

Item	Unit	Count	Cost	Total
ECG monitor defibrillator	ea.	2	35,000.00	70,000.00
IO device (adult and pediatric)	ea.	2	500	1000
ET tubes sizes 2-8 with stylettes	ea.	4	50	50
Laryngoscope blades (curved) sizes 2-4	ea.	2 ea	5	30
Laryngoscope blades (straight) sizes 0-4	ea.	2	5	50
laryngoscope handle	ea.	4	25	100
Magill forceps adult and pediatric	ea.	2	5	20
14 G 3 1/4" Pleural decompression needle	ea.	4	30	120
IV extension set	box	1	75	75
Normal saline fluid bag 1 L	box	2	70	140
IV administration set Macro drip	box	1	400	400
IV catheters sizes 18 g- 24 g	box	1 ea	150	600
Syringes Sizes 1, 3, 5, 10, 20, 30 mL	box	1 ea	120	120
Gum elastic bougie	ea.	2	20	40
Pertrach (adult & Ped)	ea.	2	150	600
IO Needles (Pink, Blue, Yellow)	box	1 ea	400	1200
Miscellaneous costs				455
<b>Total Estimate Cost</b>				<b>75,000.00</b>

## **Introduction**

It is proposed that to enhance the safety and welfare of the White Lake Township Community, White Lake Township harness the advanced life support (ALS) resources of both Star EMS and White Lake Township Fire Department (WLTFD). This proposal will require WLTFD to upgrade its EMS agency license to ALS transport.

This document outlines WLTFD's proposal to upgrade its EMS capabilities to offer ALS transport services and provides a rationale for the proposed upgrade. This document includes a summary of considerations to facilitate WLTFD's transition to become licensed to provide ALS transport by the Michigan Department of Health and Human Services (MDHHS) and the Oakland County Medical Control Authority (OCMCA).

This proposal is made based on the two-fold proposition that there is both a need for WLTFD to become an ALS transport provider, and the desire and capability to make the transition easily.

White Lake Township currently offers a deficient ALS service to its community. There has been and will continue to be a shortage of paramedics entering the field of EMS. As a result, both public and private life support agencies struggle to keep an adequate number of ALS units in service and meet the demands of the 911 system. As life support agencies throughout Oakland County are asked to maintain service levels with less personnel, it has become increasingly difficult to offer prompt, quality ALS care. White Lake Township is no exception.

In 2016, in response to the medic shortage, the OCMCA reduced the minimum staffing level for ALS licensed vehicles from a 2-medic model to a 1-medic/1-basic EMT model. This ALS staffing change has put ALS capabilities within the reach of small fire departments and modestly sized communities like White Lake Township. WLTFD currently has 13 of its 21 career members licensed, or in the process of becoming licensed as paramedics. These paramedics and their ALS capabilities are not being utilized by the White Lake Township community. This underutilization of WLTFD's paramedics produces the looming potential for significant delays in ALS care to the citizens and visitors of White Lake Township. The growing demand for ALS care coupled with an ALS workforce that is shorthanded produces a condition in White Lake that places its citizens at risk. It is proposed that WLTFD revises its ALS operational plan to include a dual effort of both Star EMS and WLTFD to better saturate our community with ALS resources.

## **ALS Operational Plan**

Currently within White Lake Township, a private agency is unable to provide an adequate level of ALS service on its own. All private agencies are short on ALS personnel and spread thin across several communities. In addition, WLTFD is also unable to fill the community need for ALS care

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and transport on its own. However, by combining the resources of a private agency and WLTFD's ALS resources we can assure that our community will not go without immediate ALS care and transport. This must be a priority for the White Lake Township administration and WLTFD.

In an effort to offer the highest level of protection and service to the citizens and visitors of White Lake Township, this ALS proposal includes the following:

- White Lake Township will continue to utilize Star EMS to provide primary ALS transport services.
  - In order to keep a private ALS transporting unit in the White Lake community there must be an incentive for that private company. In this case, it will mean offering the transport and its revenue to the private service when the private ALS unit is available and timely in its response.
- 1 WLTFD transporting unit will be licensed as an ALS unit (M-1). The other transporting units will be licensed as BLS units. However, the ALS equipment required on an ALS unit will be secured on M-2

(including a M-3, if/when obtained), which will allow that unit to be upgraded to an ALS unit at any time, whenever it is appropriately staffed (1-medic/1-EMT-B).

- WLTFD will utilize the Bennet Bill during the initial 2 years of its ALS program.
  - The Bennet Bill allows BLS agencies transitioning to ALS an exception during the first two years.

Typically, an ALS agency must maintain at least 1 -ALS transporting unit within their response area at all times. For eligible agencies, the Bennet Bill allows an exception for a new ALS agency to offer ALS services only when they have adequate staffing available. If staffing is not available, an ALS unit is not required to be available for calls. After 2 years, an agency would be expected to have adequate staffing and have one ALS unit in service 24/7.
- Establish a mutual aid agreement(s) with a neighboring ALS department(s) to provide ALS transport services, when needed. This agreement would assure mutually beneficial ALS transport unit coverage, when needed.

This plan will assure that White Lake Township citizens always have access to:

- Immediate ALS treatment
- Rapid ALS transport, when needed

Full implementation of this plan would not occur any earlier than 3 years after finalizing a contractual agreement (1 year of training, and 2 years of Bennett Bill). If a contract was finalized by the end of 2021, full implementation of this plan would not occur any earlier than January 1, 2025. The term “full implementation” refers to the requirement for a transport ALS agency to maintain the availability of a single ALS transporting unit 24/7, which means 1 medic must be on duty at all times. White Lake currently has enough medics to place more than 3 on each shift.

### **ALS Transport versus ALS Non-Transport**

After considering both ALS transport and ALS non-transporting options, WLTFD proposes adopting ALS transport. The OCMCA was consulted to understand the advantages and disadvantages of each option. Both options:

- Require the same commitment to staff at least one paramedic on duty at all times.
- Require that only one vehicle is state licensed to an ALS level.

If licensed as an ALS transporting agency, WLTFD will be capable of initiating ALS treatment on scene and continuing that treatment to the receiving hospital. If licensed as an ALS non-transporting agency, WLTFD would not be allowed to transport. As a non-transporting agency, transporting would violate State of Michigan Law. Although, WLTFD will not provide primary

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ALS transport, patient transport can and likely will occur at the senior WLTFD paramedic's discretion. In the event WLTFD provides transport, the fire department will be able to bill for the services provided, if licensed as an ALS transporting agency. **Please see the attached document: "ALS Option Comparison" for a more detailed comparison of ALS transport and non-transport.**

## Vehicle Licensing

To qualify as an ALS transporting agency, the MDHHS and OCMCA require one vehicle to be licensed by the state as an ALS transporting unit. In order to be licensed as an ALS transporting agency, this vehicle must be an ambulance. It is proposed that M-1 serve as the sole vehicle licensed as an ALS transporting unit. In addition, it should be understood that WLTFD BLS licensed transporting vehicles can be upgraded at any time to ALS, as long as the equipment and personnel are available. WLTFD would be committed to maintaining the availability of a

single ALS transporting unit to the “first” medical emergency occurring within its geographic service area. M-1 would not be required to respond to every medical call for help. However, M-1 would always have to be staffed as a medic unit when responding to an emergency call or transporting a patient to the hospital. A protocol revision has been proposed to the OCMCA that would allow WLTFD, if licensed as an ALS transporting agency to elect to send a BLS unit (engine or rescue) when Star will not be delayed (<10 mins).

### **Staffing**

This proposal would not require significant changes to WLTFD s current staffing model. The MDHHS and OCMCA minimum requirements for staffing of a single ALS transporting unit are 1 medic, and 1-basic EMT.

### **Personnel Costs**

Pending approval of this proposal, salary increases, staffing, and/or other benefits would be negotiated during the next contract negotiation.

### **Training**

To facilitate this transition, it is proposed that WLTFD create a formal training plan that is voted on and accepted by the Union. General provisions of this plan would include mandatory and non-mandatory training opportunities. This proposal suggests a 1-year period where members are offered custom CE courses with an ALS focus and clinical opportunities on municipal ALS units, in-hospital ED rotations, and specialty unit rotations. None of these clinical rotations would be considered mandatory. All must occur during a regular scheduled shift or covered by OT. Some CE training opportunities and certification courses may be deemed as mandatory, TBD. This proposal acknowledges the need for a significant investment in ALS training during this 1-year preparation period. The 1- year ALS training plan would require a training coordinator (David Mills) to facilitate this process.

### **Patient Care Reporting**

As a part of this proposal, electronic PCR (ePCR) software that is mobile and NEMSIS 3.4 complaint is needed. ePCR software would enable WLTFD to submit patient care reports (PCRs) electronically to the receiving hospital, when/if transport is performed by WLTFD. This capability would in turn allow WLTFD transporting units to return to service more quickly, in cases where Star ALS was not immediately available to transport, and immediate transport was required. OCMCA protocol requires life support agencies to provide the receiving hospital with a copy of the PCR within 2 hours of the patient s arrival at the hospital. The majority of life support agencies within

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Oakland County, both public and private have all gone to ePCRs. WLTFD is one of only a few who continue to utilize the inefficient practice of completing paper EMS run forms for submission to the receiving hospital, following BLS transport.

### Summary

There have been and will continue to be costly delays in ALS treatment within White Lake Township. In the context of this proposal, the term “costly” is intended to mean our citizens lives and their chances of a good medical outcome. Although the board has several important matters on its agenda, it must be impressed upon the board that this is an urgent matter that requires immediate attention. Any further delays will be “costly” to the citizens and visitors of White Lake Township.

ALS transport +	ALS non-transport +
<ul style="list-style-type: none"> <li>• ALS available from an ALS unit</li> <li>• Bennett Bill Option</li> <li>• Temporary upgrade of BLS transporting unit to ALS</li> <li>• Can transport, when necessary</li> <li>• Can upgrade BLS unit from Star to an ALS unit, when/if needed</li> <li>• All WLTFD medics can team up with Star on scene and perform ALS procedures, when needed</li> <li>• Provide ALS while awaiting Star's arrival</li> <li>• Would not fully implement for 3 years after next contract is finalized. (1-year of training, 2 years on the Bennett bill)</li> <li>• Put ALS units back in service quicker</li> <li>• Promote shorter scene times and rapid transport by Star</li> </ul>	<ul style="list-style-type: none"> <li>• ALS available from an ALS unit</li> <li>• Can upgrade a BLS unit from Star to an ALS unit, when/if needed</li> <li>• All WLTFD paramedics can team up with Star on scene and perform ALS procedures, when needed</li> <li>• Provide ALS while awaiting Star's arrival</li> <li>• Put ALS units back in service quicker</li> <li>• Promote shorter scene times and rapid transport by Star</li> </ul>



ALS transport -	ALS non-transport -
<ul style="list-style-type: none"><li>• More EMS training</li><li>• Need for an EMS Coordinator</li><li>• May have to transport when patient condition requires it and Star is not available</li><li>• Responsible for knowing ALS protocols</li></ul>	<ul style="list-style-type: none"><li>• Cannot transport, ever</li><li>• No temporary upgrade option (BLS non-transport vehicles cannot be temporarily upgraded to ALS)</li><li>• Non-transport ALS vehicles must always respond with a paramedic on the vehicle. They can never be downgraded.</li><li>• No Bennett bill option</li><li>• More EMS training</li><li>• Need for an EMS Coordinator</li><li>• Responsible for knowing ALS protocols</li></ul>

## Why go ALS transport?

- The ALS proposal is rooted in the assertion that the ALS service we currently offer our community is deficient and below average.
- Relying exclusively on a private ALS service to consistently provide timely ALS care to the patients who need it is the problem
- Our community is rapidly growing and White Lake's need for EMS will also grow. Star's ability to provide ALS care in White Lake unfortunately is not growing
- Teaming up with Star will give us the ability to saturate our community with ALS resources
- Star will remain the first option for transport on every medical call
- When and if Star is delayed or unavailable, ALS care can be initiated and then patient care transferred to Star for transport
- If extra paramedics are needed to care for a high priority patient, WLTFD medics can assist Star with ALS procedures on scene
- If the patient needs immediate transport and Star is not available, WLTFD has the option to transport
- A proposed protocol change would allow WLTFD to respond in a BLS engine or rescue in cases where Star was not delayed (<10 minutes)