



# MILLIS FIRE/RESCUE TRANSITION PLAN FROM BLS TO ALS



3/15/2018

BLS to ALS Transition

## BLS TO ALS TRANSITION

The Millis Fire/Rescue Department provides Basic Life Support (BLS) service to the residents of Millis. We provide a level of service that is second to none and is well respected in the area. With the increased need for Advanced life support (ALS) interventions, the decreased amount of available private ALS providers and the changes in the delivery of medical services throughout the State, the Town has started the process of transitioning the current BLS service to the level of ALS.

This transition would be done in an incremental phasing aspect. To be a full ALS Department we would need 8 Paramedic/FF's. To accomplish this, we would need to send 4 FF's to paramedic school and hire 3 Paramedic/FF's. This would also help us achieve the level of 3 personnel per shift at the end of the process, a milestone and recommendation that was done on a study over 10 years ago. With an increase in the level of service there will also be an increase in the revenue generated by the service.

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## BLS TO ALS TRANSITION

One of the biggest questions we receive is what is the difference between BLS and ALS?

**Basic Life Support (BLS):** To become an EMT in Massachusetts you will need to take 100hrs of classroom, 150hrs of Ambulance ride time and 10hrs of hospital observation. A BLS provider is educated in many skills including CPR, giving patients oxygen, administering glucose for diabetics, and helping others with treatments for asthma attacks or allergic reactions. With very few exceptions, such as in the case of auto-injectors (Epi-pens) for allergic reactions, EMTs are not allowed to provide treatments that requiring breaking the skin: that means no needles. In addition, EMT's are trained in trauma assessment, spinal cord stabilization and fracture stabilization. EMT's are trained to assess a patient and determine the need for ALS or even a Medical Helicopter. EMT's are required to obtain 20hrs national, 10hrs local and 10hrs personal continued education training every 2 years to satisfy recertification requirements.

**Advanced Life Support (ALS):** Is also referred to as a Paramedic, and to become a paramedic you must successfully pass a Paramedic program. The program consists of 1,150 hours of classroom time along with 120hrs of ride time and 120hrs of hospital observation. **Paramedics** are advanced providers of emergency medical care and are highly educated in topics such as anatomy and physiology, cardiology, medications, and medical procedures. They build on their EMT education and learn more skills such as administering medications, starting intravenous lines, providing advanced airway management for patients, and learning to resuscitate and support patients with significant problems such as heart attacks and traumas. Paramedics are trained to recognize life threatening cardiac emergencies pre- hospital and can activate hospital teams such as Cardiac Catheter teams, stroke teams and respiratory teams. Paramedics are certified at the National Level and must complete 72hrs of continued education every 2 years to satisfy recertification requirements.

### **Our system currently:**

Currently the department runs at the BLS level, when receiving a 911 call dispatch must determine if the call requires ALS or consult with responding EMT's. Upon that determination, dispatch personnel must contact several private ALS companies to see which one is available to respond and await their arrival before transporting to the closest facility. If a private is unavailable then dispatch must contact a local Fire Department and see if they are available. As an EMS provider our priority is quick response, quick assessment and timely transport to a local facility.

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### **The Transition Plan:**

With the department already having 1 fulltime FF/Paramedic the plan was to hire 3 new fulltime FF/Paramedics. In addition to get the remaining 4 Paramedics needed to meet the states requirements of 8, the town would send 4 current members to Paramedic Training.

January 2016- The department sends the first 2 members to Paramedic training

May 2017- The department hires the first of 3 fulltime paramedics

July 2017- The department sends the next 2 members to Paramedic Training

January 2018- The department hires the 2<sup>nd</sup> of 3 paramedics

July 2018- Proposed hiring of 3<sup>rd</sup> and final fulltime FF/Paramedic

Currently the first 2 paramedic students have completed the program and have successfully passed the State/National Practical exam and are scheduled to take the State/National written exam in April. The second set of students have completed the classroom portion and are currently doing their Hospital Clinical time. They will have to complete their Paramedic ride time and then schedule to take their State/National exams sometime in November/December.

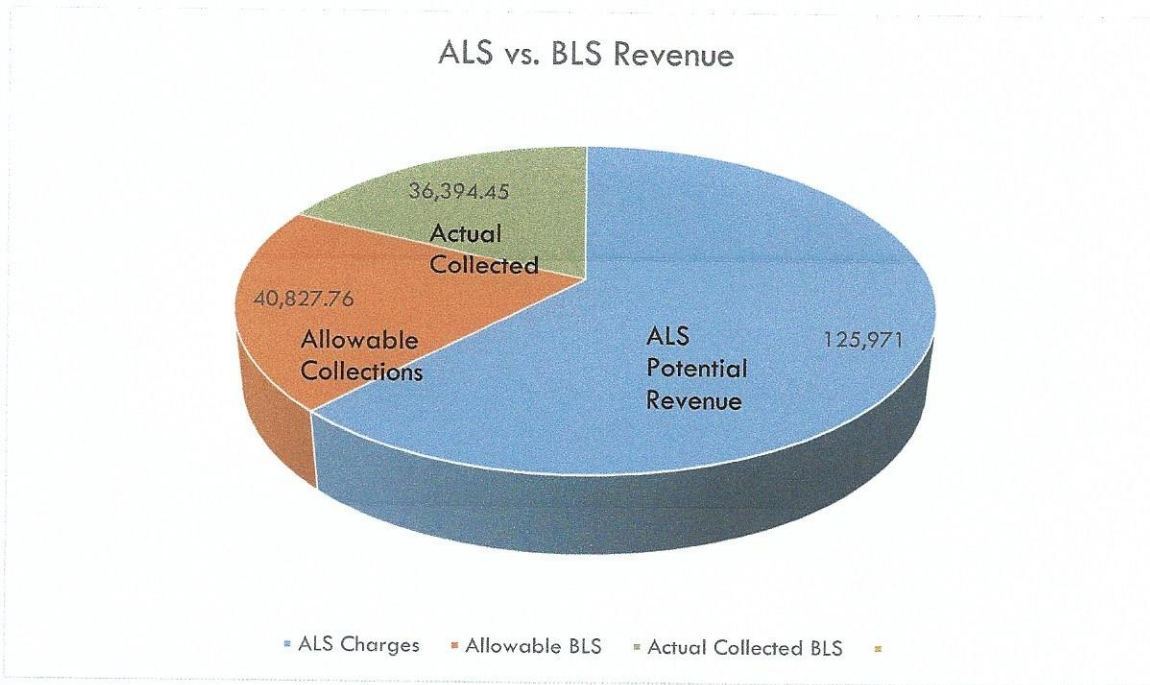
### **Transition Budget:**

|                                   |              |
|-----------------------------------|--------------|
| 3 Fulltime FF/Paramedic Salaries- | \$187,700.62 |
| 4 Paramedic students-             | \$60,000.00  |
| 2 Cardiac Monitors-               | \$40,537.40  |
| ALS Medications/Equipment         | \$14,761.00  |
| Hospital Medical Control          | \$10,000.00  |
| Total Cost for ALS                | \$312,999.00 |

**BLS TO ALS TRANSITION**

**ALS vs. BLS Revenue**

| Current Ambulance Rates for 2018 |            | Proposed Rate Increases 2019 |
|----------------------------------|------------|------------------------------|
| BLS Emergency                    | \$1,293.00 | \$1,403.00                   |
| ALS1 Emergency                   | \$2,099.00 | \$2,234.00                   |
| ALS2 Emergency                   | \$3,194.00 | \$3,391.00                   |



\*Data provided by COMSTAR billing agency for a three-year average from 2015, 2016 & 2017

**ALS Potential Revenue-** This is the figure that we charge for ALS calls, a portion goes to the ALS provider but if we were ALS we could have collected it.

**Allowable Collections-** Since we are only BLS this is the figure that we are allowed to collect from those ALS calls

**Actual Collected BLS-** This is what we actually collected from those calls.

\*These figures are from when we actually were able to meet up with an ALS intercept. On average there are an additional 30% more calls where we were unable to meet with an ALS intercept and an additional 15% where a call could have been ALS but due to time constraints or the need for rapid transport ALS was not requested.

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### Potential Revenue:

As you can see from the chart above annually we are losing approximately \$90,000 by not having ALS. By having in house Paramedics and the ability to charge the full ALS fee we can not only collect those funds but will also see a larger increase due to proposed projects in the town. Another area we will see in an increase in service request is our mutual aid response. We will have the ability to help the other communities that are transitioning to ALS and the communities who are currently ALS will now use our service whereas BLS they are less likely to call us.

Since 2015 we have seen an increase in call volume but a slight reduction in revenue. This can be attributed to losing our contract with a local Private ALS Service that charged a flat fee of \$200 per call. They went out of business in August of 2016, since then we have been required to pay much higher ALS rates. The private companies average \$600 per call and our mutual aid communities charge 50% of each call. This year we are seeing an increase in revenue that has to do directly with the ability to run our second ambulance. With the ability to staff an ALS ambulance those fee's and the lost revenue disappear.

Adding to the request for service is several proposed projects coming to town, combining for an increase in call volume by 150-200 calls per year.

- 107 Bed Assisted living facility/Memory Care facility
- 324 Unit over 55 Community
- 20,000 sq ft. Gymnastics facility
- 40 Unit residential apartments
- GAF property??
- Increase in residential construction

All the communities who transitioned to ALS over 10+ years ago have seen an increase in Annual revenue of 30-40%.

I thank you for taking the time to become educated on our request and look forward to moving our department and the town forward.

Respectfully Submitted,

Richard Barrett

Fire Chief