



TOWNSEND FIRE-EMS DEPARTMENT

Proudly serving the citizens of Townsend since 1875

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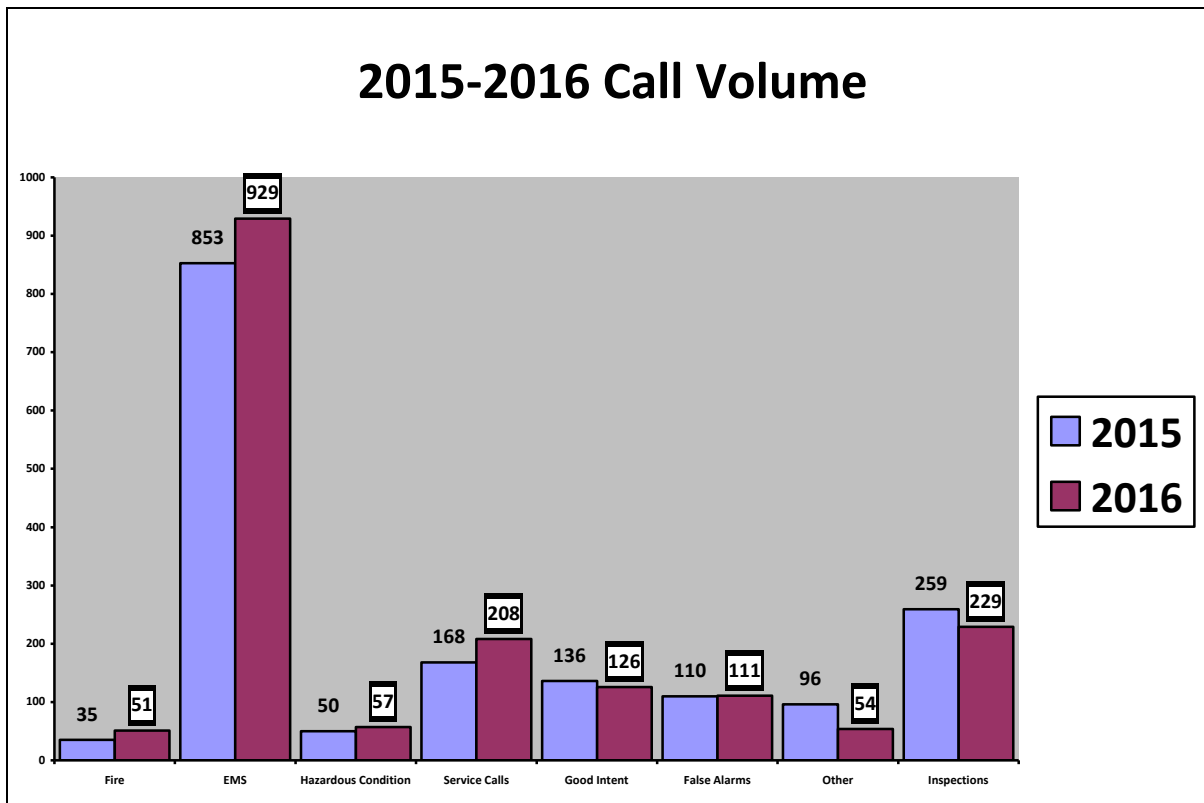
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December 29, 2016

Fire-EMS Quarterly Report

ACTIVITY

Despite having what appeared to be an average year and managing to avoid any major wildland fires during a record drought this summer and fall 2016 ended as a records year with 1,536 calls. The largest increase was seen in emergency medical calls increasing by more than 76 calls. This increase more than likely can be contributed to our aging population. This was followed by an increase in service calls by 40 also likely due to aging population. Lastly we saw a significant increase in fires that increased by 16 incidents.



POLICY CHANGES

The last quarter of the year was busy with the West Townsend Fire Station project going out to bid, the holidays and the Fire-EMS Department taking the lead of transitioning the Communications Center over to Nashoba Valley Regional Dispatch District. Only one policy was implemented during this quarter.

The department did not have a policy on how to handle funerals and the different levels of Fire-EMS department participation. The new policy outlines the level of honor and participation based on the relationship of the deceased with the department at the time of death. The policy now gives the highest honors to our members if we were to experience a loss in the line of duty. This changes the further removed the deceased is from the department. For example a retired member passing of natural causes will receive honors and participation from the Fire-EMS department but not at the same level as an active member that died in the line of duty.

PERSONNEL

Thanks to the board of Selectmen and Town Administrator James Kreidler all non-union members of the Fire-EMS department received a retroactive 2 ½ percent cost of living raise. In addition to this part of last year's budgeting process included increasing the annual contribution from ambulance revenue into the budget by \$25,000. These funds are part of a four year plan to fund two paramedics around the clock and adjust paramedic wages. This funding has been applied to the department budget and effective January 1st all paramedics will get a 50 cent increase in pay.

Along with the paramedic raises we are addressing some concerns with affordable health care act requirements. All paramedics are being asked to sign a memorandum of understanding making it clear they are per diem employees and therefore not eligible for benefits including health care. This also removes the limitation of 20 hours per week to avoid triggering benefits.

This quarter we had several members leave the department that are no longer able to meet the minimum requirements. Including 10 year member Bud Thorpe who decided to dedicate his time and efforts to his passion for photography. A couple new people joined the team including Firefighter Paramedic Andrew Devoll however the overall roster is down five personnel with 69 on the roster. We intend to step up our recruiting efforts after the first of the year. The paid-on-call Firefighter portion of the roster allows for 52 we have not had a full roster since the early 1980's. We have seen significant increases the last three years and would like to see a full roster this year for the first time in decades.

We are looking forward to year two of the multi-year plan to increase paramedic coverage and wages. With this year's funding we plan to fund additional hours towards having two paramedics 24/7, increase paramedic wages closer to competitive rate of \$25.00 per hour, and create separation in pay between paramedics and paramedics that also have responsibilities of being firefighter and Fire Officers.

In the graph below you can see during 2016 we significantly reduced the number of hours we were short staffed by more than 1000 hours. The number of hours we downgraded to basic life support because we did not have a paramedic on duty was reduced by 75%. However we continue to have a significant number of hours we were short staffed and continue to fall short of providing advanced life support 24/7. We are hopefully funding for year two of the multiyear plan will allow us to achieve this goal in 2017.

2015 Shift Shortages

	ALS Short (HRS)		No ALS (HRS)		NOBODY WORKING		Fire Short (HRS)		Total	
	2016	2015	2016	2015	2016	2015	2016	2015	2016	2015
January	24	10	10	14	0	0	10	0	44	24
February	74	20	0	0	0	0	10	0	84	20
March	20	18	0	51	0	0	20	40	40	109
April	0	33	14	38	0	0	0	10	14	81
May	14	75	14	52	0	0	0	50	28	177
June	34	74	14	62	2	0	0	50	50	186
July	34	44	0	91	0	29	30	60	64	224
August	10	42	0	112	0	0	0	15	10	169
September	10	10	14	52	0	14	0	30	24	106
October	14	120	14	68	0	0	10	30	38	218
November	0	48	28	48	0	15	0	20	28	131
December	0	24	14	5	0	5	10	20	24	54
Total	234	518	122	593	2	63	90	325	448	1499

The chart above contains data for the first nine months of this calendar year. “ALS Short” represents the number of hours each month we dropped to one Paramedic on-duty and relied on off duty personnel to respond to complete the crew. The second column (highlighted) what keeps me up at night. “No ALS” represents the number of hours we had no paramedics working and had to drop to a basic life support (BLS) service. The majority of these hours also relied on off duty EMT to respond to complete the crew. Occasionally we have nobody that signs up to work a night or weekend. This year it was limited to two hours compared to 63 hour last year. Lastly “Fire Short” are the number of hours we ran short during week days because nobody signed up for vacant shifts.

BUDGET

Despite the \$25,000 recently applied to the Fire-EMS budget to address short staffing issues the wage and salary lines of our budget is currently on track to go into deficit. Now half way through the fiscal year we are over spent by \$15,000. If we continue filling shifts to avoid reducing services to the community we will be over spent by \$30,000. The recent \$25,000 increase will address the majority of this leaving us over spent by \$5,000. The paid-on-call part of this equation is driven by call volume and severity. A couple of major incidents such as building fires over the course of the winter could compound this.

When I took over as Chief in 2014 I was surprised to discover the Department had a long standing practice of allowing shifts to go unfilled, dropping to BLS level of service and insufficient funds staff to the ALS level 24/7. Recently on two occasions we had the opportunity to staff a shift with a paramedic but elected not to fill the shift because the only paramedic available would have been on overtime while our budget is on track to go into deficit. On the first occasion we received two request from Ashby for ALS intercept that we could not answer. We charge \$275 for ALS intercept therefor we lost \$550 in revenue. The cost to pay the paramedic overtime would have been \$287. On the second occasion we received an ALS call here in town, Pepperell ambulance was called to provide ALS and as a result we delayed the level of care needed, Pepperell Fire transported the patient and we lost between \$2099 and \$3,194 in revenue.

Unfortunately there is no direct correlation in municipal government between the cost to provide services and revenue generated. Although it is clear staffing two paramedics 24/7 and providing the level of service the community expects in these cases would have generated funds exceeding the cost but there is no guarantee this will happen every time. Regardless there is insufficient funds in the budget to cover the expense for this fiscal year until the revenue is generated and the budget is adjusted the following year.

As I have expressed in the past, my greatest fear is having a call requiring advanced life support skills and the department not being able to answer the call, this having a negative effect on the outcome and negative impact on our personnel. Over my 30 year career the decision to provide ALS service has always been an all or nothing decision. You either provide the service or you don't there is no middle ground, all patient in Townsend deserve the same level of care. Massachusetts is no different if you are licensed as an ALS service you are expected to staff at this level 24/7. Based on the two incident described above I have decided from this point forward we will make every effort to have a paramedic on duty 24/7 regardless of cost. I would rather defend overspending the department budget than put the department, its members and the people we provide services to in jeopardy.

GRANTS

September, October and November are always a busy time of year for grants. On behalf of the Fire-EMS Department a grant application was submitted to Nashoba Valley Healthcare Fund. The application is for \$14,000 to purchase a second LUCAS CPR machine. We were awarded a grant for one of these machines in 2014. Over the past two years the machine have been a valuable tool increasing cardiac arrest survival rates and reducing emergency responder injuries. This year's application has passed the first round of the grant process and we are hopeful be will we awarded shortly after the first of the year.

A FEMA Fire Act Grant application was also submitted in the amount of \$436,275 for a new tanker to replace our 30 year old tanker. The application also includes training for all personnel to become certified driver operators. This grant requires a 5% match, if awarded the Towns portion would be \$20,775

WEST FIRE STATIONS STATUS

We are excited the West Fire Station project is nearing its final stages. Design, engineering, bid specs are all complete. State DOT and environmental permits have been obtained,

Historic Commission has approved construction of the new station and demolition of the old and the project has been put out to bid. The filed sub-bid will close on January 5 followed by the general bid on January 12. He are hopeful and confident we will receive bids within the budget of \$825,000 and construction will start this winter.

COMMUNICATION CENTER

In early November the decision was made to officially enter into agreement with Nashoba Valley Regional Dispatch District (NVRD). Shortly after one of the full-time dispatchers resigned without notice while a second of the four was and continues to be out on administrative leave. As a result we found ourselves in a position of not being able to staff the center 24/7. Police and Fire Officials agreed the Fire-EMS Department would take over operations of the center. A failsafe plan was presented to the Board of Selectmen a few days later to transfer critical functions such as 911 and business lines over to NVRDD as soon as possible. We were granting permission to immediately hire additional part-time staff to fill the gaps in the schedule and to pay all part-time staff overtime for all hours worked as in incentive to keep the center staffed.

Captain Mike Grimley of the Fire-EMS Department was put in charge of scheduling and day-to-day operations and has done a remarkable job. I have handled hiring and background checks to hire 14 part-time personnel, wage adjustments, and oversight of the center. Police and Fire Officials continue to work together as a team with NVRDD to facilitate the transfer of services. At this time NVRDD is answering all business and emergency 911 phone calls for Townsend. Radio equipment has been installed allowing NVRDD to dispatch Townsend emergency units and communicate with them.

Currently we continue to staff the center, dispatch and communicate with emergency personnel in the field and monitor our alarm systems. NVRDD is in the process of hiring additional staff, converting Townsend computer data, installing a new phone system and additional equipment needed take over our operations. We are at a failsafe point, if our system was to fail or we were unable to staff the center we can fail over to Nashoba if necessary. The plan is to allow Nashoba time to increase staffing and put systems in place to make the transition smooth. We anticipate this transition taking place sometime in late January early February, much sooner than the original date of May 1st.

Respectfully

Chief
Boynton