



Town of Farmington Fire Department
1 Monteith Drive Farmington, CT 06032

Phone: (860) 675-2322 Fax: (860) 675-2323
www.Farmington-CT.org

EMS PSA Task Force Final Report: Critical to the Future Sustainability of Volunteer Fire and EMS Services

Introduction:

The Final Report of the EMS PSA Task Force puts forward 5 recommendations for changes to the EMS Delivery System in Connecticut. The 5 Recommendations are attached to this document in their entirety. Recommendations #1 – 4 are generally accepted as positive changes for the State of Connecticut and have few or no opponents.

Recommendation #5 is the most controversial recommendation in the report. It is also the one that offers municipalities and their volunteer fire and EMS agencies the options they need in order to assure the long term sustainability of their volunteer and combination systems. This explanation is offered from the perspective of the Town of Farmington, which supports the efforts of their predominately volunteer combination fire department. The Town of Farmington Fire Department is staffed by 175 volunteer fire fighters and 8 career fire fighters who responded to almost 3,500 calls for assistance last year.

Recommendation #5: The Alternative Provision of PSA Responsibilities:

- If implemented, this recommendation would grant municipalities the right to submit a Local EMS Plan for consideration to DPH for the alternative provision of primary service area responder (PSAR) responsibilities.
- Recommendation #5 would allow a municipality to either deliver the service, or contract to have the service delivered by a responder other than which is designated by the state.

Hypothetical Scenario Involving a Volunteer Service:

- For the purposes of this hypothetical scenario, imagine a small rural town in Connecticut where basic ambulance service is provided by the local volunteer ambulance service that operates as an agency that is incorporated and independent of the municipality. This volunteer ambulance service holds the PSAR for ambulance transport.
- If the volunteer ambulance service were to run into staffing challenges and repeatedly fails to answer calls, the Department of Public Health (DPH) has the authority to take the PSAR away from the ambulance service. DPH could potentially grant that PSAR to a commercial ambulance service outside the community. The municipality and the volunteer ambulance service would have limited input in this decision under the current State Statutes and Regulations.
- Recommendation #5 would allow a municipality to work with its volunteer ambulance service to create a plan that best suits the needs of the community before the situation reaches the level of emergency when DPH would remove the PSAR and potentially assign it outside of the community. The municipality could develop, with its volunteer service, a plan that could include the municipality hiring employees, contracting with an outside agency, or any number of other options that meet the needs of that community. The municipality would then submit this plan to DPH for consideration. This would allow the municipality the right to modify its EMS delivery model going forward to continue to serve the needs of the community while sustaining its volunteer system.

Protections for Volunteer Services:

- Recommendation #5 does not take away any of the rights or responsibilities of a current PSAR.
- Recommendation #5 simply allows a municipality the right to request consideration from DPH on a plan for the alternative provision of EMS delivery.
- DPH would be required to schedule a hearing, notice all parties with interest in the matter, and hear testimony.
- DPH would be required to consider very specific factors including Impact on patient care, local EMS Plan, EMS System Design including system sustainability, impact on the local, regional and statewide EMS System, and recommendation from Medical Control / Sponsor Hospital. The burden of proof will always be on the municipality that is requesting the change.
- DPH would only reassign the PSA to the municipality following a review of all of the above factors.

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The 5 Recommendations made in the EMS PSA Task Force Final Report

Recommendation #1: Changes to the Local EMS Plan

It shall be the responsibility of each municipality or authority having jurisdiction to update its Local Emergency Medical Services Plan (Local EMS Plan) which is required by CGS 19a-181b, to respond to the dynamic needs of their community, as well as specify EMS objectives and performance measures necessary to meet the local community needs. The municipality shall consult with the current PSAR when updating their Local EMS Plan. Municipalities and PSARs shall avail themselves of technical services available through DPH to resolve disagreements arising from the creation or implementation of the Local EMS Plan.

In the event that the existing PSAR refuses to deliver the requisite level of care identified in the updated Local EMS Plan, the municipality may petition DPH for removal of the PSAR in accordance with CGS 19a-181d.

Recommendation #2: DPH Shall Review Local EMS Plans Every 5 Years

DPH shall conduct a review of the EMS delivery system in every municipality in Connecticut a minimum of every five years.

Such review shall include, and independently evaluate, the following elements for compliance with CGS 19a-181b and relevant OEMS Regulations:

1. The applicable Local EMS Plan
2. Performance of all levels of assigned PSARs

DPH shall assign a rating of Meeting Performance Standards, Exceeding Performance Standards, or Failure to Comply with Performance Standards for each PSA reviewed.

Failure to comply may result in a DPH approved improvement plan with periodic follow-up reviews with a 6-month time frame, subject to the approval of both the municipality and the PSAR. Further failure to comply may result in DPH removal of PSA assignment.

It is the position of the Task Force that Appendix E, The Local EMS Plan Template shall be the basis for all Local EMS Plans.

Recommendation #3: Sale or Transfer of a PSAR

Any PSAR that sells or transfers all of its assets to another entity, or has more than fifty percent of its ownership interest sold or transferred to another entity, shall notify the DPH of such sale or transfer no later than sixty (60) days prior to the sale or transfer. The purchasing entity shall file an application with the DPH for approval of the sale or transfer of such PSA Assignment on a form prescribed by the DPH. DPH shall review such application based on the following criteria:

1. Background of purchasing entity
2. Purchasing entity's compliance history in other jurisdictions
3. Financial ability to perform the responsibilities of a PSAR in Connecticut in compliance with the local EMS Plan

DPH shall solicit input from impacted municipalities and sponsor hospitals prior to making a determination on the disposition of the PSA Assignments. The DPH shall complete its review within 45 days of receipt of the purchasing entity's application.

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Recommendation #4: Removal of a PSAR

Section 19a-181c should seek to define the terms that enable municipalities to remove a responder:

An *emergency* should be defined to include, but not be limited to:

1. Designated PSAR fails to respond to at least 50% of all first call responses in any rolling 3 month review period and fails to implement a mutually agreed upon corrective action plan.
2. Sponsor Hospital of the designated PSAR will not endorse or provide recommendation of PSAR as the designated provider based on defined and unresolved issues with the quality of care rendered to patients.

Unsatisfactory performance should be defined to include, but not limited to:

1. Designated PSAR fails to respond to at least 80% of all first call responses (excluding approved exceptions) in any rolling 12 month review period and fails to implement a mutually agreed upon corrective action plan.
2. Designated PSAR fails to meet defined response time standards (excluding approved exceptions) negotiated by a community and the designated PSAR and fails to implement a mutually agreed upon corrective action plan.
3. Designated PSAR repeatedly fails to investigate and respond to complaints related to quality of emergency care and response.
4. Designated PSAR repeatedly fails to report adverse events as mandated by DPH, or as mutually agreed upon by provider and municipality in the Local EMS plan.
5. Designated PSAR communicates (or municipality becomes aware of) the intent of the PSAR to change the level of service to a level that is inconsistent with the Local EMS Plan or could potentially affect patient outcome negatively.
6. Designated PSAR fails to communicate changes in the level of service or coverage patterns that materially affect the delivery of service as outlined in the Local EMS Plan.
7. Designated PSAR fails to communicate changes in organizational structure of the PSAR that materially affect the delivery of service as outlined in the Local EMS Plan

If an emergency is alleged, DPH shall take action within 5 business days and conclude an investigation within 30 days. In an alleged emergency, the Department may develop a system of providing emergency medical services to the community served by the PSAR.

If they allege unsatisfactory performance, DPH shall take action within 15 business days and come to a determination within 90 days. Extensions shall be permissible when necessary.

DPH shall have the latitude to reclassify any petition within the Emergency and Unsatisfactory Performance categories based on the findings of its investigation

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Recommendation #5: Alternative Provision of PSA Responsibilities

Municipalities shall have the right to submit a Local EMS Plan for consideration to DPH for the alternative provision of primary service area responder responsibilities.

In the event that the updated Local EMS Plan demonstrates that said municipality is positioned to deliver EMS Service, or contract to have EMS Service delivered through a responder other than that which is currently designated by the state, DPH shall develop a process to assure the matter is heard and make a determination regarding the aforementioned plan.

A municipality may submit a Local EMS Plan to DPH for consideration of the alternative provision of primary service area responsibilities for the following reasons - this is not an all-inclusive list:

- Improved patient care
- More efficient EMS delivery
- More efficient allocation of resources
- Opportunity to align with a new EMS provider better suited to meet the community's current needs
- Regionalization possibilities
- Response times

When making a determination on the disposition of a plan for the alternative provision of primary service area responder responsibilities, DPH shall consider the following factors. This is not an all-inclusive list:

- Impact on patient care
- Local EMS Plan and all related factors
- EMS System Design including system sustainability
- Impact on the local, regional and statewide EMS System
- Recommendation from Medical Control / Sponsor Hospital

DPH shall reassign the PSA in accordance with the Local EMS Plan if the hearing results in a favorable review of the alternative provision for the primary service area responsibilities. The provider named in the Local EMS Plan must then apply and be approved by DPH for the PSA Assignment in accordance with OEMS Regulations 19a-179-4 in advance of the reassigned PSA Assignment becoming effective.

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