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To: Audra Caler-Bell, Camden Town Manager
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Members of the Camden & Rockport Select Boards

From: Chris Farley, Camden Fire Chief
Jason Peasley, Rockport Fire Chief

Date: July 30, 2019

Re: Emergency Medical Services

Message: One of the topics we have been discussing lately is “are there alternatives to the current Emergency Medical Service (ambulance) delivery system?” Our current provider, NorthEast Mobile Health Systems (NEMHS), has been our provider since Camden First Aid Association ceased operations in 2013. NEMHS was the extreme low bid in the 2013 RFP process and was awarded the ability to provide services. At the time, the bid was roughly \$75,000. It is now \$299,000 annually for the four towns; Camden, Rockport, Hope and Lincolnville.

Why are we having this conversation? The topic has arisen due to operational concerns with how and if NEMHS provides coverage to the four towns. When the four town EMS Review Committee meets, the reports received from NEMHS indicate that they are meeting the needs of the agreement they have with the towns. It’s interesting to note that the EMS Review Committee does not include members of the local public safety agencies, so their perspectives are not included in the review committee’s deliberations. NEMHS has not met with local public safety agency representatives since at least February 2018. That alone should cause some questions. Why don’t they meet with local fire chiefs? Do they address service delivery concerns? Do they participate in planning for local events? Do they participate in local emergency planning? Do they participate in local training opportunities? Do they participate in local post-incident debriefings? Do they provide training for local emergency services personnel? The answer to these questions is no. Why not seems the next logical question then. Do they have enough staff to do this? Is there local leadership to do this? Is there an ability to develop relationships within the four towns to be concerned about these issues? Again, the answer seems to be no.

So, if we take the reports provided by NEMHS at face value that they are meeting the current agreement, why would we look at alternatives? Knowing that other EMS delivery models will likely be more costly, what is our motivation to look at alternative delivery models? Our motivation comes from the realization that there are significant concerns with the current ambulance provider. They have been providing the service for 6 years now. Our experiences have been developed over that time. Our experiences are not new. They have existed since 2013. What is new is that the message is being received and experienced by the community. Additionally, our experiences have been on a declining scale. The towns’ recent experience of negotiating the

current one year agreement was painfully exhausting. This negotiation was an opportunity for NEMHS to showcase their services and provide examples of how they are meeting the needs of the community. Instead, it seemed to provide reasons why we wouldn't want to continue working with them.

As we began to talk about alternatives to delivering EMS to the community, we looked at different methods to do so. I've attached an article from [emsworld.com](https://www.emsworld.com/article/10322477/myth-perfect-model) 'The Myth of the Perfect Model' to this memo. The article is a bit dated, but it discusses ways different communities have chosen to provide EMS. It can also be located here; <https://www.emsworld.com/article/10322477/myth-perfect-model>.

In looking at our current provider, it seems like a number of circumstances can be looked at. These include:

- Coverage: NEMHS frequently leaves the region with little to no EMS coverage and does not communicate this to us and our regional partners.
 - NEMHS often prioritizes interfacility transfers over providing 911 coverage to our region. Therefore, in order to fulfill contractual obligations to the four towns, NEMHS relies on mutual aid from Rockland Fire & EMS when their ambulances are busy with local 911 calls, or providing inter-facility transfers as required by their contract with local health care facilities.
 - From June 1, 2018 to May 31, 2019 NEMHS relied on Rockland to provide mutual aid 41 times.
 - We can't confidently say NEMHS will show up when called because they do not provide us with their staffing levels. We never know if and when ambulances are available to answer calls within the four towns.
 - As we were writing this at 1:32pm, a Rockland ambulance was dispatched to a bicycle accident on Route 17 in Rockport. A NEMHS ambulance advised they were not able to answer the call and requested mutual aid. The dispatcher at the Knox Regional Communications Center (KRCC) asked the status of the other ambulances since they did not know. KRCC was provided the information that one ambulance was busy on a local inter-facility transfer and the other ambulance which was assigned to our area from Brunswick was busy on a long distance inter-facility transfer. This is typical in that the inter-facility transfers, which are profitable, are a priority for NEMHS.
 - NEMHS did not respond when called.
 - On June 14, 2019 at 2:08am several towns responded to a building fire in Hope. NEMHS was dispatched as well. They twice advised the KRCC that they would be 'enroute shortly'. After 27 minutes and when prompted by KRCC, they reported they would not be able to respond and mutual aid from Union would be needed. They were not able to respond to this fire because they were taking a patient from PenBay Medical Center to a LifeFlight aircraft for an inter-facility transfer. The second staffed ambulance required by our agreement was also busy on an inter-facility transfer to northern Maine.
 - NEMHS did not respond when called.
 - On April 1, 2019 a resident of Powder Mill requested an ambulance because they fell in their house. NEMHS did not have an ambulance available to respond. Rockland Fire answered the call. NEMHS did not respond when called.
 - On June 9, 2019 this same resident called for an ambulance because of a fall. This time NEMHS did respond. The next day, the resident's husband came to see me. He compared his experiences of the two different EMS providers. He told me that if, compared to Rockland Fire, he had to have NEMHS respond the next time, his preference would be to have Schooner Bay Taxi take his wife to the hospital.

- While reliance on mutual aid is acceptable and expected, to a certain extent, the issues with NEMHS is that they do not communicate when they plan to be outside the region to allow us and our regional public safety partners the opportunity to plan for these gaps in coverage.
- A question which comes up for me, is that if NEMHS is truly concerned with providing coverage to our communities, why don't they let us know their operational capabilities at any given time?
- Another question is, why, if asked by Rockland Fire to let them know of the operational capabilities of NEMHS, don't they do it?
- How can NEMHS truly be considered a mutual aid partner if they do not communicate with us?
- Why do we pay NEMHS \$299,000 if they don't respond when called?
- Why aren't the penalties in the agreement enforced when they don't respond?
- Transparency: Our communities are not kept informed of all issues that could cause service delivery problems.
 - As noted in the article referenced above, this trait seems to be inherent to the private EMS delivery model.
 - This seems to lead to questions about the financial stability of the company.
 - This leads to questions about the staffing situation at the company.
 - We know that the Rockport base is regularly short staff.
 - We know of instances when staffed ambulances are not available and calls for service are diverted to and answered by Rockland Fire & EMS.
 - Two qualified people were recently hired by Rockland Fire & EMS leaving the Rockport base even mo fewer staff to cover the four towns.
 - Ambulances are often reassigned to Rockport from the NEMHS bases in Brunswick and Scarborough.
 - This results in staff who have very limited knowledge of the area and local community expectations.
 - Without regular meetings with local public safety agencies, how can we be providing a quality service to our community? The Fire Chiefs have repeatedly requested meetings with NEMHS. They don't happen. For a short period of time in late 2017 and early 2018 we met more often. This was a period of some improvement, even though there was little follow through on the promises made by NEMHS leadership.
 - A review of the data provided by KRCC compared to the data provided by NEMHS indicates discrepancies.
 - When the CEO of NEMHS learned that a review of the data was being conducted locally, he informed the town manager that there are likely to be instances when the data will not be aligned.
 - A review of the data provided by NEMHS indicates that from July 1 to December 31, 2018 15% of the time the required 9 minute response time in Camden was not achieved.
 - NEMHS reported to the EMS Review Committee that they met the target 100%.
 - This is based on times as indicated in the agreement; from the time NEMHS acknowledges the call to when they have an ambulance on scene.

- A review of the data provided by KRCC, based on the time the call is dispatched (which is the national standard) to the time an ambulance is on scene was not met 29% of the time.
 - This leads to wondering why NEMHS would want an agreement based on something other than the national standard for response times.
 - The four towns have not been provided response time data for the quarterly period of Jan 1 to March 31, 2019 and April 1 to June 30, 2019 as required by the agreement.
- Leadership: The Rockport service base of NEMHS does not have adequate supervision and oversight.
 - There have been at least 4 division managers at the base since the summer of 2013.
 - The last division manager had tenure of June to November 2018.
 - The division is currently being supervised by the company's Director of Operations who works from Scarborough.
 - We are not aware of any local supervisors at the Rockport base.
 - When there were local supervisors, those changed regularly.
 - We have noticed a difference in patient care levels when crews from other bases are assigned here. That level of care is typically better than what we regularly see.
 - This leads to a lack of supervision and guidance to the employees.
 - This leads to a lack of guidance and supervision of employees. Inadequate management often leads to rogue and sub-standard actions by staff.
 - On August 15, 2015 at a house fire in Lincolnville, the one responding ambulance parked a distance away. The crew had to be asked several times to come closer to the address because there were going to be patients who were inside the burning building. When the ambulance did move closer, the crew had to be directly told to get out of the ambulance to treat patients on the front lawn. They had been sitting in the ambulance with paralyzing, shocked expressions on their face. It's my estimation that the two patients did not receive true attention until an ambulance from Rockland Fire arrived.
 - On June 23, 2019 Camden Fire was requested to assist getting a patient from a boat on a mooring in the harbor. The responding paramedic with NEMHS appeared very unconcerned about the patient until the boat was leaving without him. At that time he was publicly and profanely adamant about the fire chief's interference on his medical call because he needed to get to the patient who was having a cardiac issue. When the patient was transported by the Harbormaster to Steamboat Landing, the paramedic carried his equipment to the ambulance while the patient was walked from the boat up the dock to the ambulance where he was asked to step up into it. This seems contrary to the level of care expected for a cardiac patient.
 - On July 3, 2019 at a call for an unresponsive teen on a trail in Camden Hills State Park, the crew, which included a paramedic, spent time looking for the patient themselves. They went to several different locations looking for the patient. After being unsuccessful in locating the patient, they requested assistance from Camden Fire. The Chief, who responded from home, was the first public safety person to determine the location of the patient and arrive at his location. A lack of local knowledge and knowing when to request assistance delayed the arrival of EMS care to this patient.
 - Lack of supervision leads to employees with no accountability. An indication of this is one employee assaulting another at the Rockport base on July 2, 2019 (See attached

Rockport PD Incident Report). Incredulously, that employee is still working for NEMHS and periodically is assigned to this coverage area.

- Where is the NEMHS leadership to correct these issues and concerns?
- When do community expectations dictate the level of service?
- Service Delivery Model: with a system divided between inter-facility transfers and 911 response – interfacility transfers often take precedent.
 - Our experiences are numerous over the years when either not enough or no ambulances are available because NEMHS is meeting their contractual obligation to provide inter-facility transfers.
 - This reflects in their fragmented responses to incidents and patient care.
 - On May 29, 2019 Rockland Chief Whytock met with the NEMHS CEO and Director of Operations. He requested regular communications from them about their daily staffing levels so they could work cooperatively to provide coverage. He offered to bring in additional staff to cover times when NEMHS may not have enough. He received pledges from them that they will work with him to accomplish this. That only lasted for one day when we experienced Rockland needing to answer a call within the four towns because NEMHS had no ambulances available.
 - Is NEMHS providing EMS to our communities or are we subsidizing their ability to stay in the area to meet their inter-facility contractual requirements?
- Recent talks to extend the service agreement between the towns and NEMHS were difficult.
 - During a conversation we had with the Director of Operations in February 2019, he agreed that exploring options for service delivery made sense. He asked that NEMHS be given a chance to see how we can collaborate in providing ambulances. We wholeheartedly agreed. We have not met face to face since that day. We never had another conversation about the topic.
 - The process was argumentative from that point forward. It took weeks and months of conversations to finally reach an agreement.
 - It seems like this was an opportunity to collaborate and put our best efforts into working together.
 - Why not be proactive and incorporate Fire Department personnel into response needs?
 - Are the needs of our communities a priority for NEMHS?

As we look at our community's needs compared with what our current provider offers, should we go in a different direction or develop a better agreement which requires more municipal oversight and cooperation? To help answer that question, let's look at how EMS is provided around the country. According to the [National Association of Emergency Medical Technicians](#), the breakdown of ambulance service systems in the U.S. includes:

- Fire department with cross-trained EMS personnel: 40 percent
- Fire department with separate EMS personnel: 9 percent
- Government or third service: 14.5 percent
- Private company: 18 percent
- Hospital-based service: 7 percent
- Other: 8 percent
- Public utility model: 2 percent

- Police department with cross-trained EMS personnel: 0.5 percent
- Police department with separate EMS personnel: 1 percent

Source: EMS1.com, Sarah Calams, October 23, 2017

By migrating to a system which is a municipally, fire based system, we would not be bucking a trend. As seen above, 40% of the US is covered by ambulances based within a fire department. This concept is not new in our communities. Camden Chief Alan Payson started an ambulance service in the late 1940s. We often wonder if NEMHS will respond to a call for help as well as the quality of service we will receive. These concerns never arise when we are working with Rockland Fire & EMS. We know they will answer the call. We know the high quality of service we can expect.

The era of sirens on top of firehouses calling local business owners, tradespeople, millworkers, etc is long-gone. The number of 'volunteer/part-time/on-call' Firefighters has steadily dwindled for decades across the country. Collaborating with other communities and adding cross-trained Firefighter/Paramedics to the staffs of our towns can ensure that responses will be met. It will ensure that 911 requests for service are a priority over inter-facility transfers. As we see fewer volunteer/part-time/on-call Firefighters, this is a way to supplement these needs. Will a collaborative service with several communities provide challenges? Yes. Will we be challenged to find the numbers of people we will need to hire? Yes. Should we let those challenges limit our desire to explore options? In my professional opinion, I think those challenges add to the excitement of making this work and ensuring that our community receives the level of service it expects from its public safety professionals.

The current state of EMS delivery is alarming to your local public safety professionals. We want to make a change. We want to create a system which is cost-effective and responsive to the needs of community.

Attachments: The Myth of the Perfect Model

Chief Jason Peasley's 2019 Tracked NEMHS concerns

Rockport PD Incident report