Program and develop recommendations as determined

## **Capital Assets and Capital Improvement Programs**

### **Objective - Fiscal/Capital Analysis**

- Analyze the Department's current fiscal condition
- Evaluate the operational and capital budgets
- Review funding, fees, taxation and other financial resources
- Review current capital assets and analyze future needs based on existing conditions
- Review historical data (3-years) of the Department revenue and expenses
- Analyze the Department 's fiscal efficiency
- Identify future fiscal forecast and associated challenges
- Identify potential savings and costs both short and long term
- Identify future funding options for EMS service delivery improvements
- Identify cost recovery programs/options
- Identify future (short and long term) capital programs
- Identify methods for financing capital needs
- Identify funding methods for apparatus/vehicle replacement

### **Objective – Station/Facilities Analysis**

- Evaluate the current station/facilities locations and distribution – utilizing GIS mapping
- Evaluate the current station/facilities and limitations – both support and emergency appropriateness
- Illustrate travel time/distance utilizing GIS mapping from the current stations/facilities
- Determine if the existing stations/facilities are located in the most advantageous location
- Assess compliance of existing stations/facilities to industry safety standards (i.e. ADA)
- Identify future station/facility needs (including additional, reduction, or relocation of station(s)/facilities
- Analyze the potential for consolidation of the stations/facilities based on concentration, distribution, reliability and cost benefit

- Review compliance of existing stations/facilities for code compliance and industry safety standards
- Evaluate current station/facilities for safety, efficiency and environmental issues
- Determine future viability of current stations/facilities and identify future station/facility needs

### **Objective - Vehicle/Equipment Analysis**

- Assess and evaluate the current condition and limitations of vehicle/equipment
- Assessment of types of vehicles, age, and appropriateness for the Department
- Evaluation of the vehicle replacement plan – if needed develop a replacement plan
- Identification of the Department 's current and future vehicle and equipment needs; including reduction of vehicles/equipment if warranted
- Assess the distribution and deployment of vehicles
- Evaluate and assess the Department 's current maintenance operations in terms of costs effectiveness and compliance with regulations

### **Staffing**

#### **Objective – Staffing/Staffing Methodology /Current & Future Needs**

- Review and evaluate EMS department command staff structure, administration and support staffing levels
- Evaluate the appropriateness of staffing methods, numbers, and distribution of personnel
  - Administrative and support staff
  - EMS staff including shift and company levels
  - Emergency medical technician and paramedic staff
- Review staff scheduling methodology
- Assess staffing deployment in station and on apparatus including distribution, concentration and performance for incidents
- Review the EMS staff distribution
- Evaluate the effectiveness of the first response assignment
- Evaluate the responsibilities and activity levels of personnel
- Assess span of control of officers
- Evaluate EMS Department staffing levels compared to other similar EMS organizations on a per capita, square mile and land use basis

## **EMS Service Delivery and Performance**

### **Objective – Review and Assess EMS Service Delivery and Performance**

- Review and develop recommendations in areas specifically involved in or affecting EMS service levels and performance including but not limited to the following:
  - Demand and distribution study
  - Concentration study
  - Reliability study
  - Performance summary
  - Mutual and automatic aid systems
  - Emergency medical services delivery and support

### **Objective - Emergency Medical Services Support and System Oversight**

- Evaluate the current Emergency Medical Services support and oversight mechanisms to include , but not limited to the following:
  - Review of logistical support services
  - Review of current medical control and oversight
  - Review of quality assurance/quality improvement mechanisms in place
  - Review of system integrity in regards to required credentialing

## **Future System Demands**

### **Objective – Population Growth Projections**

- Review future geographic growth projections based on available census and population history
- Review and evaluate census-based and community planning-based growth projections
- Review current demographics and future projections for population growth including aging populations, increased density projections and occupancy types

### **Objective – Service Demand Projections**

- Assess future emergency and non-emergency service needs based on population growth, historical incident rates, future incident rate projections
- Develop vision of future emergency trends and responses
  - Response times
  - Adequate staffing
  - Adequate resources

- Review and evaluate potential to implement "closet unit dispatch" with neighboring EMS agencies
- Assess potential to provide effective emergency responses in vehicles other than ambulances

### **Objective – Community Risk Analysis**

- Assess and classify community and areas within Northampton County for EMS services risks by type, frequency and severity
- Identify and evaluate future transportation implications and traffic congestion issues
- Evaluate the effects of the current EMS service delivery system with the relocation of the hospital to Accomack County

### **Future Delivery System Models**

#### **Objective - Recommended Long -Term Strategy**

- Develop recommendations for long-term strategy options for resource deployment that will improve the EMS Department 's level of service and system efficiency
- Develop recommendations will include but not limited to the following:
  - Any relocations of existing facilities
  - General locations of existing and future necessary fire stations
  - Selection and deployment of apparatus by type with a replacement plan
  - Deployment of operations personnel
  - Future administrative and support personnel
  - Develop future service goals with projected benefits and costs
  - Identify additional infrastructure or facilities for administration and support programs

#### **Objective – Recommended Short-Term & Mid-Term Strategies**

- Develop recommendations for improving EMS system delivery and efficiency prior to long-term strategies being implemented in areas such as the following:
  - Agency management and organization
  - Staffing and personnel deployment
  - Service delivery methods and goals
  - Prevention programs
  - Enhanced cooperative service agreements with other communities or agencies
  - System funding and cost recovery
  - Other areas as determined to be appropriate and necessary

## **Development, Review and Delivery of the EMS Department Management Study Report**

### **Objective – Development and Review of Draft Project Report**

- Develop draft report and produce a PDF document for a one-time review by the County Administrator and/or designee, who will provide feedback.
- The report will include:
  - Detailed narrative analysis of each report component structured in easy-to-read sections and accompanied by explanatory support to encourage understanding by both staff and civilian readers
  - Clearly designated recommendations highlighted by easy reference and cataloged as necessary in a report appendix
  - Supportive charts, graphs and diagrams where appropriate
  - Supportive maps, utilizing GIS analysis as necessary

### **Objective – Delivery and Presentation of Final Project Report**

- Revise draft report as necessary and provide a PDF disk copy of the final version of the report. If requested conduct a formal presentation for Northampton County officials, staff and/or general public as necessary
- Assure that the formal presentation includes the following
  - Summary of the nature of the report, the methods of analysis, the primary findings and critical recommendations
  - Supportive audio-visual presentation
  - A review and explanation of primary supportive charts, graphs, diagrams and maps
  - Provide an opportunity for questions and answers
  - Provide all materials, files, graphics and written material to Northampton County at the conclusion of the presentation

### **Project Consulting Team**

McGrath Consulting Group, Inc. employs approximately twenty seven staff members (principals, consultants, and clerical). The following consultants will be assigned throughout the duration of this project.

### **Dr. Tim McGrath – Project Manager – EMS Consultant**

As CEO of McGrath Consulting Group, Inc. Dr. Tim McGrath is the visionary of the organization. His 33 years of experience in Fire and EMS as well as his ability to develop innovative solutions makes McGrath Consulting different than other firms. Dr. McGrath started his career as a volunteer firefighter, and went through the transition of an informal group of civic minded individuals to an integral department within the Village of Gurnee, IL. During his tenure with Gurnee, the Village rapidly grew from a small bedroom community to one that hosts a Six Flag Great America, and at the time, the world's largest shopping center – 2.2 million square feet under one roof. Dr. McGrath was in administrative positions during both of the ventures, so he understands the opportunities and challenges growth brings to the fire service.

Dr. McGrath was part of the first paramedic pilot program in the State of Illinois. Through his leadership, he brought in the first non-education based paramedic training program in the City of Brookfield fire department. Thus, the City of Brookfield Fire Department became a profit center training all paramedic personnel for Waukesha County, WI.

Dr. McGrath's passion is in consolidation of services. This can entail a wide range of relationships from simply sharing resources to full consolidation and integration of services. Thus, conducting an analysis of each department, Dr. McGrath is able to identify the areas for greater cooperative efforts that continue to provide quality services in a cost-efficient manner.

Through his experience and innovative mind set, Dr. McGrath is able to identify and address key issues – current and future. It is through this combination of education and work experience, as well as working with over 170 organizations in 21 states, he brings a vast amount of first-hand knowledge to the assessment of emergency services.

#### **Education**

Walden University

Doctorate – Administrative Management

Dissertation: Attitudes on Consolidation in the Fire Service

Webster University

Master of Arts – Public Administration & Management

University of Wisconsin – Stout

Bachelor of Science – Industrial Education  
College of Lake County  
Associate Degree – Fire Science Technology

**Chief Paul Guilbert, Jr. – *Lead EMS Consultant***

Chief Guilbert has been with the McGrath Consulting Group since 2003 serving in a variety of capacities. He has made significant contributions to our public safety studies. During his career 41 years in the fire/EMS service, Chief Guilbert has worked in a variety of positions: firefighter, firefighter/ EMT, firefighter/paramedic, training officer, fire inspector, fire prevention and code enforcement director; as well as a number of officer level positions. The first half of his professional career was with a volunteer and advancing within a career department to the position of Deputy Chief in the Town of Wilton, CT. During the second half of Chief Guilbert's career he served as the Chief of a Wisconsin Fire & Rescue Department that experienced explosive area growth. His leadership and administrative skills successfully oversaw an organization of 45 personnel (19 career/ 25 paid-on-call) \$3.2 million unionized department.

Chief Guilbert continue to have a passion for instructing firefighters and emergency medical personnel having served as the Chief Instructor for the Connecticut State Fire School. He continued his instructional endeavors having served as an adjunct faculty member at a Technical College in Fire Protection Technician program.

Amongst his accomplishments has been the ability to develop staffing and resource deployment models resulting in a well-managed, highly productive, and cost efficient fire/EMS department. He has proposed staffing models, which combined and maximize various staffing methodologies including volunteer, paid-on-call, paid-on-premise, career, and contractual members.

While Chief he was able to procure Federal and State grants to address the growing service demands resulting in rapid community growth in residential, commercial, and industrial – ranking as the fifth largest manufacturing municipality (based on property values) in the State of Wisconsin.

He has attended courses at the National Fire Academy and has earned nationally accredited certifications in both fire and EMS. He is a member of the Wisconsin Society of Fire Service Instructors, MABAS-Wisconsin, the Wisconsin State Fire Chiefs Association and the International Association of Fire Chiefs. Has served on the legislative committee of Wisconsin Mutual Aid Box Alarm System (MABAS) and has been instrumental in enhancing the relationship and cooperative efforts between Illinois and Wisconsin MABAS.

***Education***

National Fire Academy

Southern Illinois University

Completed core studies in Fire Science Management

Milwaukee Area Technical College

Associates in Applied Science Degree – Fire Technology

**Mr. Jim Van Hooser – EMS Asst. Executive Director/Human Resources**

Mr. Van Hooser serves as second in command to the Executive Director of the Cypress Creek Emergency Medical Services, a large premiere private EMS agency serving 178 square miles adjacent to Houston Texas. Mr. Van Hooser oversees 200+ career and 80+ volunteer members who responded to 30,000 emergency EMS incidents per year. Mr. Van Hooser served as a licensed paramedic with Cypress Creek for over 26 years as well as having served as the 9-1-1 Communication Center Manager which dispatches for 17 emergency agencies.

Cypress Creek EMS, has been the innovator in many EMS field procedures for example: community paramedicine, direct patient transport to the hospital catheterization lab bypassing the ER (STEMI program), change in CPR approach, special operations (paramedic SWAT team), including working with federal agencies i.e. FBI, ATF, DEA, etc., considerable community involvement and education, the first EMS system to have its own accredited training academy, creation and implementation of Dispatch Center serving 17 agencies, and awarded Texas EMS Private/Public Provider of the Year twice, the most recent in 2011. The system Project Medical Director was also awarded Medical Director of the Year on two separate occasions.

Mr. Van Hooser started his career as an EMT in 1984 and became a paramedic working for a hospital based ambulance service which gave him ER and in-field experience. Additional information about Cypress Creek EMS can be found at [www.ccems.com](http://www.ccems.com).

Mr. Van Hooser has been involved in numerous consulting projects with McGrath Consulting Group, Inc. as a consultant and has provided technical advice on current EMS practices. His expertise in Human Resources and Communication Center adds a unique ability to align organizational opportunities with a global perspective in providing high quality cost effective services.

***Education***

LeTourneau University  
Bachelor's Degree – Business Management  
SHRM Certifications  
PHR Certification

**Chief Justin Heim – Fire/EMS Consultant**

Chief Justin R. Heim has extensive experience in the combination fire service, having most recently served as a career Fire Chief of a combination fire department in the Milwaukee metropolitan area. Chief Heim also has been involved with several consolidation of service efforts during his fire service tenure. Prior to his retirement, Chief Heim was the principal investigator in a feasibility study conducted between his agency and a neighboring department as the communities worked to merge organizations to be more fiscally responsive to consumer demands.

Chief Heim was a nationally registered paramedic who also oversaw EMS transport functions within his organization while ensuring a high caliber delivery of service and maintaining cost recovery consistent with industry standards. He is currently an adjunct professor of Fire Science at Kaplan University where he teaches numerous courses related to fire service management, community risk reduction and legal aspects of emergency services. Chief Heim is also a contract evaluator for the National Fire Academy where he has assisted 100's of students with qualitative and quantitative research methodology and the scoring of submitted projects against an established rubric for the Executive Fire Officer program.

***Education***

Northcentral University

    Doctoral candidate

University of Wisconsin – Oshkosh

    Master of Public Administration

    Bachelor of Applied Studies – Fire & Emergency Response Management

National Fire Academy

    Executive Fire Officer – graduate

***Larry Pieniasek – Fire/EMS Consultant – Data, Facilities***

Battalion Chief Pieniasek has been with McGrath Consulting Group almost since its inception. He has been a critical component to all of our studies, specializing in the development and analyzing of data; station and apparatus evaluation, and assessment of the department's training program. Battalion Chief Pieniasek has spent over 33 years in the fire service starting as a paid-on-call firefighter and working up the ranks to a career Battalion Chief. Thus, Battalion Chief Pieniasek brings the perspective of a volunteer/combo department as well as a career, unionized department.

Battalion Chief Pieniasek specialized in fire prevention, instructing and ensuring compliance with inspections, pre-plans and all associated records; and was instrumental in achieving an ISO review and ISO class 2 rating, as well as preparing for accreditation through the International Fire Chief Certification Program. Thus, he brings a unique perspective in understanding all of the fundamentals of sound policies, procedures, and best practices.

Battalion Chief Pieniasek was actively involved in the training division for 30 years being the training coordinator for six years. This included training with career, paid-on-call, and combo departments. He was responsible to ensure appropriate training to auto aid departments. Battalion Chief Pieniasek has been the coordinator of EMS disaster drills; coordinator of interdepartmental training at O'Hare International Airport regarding fuselage spill firefighting and passenger rescue.

He was also a team of three which oversaw maintenance of apparatus and equipment in the department; ISO preparation consultant; and coordinator of a multi-departmental high rise

firefighting scenario. He is also an active member of the Illinois Firefighters Association and the Metropolitan Fire Chiefs Association of Illinois.

**Education**

National Louis University  
Masters of Business Administration  
Southern Illinois University  
Bachelor of Fire Science  
College of DuPage  
Associate in Applied Science

**Dr. Victoria McGrath – Human Resources Consultant**

Dr. Victoria McGrath has an extensive background in the field of human resources, predominately in the public sector; but also has a number of years in the private sector having worked in health care, banking, and education. In 2012, due to the ability to serve organizations in human resources beyond public safety, McGrath Human Resources Group was formed and Dr. McGrath serves as CEO of this subsidiary organization of McGrath Consulting Group, Inc. She brings over 29 years of experience in all phases of human resources.

Her professional experience includes the City of Brookfield, WI, which had in excess of 500 employees, including 5 labor unions; the Elmbrook School District, WI – the 2<sup>nd</sup> largest school district in Wisconsin, also with 5 labor unions; and Citicorp Banks. Thus, she has dealt with labor/employee relations; policy, procedure and labor compliance; benefits and compensation; recruitment and staff development.

As a labor negotiator, Dr. McGrath has represented management while utilizing a consensus style bargaining for a variety of public sector unions. During contract negotiations with the Fire Union, the entire contract was re-written in order to accommodate the first paramedic training center located outside an educational institution.

Through her education and experience in both working and consulting in human resources, she has developed an extensive background in analysis and development of compensation systems, overtime analysis and FLSA compliance, labor contract analysis, and development of integrated

human resource systems – recruitment, compensation, policies & procedures, and performance management. In addition to the evaluation of all aspects of a department/organization's personnel systems, she has also worked with department supervisory personnel to ensure efficiency in job responsibilities either within a single department, or across departments within an organization. When called upon, she has then integrated these recommended position changes within the organization's compensation system.

In addition to her role as CEO of McGrath Human Resources Group, Dr. McGrath is an adjunct professor at Northwestern University teaching in the Masters of Public Policy. A member of the Society for Human Resource Management, International Public Management Association for Human Resources; and World at Work.

#### ***Education***

University of Wisconsin – Milwaukee

Ph.D. Administrative Leadership

Dissertation: The Learning Organization: Lessons and implications for municipal government

Cardinal Stritch College

Masters of Management

University of Wisconsin – Milwaukee

Bachelor of Science – Industrial Relations/ Finance

Federal Labor Relations Administration – Labor/Management Relations Training

#### **Mr. Robert Stedman - Fiscal**

Mr. Robert Stedman is a Senior Consultant with McGrath Consulting Group, Inc. Mr. Stedman expertise is fiscal implications of fire/EMS recommendations for which he has conducted a number of consulting projects in that capacity for our firm.

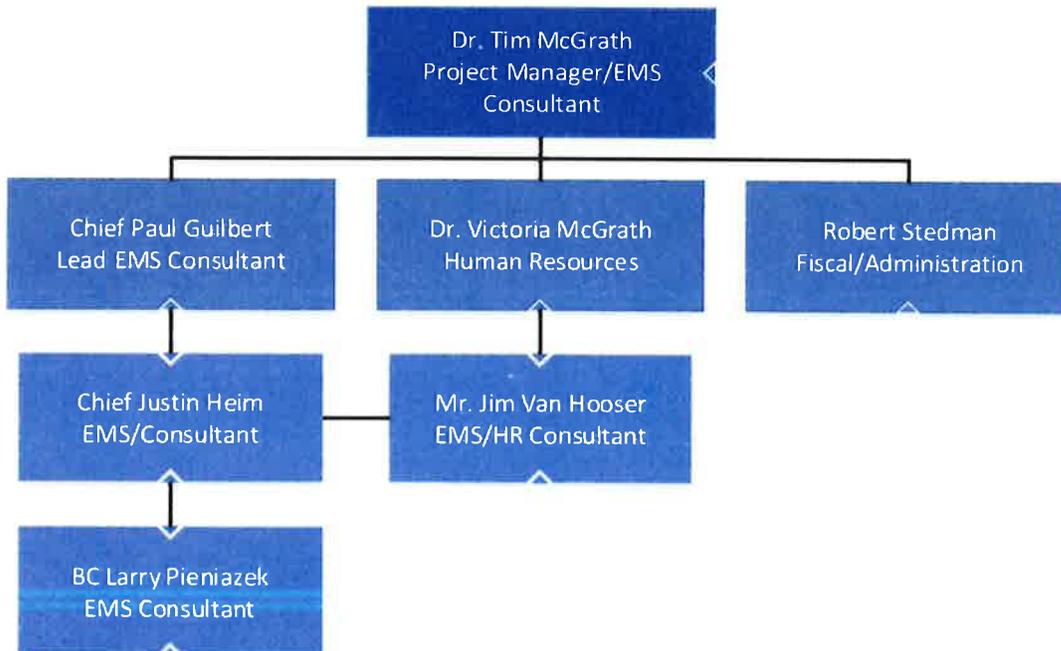
Mr. Stedman has also been involved in the education of public safety as the College Dean for six major program areas including Fire/EMS, Law Enforcement and Homeland Security. These positions included coordinating and planning the curriculum, faculty, and program evaluation. He currently is employed as the Fire Chief of the South Shore Fire Department, which is a consolidated fire department providing fire and paramedic level EMS service.

Mr. Stedman served as a Town Board Supervisor for one of Wisconsin's largest townships. In his capacity as Supervisor, he served as the Chairperson of the Finance Committee which included the automation of departments, and the remodeling of the Town hall. Prior to joining McGrath Consulting, Mr. Stedman spent 23 years in the fire service starting as a firefighter, then moving up the ranks to Fire Chief for the City of Waukesha, WI. As Fire Chief for the City, he supervised a career staff of 98 members serving approximately 22 square miles of a growing community which included residential, commercial and retail areas providing fire and paramedic EMS.

**Education**

University of Wisconsin – Stout  
 Masters of Science – Vocational & Technical Education  
 Southern Illinois University  
 Bachelors of Science – Fire Science Management  
 Gateway Technical College  
 Associate Degree – Fire Science

**Consultation Team Organization Chart**



## Organizational References

### **Emergency Service District 11 (EMS), TX**

**Contact:** Mr. Lynn LeBouef (President) – would prefer to be contacted via email: [lynn.lebouef@comcast.net](mailto:lynn.lebouef@comcast.net).

**Project:** Comprehensive Audit of the ESD and EMS service provider

### **City of Wyoming, OH**

**Contact:** Mr. Robert Harrison – Former City Manager, now City Administrator of the City of Issaquah, WA – (425) 837-3033. Email: [robert9468@yahoo.com](mailto:robert9468@yahoo.com)

**Project:** Multiple projects for the City involving: EMS consolidation, police department audit, the fire department audit/master plan, and executive search for Fire Chief.

### **Menard County, IL**

**Contact:** Mr. Steve Rozanski – now Director of Risk Management – Colorado Mountain College Gleenwood Springs, CO. (970) 384-8533 Email: [srozanski@coloradomtn.edu](mailto:srozanski@coloradomtn.edu)

**Project:** Development and implementation of a Countywide EMS system.

### **City of O'Fallon, IL**

**Contact:** Ms. Pamala Funk – Assistant City Administrator – (618) 624-4500 email: [pfunk@ofallon.org](mailto:pfunk@ofallon.org)

**Projects:** (multiple projects) most recent assessment of the EMS third service division of the City.

### **City of Yukon, OK**

**Contact:** Mr. James Crosby (was City Manager) – now City Manager of the City of Piedmont, OK. 405 373-2621 email: [jimcrosby@piedmont-ok.gov](mailto:jimcrosby@piedmont-ok.gov).

**Project:** Multiple projects including an extensive assessment of the Yukon Fire/EMS Department and future service delivery options.

## Services Expected from the EMS Department & Northampton County

The consulting team anticipates cooperation with the Northampton County EMS Department personnel in obtaining the necessary data. A list of the type of data required will be sent to the appropriate individual well in advance of the first site visit by the consulting team. In almost all cases, the data requested is readily available from previous Department reports or computer activity logs. Minimum help is required in the initial identification of stakeholders; however, assistance in scheduling interviews will be needed.

## Proposed Project Schedule

Task	1 <sup>st</sup> Month	2 <sup>nd</sup> Month	3 <sup>rd</sup> Month	4 <sup>th</sup> Month	5 <sup>th</sup> Month
Contract Completion/Signing					
Data Request to Service Provider					
-Usually Takes 2 to 3 Weeks to Acquire					
First Site Visit					
-Data Review on Site					
-Key Stakeholder Interviews					
-County/ Government Officials					
-Other Stakeholders					
-EMS Department Leadership					
-EMS Department Stakeholders					
-On Site Observations					
Data Analysis					
2nd Site Visit					
-Stakeholder Interviews					
-Service Providers					
-PSAP (dispatch)					
Data Analysis					
Develop Report Components					
Write Draft Report					
3rd Site Visit – if needed					
Submit Draft Report					
Address Draft Report Clarifications					
Compose Final Report					
Proofreader					
Submit Final Report					
- Presentation of Final Report					

\* Could be shorten if data is provided in a timely manner

## Project Costs

The total cost for the items requested in the RFP is \$44,810 which includes professional staff time, transportation and expenses, PDF draft reports for review, PDF disk copy of the report.

The study cost is guaranteed not to exceed the above quoted figure.

The County will be invoiced in three (3) payments: \$5,000 upon receipt of a signed contract; \$35,810 upon completion and submission of the draft report; and the balance of \$4,000 upon

submission of the final report and presentation. Payment is due within 30 days of receipt of invoice.

## **Insurance**

### **Professional Liability**

Admiral Insurance Company

### **General Liability**

State Farm Insurance

### **Worker's Compensation**

State Farm Insurance

## **Final Word**

Our company will develop recommendations tailored to your needs. We are confident we can provide a quality Emergency Medical Services Management Plan for Northampton County and the County of Northampton EMS Department; the plan will include a comprehensive assessment of the EMS Department's emergency service delivery system, which will provide opportunities to improve services in the most cost effective manner.

The combined experience and expertise of the consulting team will clearly identify options in providing high quality services within fiscal capabilities; as well as, providing a comprehensive assessment of the EMS Department's current operations and future opportunities and resource needs.

The consulting team consists of fire/EMS professionals who have years of experience in career and combination fire/EMS departments. The expertise of our fiscal and human resource professionals will integrate the abilities of the personnel to the opportunities identified in the study, and bring field experience in dealing with employee issues. The entire consulting team has extensive experience in conducting previous studies and developing Management and Master Plans involving fire/EMS departments.

Please feel free to contact us if you have any questions regarding this proposal.

Sincerely,

*Tim McGrath*

Tim McGrath, Ph.D.

CEO McGrath Consulting Group, Inc.

RECEIVED  
4-6-16

Janice Williams

**From:** Katie Nunez <knunez@co.northampton.va.us>  
**Sent:** Wednesday, April 06, 2016 4:26 PM  
**To:** Janice Williams  
**Subject:** FW: Proposal to Provide a Management Study for the Emergency Medical Services Department  
**Attachments:** 2016-04-06 Northampton Co VA Mgmt Study FINAL.pdf

4:25pm

**From:** Sunny Larsen [<mailto:slarsen@springsted.com>]  
**Sent:** Wednesday, April 06, 2016 3:57 PM  
**To:** [knunez@co.northampton.va.us](mailto:knunez@co.northampton.va.us)  
**Cc:** John Anzivino  
**Subject:** Proposal to Provide a Management Study for the Emergency Medical Services Department

Dear Ms. Nunez:

On behalf of Mr. John Anzivino and Springsted Incorporated, I am pleased to submit this Proposal to Provide a Management Study for the Emergency Medical Services Department.

If the attached file fails to open, please notify me immediately and I will gladly provide the file in a different format.

Please reply to this e-mail to confirm receipt of our proposal.

Thank you for this opportunity. We look forward to hearing from you soon.

Sincerely,

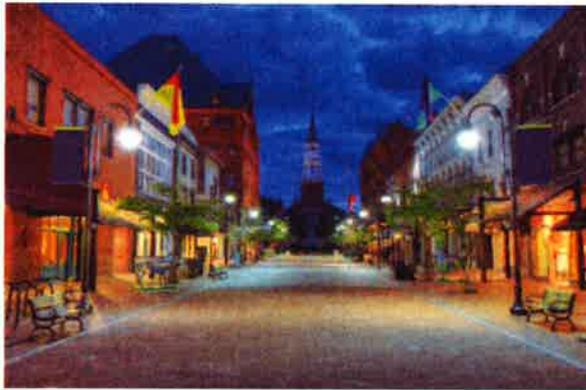
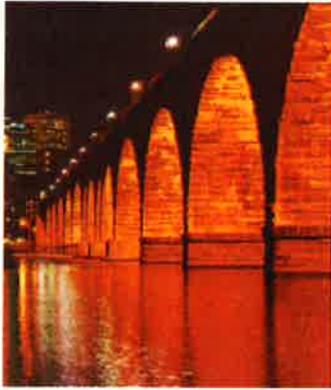
**Sunny Larsen**  
Proposal Coordinator

Springsted Incorporated  
380 Jackson Street, Suite 300  
St. Paul, MN 55101-2887

651-223-3020  
651-268-5020 Fax  
[slarsen@springsted.com](mailto:slarsen@springsted.com)

Visit us on the web at [www.springsted.com](http://www.springsted.com)

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# Proposal

**Northampton County, Virginia**

Proposal to Provide a Management Study for the Emergency Medical Services Department

April 6, 2016

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### ***Mission Statement***

Springsted provides high quality, independent financial and management advisory services to public and non-profit organizations, and works with them in the long-term process of building their communities on a fiscally sound and well-managed basis.



Springsted Incorporated  
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Mechanicsville, VA 23116

Tel: 804.726.9748  
Fax: 804.277.3435  
www.springsted.com

**LETTER OF TRANSMITTAL**

April 6, 2016

Ms. Katherine H. Nunez, County Administrator  
Northampton County Board of Supervisors  
PO Box 466  
16404 Courthouse Road  
Eastville, Virginia 23347

**Re: Request for Proposal to Provide a Management Study for Emergency Medical Services  
Department**

Dear Ms. Nunez:

In accordance with Northampton County's request for proposals, Springsted Incorporated is pleased to submit our qualifications to provide a management study for the Emergency Medical Services (EMS) Department.

Our firm has assisted numerous jurisdictions throughout the United States in addressing human resources issues, as well as performing specialized management studies. We have created an extensive consulting service that provides in-depth study and analysis on a variety of management topics. In addition, Springsted ensures that we have the staff, capabilities and experience required for the study the County has outlined.

Springsted has developed specialized expertise in performing personnel studies and currently serves as the ongoing consultant for several counties throughout Virginia, the Mid-Atlantic region and the country. We feel that this experience coupled with our technical and human resources specialties will bring unparalleled expertise to your study in the areas of human resources administration.

Included in this proposal are the qualifications of our firm, a detailed scope of services, our study methodology and a list of client references. The project's time frame is also provided, along with the resumes of the consulting team.

Respectfully submitted,

A handwritten signature in blue ink that reads "John A. Anzivino".

John A. Anzivino, Senior Vice President  
*Client Representative*

sml

## 1. General Information

### History and Leadership

Springsted is one of the largest and longest established independent public sector advisory firms in the United States. For over 60 years, we have continually grown in the range of our client relationships, the comprehensiveness of our services and our prominence within the industry. Our managed growth is focused on providing clients with a balance of national perspective and local expertise.

Springsted is a privately held corporation and a women-owned business and is certified as a Women's Business Enterprise ("WBE") by the City of Saint Paul, Minnesota and the Milwaukee Metropolitan Sewerage District.

Our headquarters are located in Saint Paul, Minnesota, with offices strategically located throughout the United States. Specifically, our regional offices include Milwaukee, Wisconsin; Des Moines, Iowa; Kansas City, Missouri; Richmond, Virginia; Denver, Colorado; Los Angeles, California and Dallas, Texas. Saint Paul has been our corporate home since the firm first opened its doors in the early 1950s.

Currently, we have a staff of more than 70 professionals, including client representatives, consultants, analytical professionals and support personnel. Our size provides both subject matter expertise and contingency in the case of unforeseen circumstances.

Springsted's work in the Mid-Atlantic states began with implementing higher education financings in the early 1970s. Since then, our long-term commitment to the region has grown along with the range of services offered to local governments, independent authorities, state agencies and non-profit organizations as they work to overcome increasingly complex and far-ranging financial, economic development, human resource and management issues and problems. In 2000, Springsted solidified its commitment to the region through its merger with a well-known and highly regarded financial advisory and management consulting firm based in Virginia Beach, Virginia. Our office in Richmond, Virginia serves clients throughout the East Coast and surrounding areas.

Public entities are under a great amount of pressure to deliver high quality services in a fiscally constrained environment. Traditional methods and means don't necessarily work anymore and this scenario is not likely to change at any time in the future. To that end, elected officials and public administrators are under pressure to employ new and innovative solutions that require progressive leadership, creative partnerships, cautious risk taking and an investment in their personnel and organizational foundation. Success in the public sector is hard to define, but those public entities that enhance and enrich their people, their process and their systems are more likely to deliver more value by maximizing the use of public resources, thus achieving more success in the marketplace of public opinion.

Springsted’s staff has been advising our clients in organizational development for over 25 years. We have a strong staff with direct experience in managing and leading local city and county governments. Our team of professionals brings practical, realistic and creative solutions to the challenges faced by public entities.

Our Human Resource focus is in the area of position classification, compensation and performance evaluation. Our work is competitive, current, court tested and copyrighted to deliver pragmatic outcomes. Our Organizational Management focus ranges from executive recruitment, group facilitation, strategic planning, budget analysis, resource sharing and building collaborations to organizational improvement and efficiency studies.

**Project Location**

**Main Project Office**

9097 Atlee Station Road, Suite 100  
Mechanicsville, Virginia 23116

Office: 804-726-9748

Fax: 804-277-3435

janzivino@springsted.com

**Corporate Office**

380 Jackson Street, Suite 300  
Saint Paul, Minnesota 55101

Office: 651-223-3000

Fax 651-223-3002

advisors@springsted.com

**Our Clients**

- Cities, Towns, Townships and Villages
- Counties
- Special Service Districts
- Non-Profit Organizations
- Hospitals
- Economic Development, Redevelopment and Port Authorities
- Electric and Water Utilities
- Higher Education Authorities
- School Districts
- Housing Authorities

*States in gold reflect client locations  
Areas with stars reflect regional offices*



## 2. Approach and Methodology

Springsted recognizes that Riverside Shore Memorial Hospital is located in Northampton County in the Town of Nassawadox; but that the hospital will be moving 17 miles to the north to Accomack County in December 2016. The County has been studying the effects of this impending hospital move on the provisions of emergency medical services including the expansion to accommodate the increased travel times out of the County to receive emergency medical care at the soon-to-be-located hospital in Accomack County or across the Chesapeake Bay at several hospitals in the Hampton Roads region.

Because of the impending relocation of the hospital, the County is desirous of reviewing its current operations for the provision of emergency medical services and would like additional analysis performed concerning the County's plan to increase staffing. As an alternative the County would also like to examine the potential for privatization of emergency medical services as a reasonable consideration for the County, both in terms of operational and financial aspects.

Delineated on the following pages is the proposed project approach and study methodology. The scope of services, tasks and staffing necessary to complete this project successfully are discussed in subsequent sections of this proposal. The project approach was developed to include significant employee involvement and is subject to adjustment if it is determined that more employee involvement is necessary or desirable.

The Springsted study team consultants are permanent full-time employees of the firm. Each of these individuals has excellent educational training and extensive local government experience encompassing policy, organization, staffing, systems and operations. We believe this experience is essential for the study to be objective, demanding and effective, yet sensitive to the demands and characteristics of government service.

The primary techniques we will use to collect study information will include:

- On-site interviews
- Personal observation of all operations, divisions, programs and services
- Collection and analysis of necessary and pertinent records and documents beyond those provided by the County

The analyses will start as the information is collected. This will not only reduce the overall study duration, but will also assist with early identification of additional information needs. Each consultant will analyze the information collected, looking for adherence to generally-accepted management practices and principles for local governments, data inconsistencies or omissions and whether interviewee concerns and/or suggestions appear to be valid and meaningful. The analyses will be strongly influenced by the operating results actually being achieved and the logic and practicality of the processes being used.

The study findings will identify staffing level strengths as well as weaknesses and both types will be documented. For each finding of weakness, the consulting team will develop a preliminary improvement recommendation.

Once each individual completes the analyses, the consulting team will meet to compare and critique the results. The experience and perspective of all consultants will be used to challenge the analyses, "brainstorm" improvement ideas, and agree upon findings and recommendations that are factual, meaningful and internally consistent. The consulting team will ensure that the recommendations are practical, implementable and capable of producing clear benefits.

The study findings and preliminary recommendations will be documented and then issued for review. They should be reviewed not only by each division head, but also by others who are affected by the recommended changes.

Comments, questions and/or concerns regarding the initial study results should be documented in written responses. If requested, the consulting team will also meet with other individuals and groups to discuss their comments and suggestions. The objective of these reviews is to identify and correct any factual errors or omissions and, hopefully, to reach agreement on the study findings and recommendations.

A draft of the study report will be prepared as the reviews are being completed. The core of the report will be the findings and recommendations, modified to reflect agreed-upon changes. The most substantive addition to the report will be recommended implementation plans that will specify, in some detail, changes to be made, by whom, how, when and at what cost. The potential benefits will also be estimated and presented.

The draft report will be presented to the County Administrator, division heads and appropriate staff members, both orally and in writing. Based upon their feedback, some revisions may be made in the report before it is finalized and issued.

#### **A. Project Orientation**

---

This task includes initial meetings with the County Administrator, the County's EMS Director and other appropriate officials. The following subtasks will be completed:

- 1. Review Study Approach** – The first study activity will be one or more meetings with the County Administrator, EMS Director and other appropriate staff members. The purpose of the meeting(s) will be to discuss and confirm the study objectives, scope and approach presented in this proposal. We will solicit suggestions for improvements and ask that any "gray" areas be clarified. Agreed-upon changes will be incorporated into the final work plan.

The meeting(s) will also help establish the desired working relationship between the County and the consulting team. This will include not only day-to-day interactions with the staff, but also the County Administrator's and EMS Director's desired level of involvement during the course of the study. This could include, for example, monthly review meetings and/or written status reports. Alternatively, the County Administrator's involvement could be minimal prior to completion of the draft study report.

- 2. Initiate Project and Gather Additional Data** – To initiate the project Springsted will begin a comprehensive process to review existing EMS services in the County. The Consulting Team will:
  - Review the current organizational structure and operational policies for provision of EMS and Communications services in Northampton County
  - Review current staffing, duties, responsibilities and qualifications
  - Review historical information related to call volume load, response times and work flow
  - Review history of station locations and current and future growth patterns in Northampton County
  - Review information related to calls and any internal and/or external complaints
  - Review the agency's previous five prior years and current fiscal year budget and capital spending plans and the past year's actual expenditures
  - Review the individual fire department or emergency medical service provider's five prior years and current fiscal year budget and capital improvements pending plan and the past year's actual expenditures
  - Discuss major public safety issues (i.e. lack of volunteer response, internal and external communications issues, funding issues, etc.) leading to the development of the County's request for proposal
  - Review other privatized systems for delivery of EMS services
  - Discuss the schedule for the study and its completion
- 3. Finalize Work Plan** – The final plan will include any revisions to the proposed objectives, scope and approach, as well as consultant assignments and specific schedules for the project tasks. We will also prepare "Information Requests" listing key documents that we will be collecting and will identify individuals for interviews. The final work plan should be distributed to all division heads. This plan will not only serve as a communicating tool, but will also enable the division to begin collecting requested documents, anticipate interviews, etc.

4. **Conduct Preliminary Interviews** – The County Administrator, EMS Director and key staff members will be invited to an interview with the consulting team. They will be asked to discuss the areas they believe need study and requested to provide their comments and suggestions on necessary improvements.

## **B. Perform Field Work**

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The purpose of the Field Work Task is to collect all information needed to evaluate current staffing levels, staff deployment, the organization, management and operations of the County and to recommend improvements. Information collection techniques will include interviews, document accumulation and consultant observations.

Documents specified in the "Information Request" should be assembled as soon as possible, so that interview questions can take that information into consideration. Interview schedules will be coordinated with the document collection efforts.

Our field work will encompass the functions, activities and programs of each division. The number and depth of interviews and the kinds of information collected will vary, however, commensurate with the study objectives, scope and the specific issues being addressed.

Because of our extensive local government experience, the consulting team has substantial amounts of information available to it regarding comparable organizations, their operations and staffing levels. If we determine that certain additional information will be helpful in addressing a particular study issue, that comparable data will be collected during this task.

## **C. Analyze Information and Develop Findings**

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During this task, Springsted Incorporated will analyze the information collected and will develop findings for each of the study issues. These will be findings of strength as well as weaknesses and will form the basis for recommending improvements.

The process used to analyze information and develop findings will consist of the following distinct but interactive steps.

- Review the information obtained through interviews, document reviews, comparative data collection and observations and organize by issue;
- Analyze the information to identify omissions or inconsistencies and collect additional information, as needed; and
- Evaluate existing staffing levels, practices and principles against the generally-accepted practices and principles of municipal operations.

The analysis process will include "brainstorming" sessions among our team to take full advantage of the experience and perspective of each consultant.

## **D. Develop Recommendations and Plans**

The consulting team's findings and conclusions will form the basis for developing recommendations. After management review, implementation action plans will be established. The proposed action plans will include both short- and long-term components.

- 1. Develop Recommendations** – An improvement recommendation will be developed for each issue identified during the study. Many recommendations will be self-evident and straightforward. The consulting team will develop recommendations concerning the need to:
  - Adjust staffing levels
  - Alter the existing organizational structure to increase efficiency and effectiveness
  - Implement technological innovations
  - Eliminate unnecessary work or duplications of effort
  - Add a procedure or missing information
  - Develop a new policy(ies) or amend an existing policy(ies)
  - Simplify a process
  - Assign responsibility/accountability where none exists
  - Consolidate similar operations
  - Modify existing internal or external relationships
  - Revise existing programs/services
  - Implement new revenue sources
  - Consider privatization of EMS services

Because our consultants have extensive local government experience and understand "what works and what doesn't work," most recommendations will be readily apparent to us. Others may require evaluating alternative approaches and selecting the most applicable and beneficial solution.

- 2. Conduct Initial Reviews** – A document containing our preliminary findings and recommendations will be prepared and used to feedback the study results. This review document will be the core of the final report, but we anticipate additions and refinements before it reaches that point. Upon completion of the document, it will be submitted for review by the appropriate personnel.

Upon receipt and review of the document, a written response should be prepared. Management will usually have information, perspectives and opinions that justify revisions to some findings and/or recommendations. This input will be carefully considered and, if necessary, additional research will be performed on questionable issues.

- 3. Prepare Draft Report** – The review process should result in a set of findings and recommendations where there is general agreement between the consulting team and management. Some of the preliminary findings

and recommendations will have been eliminated or revised and others may be added. The final findings and recommendations, however, will reflect the professional opinion of our consultants, even though some members of management still may not be in full agreement.

An implementation action plan will be developed for each recommendation or set of related recommendations. These plans will contain the following elements:

- Implementation responsibility
  - Major action steps
  - Timetable
  - Costs and expected benefits
4. **Review with the County Administrator** – The draft report will be submitted to the County Administrator for review. Since the County Administrator will have been closely involved in each step of the study, the report should not contain any surprises and the review should be relatively easy to complete. Upon completing the review, the consultant team will meet with the County Administrator and others, as appropriate, to discuss their comments and agree upon the final version of the report.

#### **E. Prepare and Issue Study Report**

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The results of the study will be documented in a final report and presented to the County Administrator. Completion of the report will include the following subtasks.

1. **Revise Draft Report** – The draft report will be revised to reflect the staffs' reviews. As indicated earlier, we intend to work closely with them throughout the project and avoid surprises. Revisions, therefore, should be minimal. The primary subject for discussion and revision will probably be the implementation action plans.
2. **Present Results to Appropriate Staff** – We will issue copies of the final draft to the staff and make an oral presentation of its highlights. If preferred, the oral presentation can precede distributing the document. The meeting should result in final approval of the report, its recommendations and action plans.
3. **Issue Final Report to the Board** – Suggested revisions, as a result of the review and the oral presentation, will be made prior to printing and issuing the report. The final report will include options for a new organizational structure and recommendations on staffing levels, potentials for privatization, workload and span of control.

### 3. Project Timeline

Springsted takes pride in meeting its time commitments. The schedule to commence this project coincides with Springsted's completion of other studies. This will ensure that the proposed staff members will be available to concentrate on this study. Springsted is prepared to initiate the study within 10 days after receiving the official notice to proceed and will complete the study within 120 days. A detailed project schedule is provided below.

*There are factors that impact upon meeting the schedule that are beyond the consulting team's control. The proposed time frame is contingent upon a timely decision, the receipt of requested data, and the timely receipt of feedback and comments on the submitted preliminary data.*

Task	May	June	July	August
Project Initiation – Background Information and	■			
Data Collection		■■■■■		
Analyze Information and Develop Findings			■■■■■	
Prepare Draft Report of Findings				■■■■■
Prepare and Present Final Report				■

## 4. Project Team

### **John A. Anzivino**

*Senior Vice President and Client Representative*

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Mr. John Anzivino has over 25 years of experience in state, county and town management. Mr. Anzivino applies this considerable insight in assisting local governments find solutions to a wide range of human resource, financial and programmatic problems and challenges facing them. He holds a master's degree in public administration from the University of Georgia.

### **Nicholas R. "Nick" Dragisich, PE**

*Executive Vice President*

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Mr. Nick Dragisich is team leader for Springsted's Management Consulting Services team. He has over 28 years of management experience, including service as a city administrator and city engineer. He joined Springsted Incorporated as a Management Consultant in 2000 and became the team leader for Management Consulting Services in 2003. Mr. Dragisich has been directly responsible for or involved in numerous utility expense and cost analysis studies as well as in the development of Excel®-based computer models for utilities in Iowa, Kansas, Maryland, Minnesota, Missouri, North Carolina, North Dakota, Virginia, Washington and Wisconsin. He holds a master's degree in business administration, a bachelor's degree in civil engineering and is a licensed professional engineer in Minnesota and Washington.

### **Joel A. Davis**

*Vice President and Consultant*

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Mr. Davis joined Springsted in September 2013 and has considerable experience in wage and benefit administration, recruitment, hiring and retention, employee relations, payroll, employee training and development and regulatory compliance; as well as preparation of job descriptions, personnel policies and analysis of compensation levels. Additionally, Mr. Davis has considerable experience in city and town management as well. Prior to joining Springsted, Mr. Davis served as Human Resources Director/Public Information Officer for the City of Winchester, Virginia where he worked with the City Manager, City Council and department managers on strategic planning, complex administrative projects and assignment of staff resources to ensure productive and cost-effective operations for a 500 employee organization. Mr. Davis has also served as Assistant City Manager overseeing several departments including human resources in North Myrtle Beach, South Carolina, as Town Administrator for the Town of Harrisburg, North Carolina, as Town

Manager for the Town of Spring Lake, North Carolina and as a Recreation Director for Caswell County, North Carolina. He has a Master's Degree in Public Affairs from the University of North Carolina – Greensboro and a Bachelor's Degree in Political Science and Public Administration from Elon University.

**Hailey W. Daniels**

*Assistant Project Manager*

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Ms. Hailey Daniels joined Springsted in January 2015 as a Human Resources Analyst with the Organizational Management and Human Resources Team, providing support and assistance for executive search and organizational management projects. Her duties include conducting research and working with clients and candidates throughout all phases of a project and/or executive search and recruitment. Ms. Daniels has a Bachelor of Science in Business and Human Resource Management from Virginia Commonwealth University and an Associate of Science in Psychology from John Tyler Community College.

Full Project Team Resumes can be found in Appendix I.

## 5. Project Fees

### Professional Fee

Springsted Incorporated will perform all the tasks delineated as described in this proposal for a professional fee of \$17,750. This fee is based upon a management study for the EMS Department staffed with approximately nineteen (19) employees and associated work outlined in this proposal to provide Northampton County with a management study.

Springsted would invoice the County for work completed based on the following schedule:

<b>Time of Invoice</b>	<b>Percentage Invoiced</b>	<b>Cumulative Percentage Invoiced</b>
Completion of Project Initiation	25%	25%
Completion of Information Gathering	25%	50%
Completion of Draft Report	40%	90%
Completion of Final Report	10%	100%

### Out-of-Pocket Expenses

Springsted would charge Northampton County, at cost, for actual out-of-pocket expenses. Out-of-pocket expenses include, but are not limited to, travel and sustenance, overnight or messenger deliveries, conference calling beyond our internal capabilities, photocopying and mailing costs. Direct out-of-pocket expenses are not expected to exceed \$2,500 for the project.

### Additional Work

Should Northampton County request and authorize additional work, we would invoice the County at an agreed upon fee or our standard hourly fees. In addition, we would charge, at cost, for any related out-of-pocket expenses.

<b>Title</b>	<b>Hourly Rate</b>
Principal & Senior Officer	\$260
Senior Professional Staff	\$215
Professional Staff	\$160
HR Analyst/Project Coordinator	\$100
Associates	\$75

Additional work would include work outside the scope of services as agreed to including, but not limited to:

- Additional on-site meetings
- Additional reports
- Work related to a special request

## 6. References and Experience

### References

#### **Warren County, Virginia**

**Mr. Douglas P. Stanley**, *County Administrator*

540-636-4600

Springsted Incorporated was retained by Warren County in 2008 to evaluate the County's existing fire/EMS/communications delivery system. The County operates a combined volunteer/paid system which was experiencing a continued decline in volunteerism. Springsted assessed the communications and fire/EMS delivery systems for the County, including equipment and facility adequacy, developed capital and staffing plans as well as developed policy recommendations for future changes.

#### **Surry County, Virginia**

**Mr. Tyrone Franklin**, *County Administrator*

757-294-3294

Springsted was retained to review and analyze the County's current fire, rescue and communications systems for adequacy in regard to response, staffing, facilities, procedures and protocols. Springsted issued a report in June, 2007 with fifteen major findings and forty-three recommendations for improvement to all facets of the County's public safety system.

#### **Town of Swansboro, North Carolina**

**Mr. David Harvell**, *Town Manager*

910-326-4428

Springsted completed an analysis of fire department staffing and operational issues for the Town. The study provided means and methods of improving efficiency and operations for current functions and provided long-range plans for adding additional staff in concert with the area's growth and development.

#### **City of Kannapolis, North Carolina**

**Ms. Tina Cline**, *Human Resources Director*

704-920-4302

Springsted Incorporated was engaged to conduct an organization and staffing study for the City. The study included all departments and divisions. The consulting team undertook a thorough analysis of each program and department and made recommendations regarding: present and future organizational structure; future staffing requirements; privatization and activities; and improvement in procedures to streamline workflow.

**Burke County, North Carolina**

**Mr. Bryan Steen**, *County Manager*  
828-439-4357

In September 2011, Burke County, North Carolina engaged Springsted Incorporated to conduct an Efficiency Assessment and Staffing Level Analysis of all county departments. Over the past several years, Burke County, North Carolina has experienced change in service demands and mandated programs. Revenue shortfalls caused by actions of the North Carolina State Legislature and the recession, which started in 2008 and is ongoing, have placed stress on the County's ability to maintain its service delivery program within existing budgetary parameters and have placed considerable stress on employees as reductions in force and job consolidation has taken place and service demands have remained constant or increased. The scope of the study as directed by the County included an analysis of the organizational structure, span of control, lines of authority, fiscal accountability, efficiency, and staffing levels of each County department included in the study. The primary objectives of the study were to: Study the organizational structure of the County and each department included in the study for compliance with sound management principles and practices; Evaluate staffing levels and the allocation of staff resources for maximum deployment; Assess service delivery systems and evaluate alternatives; Determine areas in which technological innovations and other program adjustments can improve service and/or reduce costs; Develop a plan for implementing the study recommendations.

To accomplish these objectives, the Springsted team met with the County Manager and members of the management team to review the study objectives, explain how the study would be conducted and discuss their role in the process. Then individual meetings were held with each County Commissioner to identify major issues confronting the county and concerns to be addressed in the study. Members of the consulting team visited each department to gather data on the department's mission, budget, activities, programs, services, staffing and organizational structure. Available workload data and performance measures also were provided. Department directors and, in some cases, key staff members were interviewed and several work processes were observed in the field.

The study recommended two major actions for immediate implementation — adopting a new organizational structure to improve inter-departmental coordination and developing a master technology plan. Other recommendations included: diversify revenues by setting service fees at a rate that recovers direct and indirect costs for services where possible; streamline administrative policies for budgeting, purchasing and hiring; develop performance measures to track service improvements; Undertake a compensation and classification study; and develop a long-range physical plant plan. Burke County officials recognized that these recommendations provided the framework for a multi-year work plan and have begun to work in that direction.

**City of Suffolk, Virginia****Dr. Nancy Olivo**, *Human Resources Director*

757-514-4117

Springsted staff completed a Classification and Compensation Study and a Staffing Level Study for the City of Suffolk's public safety departments. The Classification and Compensation aspect of this engagement provided the City with recommendations to ensure the equity of internal pay relationships among public safety employees and establish compensation rates that will enable the City to attract new and retain existing public safety employees. The Staffing Level Study identified opportunities for the City to improve the efficiency and effectiveness of its public safety operations, programs and services taking into consideration appropriate staffing levels and resource allocation.

**Onslow County, North Carolina****Mr. David Cotton**, *Deputy County Manager*

910-347-4717

Onslow County, located in the Jacksonville area of North Carolina recently completed the second year of implementation of Springsted recommendations. The County initiated consolidation of several departments (planning, building, and environmental review), establishment of more formal training programs, development of an information technology plan, and a comprehensive review of the County's personnel policies and its classification and compensation study. Implementation of the recommendations resulted in savings of \$85,000 annually in solid waste collection costs and \$370,000 annually in changes in the County's emergency medical service billing and collection process. Review of the County's emergency management. Fire and paramedic services were part of this study. Springsted is currently working with the County on its implementation of a new classification and compensation plan and adoption of new personnel policies.

**Eastern Shore of Virginia 911 Commission, Virginia****Mr. Donald.J. Kellam**, *Chairman*

757-331-2686, x. 115

Preparation of an Organizational Management and System Review Plan and Classification and Compensation Plan for the Center's operations. The study included a review of the adequacy of the Centers staffing, organizational and equipment/facilities needs with recommendations for staffing, equipment facilities and compensation adjustments.

**Prince George County, Virginia****Mr. Percy Ashcraft**, *County Administrator*

804-722-8669

Preparation of an Organizational Management and Classification and Compensation Plan for the County's employees including a study of Police, Fire/EMS and communications employees roles, responsibilities and efficiencies.

**City of Winchester, Virginia****Ms. Mary Blowe**, *Finance Director*

540-667-1815

Springsted was retained to work with the City's EMS Fee Committee to develop an acceptable mechanism to allocate proposed EMS transport fees between and among full-time and volunteer EMS service providers defining roles and relationships was central to this engagement. Springsted facilitated team-building sessions that addressed working relationships, communications, conflict resolution, issue management and goal setting.

**North Carolina League of Municipalities****Mr. Hartwell Wright**, *Human Relations Services Director*

919-715-3932

Conducted numerous classification and pay and management and organization studies on behalf of the League. Springsted has been a League subcontractor since 1987.

**City of Minnetonka, Minnesota Public Safety Study****Ms. Geralyn Barone**, *Assistant City Manager*

952-939-8216

Springsted was hired to perform project management responsibilities in a strategic assessment of the City's current and future public safety services. On the heels of the passage of the comprehensive plan, the City wanted a consulting firm to analyze, project and articulate a future vision for public safety services within the City over the next decade. The consulting team offered comprehensive recommendations on the future of fire, police and emergency management services. Topics covered, included areas such as: fire operations, fire prevention, station locations, ISO ratings, PSAP/911 operations and policy, emergency medical services, retail crime, information technology, mass transit, traffic safety and community involvement. The staff will be using the results of the study as a foundation for future operational, policy and financial decision-making.

## Experience

List of Organizational Management Studies: 2011 – Present				
Year	Client	State	Project	Pop.
2011	Accomack County	VA	Internal Audit of Delinquent Tax Collection Process	5,023
2011	Amherst	VA	Capital Improvement Planning Model	408,509
2011	Dodge County	MN	Probation Services Study	
2011	Eugene-Springfield	MN	Fire Study Part II	11,229
2011	ISD No. 0013	MN	Org Mgt Study	37,835
2011	ISD No. 0256	MN	Job Description Study	
2011	ISD No. 0497	MN	Levy Certification Consultation	1,199,000
2011	Kanabec County	MN	Organizational Analysis	22,354
2011	Lake Elmo	MN	Finance Department Analysis	6,458
2011	Lee's Summit Chamber of Commerce	MO	Chamber Development Process Review	51,638
2011	Manitowoc	WI	Budget Revenue & Cost Saving Options	149,226
2011	Naperville Park Dist	IL	Organizational Assessment Study	23,821
2011	Warren	MN	Performance Review	31,569
2012	Bellevue	WI	Org and Salary Study for Fire Dept	200,266
2012	Chanhassen	MN	Long Range Fire Study	47,411
2012	Dodge County	MN	Delivery Authority Project Management	102,945
2012	Dyersville	IA	Police Department SOP's	49,985
2012	Falcon Heights	MN	Operational Analysis of Fire Services	49,985
2012	Houston County	MN	Human Services Study	33,148
2012	ISD No. 0206	MN	Finance Office Study	2,219
2012	ISD No. 0535	MN	Organizational Management Study	20,349
2012	Kandiyohi County	MN	Organizational Review	
2012	Kittson County	MN	Organizational Review	19,674
2012	New Berlin	WI	Evaluate Joint Dispatch Option	16,513
2012	New Berlin	WI	Outsourcing Option Study	549
2012	Ossining	NY	Police & Public Works/Highway Services	15,996
2012	Sauk Centre Public Utilities	MN	Misc. H.R. Work	7,695
2012	Todd County	MN	Organizational Improvement	93,184
2012	Warren County	VA	Org Review Building Inspect. Dept.	33,736
2012	Waterford	WI	Fire Department Reorganization	144,864
2012	Willmar Municipal Utilities Comm	MN	Organizational Assessment	1,563
2012	Winona County	MN	Community Services Analysis	14,570
2013	Dakota County CDA	MN	Employee Survey	24,432
2013	Indian Beach	NC	Fire Department Cons Study	4,115
2013	ISD No. 0112	MN	Organization Management Study	5,321
2013	Jackson County	MN	HS Redesign	18,799
2013	Lexington	NC	Career Ladder Development	11,580
2013	Minnehaha Creek Watershed Dist	MN	HR Services	110,742
2013	Norman County	MN	Human Resources Job Descriptions	42,410
2013	Saint Paul	MN	DSI SWOT Analysis	4,552
2013	Scott County CDA	MN	Evaluation of Organizational Structure	39,834
2013	Shenandoah County	VA	Sanitary Districts Organizational Analysis	39,834
2014	Delano	MN	Organizational Exploration	37,674
2014	Dodge County Human Services	MN	Human Services Redesign Phase II	4,316
2014	Fort Atkinson School Dist	WI	Org Management Study	24,509
2014	Hastings	MN	Fire Study Plan	38,699
2014	ISD No. 0625	MN	Organizational Study	5,341

<b>List of Organizational Management Studies: 2011 – Present</b>				
<b>Year</b>	<b>Client</b>	<b>State</b>	<b>Project</b>	<b>Pop.</b>
2014	Lawrence	KS	Finance Department Debt Study	19,680
2014	Lino Lakes	MN	Fire Department Analysis	49,985
2014	Minnehaha Creek Watershed Dist	MN	HR Analysis	408,509
2014	Scott County CDA	MN	Evaluation of Organizational Structure	46,464
2014	Shakopee	MN	Master Facility Plan Org Study	114
2014	Surry County	VA	Fire and EMS Study Update	
2015	Accomack County	VA	Organizational Assessment	10,260
2015	Dodge County Human Services	MN	HR Transition Plan	18,993
2015	Hermantown	MN	Fire Department Study	1,124,000
2015	ISD No. 0745	MN	SAFE database	6,631
2015	Laguna Woods Village	CA	Organizational Study	294,873
2015	Lexington	NC	SAFE Training	
2015	Meeker County	MN	Organizational Review	42,684
2015	Newport	MN	Police Study	5,654
2015	Pointe Coupee Parish	LA	Organizational Review	20,349
2015	Quad Cities Community Television	MN	Performance Review	12,482
2015	Shorewood School Dist	WI	Org Management Study	22,424
2015	UG of Wyandotte County/Kansas City	KS	Consolidation Analysis	294,873
2015	Washington County HRA	MN	Succession Plan Update	90,811
2015	Wilson	NC	Building Comp Study	20,862
2016	Bluffton	SC	Organizational Structure Study	1,124,000

**APPENDIX I**  
**Project Team Resumes**

**John A. Anzivino**  
Senior Vice President  
Client Representative

Mr. Anzivino joined Springsted in December 2001 as Vice President and Client Representative. In July 2006, he was named Senior Vice President of the firm and, in December 2006, as Director of Springsted's Mid-Atlantic group. He assists Mid-Atlantic cities, counties, towns and non - profit organizations in addressing human resources, staffing, organizational management, financial, housing and economic development challenges in a variety of innovative ways. In addition, Mr. Anzivino oversees the bond issuance process for clients, ensuring that debt offerings are marketed and delivered in a timely and effective manner.

Mr. Anzivino has over 25 years of experience in state and local government. He served as Town Manager for Warrenton, Virginia for more than 12 years. Prior to Warrenton, he served as County Administrator for four years in Caroline County, Virginia, and for six years in Amelia County, Virginia. Each of these communities received state and national recognition for developing creative and innovative approaches to resolving complex financial and programmatic issues that they faced during his tenure. During this time, Mr. Anzivino authored chapters in the *VML Handbook for Mayors and Council Members* and the *Virginia Association of Counties Handbook for County Supervisors*. He has also held positions in West Virginia with the Governor's Office of Economic and Community Development, specializing in resolving complex utility and project financing issues and with a regional planning and development agency, as its Assistant Director.

Mr. Anzivino has been an active participant in professional associations, having served as Vice President of the Virginia Local Government Management Association and as President of the Virginia Association of County Administrators. He has addressed several national and regional organizations on changes in the workforce and their relationship to hiring patterns in the public sector.

**Education**

University of Georgia, Athens, Georgia

Master of Public Administration

Concord College, Athens, West Virginia

Bachelor of Arts

University of Virginia, Charlottesville, Virginia

Senior Executive Institute

**Affiliations**

International City Management Association (ICMA)

Virginia Local Government Management Association (VLGMA)

International Public Management Association for Human Resources (IPMA)

Virginia Local Government Management Association (VLGMA), Life Member

North Carolina Government Finance Officers Association (NCGFOA)

**Nicholas R. Dragisich**  
*Executive Vice President  
Consultant*

Mr. Dragisich is the leader of Springsted's Management Consulting Services Division. As a Consultant, he performs management studies for clients in areas that include long-range financial planning, financial feasibility, utility rates, capital improvement planning, executive search, organizational management and debt management.

Prior to joining Springsted, Mr. Dragisich served in three government management positions. Most recently for the City of Spokane, Washington, he served as Assistant City Manager where he managed a staff of approximately 1,000 and a budget of approximately \$176 million. While in Spokane, Mr. Dragisich restructured the Operations Division to increase efficiency and responsiveness to customers' needs. The Operations Division encompassed Capital Programs Planning/ G.I.S., Engineering Services, Real Estate, Building Codes, Environmental Programs, General Services, Planning, Solid Waste Collection and Recycling, Transportation, Wastewater and Stormwater management, and Water and Hydroelectricity. He also served as City Administrator for the City of Virginia, Minnesota for approximately ten years where he managed all City services including oversight responsibility for the Virginia Regional Medical Center and the Department of Public Utilities and as City Engineer for 13 years.

Not only does Mr. Dragisich have several years of public finance and management experience, he also has over 20 years of experience in engineering. He has served as a Project Engineer for a private firm in Northern Minnesota where he managed the design and construction of projects for municipal and private sector clients.

**Education**

University of St. Thomas, Minneapolis, Minnesota  
Master of Business Administration  
University of Minnesota, Minneapolis, Minnesota  
Bachelor of Science Civil Engineering  
Institute of Applied Management and Law  
Employee Labor Relations Law Course  
National Development Council  
Economic Development Professional Course  
Minnesota Board of Water and Soil Resources  
Delineation of Wetlands in Minnesota

**Affiliations**

International City/County Management Association  
Minnesota City/County Management Association  
Minnesota Government Finance Officers Association  
American Society of Civil Engineers  
American Public Works Association  
Water Environment Federation

**Professional**

Registered Professional Engineer in Minnesota and Washington

**Joel A. Davis**  
*Vice President  
Consultant*

Mr. Davis is an organizational management and human resources consultant, specializing in position analyses, classification and compensation studies, performance evaluation studies, assisting in the resolution of management challenges and in conducting executive search efforts for the public sector. He performs organizational studies, develops personnel policies and manuals and conducts organizational management training.

Mr. Davis joined Springsted in September 2013 and has considerable experience in wage and benefit administration, recruitment, hiring and retention, employee relations, payroll, employee training and development and regulatory compliance; as well as preparation of job descriptions, personnel policies and analysis of compensation levels. Additionally, Mr. Davis has considerable experience in city and town management as well.

Prior to joining Springsted, Mr. Davis served as Human Resources Director / Public Information Officer for the City of Winchester, Virginia where he worked with the City Manager, City Council and department managers on strategic planning, complex administrative projects and assignment of staff resources to ensure productive and cost-effective operations for a 500 employee organization.

Mr. Davis has also served as an Assistant City Manager overseeing several departments including human resources in North Myrtle Beach, South Carolina, as Town Administrator for the Town of Harrisburg, North Carolina, as Town Manager for the Town of Spring Lake, North Carolina and as Recreation and Parks Director for Caswell County, North Carolina.

**Education**

University of North Carolina – Greensboro, North Carolina  
Master of Public Affairs

Elon University – Elon, North Carolina

Bachelor of Arts in Political Science and Public Administration  
University of North Carolina, Institute of Government

Capital Finance and Budgeting, Municipal Administration and Personnel Management

**Affiliations**

International City/County Management Association (ICMA)

International Public Management Association (IPMA)

North Carolina Association of County Commissioners (NCACC)

North Carolina City County Managers Association (NCCMA)

North Carolina League of Municipalities (NCLM)

Society for Human Resource Management (SHRM)

Virginia Association of Counties (VACo)

Virginia Municipal League (VML)

**Civic Affiliations**

Paul Harris Fellow in the Rotary Club; Past Chair of Rotary Club Finance Committee

Chair of Horry County Heart Walk (2007)

**Hailey W. Daniels**  
*Assistant Project Manager*

Ms. Hailey Daniels joined Springsted in January 2015 as a Human Resources Analyst with the Organizational Management and Human Resources Team, providing support and assistance for executive search and organizational management projects. Her duties include conducting research and working with clients and candidates throughout all phases of a project and/or executive search and recruitment.

Before joining the Springsted team, Ms. Daniels worked in an administrative human resources role in the construction industry. She was responsible for recruitment efforts and pre-employment tasks such as creating job postings, conducting candidate screenings and scheduling interviews. In addition, Ms. Daniels was responsible for managing the employee on-boarding process, updating personnel policies and clerical duties such as contract management, formatting spreadsheets and creating PowerPoint presentations.

**Education**

Virginia Commonwealth University, Richmond, Virginia  
Bachelor of Science, Business and Human Resource Management

John Tyler Community College, Chester, Virginia  
Associate of Science, Psychology

**Memberships**

Society of Human Resource Management (SHRM)  
Richmond Society of Human Resource Management  
Local SHRM Chapter

RECEIVED  
4-5-16

**Janice Williams**

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**From:** Katie Nunez <knunez@co.northampton.va.us>  
**Sent:** Tuesday, April 05, 2016 4:46 PM  
**To:** Janice Williams  
**Subject:** FW: Response to RFP for Management Study  
**Attachments:** TriData Proposal - Management Study 4-5-2016.pdf

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**From:** Maria Argabright [<mailto:margabright@hotmail.com>]  
**Sent:** Tuesday, April 05, 2016 4:22 PM  
**To:** [knunez@co.northampton.va.us](mailto:knunez@co.northampton.va.us)  
**Cc:** [PSchaenman@sysplan.com](mailto:PSchaenman@sysplan.com); [hcohen@sysplan.com](mailto:hcohen@sysplan.com)  
**Subject:** Response to RFP for Management Study

Good afternoon, Ms. Nunez,  
Attached is TriData's response to Northampton County's RFP for a Management Study for the Emergency Medical Services Department.

If you have any questions regarding our proposal, feel free to contact Philip Schaenman, TriData's Managing Member, or Dr. Harold C. Cohen, the proposed project manager, at (703) 528-1594 or [pschaenman@tridata.com](mailto:pschaenman@tridata.com).

Regards,

Maria Argabright  
Executive Assistant  
TriData LLC

*Response to  
Request for Proposals*

NORTHAMPTON COUNTY, VIRGINIA

MANAGEMENT STUDY FOR EMERGENCY  
MEDICAL SERVICES DEPARTMENT

April 6, 2016



Prepared by:  
TriData LLC  
2111 Wilson Boulevard, Suite 800  
Arlington, VA 22201

# **PROPOSAL**

## **Northampton County, Virginia**

### **Management Study for Emergency Medical Services Department**

**Submitted to:**

Katherine H. Nunez, County Administrator  
Northampton County Board of Supervisors  
P.O. Box 66  
16404 Courthouse Road  
Eastville, VA 23347  
(757) 678-0440 ext. 516, [knunez@co.northampton.va.us](mailto:knunez@co.northampton.va.us)

**Submitted by:**

Philip Schaeenman, Managing Member  
TriData LLC  
2111 Wilson Boulevard, Suite 800  
Arlington, VA 22201  
(703) 528-1594, [pschaenman@tridata.com](mailto:pschaenman@tridata.com)

**Due date/time:**

April 6, 2016

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## **ORGANIZATIONAL STRUCTURE**

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TriData was established in 1981 and, until 2015, was a division of System Planning Corporation (SPC). In May, SPC was purchased by ECS Federal, a much larger company that primarily works on Federal government contracts. TriData was offered to continue doing business independently, and in July, 2015, TriData became an independent consulting firm that is registered as a limited liability company (LLC) in the State of Maryland. Philip Schaenman, TriData's founder, continues to head TriData as the Managing Member. TriData's studies are still managed by the same senior staff that has led to our high reputation for objective, technically excellent, and innovative studies for local government clients.

TriData is not affiliated with any professional organization, labor union, publisher, or similar organizations. We pride ourselves in being objective and focused. Our reports always reflect findings and recommendations that are based on our clients' actual circumstances and which will best serve the citizens of our clients.

Our mission is to improve public safety effectiveness and productivity based, where possible, on hard data. For local government public safety consulting we conduct:

- Station location and response time analyses
- EMS system analysis
- Staffing reviews
- Risk analyses
- Cost analysis
- Resource deployment
- Reviews of management and organization, including financial analyses
- Human resources reviews
- Emergency management and 9-1-1 communications
- Fire prevention, investigation, and public education reviews
- Statistical analysis
- Workload and reliability analysis
- Support services (training, fleet management, supply and logistics)

TriData has built its reputation on the objectivity, innovation, and technical excellence of our work. Though we base much of our work on hard data, we also spend a great deal of effort soliciting information, opinions, and perceptions from internal and external stakeholders. Our process enables us to achieve excellent success in forming consensus about needs and solutions.

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## **YEARS OF EXPERIENCE**

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TriData has 34 years of experience in public safety consulting, specifically fire and EMS and related services.

TriData is generally considered to be one of the premier public safety consulting firms in the U.S. We specialize in performing research and management studies in fire and emergency medical services (EMS), prevention and public education, and emergency management. We are unique in the synergism between our local government studies, which bring ground truth to the

research, and the research, which brings state-of-the-art information to our local government clients.

During our 34 years of service, TriData has consulted for various types of services, from metro-sized fire/EMS agencies to one station volunteer agencies. We have helped design EMS delivery systems for fire-based, municipal, volunteer, combination, hospital-based, and commercial EMS systems.

TriData also has extensive experience throughout Virginia including fire/EMS studies for county and local governments.

Jurisdiction	Year
Commonwealth of Virginia, Office of Emergency Management	2016
Loudoun County, VA	2015
Arlington County , VA (3)	2016, 2012, 2000, 2000
Campbell County, VA	2009
Richmond, VA	2009
Isle of Wight County	2007
Alexandria, VA	2006, 1990
Norfolk, VA	2006
Roanoke, VA	2006
Rockbridge County, VA	2006
Stafford County, VA	2002
Prince William County, VA	1994

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## QUALIFICATIONS OF PROPOSED PROJECT STAFF

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Following are brief descriptions of the qualifications and experience of the proposed team members selected to work on this project. Following is an organizational chart showing the proposed project team. TriData has not included any sub-contractors on the project team.

Although these individuals have specific responsibilities in the project, our project team works collectively as an interactive unit to develop and vet ideas throughout the study.

**Corporate Oversight** – For each project, TriData’s managing member, Philip Schaezman, is responsible for overseeing the project’s progress in relation to the customer’s scope of work. He also participates in the kick-off of the project, acts as an internal quality management reviewer, reviews the draft and final reports prior to delivery to the client, and is an active contributor of ideas throughout the study process.

**Philip Schaezman, FIFireE**, president and founder of TriData, has 34 years of experience leading studies of all aspects of fire departments, and has more than 37 years related research in fire protection. He is an internationally known expert in fire prevention, public education, fire data analyses, and performance measurement of municipal services, including fire protection.

Prior to founding TriData, Mr. Schaezman was Associate Administrator of the U.S. Fire Administration, responsible for the National Fire Data Center and the Fire Technology Program. He was also a Senior Research Associate at the Urban Institute in Washington, DC, undertaking research on measurement of local government service efficiency and effectiveness. Earlier he headed a group working on management science for the Bell System, and was an engineer working on manned spaceflight for Bellcomm, a company set up to be the systems engineering branch of NASA HQ for manned spaceflight.

Mr. Schaezman holds advanced electrical engineering degrees from Stanford University and Columbia University, and B.S. degrees from Columbia University and Queens College. He has testified before Congress and has been frequently cited in the media.

**Project Manager** – TriData’s project managers have the responsibility of planning, executing, and delivering all products and services requested in accordance with contract terms. As part of their management responsibilities, the project manager oversees all work ongoing under the contract, provides input on every aspect of the project, and coordinates the various study areas. The project manager meets with team members on a regular (usually weekly) basis to discuss the technical, schedule, and cost status of work and related issues.

**Dr. Harold C. Cohen**, a Senior Project Manager for TriData, will serve as the project manager for this study. He has over 35 years of fire service experience, 22 of which were with a Maryland combination county fire department where he reached the rank of division chief. He has extensive experience in various facets of the fire service, including EMS, fire suppression operations, fire department communication operations, administration and management, and training. He is a nationally known expert on options for organizing fire and emergency medical systems,

Dr. Cohen started his fire service career working in volunteer fire companies in Maryland. He is a Life Member of the Pikesville Volunteer Fire Company in Baltimore County, with 35 years of service, including over 4 as secretary. He also served as an EMS lieutenant with the Jacksonville (MD) Volunteer Fire Company.

Dr. Cohen has contributed to over 25 TriData studies, including some of high political sensitivity. He was project manager or deputy project manager for studies of the State of New Jersey’s EMS system; Woodbridge and Franklin Townships, NJ; Alameda, CA; Newburgh and Rochester, NY; Key West, St. Petersburg, Volusia County, Bonita Springs, Orange County and Seminole County, FL; Pittsburgh, PA; Cincinnati, OH; Norfolk, VA; Oklahoma City, OK; Portland, OR; and others.

Dr. Cohen has a PhD in Health Services, a Master’s degree in Emergency Health Services Administration and Management, and is board-certified in health care management. He is a graduate of the National Fire Academy Executive Fire Officer Program and is a national Chief Fire Officer Designate. In 2002, Dr. Cohen was selected by IAFC/NFPA as a Fellow to the Harvard University JFK School of Government State and Local Government Executive Program. He is also an instructor for the National Fire Academy’s Executive Fire Officer Program, and teaches advanced EMS system leadership, and EMS quality management. He recently was asked to evaluate the state of the art approach to a mass casualty incident responder safety, for the annual conference of the American College of Emergency Physicians.

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## SCOPE OF WORK

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TriData has been at the forefront of conducting management studies and comprehensive reviews for local government fire and EMS departments across the U.S. and Canada. Our approach is field-tested and has been successful for 34 years of working with the fire and EMS departments.

### Understanding of the Scope of Work

Northampton County, VA has a rich history of providing top-level emergency medical services to the southernmost part of the Eastern Shore of Virginia. As with many other communities, Northampton County is simultaneously facing several challenges to its ability to continue providing its current level of service. These challenges include: (a) a steady demand for services, (b) decreasing volunteer participation, (c) increase costs, and (d) the imminent relocation of the only county hospital emergency department to an adjacent county.

Northampton County is a socially and culturally diverse community. This diversity has enriched this eastern shore community, but also provokes many challenges in providing healthcare and emergency medical services. These issues are interwoven within the above challenges and cannot be examined independently. We understand, however, that to Northampton County officials, time is of the essence and immediate answers are needed.

There are three main topics that need addressing:

1. Present-day and near-future EMS needs;
2. Implementing Community Paramedicine Programs
3. The future of emergency care in Northampton County.

For this proposal, we will concentrate on the first topic, present-day and near-future needs. After this is completed, we will work with county officials to determine if additional services are needed. Regardless, Dr. Cohen's academic background and his activity as a Fellow of the American College of Healthcare Executives (ACHE) allows us to understand the broad scope of the challenges.

### Project Approach

The overall approach we use has proven to be successful in working on many similar projects. The details of the approach are tailored to the particular question(s) being asked. Our project tasks and timeline have been designed specifically for this project with subject matter experts assigned to specific tasks.

***Kick-off Conference Call*** – Our project begins with a kick-off conference call to review the study's objectives and goals, discuss the scope of work, review the list of necessary background information, plan a tight schedule of meetings for the first site visit in which we "triage" the issues, and finalize the project schedule (including milestones and deliverable target dates).

The kick-off conference call is where final matters regarding project scope and any last minute contractual issues can be resolved. (Prior to the conference call we will have provided a detailed list of background materials needed for the study. A tentative list of information needed is given in Task 2 below. Any data not readily available can be collected later in the project.)

***Site Visit and Triage of Issues*** – Preferably within one to two weeks following the kick-off conference call, the TriData project manager will conduct a three-day site visit. Prior to the visit we will review any background information already received to become familiar with the information and data available.

During the site visit, we familiarize ourselves with the EMS provider agencies and the community it protects. Besides getting up to speed on the present situation, the key purpose of the visit is to triage the issues, identifying what is important to concentrate on for the rest of the project, and what needs less time—the triage of issues. This allows for an efficient project that focuses the always limited time and resources on the most important issues.

The site visit will include meetings with county officials, EMS and fire department personnel, EMS medical directors and other key stakeholders. We like to meet with finance, planning, and IT personnel familiar with the department's operation. We also like to meet with employees and volunteers to help allay any concerns and misconceptions. Our initial meeting with key stakeholders is the channel that allows follow-up contact as the study progresses. We have found that open discussions throughout the study helps lay the groundwork for acceptance of study recommendations down the road. An important meeting will be with key county health officials for a briefing on the umbrella of critical issues concerning emergency care.

During the site visit, the TriData project team will:

- Visit each fire and EMS stations and meet informally with duty staff and officers to get their perceptions and ideas about the key issues, what is going well and what could be improved.
- Visit the communications center to see how dispatching is handled and how assignments are made.
- Familiarize ourselves with the geography and risks.
- Observe the types of units and equipment used, and their condition and appropriateness.
- Observe any relevant fire and EMS responses first-hand through “ride-alongs” (i.e., go out on calls).
- Spend time with whoever is charged with the county statistical reports to discuss the data and information technology available, and what has already been analyzed.
- Visit officials who are major stakeholders in the staffing methods.
- Meet with key community officials about their concerns.

The site visit will conclude in a meeting with the City's project team to discuss our initial observations and findings and triage the issues of the fire and EMS system and the priorities for the study. With the concurrence of the department project manager, we will make any necessary adjustments to the scope of work for the remainder of the project. We will decide on any additional or special data collection and confirm the role of city and emergency services staff.

We believe this input and flexibility is crucial, and we tailor our approach to meet the unique needs of our client.

**Communications** – Following the initial site visit, TriData’s project manager will provide a brief written outline of the major issues identified during the triage meeting and other notes important to the project’s management.

Throughout the study, team members will continue to engage in discussions with stakeholders, obtain more information, and follow-up on observations from the initial meetings. At least weekly or whenever deemed necessary, TriData’s project manager will regularly brief the county’s project manager (or project team) on the progress of the study via conference calls.

By using these time-tested methods, we keep our clients abreast of findings as they happen, reducing the anxiety and surprise elements of the final report. While we may not agree with our clients on all points, our clients know where we are coming from.

### Study Tasks

Following are the specific tasks to be undertaken. The project timeline is presented following this section. Lead staff is given for each task, though we work collegially among ourselves and with you.

**Task 1: Project Initiation and Kick-Off Conference Call**

**Project Staff: Schaenman and Cohen**

As discussed above, the project will begin with a kick-off conference call to review the study’s objectives and goals, discuss the scope of work, review the list of necessary background information, plan a tight schedule of meetings for the first site visit in which we “triage” the issues, and finalize the project schedule (including milestones and deliverable target dates).

The kick-off conference call preferably should be conducted within three working days after contract award, and will include the TriData and the Northampton County designated project manager, senior team members, and others, as appropriate. The kickoff conference should last no more than one hour.

**Task 2: Collection and Review of Data and Background Information**

**Project Staff: Cohen**

Following the conference call, we would like to obtain the following background information, to the extent available. Fire departments vary in the quantity and quality of the data they collect and each project is different. We are used to working with data varies forms and of various quality.

We understand that some of the following may not be available or may take time to gather, but the sooner the better.

- Organization charts for each provider organizations
- Map of EMS and fire station locations
- Salary and benefit cost, by rank/ grade, including uniformed and non-uniformed staff

- Leave data (hours) for uniformed staff for the past three years: vacation, sick, accident, FMLA, training, bereavement, jury duty, etc.
- Personnel deployment (number of EMS and fire personnel) by station (career or volunteer)
- Apparatus and other response capabilities by station
- Response time data: call taking, turnout, drive time.
- Response time targets or service delivery standards being used (formally or informally)
- Any planned capital improvements for EMS and fire department such as apparatus or stations
- Any planned capital improvements within the community that would present new risks or affect existing risks or travel times
- Description of the EMS level of care
- Description of services provided
- County planning data on trends in population, demographics, and business growth (last five years if available)
- Fire loss data, including fatalities, injuries, dollar loss (last five years if available)
- Past annual reports (last five years if available)
- Operating and capital budgets (last five years if available)
- Fire and EMS response data (last five years if available)
- Description of major fire risks by geographical area
- Automatic and Mutual aid agreements
- Weight of response (units and personnel) for various incident types

The data needed for the response time and analysis would preferably be three years or more CAD data exportable to an Access or Excel Format. The data should include incident number, date, address, call type, time received, time dispatched, units dispatched, enroute times, arrival times, clear times, whether the call resulted in transport to hospital or not.

**Task 3: On-Site Meetings and Triage of Issues**

**Project Staff: Cohen**

After reviewing the background information provided, TriData will conduct a three-day site visit, comprising a series of intensive meetings. During the visit, we will have our three-person team, including TriData's project manager, meet with the Palm Beach Gardens project management team, the fire chief, senior fire department members, employee representatives, EMS officials, and other stakeholders as appropriate. We will also meet with city appointed or elected officials as directed by the city project manager. We will visit each station to hold discussions with the on-duty crews.

At the end of this visit, we will meet again with the city project manager and anyone else he desires to provide an overview of our initial observations and findings, and to plan the next steps.

**Task 4: Demand Analysis and Projections**

**Project Staff: Cohen**

We will examine the trends in calls by time and location. We will project demand into the future based on expected population and business growth, and, importantly, the trend in calls per capita. With EMS comprising the bulk of calls, the unusual demographics of Holly Springs and their use of emergency health services affect demand, which in turn affects workloads and need for additional resources.

**Task 5: Operations, including Response Times and Station Locations**

**Project Staff: Cohen**

The first part of this task is to determine whether current station and equipment placement will ensure continued efficiency in light of current workloads and demand projections. We consider this by area served by each organization. While performing this analysis, we will emphasize the effectiveness of the adaptive staffing model, while also considering options like dynamic redeployment and seasonality changes.

We will analyze response times including standard time segments such as 911 connect to dispatch time, dispatch time, travel time, on-scene time, and in-service time. We will also try to measure time differentials for first responder and EMS arrival times because this can guide the City on the use and level of training needed for first responders. We will also determine the time it takes to respond a first-alarm team on scene. Also included is an assessment of weight of response, or how much equipment is needed for specific emergencies, and what is available for hazmat and technical rescue internally or with help from mutual aid.

We will then compare the above to existing fire service standards such as NFPA 1710, NFPA 1720, Center for Public Safety Excellence, Commission for Ambulance Accreditation, and similar organizations. Data obtained and analyzed will assist us in determining operational strength needed.

While we use several accreditation guides in our analysis, our recommendations will be based on the needs of Northampton County, not on meeting a criteria that may not be applicable for the area.

**Task 6: Administration, Management and Training**

**Project Staff: Cohen**

We will evaluate the current administration, organization and structure of the department to assure the adequacy of management and administrative staff.

We will consider the department's staffing and supervisory structures; and response methodology. (Deployment analysis will be done in a separate task discussed above.) We will review the organizational structure for appropriateness and consider the policy and decision making process. This includes determining which positions should be filled by uniformed staff or non-uniformed administrators. Other areas of assessment include: budget and finance, information management, human resources management, and other administrative processes.

We will review the administrative and operational chain of command to assure and the organization's ability to provide top-level customer service. We will also evaluate the current records management system looking specifically for cohesion, and the ability for the system to accumulate and store data, analyze data to make evidence-based decisions, and to provide dashboard data for real-time continuous evaluation. Our financial assessment will examine the current and projected status of the department. Special attention will be paid to possibilities for enhanced revenue streams from impact fees, reimbursements, inspection and code enforcement, plan review, and cost recovery items.

A significant part of our assessment will include determining the level of service provided by volunteers and volunteer agencies. While volunteer services are stressed, in communities like Northampton County, VA, volunteer EMS and fire services will continue to be counted upon. In this section, we will offer suggestions on maximizing these continued efforts.

<b>Task 7:</b>	<b>Prepare Draft Report</b>
<b>Project Staff:</b>	<b>Schaenman and Cohen</b>

After all data is compiled and evaluations and analyses are completed, TriData will submit a draft report to the Northampton County project manager (or project team) for review and comment. The draft is submitted 30 days prior to the final report due date and we would ask that comments be returned to us within 2 weeks. Since time is of the essence, the depth of our report will be adjusted to concentrate on rapid turnaround.

Important assumptions in pricing this effort and keeping within budget are that review comments sent to us by the city will be collected and combined into one document by the city's project manager, which will allow us to quickly revise the draft report and prepare the final report. There will be one round of comments unless there are errors in the revised final report.

<b>Task 8:</b>	<b>Submit Final Report and Final Presentation</b>
<b>Project Staff:</b>	<b>Cohen</b>

After receiving comments on the draft report, TriData will make final changes, perform a final edit, and submit the final report. We will submit a hard copy and an electronic version. At this time, we will also schedule a mutually agreeable date for a final presentation of the results, which will include a Microsoft PowerPoint presentation. Some clients want the presentation to occur between the draft and final reports, while other want the presentation after submission of the final. We will provide the presentation at the discretion of the project manager.

On-time delivery of the final report is dependent on our receiving the city's comments within 2 weeks of delivery of the draft report. If the city needs more than 2 weeks to submit comments, then the final report will be ready within 2 weeks of our receiving comments on the draft.

We understand that timing of the project delivery is essential and we will follow the timeline listed below.

### Timeline

The tentative timeline for the study is shown in **Error! Reference source not found.** Based on TriData’s experience with similar studies, we are prepared to meet the County’s need for prompt service. It includes 10 days for the city to review the draft report, and one week for TriData to make the necessary revisions and submit the final report.

Important assumptions for staying on schedule are that at least one calendar year of CAD data will be available in digital format in a timely manner, and the review and comment period on the draft report will be coordinated by the city’s project manager with the review comments sent to TriData in one consolidated document.

TASKS	May				June			
	1	2	3	4	1	2	3	4
Task 1: Project Initiation and Kick-Off Conference Call	■							
Task 2: Collection and Review of Data and Background Information	■	■						
Task 3: On-Site Meetings and Triage of Issues		■						
Task 4: Demand Analysis and Projections			■	■				
Task 5: Operations, including Response Times and Station Locations			■	■				
Task 6: Administration, Management and Training				■	■			
Task 7: Prepare Draft Report							■	
Task 8: Submit Final Report and Final Presentation								■

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**PRICE**

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The firm, fixed price for this project is **\$19,142** that is all inclusive. Payment will be made in three equal payments of \$6,381. The first payment is due at the completion of the triage visit, the second payment due after the submission of the Draft report, and the third payment after submission of the final report.

**COUNTY OF NORTHAMPTON, VIRGINIA**

**REQUEST FOR PROPOSALS  
FOR  
MANAGEMENT STUDY FOR  
EMERGENCY MEDICAL SERVICES DEPARTMENT**

**Date of Issue:**

**March 30, 2016**

**Due Date for Proposal:**

**April 6, 2016**

The County of Northampton comprises the southernmost portion of the Eastern Shore of Virginia, bordered on the north by Accomack County, Virginia, on the west by the Chesapeake Bay, and on the east by the Atlantic Ocean. At the southern end of the County is the Chesapeake Bay-Bridge Tunnel, connecting the County to the Hampton Roads area of Virginia. The County encompasses a land area of approximately 355 square miles. The County's population was 12,389 per the 2010 census.

The County of Northampton is desirous of obtaining proposals for a management study of our Emergency Medical Services (EMS) Department. The EMS Department is currently staffed with 19 employees comprised of an EMS Director, an EMS Captain, and EMTs at varying levels of certification.

The Department provides EMS personnel from 6:00 a.m. to 6:00 p.m., Monday through Sunday, and staffs two volunteer company ambulances: one in the south end of the County and one in the north end of the County. This service is supplemented by a Duty Supervisor who travels in a Quick Response Vehicle to oversee and assist the daytime staff as necessary.

The second coverage that the County provides focuses on night-time, weekends and holidays through a County-owned ambulance which is placed at the County's EMS Department located in the central area of the County. This ambulance is staffed with a minimum of two, typically with an intermediate or paramedic certification level crew and answers any calls dispatched in Northampton County.

Currently, Riverside Shore Memorial Hospital is located in Northampton County in the Town of Nassawadox; however, this hospital will be moving 17 miles to the north to Accomack County in December 2016. The County has been studying the effects of this impending hospital move on the provisions of emergency medical services including the expansion to accommodate the increased travel times out of the County to receive emergency medical care at the soon-to-be-located hospital in Accomack County or across the Chesapeake Bay at several hospitals in the Hampton Roads region.

The County is desirous of reviewing our current operations for the provisions of emergency medical services and analysis of the County's plan to increase staffing and to also review and determine if privatization of emergency medical services is a reasonable consideration for the County, both in terms of operational and financial aspects.

Time is of the essence; therefore, we are seeking a proposal that indicates time and cost to perform said study with proposals due to the County (at the address provided below) not later than 5:00 p.m., April 6, 2016. The proposal shall be signed by an authorized proposer or representative.

Any proposal received after this date and time, whether hand-delivered, submitted via U.S. Postal Service, or submitted via any other delivery service, will not be accepted or considered.

We are enclosing the following supplemental information:

- (1) Current Shifts Chart
- (2) Base Salary Information Chart
- (3) FTE Salary Comparison Chart
- (4) 2015 Calls by Time of Day Chart
- (5) 2015 Calls by Day of Week Chart
- (6) 2015 Calls by Day of Month Chart
- (7) 2015 Calls by Month Chart
- (8) Budgets/Billing Revenue for FY 12 – FY 16
- (9) Emergency Medical Services Department narrative from the FY 2016 County Budget

Please note that the County has named its three volunteer companies that provide emergency medical services as part of its Public Safety Team. While we provide no direct financial support to those agencies for emergency medical services, the placement of County-paid personnel to run the volunteer ambulances allows those volunteer companies to earn and retain ambulance billing fees for any runs incurred on the volunteer equipment.

The County reserves the right to amend or cancel this RFP at any time if it is in the best interests of the County. The County reserves the right to reject any or any part of all proposals; to waive informalities and technicalities; and to accept that proposal which the County deems to be in the best interest of the County, whether or not it is the lowest dollar cost proposal.

Any questions concerning this RFP should be directed to Katherine H. Nunez, County Administrator, at (757) 678-0440, extension 515.

Proposals to perform the subject study in accordance with these specifications will be received in the Office of the County Administrator:

Katherine H. Nunez, County Administrator  
Northampton County Board of Supervisors  
P.O. Box 66  
16404 Courthouse Road  
Eastville, VA 23347  
(757) 678-0440 ext. 516  
(757) 678-0483 (fax)  
Email: [knunez@co.northampton.va.us](mailto:knunez@co.northampton.va.us)

# CURRENT SHIFTS

**Current Schedule**  
Ambulances = 2 Day / 2-3 Night

	SUN	MON	TUE	WED	THU	FRI	SAT
<i>Day Shifts</i>							
Exmore I/P	6a-6p 1	6a-6p 2	6a-6p 3	6a-6p 4	6a-6p 5	6a-6p 6	6a-6p 7
A/EMT	8	9	10	11	12	13	14
Cape Charles I/P	6a-6p 15	6a-6p 16	6a-6p 17	6a-6p 18	6a-6p 19	6a-6p 20	6a-6p 21
A/EMT	22	23	24	25	26	27	28
Supervisor I/P	6a-6p 29	6a-6p 30	6a-6p 31	6a-6p 32	6a-6p 33	6a-6p 34	6a-6p 35

	SUN	MON	TUE	WED	THU	FRI	SAT
<i>Night Shifts</i>							
Exmore I/P	6p-6a 1	6p-6a 2	6p-6a 3	6p-6a 4	6p-6a 5	6p-6a 6	6p-6a 7
VOLUNTEER	Volunteer	Volunteer	Volunteer	Volunteer	Volunteer	Volunteer	Volunteer
Cape Charles I/P	6p-6a 7	6p-6a 8	6p-6a 9	6p-6a 10	6p-6a 11	6p-6a 12	6p-6a 13
VOLUNTEER	Volunteer	Volunteer	Volunteer	Volunteer	Volunteer	Volunteer	Volunteer
Machipondoo I/P	6p-6a 14	6p-6a 15	6p-6a 16	6p-6a 17	6p-6a 18	6p-6a 19	6p-6a 20
A/EMT	21	22	23	24	25	26	27
Supervisor I/P	6p-6a 28	6p-6a 29	6p-6a 30	6p-6a 31	6p-6a 32	6p-6a 33	6p-6a 34

Category	Count
Day Shifts	36
Night Shifts	17
<b>TOTAL</b>	<b>67</b>

# Base Salary Information

Northampton

**Hourly**                      **Base - 36**

EMT	\$ 13.84	\$ 25,908
Enhanced Intermediate	\$ 14.53	\$ 27,200
Paramedic	\$ 16.46	\$ 30,813
Lieutenant	\$ 17.28	\$ 32,348
Captain	\$ 18.14	\$ 33,958
Battalion Chief	\$ 19.05	\$ 35,662
Chief	\$ 20.00	\$ 37,440
	\$ 23.67	\$ 44,310

**Base - 40**

2080  
8 scheduled hrs

**Overtime**                      **Annual w/OT**

	\$ 28,787	\$ 8,636	\$ 37,423
	\$ 30,222	\$ 9,067	\$ 39,289
	\$ 34,237	\$ 10,271	\$ 44,508
	\$ 35,942	\$ 10,783	\$ 46,725
	\$ 37,731	\$ 11,319	\$ 49,051
	\$ 39,624	\$ 11,887	\$ 51,511
	\$ 41,600	\$ 12,480	\$ 54,080
	\$ 49,234	\$ 14,770	\$ 64,004

Northampton

**Hourly**                      **Base - 36**

44 % increase

EMT	\$ 19.93	\$ 37,308
Enhanced Intermediate	\$ 20.92	\$ 39,168
Paramedic	\$ 23.70	\$ 44,371
Lieutenant	\$ 24.88	\$ 46,581
Captain	\$ 26.12	\$ 48,900
Battalion Chief	\$ 27.43	\$ 51,353
Chief	\$ 28.80	n/a
	\$ 34.08	n/a

**Base - 40**

	n/a
	\$ 59,904
	\$ 70,896

# FTE Salary Comparison

Shift/Exp	Position	48 hour Employees				TOTAL
		Hourly	Salary	Overtime	Benefits	
60	CURRENT	\$ 16.80	\$ 689,507	\$ 157,289	\$ 305,477	\$ 1,152,273
64	Basic	\$ 13.93	\$ 28,769	\$ 8,031	\$ 14,681	\$ 52,081
88	Captain	\$ 19.05	\$ 39,624	\$ 11,987	\$ 17,526	\$ 69,037
92	Paramedic	\$ 17.28	\$ 35,942	\$ 10,783	\$ 16,564	\$ 63,289
96	Enhanced	\$ 14.53	\$ 30,222	\$ 9,067	\$ 15,071	\$ 54,300
98	Paramedic	\$ 17.28	\$ 35,942	\$ 10,783	\$ 16,564	\$ 63,289
102	Enhanced	\$ 14.53	\$ 30,222	\$ 9,067	\$ 15,071	\$ 54,300
106	Paramedic	\$ 17.28	\$ 35,942	\$ 10,783	\$ 16,564	\$ 63,289
110	Enhanced	\$ 14.53	\$ 30,222	\$ 9,067	\$ 15,071	\$ 54,300
114	Paramedic	\$ 17.28	\$ 35,942	\$ 10,783	\$ 16,564	\$ 63,289
118	Enhanced	\$ 14.53	\$ 30,222	\$ 9,067	\$ 15,071	\$ 54,300
122	Current	\$ 23,970	\$ 689,507	\$ 157,289	\$ 305,477	\$ 1,152,273
126	Phase 1	\$ 10,372	\$ 860,007	\$ 208,439	\$ 385,893	\$ 1,454,339
130	Phase 2	\$ 22,217	\$ 992,337	\$ 248,138	\$ 449,163	\$ 1,689,638
134	Phase 3	\$ 26,660	\$ 1,124,666	\$ 287,837	\$ 512,433	\$ 1,924,936
	Difference					
	Current	\$ 23,970	\$ 689,507	\$ 157,289	\$ 305,477	\$ 1,152,273
	Phase 1	\$ 10,372	\$ 860,007	\$ 208,439	\$ 385,893	\$ 1,454,339
	Phase 2	\$ 22,217	\$ 992,337	\$ 248,138	\$ 449,163	\$ 1,689,638
	Phase 3	\$ 26,660	\$ 1,124,666	\$ 287,837	\$ 512,433	\$ 1,924,936

New hiring Requests

Phase 1  
4 additional employees

Phase 2  
4 add. employees

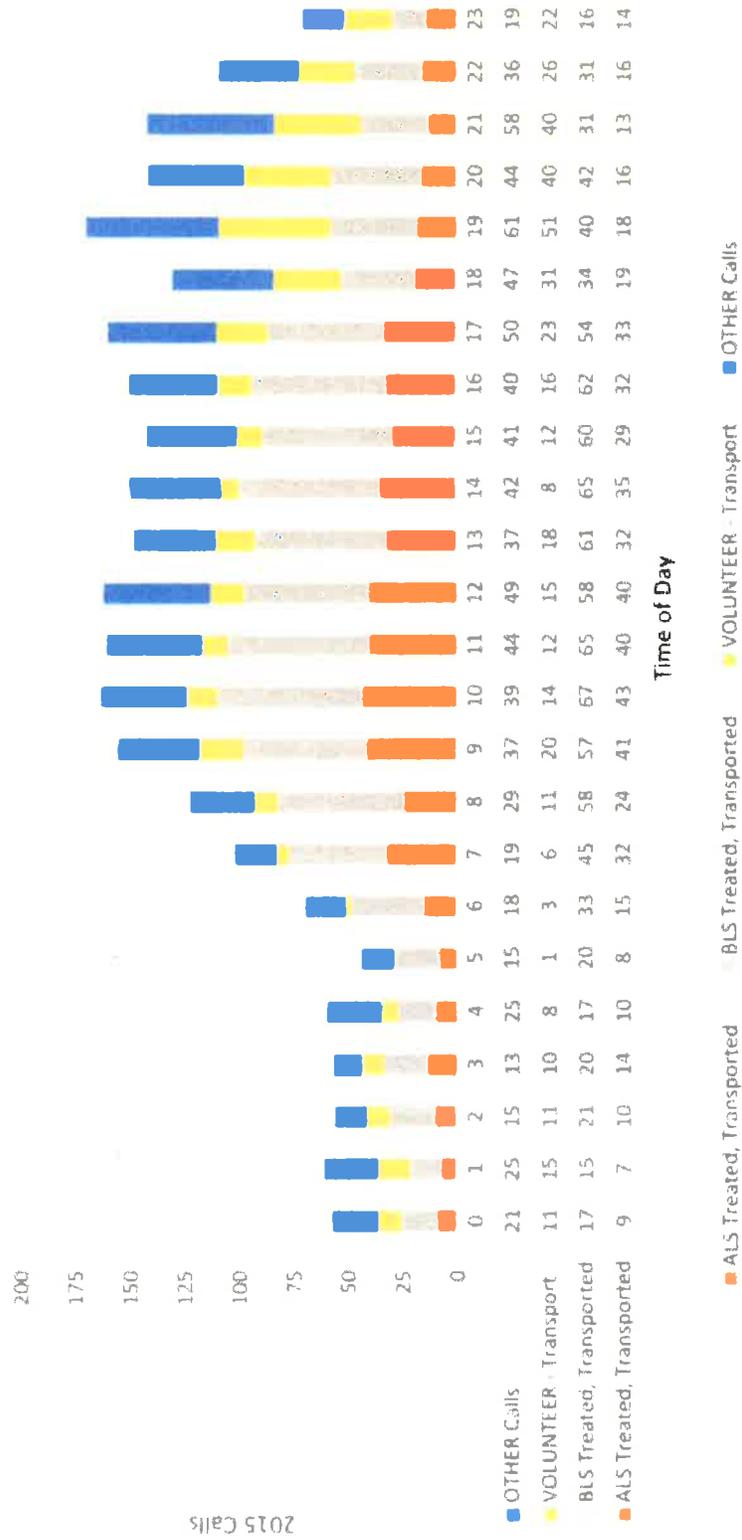
Phase 3  
4 add. employees  
Probably Not Needed

Shift/Exp	Position	36 hour Employees				TOTAL
		Hourly	Salary	Overtime	Benefits	
16	Basic	\$ 13.83	\$ 25,892	\$ -	\$ 13,354	\$ 39,246
17	CURRENT	\$ 16.82	\$ 658,647	\$ -	\$ 293,443	\$ 952,090
18	Paramedic	\$ 17.28	\$ 32,348	\$ -	\$ 14,892	\$ 47,240
19	Enhanced	\$ 14.53	\$ 27,200	\$ -	\$ 13,666	\$ 40,866
20	Enhanced	\$ 14.53	\$ 27,200	\$ -	\$ 13,666	\$ 40,866
21	Captain	\$ 19.05	\$ 35,862	\$ -	\$ 15,682	\$ 51,343
22	Paramedic	\$ 17.28	\$ 32,348	\$ -	\$ 14,892	\$ 47,240
23	Enhanced	\$ 14.53	\$ 27,200	\$ -	\$ 13,666	\$ 40,866
24	Enhanced	\$ 14.53	\$ 27,200	\$ -	\$ 13,666	\$ 40,866
25	Paramedic	\$ 17.28	\$ 32,348	\$ -	\$ 14,892	\$ 47,240
26	Enhanced	\$ 14.53	\$ 27,200	\$ -	\$ 13,666	\$ 40,866
27	Enhanced	\$ 14.53	\$ 27,200	\$ -	\$ 13,666	\$ 40,866
28	Paramedic	\$ 17.28	\$ 32,348	\$ -	\$ 14,892	\$ 47,240
29	Enhanced	\$ 14.53	\$ 27,200	\$ -	\$ 13,666	\$ 40,866
30	Paramedic	\$ 17.28	\$ 32,348	\$ -	\$ 14,892	\$ 47,240
31	Enhanced	\$ 14.53	\$ 27,200	\$ -	\$ 13,666	\$ 40,866
32	Enhanced	\$ 14.53	\$ 27,200	\$ -	\$ 13,666	\$ 40,866
33	Paramedic	\$ 17.28	\$ 32,348	\$ -	\$ 14,892	\$ 47,240
34	Enhanced	\$ 14.53	\$ 27,200	\$ -	\$ 13,666	\$ 40,866
35	Enhanced	\$ 14.53	\$ 27,200	\$ -	\$ 13,666	\$ 40,866
36	Paramedic	\$ 17.28	\$ 32,348	\$ -	\$ 14,892	\$ 47,240
37	Enhanced	\$ 14.53	\$ 27,200	\$ -	\$ 13,666	\$ 40,866
38	Enhanced	\$ 14.53	\$ 27,200	\$ -	\$ 13,666	\$ 40,866
39	Current	\$ 23,970	\$ 777,744	\$ -	\$ 350,560	\$ 1,128,304
40	Phase 1	\$ 10,372	\$ 982,051	\$ -	\$ 451,916	\$ 1,443,967
41	Phase 2	\$ 22,217	\$ 1,143,495	\$ -	\$ 523,926	\$ 1,667,421
42	Phase 3	\$ 26,660	\$ 1,298,869	\$ -	\$ 589,217	\$ 1,888,076
	Difference					
	Current	\$ 23,970	\$ 777,744	\$ -	\$ 350,560	\$ 1,128,304
	Phase 1	\$ 10,372	\$ 982,051	\$ -	\$ 451,916	\$ 1,443,967
	Phase 2	\$ 22,217	\$ 1,143,495	\$ -	\$ 523,926	\$ 1,667,421
	Phase 3	\$ 26,660	\$ 1,298,869	\$ -	\$ 589,217	\$ 1,888,076

Existing PTE Phase I Phase II Phase III

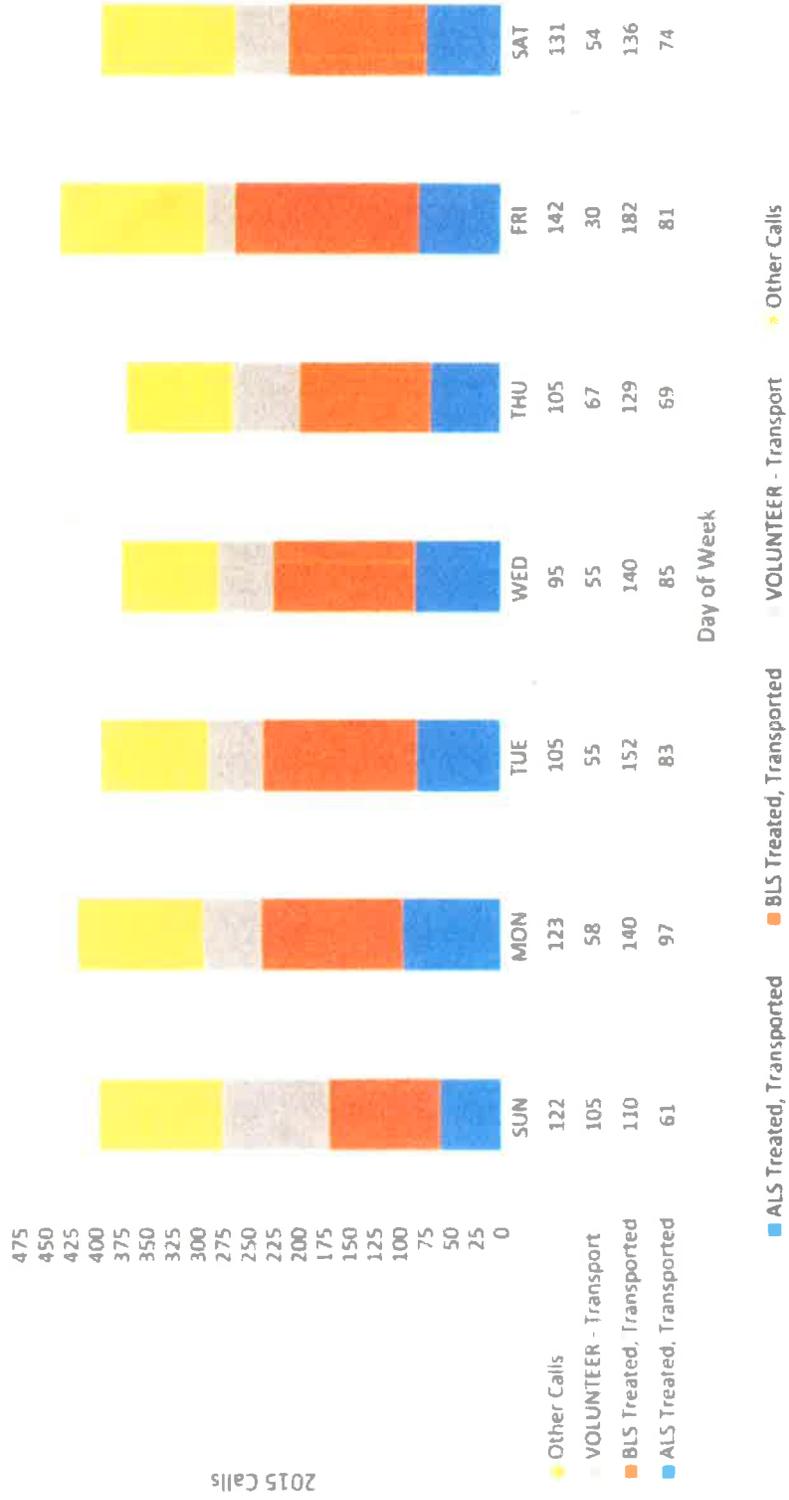
# 2015 Calls by Time of Day

2015  
Calls by Time of Day



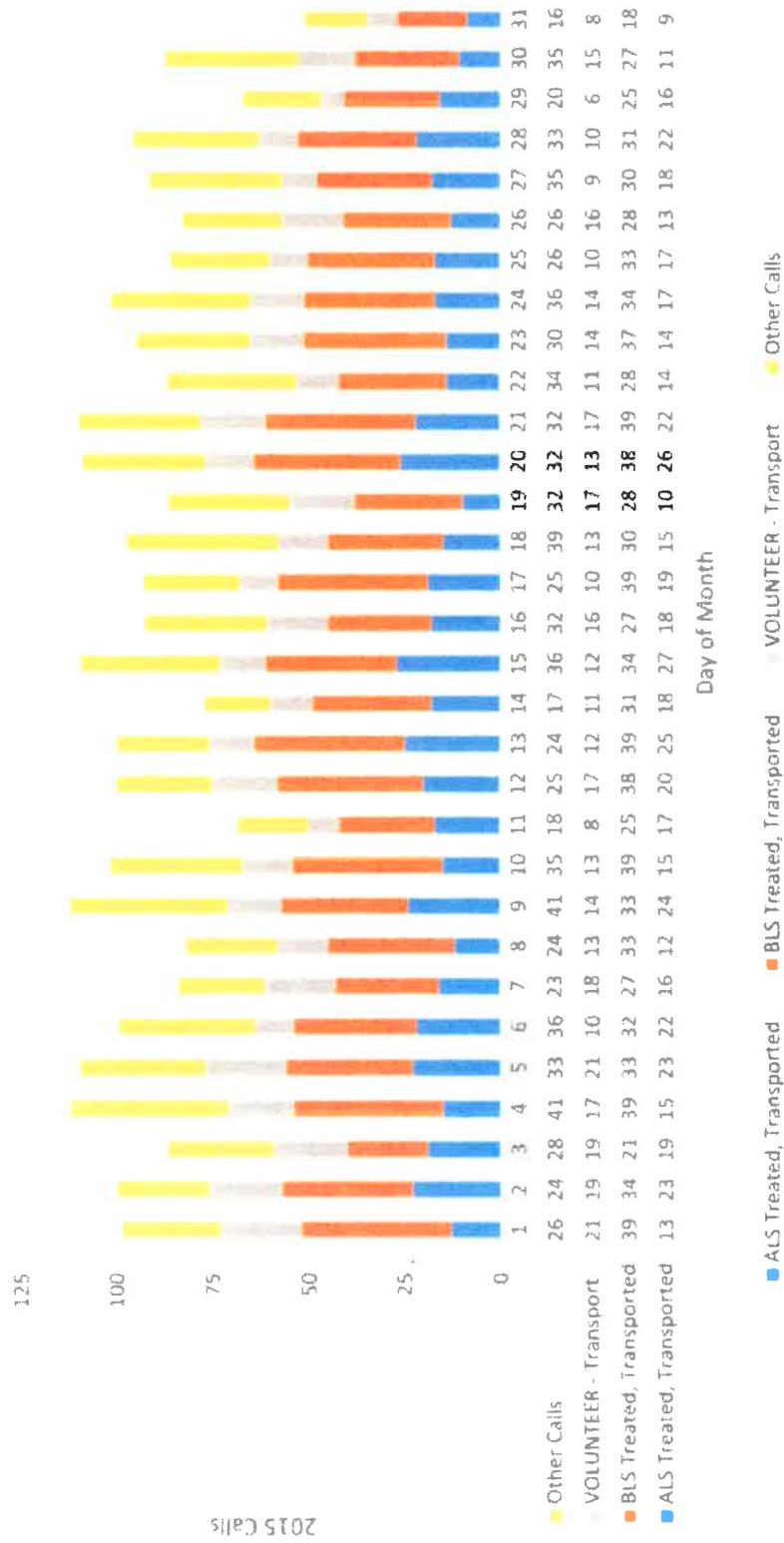
# 2015 Calls by Day of Week

2015 Calls by Day of Week



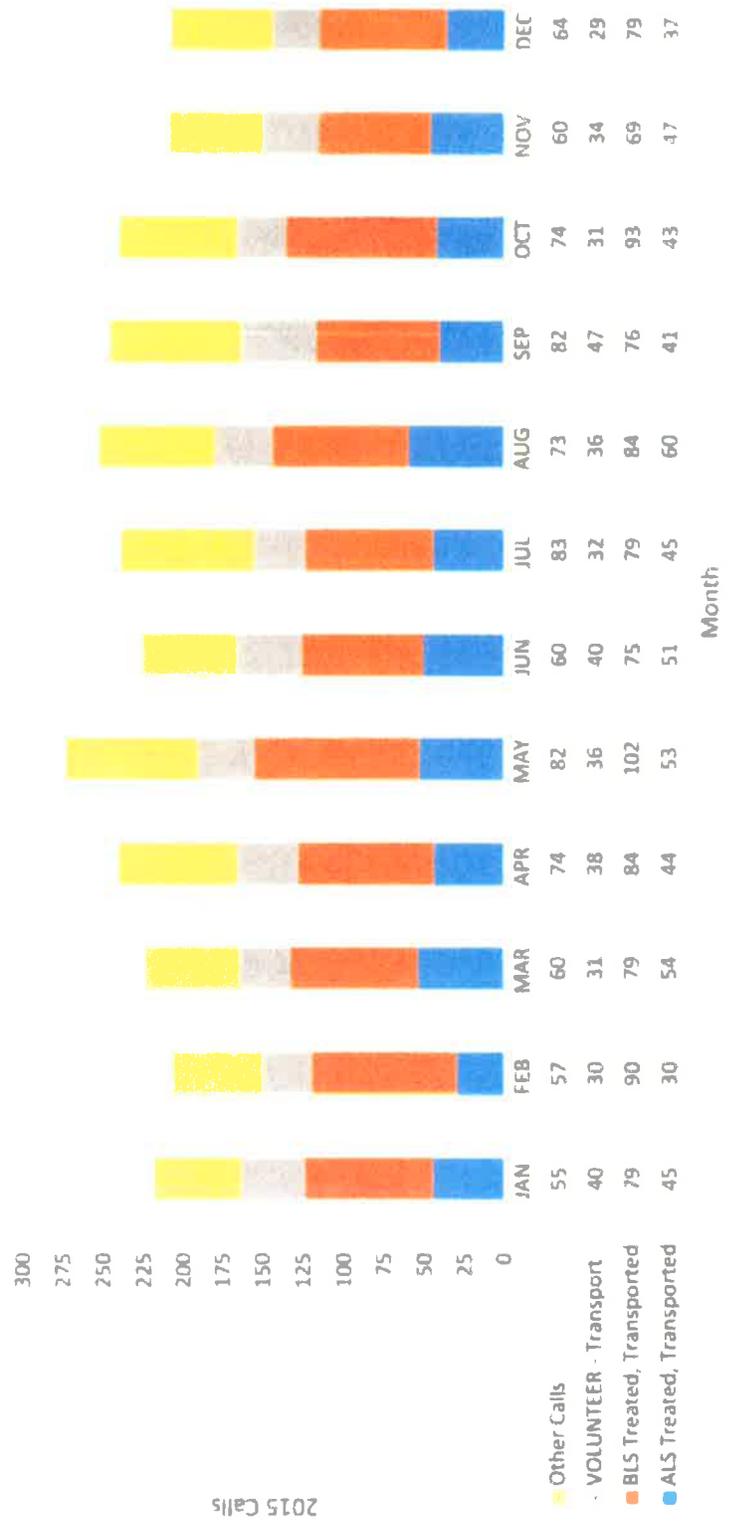
# 2015 Calls by Day of Month

2015 Calls by Day of Month



# 2015 Calls by Month

2015 Calls by Month



■ ALS Treated, Transported   
 ■ BLS Treated, Transported   
 ■ VOLUNTEER - Transport   
 ■ Other Calls

attachment  
4

**Northampton EMS**

	actual FY12	actual FY13	actual FY14	actual FY15	budgeted FY16
Personnel	\$ 797,156	\$ 921,923	\$ 1,129,936	\$ 1,242,436	\$ 1,234,133
Operations	\$ 98,193	\$ 110,153	\$ 112,926	\$ 104,214	\$ 105,395
Capital	\$ 46,017	\$ -	\$ 60,723	\$ -	\$ 17,650
<b>TOTAL</b>	<b>\$ 941,366</b>	<b>\$ 1,032,077</b>	<b>\$ 1,303,585</b>	<b>\$ 1,346,651</b>	<b>\$ 1,357,178</b>

	CY12	CY13	CY14	CY15	TOTAL
Gross Charges	\$ 268,292	\$ 224,019	\$ 129,040	\$ 104,302	\$ 725,653
Contractual Allowances	\$ 53,853	\$ 100,318	\$ 43,229	\$ 45,524	\$ 242,924
Net Charges	\$ 214,439	\$ 123,700	\$ 85,811	\$ 58,779	\$ 482,729

33%

Ending A/R	\$ 131,093	\$ 48,835	\$ 32,260	\$ 16,123	\$ 16,123
Payments	\$ 68,851	\$ 155,836	\$ 64,457	\$ 60,258	\$ 349,402

2%

43%

Write Offs	\$ 14,495	\$ 50,123	\$ 37,929	\$ 14,658	\$ 117,205
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16%

Percentage Return	50%	89%	67%	68%	49%
Collection Percentage	83%	78%	74%	75%	75%

## EMERGENCY MEDICAL SERVICES

### DEPARTMENTAL BUDGET SUMMARY & PERFORMANCE SNAPSHOT

<b>DEPARTMENT NAME:</b>	EMERGENCY MEDICAL SERVICES		
<b>DEPARTMENT #:</b>	3205		
<b>FUND:</b>	GENERAL	<b>FUNCTION:</b>	Public Safety
<b>BUDGET YEAR:</b>	FISCAL YEAR 2016 (July 1, 2015 - June 30, 2016)		

**MISSION STATEMENT:**

The Mission of the Northampton County Department of Emergency Medical Services (EMS) is to provide basic and advanced life support providers able to respond quickly, minimizing pain, suffering and loss when emergencies occur, by delivering the highest quality emergency care to citizens and visitors of Northampton County.

**DESCRIPTION OF SERVICES PROVIDED:**

The Northampton County Department of EMS prides itself as being a combination of career and volunteer department.

Our department provides EMS personnel 24/7, utilizing two types of coverage. The first is 6am to 6pm Monday through Sunday, generally staffing two (2) volunteer ambulances, one in the south at Cape Charles Rescue Service and one in the north at Community Fire Company. Most recently we have increased daytime coverage by adding a "Duty Supervisor", traveling in a quick response vehicle, to oversee and assist daytime staff as necessary. The second type of coverage is offered on nights, weekends and holidays. Our Lifeline ambulance staffed with a minimum of two and typically at the Intermediate or Paramedic, answers any call dispatched in Northampton County. This crew assists both volunteer and career staff and transports patients to the closest Emergency Department as necessary.

The most valuable resource of the Northampton County Department of EMS is our personnel. Our roster currently carries a combination of volunteers, full-time employees and part-time employees. Among these providers is an established chain of authority, which includes an EMS Director/Chief, EMS Battalion Chief, EMS Captains and EMS Lieutenants. The Officers share responsibilities as the Infectious Disease Designated Officer, Health & Safety Officer, Training Officer, Public Information Officer, and Privacy Officer.

**CURRENT DEPARTMENTAL GOALS**

1. Ensure we continue to meet an accepted response time for the delivery of fire and EMS services by cross training all fire and EMS personnel, volunteer and career, as necessary.
2. The "Northampton County EMS Response Plan" established in 2008 currently stipulates the following for ambulance response: Responding Interval Standard= 20 minutes or less (elapsed time in minutes between the dispatch time and the arrival on scene time).
3. Build a successful combination career and volunteer EMS program, offering a positive work environment with team building, mentoring, education and opportunity. Consolidation and standardization in the following areas should be considered:
  - a.) personnel management;
  - b.) supply, equipment and vehicle procurement and placement;
  - c.) billing for services; and
  - d.) funding.
4. Enhance EMS operations in the middle of the County (Machipongo area) by providing a garage facility and additional housing for our growing fleet, staff and administration.
5. Establish a state accredited EMS Training Center, in conjunction with various stake holders, able to offer all levels of EMS certifications. Additional areas of focus should also include:
  - a.) working with the school system to offer Basic EMT training to high school students; and
  - b.) providing specialty training to include vertical rescue, confined space rescue, vehicle rescue, etc. for existing personnel.
6. Provide enhanced Virginia Retirement Benefits (formerly LEOS) for full-time EMS employees working in hazardous duty positions.

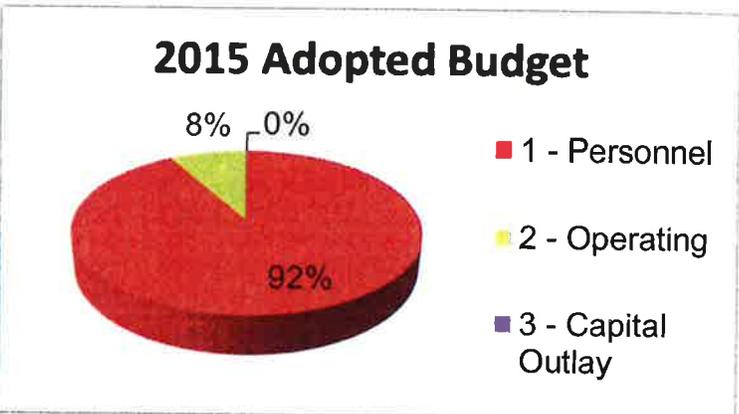
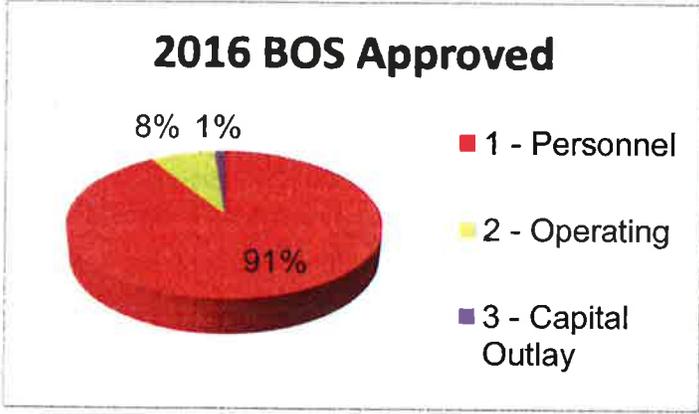
**ACCOMPLISHMENTS AND CHALLENGES IN THE LAST 2 FISCAL YEARS:**

1. Began County billing for EMS services.
2. Completed renovations to Machipongo office, adding 2 offices and a storage shed.
3. Began utilizing web-based scheduling program (EMS Manager)
4. Continue to be challenged with the lack of a garage facility at the Machipongo location.
5. Struggling to maintain response standard with a continuing decline in volunteers.

**MAJOR ISSUES TO ADDRESS IN THE NEXT 2 FISCAL YEARS:**

1. Construction of a vehicle garage and more administrative space.
2. Establish an EMS training center for both volunteer and career providers.
3. Replacement of QRV {2007 Dodge Durango}.
4. Replacement of Ambulance (2011 Lifeline Ford).

FINANCIAL ACTIVITY						
	2016 BOS Approved	2015 Adopted Budget	2014 Adopted Budget	2013 Adopted Budget	Variance	%age
Department: 3205 Emergency Medical Services						
1 – Personnel	\$1,234,133	\$1,289,215	\$1,056,474	\$992,128	(\$55,082)	-4%
2 - Operating	\$105,395	\$118,180	\$109,280	\$97,695	(\$12,785)	-11%
3 - Capital Outlay	\$17,650	\$0	\$0	\$74,900	\$17,650	
<b>Department Total: Emergency Medical Services</b>	<b>\$1,357,178</b>	<b>\$1,407,395</b>	<b>\$1,165,754</b>	<b>\$1,164,723</b>	<b>(\$50,217)</b>	<b>-4%</b>



FULL-TIME EQUIVALENT (FTE) HISTORY						
Position Title	2013 Approved	2014 Approved	2015 Approved	2016 Approved	Variance	% Change
<b>EMERGENCY MEDICAL SERVICES</b>						
EMS Director	1	1	1	1	0	0%
EMS Captain	1	1	1	1	0	0%
Technician	14	15	17	17	0	0%
Administrative Specialist	0	0	0	0	0	0%
<b>EMERGENCY MEDICAL SERVICES</b>	<b>16</b>	<b>17</b>	<b>19</b>	<b>19</b>	<b>0</b>	<b>0%</b>

CONTACT INFORMATION			
Name:	Hollye B. Carpenter	Address 1:	P O Box 225
Title:	Director of Emergency Medical Services	Address 2:	
E-mail:	<a href="mailto:hcarpenter@co.northampton.va.us">hcarpenter@co.northampton.va.us</a>	City/State:	Eastville, Virginia
Telephone:	757-678-0411	Zip Code:	23347

## ADDENDUM #1

### Request for Proposals For Management Study for Emergency Medical Services Department

This Addendum is issued as part of the Request for Proposals for Management Study for Emergency Medical Services Department, issued by the County of Northampton and dated March 30, 2016. As a result of a question posed by prospective respondents, this Addendum provides the following supplemental information:

Electronic Submissions are preferred. They should be e-mailed to the County Administrator at:

[knunez@co.northampton.va.us](mailto:knunez@co.northampton.va.us)

\*\*\* END OF ADDENDUM \*\*\*

Please acknowledge receipt of this Addendum #1 in your response.

Katherine H. Nunez  
County Administrator  
County of Northampton  
P. O. Box 66  
Eastville, VA 23347