

**GRAND JUNCTION CITY COUNCIL
WORKSHOP AGENDA**

**MONDAY, FEBRUARY 13, 2006, 7:00 P.M.
CITY HALL AUDITORIUM
250 N. 5TH STREET**

MAYOR'S INTRODUCTION AND WELCOME

7:00 COUNCILMEMBER REPORTS

7:10 CITY MANAGER'S REPORT
Legislative Update

7:15 REVIEW FUTURE WORKSHOP AGENDAS [*Attach W-1*](#)

7:20 REVIEW WEDNESDAY COUNCIL AGENDA

**7:30 GRAND JUNCTION FIRE DEPARTMENT AMBULANCE
PROVIDER PROPOSAL UPDATE:** The Fire Department will
present the implementation plan for the Fire Department to include
ambulance service for the Grand Junction Ambulance Service
Area. [*Attach W-2*](#)

ADJOURN

**Attach W-1
Future Workshop Agendas**

FUTURE CITY COUNCIL WORKSHOP AGENDAS

(08 February 2006)

FEBRUARY 2006

FEBRUARY 21, TUESDAY 7:30 AM at WHITMAN SCHOOL

7:30 AM DOWNTOWN DEVELOPMENT AUTHORITY:
Meet with the Board of Directors



↪ **FEBRUARY 27, MONDAY 11:30 AM in the Administration Conference Room**

11:30 OPEN

↪ **FEBRUARY 27, MONDAY 7:00PM**

7:00 COUNCIL REPORTS, REVIEW WEDNESDAY AGENDA AND FUTURE
WORKSHOP AGENDAS

7:25 CITY MANAGER'S REPORT

7:30 RIVERSIDE PARKWAY: Phase 2 update: also, discussion of
the I-70 & 29 Road and the CDOT I-70B Projects

8:20 STRATEGIC PLAN UPDATE



I-70 and 29 Road and the CDOT I-70B Project on the 27th.

MARCH 2006



↪ **MARCH 13, MONDAY 11:30 AM in the Police Dept. Training Room (1st Floor)**

11:30 POLICE DEPARTMENT: Tour the Crime Lab



↪ **MARCH 13, MONDAY 7:00PM**

7:00 COUNCIL REPORTS, REVIEW WEDNESDAY AGENDA AND FUTURE
WORKSHOP AGENDAS

7:25 CITY MANAGER'S REPORT

7:30 APPOINTMENTS TO BOARDS & COMMISSIONS

7:35 IRRIGATION LATERAL 135 BOARD

8:10 NEIGHBORHOOD PROGRAM UPDATE

APRIL 2006

↪ **APRIL 3, MONDAY 11:30 AM in the Administration Conference Room**

11:30 OPEN



↪ ~~APRIL 3, MONDAY 7:00PM~~ CANCELED for the NCAA Basket Ball Tournament

↪ **APRIL 17, MONDAY 11:30 AM**

11:30 OPEN

↪ **APRIL 17, MONDAY 7:00PM**

7:00 COUNCIL REPORTS, REVIEW WEDNESDAY AGENDA AND FUTURE WORKSHOP AGENDAS

7:25 CITY MANAGER'S REPORT

7:30 APPOINTMENTS TO BOARDS & COMMISSIONS

7:35 OPEN

MAY 2006

↪ **MAY 1, MONDAY 11:30 AM** in the Administration Conference Room

11:30 OPEN

↪ **MAY 1, MONDAY 7:00PM**

7:00 COUNCIL REPORTS, REVIEW WEDNESDAY AGENDA AND FUTURE WORKSHOP AGENDAS

7:25 CITY MANAGER'S REPORT

7:30 APPOINTMENTS TO BOARDS & COMMISSIONS

7:35 OPEN

↪ BIN LIST ↪

1. North Avenue Corridor Plan (March?)
2. Monthly Legislative Update: January Through May
3. Lunch with the Grand Junction Economic Partnership (The GJEP Board would like to host a lunch meeting with the City Council on **Monday 06 March** 2006.)
4. Fresh-As-A-Daisy Program: Would Council like to schedule the recent update report for discussion at a workshop?

2006 Department Presentations to City Council

1. Administrative Services? (GIS) *Geographic Information System* _____
2. Public Works: Water Treatment Plant
3. Parks & Recreation: Cemetery (May?)
4. Visitor & Convention Bureau: Visitor Center

**Attach W-2
Ambulance Provider Update**

CITY OF GRAND JUNCTION

CITY COUNCIL AGENDA						
Subject		GJASA Implementation Plan				
Meeting Date		February 13, 2006				
Date Prepared		February 8, 2006			File #	
Author		Rick Beaty		Fire Chief		
Presenter Name		Rick Beaty		Fire Chief		
Report results back to Council		<input type="checkbox"/>	No	<input type="checkbox"/>	Yes	When
Citizen Presentation		<input type="checkbox"/>	Yes	<input type="checkbox"/>	No	Name
<input checked="" type="checkbox"/>	Workshop	<input type="checkbox"/>	Formal Agenda		<input type="checkbox"/>	Consent
		<input type="checkbox"/>			<input type="checkbox"/>	Individual Consideration

Summary:

On December 16, 2005, City Council directed staff to prepare an implementation plan to expand services provided by the Grand Junction Fire Department to include ambulance service for the Grand Junction Ambulance Service Area. The attached report is in response to that direction.

Budget:

(See attached report)

Action Requested/Recommendation:

City Council direction on continued expansion of services by GJFD to assume ambulance service responsibility for the GJASA.

Attachments:

GJFD Proposal and Implementation Plan, "Grand Junction Ambulance Service Area, Ambulance Service Provider"

Background Information:

In 2004, Mesa County adopted Resolution 2004-220-2 and became effective January 1, 2005. The resolution sought to provide structure and wall-to-wall coverage of medical emergencies within the County. This was accomplished by identifying ambulance service areas (ASA). The Grand Junction Ambulance Service Area (GJASA) is treated uniquely in the resolution. The resolution allows the City to develop a process, select and provide a recommendation to the Mesa County Board of Commissioners on a designated ambulance service provider for the GJASA.

The Grand Junction City Council began the selection process by developing a request for proposals (RFP). The RFP was developed in conjunction with Emergency Services Consulting, inc. (ESCi).

Two proposals were received and both were reviewed by an independent committee. The committee scored all criteria with the exception of the financial sections of both proposals. Due to concerns raised on allowed billable rate structures, the committee recommended that both proposers resubmit the financial sections for review and consideration in the final recommendation.

On December 19, 2005, the City Manager updated the City Council on the selection process. The financial information was reviewed by the City Manager, City Attorney and Administrative Services Director. After review of the financial materials and summary materials provided by the independent review committee, it was determined by the City Manager that both proposals were equal in terms of quality and that the AMR proposal was cost neutral; therefore, it was the better proposal. The City Manager recommended to the City Council that it direct him, the City Attorney, and Administrative Services Director to begin negotiations with AMR as the GJASA Ambulance Service Provider. Following a lengthy discussion, the Council directed staff to continue with development of a plan for GJFD to become the designated GJ Ambulance Service Provider.



PROPOSAL AND IMPLEMENTATION PLAN

GRAND JUNCTION AMBULANCE SERVICE AREA
AMBULANCE SERVICE PROVIDER

PROPOSAL AND IMPLEMENTATION PLAN

GRAND JUNCTION AMBULANCE SERVICE AREA AMBULANCE SERVICE PROVIDER

EXECUTIVE SUMMARY

On December 16, 2005, City Council directed staff to prepare an implementation plan to expand services provided by Grand Junction Fire Department to include ambulance service for the Grand Junction Ambulance Service Area. This policy direction is a significant change for the Department and for our community.

The delivery of emergency medical services is an important service and one which must be delivered with high standards. The expansion of ambulance services by the Grand Junction Fire Department must be addressed with consideration of integration of existing resources and the impact on other emergency response events. In order to maintain the existing level of service(s), the Department must add resources to take on the ambulance service provider role.

Increases in emergency requests for service continue to outpace the community's growth rate. From 1995-2005 the Grand Junction Fire Department has experienced a forty-eight % increase in total emergency calls for service, an average annual increase of 4.8%. Medical calls have increased 63% over the same period for an annual average increase of 6.3%. Projected call levels are based on a four-year weighted moving average and has proven accurate over ten years of use. The projections indicate continued annual increase in total emergency medical calls of 4.6% with fire/other call types increasing at a modest 3.5%. Projections are subject to many factors including growth and changes in local demographics. Projections do not include the Department taking on private activity which would increase the projected medical calls for service by an estimated 2,400 calls per year.

This plan takes into account the level of service and establishes management standards that address the delivery of integrated services. In order to meet management standards, the plan calls for the addition of three ambulances, twenty-two full time positions, three field training officers, and the increase in rank of the existing EMS Coordinator. The plan will stop the current practice of splitting personnel for EMS responses and will maintain engine staffing at four personnel. The 911 ambulances will be staffed with two personnel, a firefighter/paramedic and a firefighter/EMT. The plan also adds a 12-hour/day car which will be staffed with two persons, one EMT-Basic and one EMT-paramedic. This staffing standard will enhance the Department's ability to respond to all types of events.

Special events will be addressed with a mix of resources and will depend on the needs of the event. Special event requests outside of the Grand Junction Ambulance Service Area will be referred to the appropriate ambulance service area (ASA) provider. A rate structure to cover all costs of special services, such as out of town transfers or dedicated ambulance stand-by for special events, is included in the plan.

The delivery of ambulance services is also guided by numerous local, state, and federal requirements. Issues and regulations of ambulance services cover a wide range of issues and tend to

change frequently. Ambulance service, regardless of who provides the service (public or private), are typically user-fee driven. This plan includes a user-fee approach; therefore, the patient or patient's insurance provider will be charged for ambulance transport services. Services provided by first-responders or those where the patient(s) are not transported do not typically result in a charge; although, it is common for providers to establish a stabilization fee for calls that require large amounts of resources.

User fees in the GJFD plan are set at the Mesa County maximum allowable rate plus mileage. This is considered the bundled rate. The Mesa County Resolution allows us to negotiate rates with certain health-care facilities but that rate cannot be below the Medicare allowable.

Personnel-related costs are based on the City of Grand Junction's non-union, market-driven plan and it establishes a common system for pay and benefits for all City employees. If significant changes in labor and compensation occur in the future, they merit a full review and evaluation of this plan.

This implementation plan is based on revenue and expense projections and establishes a general view of how the system will work. The goal of the system is to break even while also providing adequate resources to cover future service delivery needs but this is based on providing all ambulance transports. If the Department provides 911 transports only, the projected five-year cost to the general fund could reach \$2 million. Additional ambulance resources will be needed if the community continues to grow at its current rate.

The amount of time required for full implementation of the plan is problematic. Given the projected timeline to acquire ambulances, recruit, hire and train personnel, it is highly unlikely that the Department can meet the July 1, 2006, deadline. The Department recommends, therefore, that the full implementation date be moved to September 30, 2006.

The Department looks forward to further City Council direction on this issue and to the continued delivery of service to this community.

INTRODUCTION/PURPOSE

Emergency medical services (EMS) delivery for the City of Grand Junction and the Grand Junction Rural Fire Protection District has been a long-term responsibility of the Fire Department. Recent efforts to improve the efficiency and effectiveness of the system have taken place at multiple levels, including within the Grand Junction Fire Department, the City of Grand Junction, Mesa County and at regional and State levels.

In 2004, Mesa County adopted Resolution 2004-220-2 and began effective January 1, 2005. The resolution sought to provide structure and wall-to-wall coverage of medical emergencies within the County. This was accomplished by identifying ambulance service areas (ASA). The Grand Junction Ambulance Service Area (GJASA) is treated uniquely in the resolution. The resolution allows the City to develop a process, select and provide a recommendation to the Mesa County Board of Commissioners on a designated ambulance service provider for the GJASA.

The Grand Junction City Council began the selection process by developing a request for proposals (RFP). The RFP was developed in conjunction with Emergency Services Consulting, inc. (ESCI).

Two proposals were received and both were reviewed by an independent committee. The committee scored all criteria with the exception of the financial sections of both proposals. Due to

concerns raised on allowed billable rate structures, the committee provided a recommendation that both proposers resubmit the financial sections for review and consideration in the final recommendation.

On December 19, 2005, the City Manager updated the City Council on the selection process. The financial information was reviewed by the City Manager, City Attorney and Administrative Services Director. After review of the financial materials and the summary materials provided by the independent review committee, it was determined by the City Manager that both proposals were equal in terms of quality and that the AMR proposal was cost neutral; therefore, it was the better proposal. The City Manager recommended to the City Council that it direct him, the City Attorney, and Administrative Services Director to begin negotiations with AMR as the GJASA Ambulance Service Provider. Following a lengthy discussion, the Council directed staff to continue with development of a plan for GJFD to become the designated GJ Ambulance Service Provider.

DIRECTION/CONSIDERATIONS:

In developing this plan, the following direction/considerations are understood:

- City Council directed the City Manager and Fire Department to develop an implementation plan for the Department to expand its services to include ambulance transport for the GJASA.
- City Council directed that the quality of the overall delivery of emergency services is a fundamental consideration.
- City Council directed that the additional service by the Department must not adversely impact the GJFD's ability to respond to other types of emergency incidents, and
- The plan must consider the costs of the expanded service and the costs should be accounted for as an enterprise fund.

The purpose of this report is to establish a strategy (plan) to implement the City Council's December 19, 2005, direction to expand operations to include ambulance transport to the GJASA, beginning July 1, 2006.

IMPLEMENTATION PLAN

FIRE DEPARTMENT PROPOSAL:

Goals:

- Implement an ambulance delivery system which embodies the City's and Department's mission(s).
- Expand the Department's role in EMS with an emphasis on maintaining high-quality service and responsible public safety practices.

The Department's proposal was developed with the premise that public safety services are best addressed from an all-hazards planning perspective. An all-hazards method is consistent with national trends related to homeland defense as well as the direction of local agencies. The Mesa County Incident Management Group (MCIMG) includes all local public safety entities. The Group was formed in the late 1990s to address major incident management and to establish a line of communication between agency leaders. This group has made significant progress in furthering all-hazards planning with a goal of striving for a high degree of resource integration along with command and control opportunities.

The proposal is based on GJFD being designated as the exclusive ambulance service provider in the GJASA. It is clear that the City may limit the number of ambulance services within the City limits; however, Mesa County may choose to limit providers that are outside of the City limits. This should be conclusively determined as this proposal/plan proceeds forward; however, raw data on call frequency outside the City limits indicates the issue will not be material.

OVERVIEW OF THE CURRENT SYSTEM

The current system began in the early 1990's. The system relies on a split-crew, first-response deployment plan for most medical incidents. This approach uses a firefighter/EMT-Paramedic and firefighter/EMT-Basic on either an ambulance or rescue unit for initial response to a medical emergency call. This allows the Department to deploy medical personnel and resources to the scene of medical emergencies within eight minutes on 90% of priority-one calls and complies with the Mesa County EMS Resolution Performance Standard for EMS response. The split-crew deployment approach has several advantages and disadvantages.

Advantages include:

- Ability to handle increasing call volume without adding new resources;
- Limits the amount of resources that are sent to many EMS events;
- Limits the number of hours run on fire apparatus;
- Allows the Department to address two simultaneous medical calls within a station's first-due district.

Disadvantages include:

- Potential of inadequate staffing of first-due fire apparatus to fire, rescue and hazardous material calls;
- More resources being deployed to emergency events than are actually needed.
- Increased danger from multiple unit responses

The current system also applies a hybrid first-response/transport plan, known as a two-tier system. The two-tier system uses Fire Department resources for initial response, patient assessment, and initial patient care. The patient is then transferred to the care of AMR paramedics who continue care of the patient during transport to a medical facility where the patient and care is transferred to a physician.

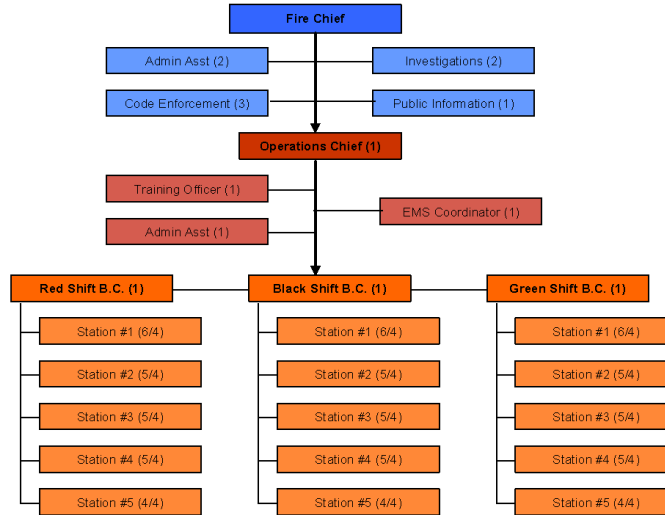
Advantages include:

- Two paramedics on a high percentage of medical calls;
- Reduced amount of time required for fire resources to handle medical calls, thereby allowing them to stay available for new emergencies;
- Increased number of resources available for major medical events within the community.

Disadvantages include:

- Variations with continuity of care for the patient (patients handed off twice along with potential loss of vital patient assessment/treatment information);
- Some duplication of resources deployed to some calls;
- Fire medics lose the experience gained during continuation of care;

- Fire medics don't have contact with facility medical staffs or timely feedback on patient outcomes;
- Clinical skills of all medics are impacted due to the number of field personnel employed by the system and lack of critical patient contact; and,
- Deployment practices/policies are complicated with public responsibility/expectations and private resource involvement.



Current Staffing and Resource Deployment:

The decision on staffing is complicated and expensive. One equation or model for setting the needed level of staffing in every community does not exist. Although, there are national consensus standards that provide some direction in staffing, each community has its own characteristics and issues, all of which play into staffing decisions. The chart above shows the Department's current level of staffing and organizational structure.

The Department currently employs 91 full-time employees. Of the approved full-time positions, 13 are assigned to administrative functions with the remaining positions assigned to line emergency-response duties. The staffing plan applies a minimum staffing of four-persons per station plus one command position, with 21 positions on duty at all times. The additional five persons per shift compensate for daily absences (PTO usage, short- and long-term disability, training and other types of leave). In 2005, the Department's average daily staffing was 21.5 on-duty emergency response personnel.

The Department provides emergency services from five different physical locations. Response from current locations has proven effective; however, there is discussion on the potential of relocations for stations one and three to improve coverage. Additionally, impacts of growth will cause the need for new station(s) to be constructed. For example, the Pear Park area is a rapidly growing and dense area which will need a fire station in the relatively near future. This area includes

City, District, and Clifton Fire Protection District land; therefore, having robust automatic-aid agreements or consolidating fire organizations to reach economies of scale and effective distribution/deployment of resources are critical considerations for future delivery of quality services.

Each of the Department's stations house a variety of equipment for a wide range of emergency incidents. Staffing at each station, however, is limited with a guaranteed minimum of four people per station. The number of personnel assigned/required for the most common call types is shown in Table 1.

CALL TYPE	PERSONNEL ASSIGNED	DEPLOYMENT PER STATION (IN PERSONNEL)	DEPARTMENT DEPLOYMENT (IN PERSONNEL)	AMBULANCE RESOURCE (IN PERSONNEL)
Fire	14-16	4	12-14	2
Traffic	6-8	4	4-6	2
Medical	4-6	2-4	2-4	2
Hazmat	6-14	4	4-12	2
Technical Rescue	6-10	4	4-8	2

Table 1: Staffing deployment based on general call type (reported in persons required).

GJFD ambulances are housed at stations one and three. EMS responses require a minimum of two assigned on-duty personnel for each response. This split-crew deployment strategy allows for the station to handle a second EMS call; however, if a fire, hazardous material or rescue call occurs during the first EMS call, then the remaining two persons available for response are inadequate. In these cases, effective and safe intervention requires second- and third-due responses from other stations, delaying effective actions until additional resources arrive on scene.

Initial deployment of two persons to structure fires (2-in, 2-out rule) is an ineffective and unsafe practice and is addressed in the federal Occupational Safety & Health Administration (OSHA) guidelines. This rule states that, for every point of entry in a structure fire, there must be two persons ready to perform rescue operations of fire personnel pending an injury or accident. This means that firefighters must wait until a second team arrives before the first-arriving team can initiate offensive fire tactics.

Presently the system in Grand Junction operates with two and one half dedicated ambulances (AMR) and two non-dedicated ambulances (GJFD). All ambulances are staffed at the paramedic (ALS) level. AMR staffs two 24-hour/day ambulances and one 12-hour/day ambulance. The 12-hour ambulance is in service from 11:00 AM to 11:00 PM daily. The Grand Junction Fire Department operates two additional ALS back-up ambulances that transport when:

- There are no private ambulances available;
- There are multiple casualties on an incident;
- The patient is in need of physical restraint; and/or,
- The Paramedic or Fire Officer on scene determines that patient care or on-scene conditions warrant rapid transport.

In the last ten months of 2005, the Grand Junction Fire Department responded on 5,564 EMS calls. During this period, AMR ambulances were unavailable 193 times (3%) requiring the dispatch and response of GJFD ambulances. GJFD transported 101 of the 193 incidents, 92 were refused or did not require transport. Additionally, there were 13 times when two or more ambulances were

needed for calls with multiple patients, and mutual aid was needed seven times when there were no AMR or GJFD ambulances available due to surges in the system.

Benefits of the current system include:

- Ability to meet County-mandated performance standards
- Paramedic level care available on every call
- Splitting GJFD crews allowing stations to respond to second calls
- Calls that require additional manpower get it quickly
- Two paramedics on almost all calls
- In 85% of the calls, Fire units are able to return to service when the patient is transported. In the other 15% of calls, GJFD members ride in to continue patient care or provide additional staffing for medical procedures/intervention.

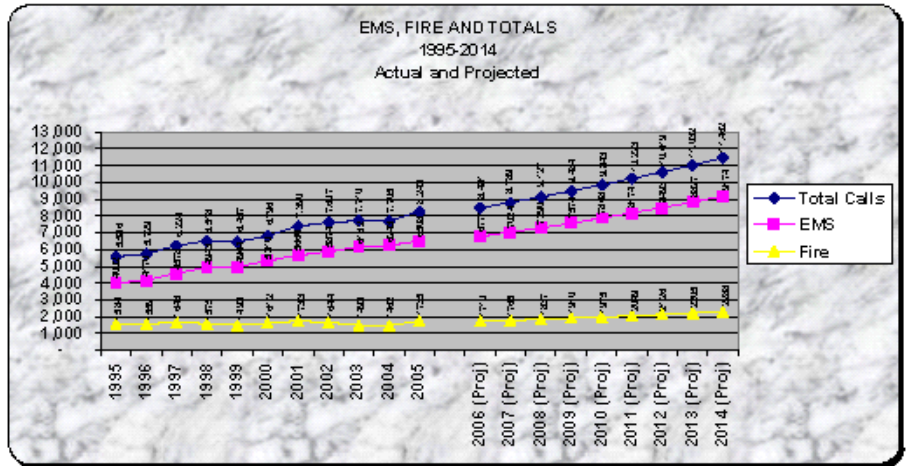
Weaknesses of the current system include:

- All but critical patients are “handed off” to another care provider, increasing the potential for communication problems, errors and extending treatment and/or transport time
- Redundant resources on many types of calls (two agencies and multiple units are currently sent when, in many cases, the call could be handled by the closest single unit/agency or with fewer units);
- Often, two ambulances are unnecessarily dedicated to a single call;
- For additional manpower needs, more units must be sent (why many calls receive two ambulances and an engine when one ambulance and engine would be ideal);
- Split-crews leave very minimal staffing for second calls and inadequate staffing for calls other than EMS;
- Fire medics do not routinely gain the benefit of knowing patient outcomes and interaction with hospital staff is limited;
- Two-agency responses increase the potential for difficulties, both operationally and administratively, and is an inefficient use of resources.

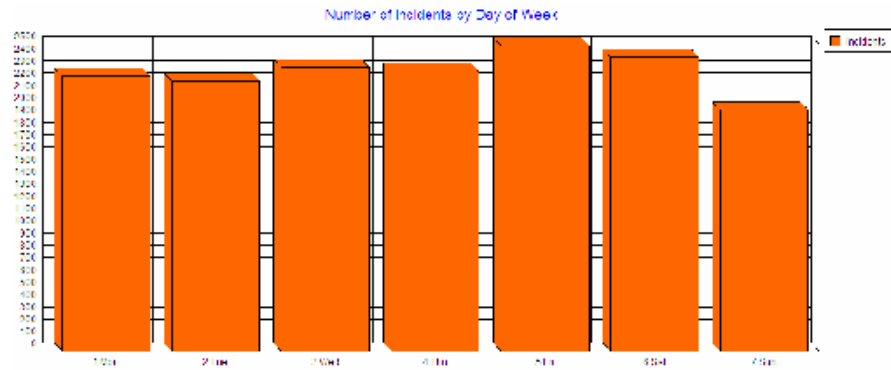
Simultaneous call analysis

Four key factors drive staffing requirements in the fire service: (1) the number of incidents; (2) the type of incidents; (3) the duration of incidents; and, (4) the distribution of incidents over time. The Records Management System (RMS) provides solid information on the number, type and duration of incidents; however, analysis and application of the distribution of incidents over time is much more complicated.

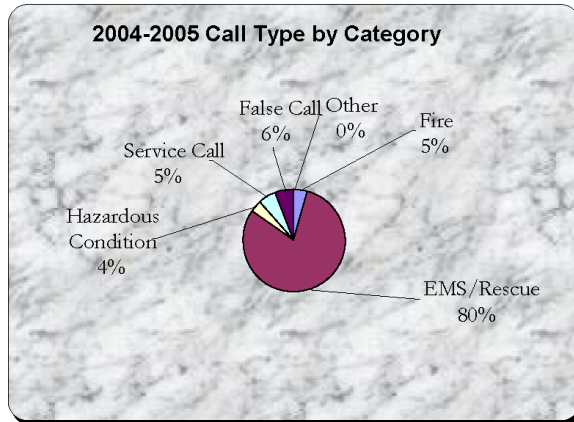
Increases in emergency requests for service continue to outpace the community’s growth rate. From 1995-2005 the Grand Junction Fire Department has experienced a 48% increase in total emergency calls for service, an average annual increase of 4.8%. Medical calls have increased 63% over the same period for an annual average increase of 6.3%. Projected call levels are based on a four-year weighted moving average and has proven accurate over the ten years of use. The projections indicate continued annual increase in total emergency medical calls of 4.6 % with fire/other call types increasing at a modest 3.5 %. Projections are subject to many factors including growth and changes in local demographics. Projections do not include the Department taking on private activity which would increase the projected medical calls for service by an estimated 2,400 calls per year.



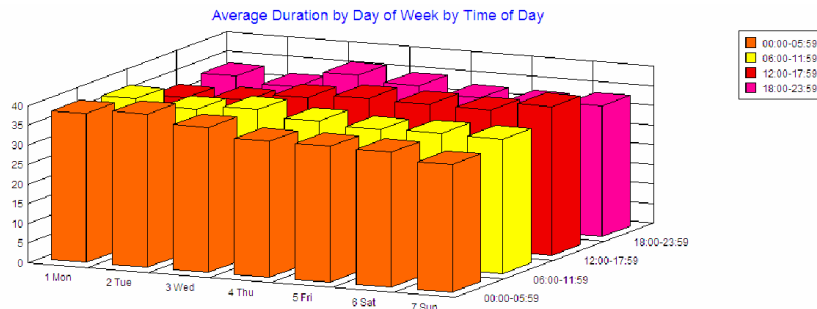
It is also important to consider the distribution of incident frequency by other considerations such as the day of week. In 2004-2005 combined, the Department had a fairly level daily distribution of incidents with the busiest days on Friday and Saturday. The increase in calls for service on week days and between the hours of 0700-2200 is driven in large part by business- and shopping-related activity.



The type of calls is also a factor used in developing staffing and deployment strategies. The graph shows the distribution of 2004-2005 calls by major category. Eighty percent of the City of Grand Junction's and the Grand Junction Rural Fire Protection District's calls for service are medical in nature. This ratio is consistent with national levels of incident distribution for fire agencies.



It is also important to point out that there are significant differences in the level of resources needed/committed to medical responses versus fire, hazardous material or technical rescue responses. A typical medical call can be handled by 2-4 persons depending on patient condition and interventions needed. In other call types, such as fires, hazardous material calls, and technical rescues, there is a much greater need for personnel and equipment and, in most cases, anywhere from 8-14 firefighters are dispatched. Large events and simultaneous calls add to the amount of resources needed and committed to the event(s). The Department currently averages 35 minutes for each medical event. A transport component adds an additional 25 minutes to the total time required for a medical event.



Some simultaneous activity is predictable. It is common for fire departments to evaluate activity by time of day but one common blind spot in the data is that the greater the number of events in a short amount of time, the greater the probability of simultaneous events. Although it is important for the Department to have adequate surge capacity built into the system, it is not practical to staff for surge capacity required for high-risk, low-frequency events.

Simultaneous events occur frequently within the GJFD system. In 2005, the Department received 8,218 calls for service (22.5 calls per day). Responding to these calls resulted in 1,183 times that three or more emergency responses occurred during overlapping time intervals (simultaneous responses), an average frequency of three per day. Because of these surges, the Department received

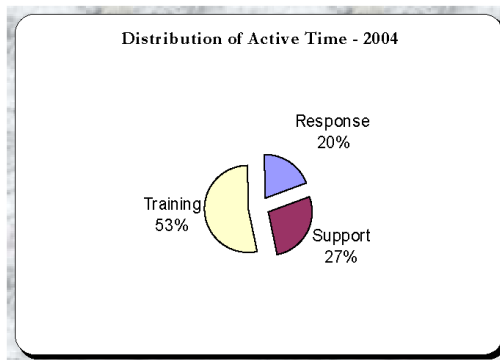
mutual aid 12 times in 2005. When surges in the system occur, the response times increase for calls where resources have to travel across the ASA or when resources response from other ASA/Fire Districts for mutual aid.

There are a variety of considerations that are applied to address the capacity issues of our community. They include:

- Staff for anticipated high-volume activity patterns
- Deploy resources in high-volume activity areas
- A robust callback system
- Consider auxiliary resources
- Anticipate and staff for unusual events
- Maintain effective aid agreements
- Decrease the duration of incidents such as a “catch-and-release” or two-tier model for EMS

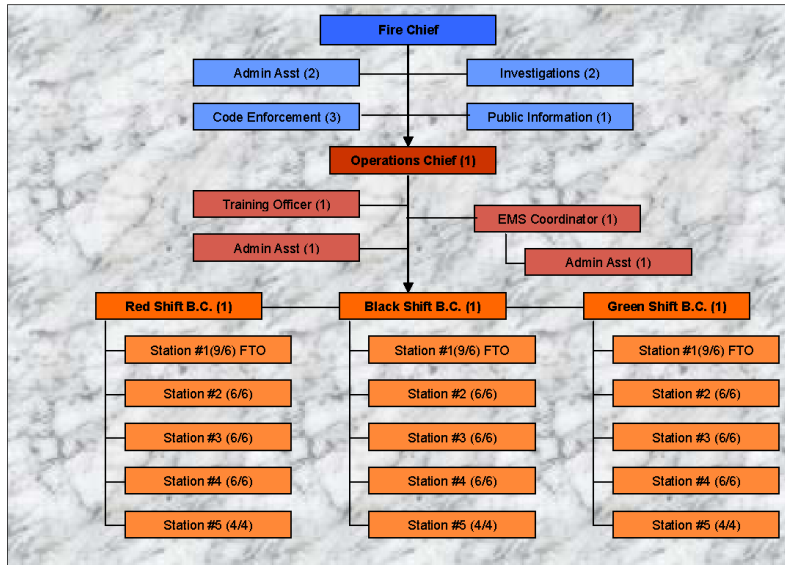
The Department uses all of the above-listed options in staffing and deployment decisions. Simultaneous incidents are increasing as requests for service increase.

Emergency response is the core mission of the Department and represents 20% of the total documented active time. Active time (personnel are involved in some type of activity or event) in 2004 was 59% of total available time. Because successful outcomes in emergency response are highly dependent of the level of preparation, line personnel participate in many hours of training including: pre-event planning, and maintenance of equipment and supplies. The



Department has a strong commitment to training and typically spends 50 % or more of active time in some type of training and support activities such as company fire inspections, station and equipment maintenance, and administrative assignments. In 2004, the remaining 41% of total available time was spent in standby mode and included down-time for personnel to rest, eat and sleep.

PROPOSED SYSTEM DESIGN



DEPLOYMENT STRATEGY

The plan recommends staffing three (3) ambulances for 911 EMS services in the GJASA. To accomplish this three (3) firefighter/paramedics and three (3) firefighter/EMT-Bs will need to be hired for each shift, a total of 18 dual-role fire/EMS positions. One inter-facility ambulance will be required six days a week for non-emergency transports. Two paramedics and one EMT-B, each non-firefighter positions, would be hired to staff the interfacility ambulance.

The three ambulances for 911 EMS services will be housed at Fire Stations #2, #3 and #4 and the interfacility ambulance will be housed at Station #2. The engine companies from all five fire stations will continue in a first-responder role as appropriate or needed based on call type.

SPECIAL CALL COVERAGE

If the Department takes on an exclusive role as the ambulance service provider, the service plan must include a provision for standby, special, and other types of medical service.

Events are varied in their needs and have, historically, utilized various providers in multiple configurations. These events are held in various locations inside and outside the Grand Junction ASA. Under County regulation, rates are determined by the provider and the County requires payment to them based on a percentage of event fees (a regulatory fee of \$5 for each ambulance transport that originates in Mesa County and a fee of 5% for each dedicated EMS medical standby). This fee can be waived by the Board if the event is conducted by public agencies or schools.

Certain events, such as the Professional Rodeo Cowboys Association (PRCA), require a dedicated unit(s) to provide EMS coverage. This is usually because of insurance requirements that stipulate a unit and trained personnel need to be on scene during the event. Special events tend to occur on weekends in the warmer months

The GJFD plans to provide these services with GJFD resources, utilizing a combination of full-time and part-time personnel. The plan will reinstitute a modified version of the Department's part-time reserve program. The program will be administered by a Field Training Officer (FTO), scheduled by the EMS Administrative Assistant, and will run as a "break-even" service.

The wide variance in service(s) required will be addressed through four levels of "dedicated" coverage. The levels of coverage include:

- Fully staffed ALS ambulance at approx. \$80/hour
- Fully staffed BLS ambulance at approx. \$70/hour
- PM with kit & radio at approx. \$40/hour
- EMT-B with kit & radio at approx. \$30/hour
- Fund-raising events may be referred to nonprofit providers for coverage. Events which require transport capability will either be staffed by GJFD units, with City Manager approval of a waiver of fees, or be referred to the appropriate Mesa County ASA (most currently do some standbys). Events that occur outside the GJASA will first be referred to the jurisdiction having authority.
- For callback situations resulting from services such as out-of-town transfers, rendezvous coverage, and etcetera.

Non-dedicated standby events will be covered by on-duty personnel and equipment. Resources will remain available for service and therefore can respond from the event to calls as needed.

Personnel

In this proposal, both full-time personnel (on overtime) and part-time personnel would be utilized in a "pool" that will be used to staff standby events. Voluntary sign-up by full-time personnel will be encouraged. Other programs could include:

- Fill-in staffing of the day car
- In callback situations, when system surges draw down on-duty staffing
- For support in other programs (through the PIO and Training office)

Benefits:

- The Reserve Program of part-time employees will enable the Department to provide staffing needed to serve the many special events taking place in the GJASA and as needed/requested within Mesa County.
- Overtime costs for full-time employees would be decreased.
- It will involve the community and allow outside EMS personnel to participate in the system, especially at the entry level, as well as opportunities for members of volunteer organizations to work with GJFD.
- It will provide a pool of potential applicants for fire fighting/EMS positions that could be evaluated first hand, and

The Reserve Program will meet the needs of the event organizers and at the same time provide benefits to the EMS program within the Department and to the Mesa County System as a whole.

IMPLEMENTATION STEPS

The ability to acquire and place new ambulances into the system by July 1, 2006, will be difficult and GJFD will probably not be able to meet that start date unless it can be demonstrated to the satisfaction of City Council that there is sufficient justification for a sole-source purchase. However, even if the City Council approved this, there is a delayed delivery period of 180 days caused by last year's natural disasters. This would make it impossible to take delivery of new ambulances by July 1, 2006. It may be possible to take delivery for a July 1, 2006, start date if there are demonstrator units available for sale.

If ambulances cannot be acquired for the July 1, 2006, implementation date, optional strategies must be considered. Those strategies would range from continuing the existing interim relationship with AMR, a new interim relationship with Life Care and/or the short-term use or lease of ambulances from vendors or other service provider organizations.

Physical Facilities

The Department's physical facilities will accommodate the addition of resources with the exception of Fire Station #4. This plan includes estimated start-up costs of \$70k to remodel Station #4. The plan includes a remodel of the existing physical fitness room into two sleeping quarters and new construction to accommodate the physical fitness equipment. Estimates include:

- Remodel PT room into two bedrooms \$12k
- New construction, PT room \$50k
- Furnishing (lockers, beds, desks) \$8k

Loose Equipment

The majority of medical equipment and supplies for the new ambulances exists within the Department's current inventory. Two rescue units and one reserve ambulance (does not meet County specifications) will be removed from service. The loose equipment on those units will be used on the new ambulances.

The Department will need to purchase approximately \$3,000 in disposable supplies and equipment to place the units into service.

Human Resources

First consideration for employment will be given to local incumbent AMR personnel who apply for any of the open GJFD positions. Those qualified will be given first consideration for firefighter/paramedic, firefighter/EMT-B, and paramedic or EMT-B positions. Those interested in a firefighter position will participate in the Department's customary recruitment process which includes a written test, physical ability test and interview to qualify for eligibility. Those interested in a non-firefighter position will be interviewed and may take a written test to qualify for eligibility. Any local incumbent AMR employee will be allowed to apply for both firefighter and non-firefighter positions.

An open recruitment will be conducted concurrently with the recruitment of local incumbent AMR personnel. The process described above for the AMR personnel will also be utilized in the open recruitment.

Training

All personnel will receive initial training. Those hired for dual-role (firefighter) positions will be required to participate and successfully complete a 12-week fire academy. Those hired as single-role (EMT) positions will be required to participate and successfully complete a two-week initial training program. All new-hire personnel, if not already cleared in the local EMS system, will also be required to successfully complete the EMS preceptor and probationary process as established by the Mesa County Medical Director.

Communication Center Considerations

The GJFD implementation plan includes use of the GJRCC as a single point of contact for all requests for service. Current priority dispatch system protocols define the most appropriate deployment of resources regardless of the call type. Additionally, changes in Medicare also drive the importance of using priority dispatch protocols. The level of dispatch at the time of call is important for billing reasons, as well as achieving the most appropriate deployment of resources. The use of GJRCC as a single-point of contact also simplifies access to services for the customer and streamlines the manner in which information is obtained, tracked and used.

It is estimated that there are between 2,000 and 2,500 non-emergent transport calls each year. Under the Department's implementation plan, these calls would be answered by the GJRCC as a component of the Priority Dispatch System. Non-emergency calls are typically called in from a skilled nursing facility. A typical non-emergency call would be called in from a nurse or other medical professional requesting transport of a patient from the facility to a hospital for such things as an x-ray at a specific time. The dispatcher will provide EMD (Emergency Medical Dispatch) instruction by using the criteria on the Priority Dispatch medical card. Protocol cards contain specific questions the dispatcher must ask and then, based on the caller's response, the incident is categorized and the appropriate fire unit(s) is dispatched. The majority of these types of calls should be non-emergent. The dispatcher will track the ambulance by putting them en route, arriving at the care facility, en route to the hospital and then clear of the incident when the transport is complete and the ambulance is available for another call. This is similar to what is done on a non-emergent law enforcement calls.

In 2005, the Communication Center handled 116,814 calls for service; of that, 103,784 were law, 10,285 EMS, and 2,745 fires. The addition of another 2,500 calls for service alone does not present a significant impact to the GJRCC; however, over the past few years the GJRCC has been impacted by many service increases or system changes that incrementally have stretched GJRCC resources. These changes include a variety of issues such as how incidents are processed for law enforcement to changes in the EMS system as a result of the Mesa County EMS Resolution. In 2005, the GJRCC implemented a new Emergency Medical Dispatch (EMD) system, Priority Dispatch, which completely changed the way telecommunicators provide medical instruction over the phone. The Center has diligently followed its internal review process and monitored itself for quality. Last year, the Center continued moving forward to a priority dispatch EMS system where the dispatcher determines, based on the type of medical call, what type of response is required, emergent or non-emergent. This has been a difficult transition for both the Communication Center and fire/EMS agencies. Most of the issues have been resolved and stakeholders are just beginning to feel comfortable with the program.

In 2006, the GJFD and GJRCC are moving a step further in the processes used to dispatch Grand Junction Fire Department apparatus. Currently, telecommunicators dispatch the appropriate station(s). Fire Department managers then make the decision on the type of apparatus and number of personnel needed. The agencies are moving more toward the implementation of mobile data terminals (MDT) and automatic vehicle location (AVL) technology as well as using the computer-

aided dispatch (CAD) system to determine the appropriate apparatus that will be dispatched. Once fully implemented, the net impact of this change should be less direct work for telecommunicators.

Mesa County's new EMS Resolution also impacted the GJRCC by changing service areas and the reporting requirements. This will entail more changes in the future as fire departments in Mesa County sign automatic-aid agreements. The Communication Center will make dispatches based on what type of support is needed, for example ALS or BLS for emergency medical calls.

There have been significant changes in the way telecommunicators handle calls for fire agencies. The Center is at the point where the fire dispatcher, who is also utilized as a call taker, spends much more time handling dispatch duties for Fire and EMS calls. As a result, they are unable to concentrate on call-taking functions. Continuing to add to the workload without adding additional personnel will impact the safety and well-being of our citizens and responding public safety personnel. The additional 2,400 calls for service will burden an already understaffed work group: the question is what level of service do user agencies and the public expect from the GJRCC? Telecommunicators cannot continue to learn everything about all aspects of this job and do them all well; dispatching is becoming increasingly complicated.

In order to continue to provide good service to Fire/EMS and law enforcement agencies, a split in duties and responsibilities is necessary. The GJRCC director indicates that a minimum increase of five call-takers is now needed; however, this increase in call-taker positions is not driven by the change in non-emergency medical work alone. Therefore, the issue yet to be determined in this proposal is how much of the increase in call-takers is driven by this proposal and how much is driven by general system demands/changes with all user agencies?

Due to the potential impact on GJRCC, It is the recommendation of this plan to evaluate/consider contracting non-emergent requests for service to an outside dispatch center. The center must use priority dispatch protocols and have direct contact with GJRCC for those calls determined by priority dispatch codes to be emergent.

Public Information/ Education

Effective communication regarding the new EMS Ambulance Transport System requires two main approaches: (1) communication flow for implementation and (2) provide information to the public regarding the transition.

Communication Flow

Communication flow for implementation will require clearly established goals and strategies for achieving the goals, a well-established communication plan and follow through on the plan. It is important to remember that everyone is responsible for public education. In reality, education crosses over into the entire organization. Everyone in the organization should be aware of the message, visions, and goals of the organization, and should reflect that accurately.

- The most important communication is internal. Therefore the plan must provide information to our employees in order to establish a consistent response to questions from the public. Understanding the public's perception of transitioning from a private to a public provider will need to be addressed directly.
- The quality improvement issues will require explanation and are important to ensuring that the public remains confident in the ability of the EMS system.
- Goals and guidelines for public education should be in line with the City's and Fire Department's vision and mission and must be clear and consistent. If this isn't the case, the efforts to educate the public will fail.

Provide Information to the Public on the Transition

The information we provide to the public on the transition should be clear, succinct and consistent.

- The facts that we release should be based on the results on research and analysis.
- Timing is a crucial factor. Focus education on who needs to know and when they need to know it.
- Emphasize the positive aspects of the transition
- Develop tools to evaluate how we are doing in order to maintain public trust and shape public perception.
- Meet with local community, civic, business and other leaders to describe the transition and community benefit of making the change.

FISCAL PROJECTIONS/COST

See Schedule of Revenues and Expenses (next page)

FINANCIAL STATEMENT AND BUDGET FORMS

EXPENSES

Emergency and Non-Emergency Transport

Proposer: The Grand Junction Fire Department

Item	Year 1	Year 2	Year 3	Year 4	Year 5
<i>Personal Services</i>					
	6 months				
9 FF/PM Wages	\$ 214,619	\$ 464,202	\$ 501,651	\$ 567,414	\$ 583,029
9 FF/PM Benefits	\$ 74,218	\$ 161,563	\$ 175,817	\$ 195,512	\$ 207,836
9 FF/EMT Wages	\$ 184,557	\$ 399,149	\$ 431,331	\$ 487,932	\$ 501,357
9 FF/EMT Benefits	\$ 68,980	\$ 150,219	\$ 163,524	\$ 181,701	\$ 193,458
2 PM Wages	\$ 45,384	\$ 98,165	\$ 103,072	\$ 113,381	\$ 116,783
2 PM Benefits	\$ 15,834	\$ 34,467	\$ 37,508	\$ 41,710	\$ 44,339
1 EMT Wages	\$ 18,596	\$ 40,224	\$ 43,466	\$ 49,165	\$ 50,640
1 EMT Benefits	\$ 7,052	\$ 15,356	\$ 16,716	\$ 18,574	\$ 19,776
Other Wages	\$ 90,709	\$ 196,083	\$ 205,838	\$ 220,401	\$ 226,649
Other Benefits	\$ 7,696	\$ 17,944	\$ 19,147	\$ 20,510	\$ 21,847
Subtotal	\$ 727,645	\$ 1,577,372	\$ 1,698,070	\$ 1,896,300	\$ 1,965,714
<i>Vehicle Costs</i>					
Fuel	\$ 2,408	\$ 5,065	\$ 5,326	\$ 5,602	\$ 5,882
Vehicle Repair & Maintenance	\$ 3,401	\$ 7,006	\$ 7,216	\$ 7,432	\$ 7,655
Vehicle Lease/Depreciation	\$ 66,000	\$ 66,000	\$ 66,000	\$ 66,000	\$ 66,000
<i>Medical Equipment/Supplies</i>					
Medical Supplies	\$ 33,118	\$ 68,439	\$ 70,492	\$ 72,607	\$ 74,786
Medical Equipment				\$ 4,234	\$ 4,234
Maintenance and Repair	\$ 1,140	\$ 1,174	\$ 1,209	\$ 1,500	\$ 1,545
<i>Other</i>					
Insurance	\$ 4,051	\$ 4,051	\$ 4,051	\$ 4,051	\$ 4,051
Utilities and Telephone	\$ 540	\$ 540	\$ 540	\$ 540	\$ 540
Office Supplies and Postage	\$ 1,354	\$ 1,381	\$ 1,409	\$ 1,471	\$ 1,500
Professional Services	\$ 74,673	\$ 156,813	\$ 165,615	\$ 172,887	\$ 181,531
Startup Costs	\$ 598,436				
MC Fee + Ambulance Lic. Fee	\$ 17,500	\$ 36,530	\$ 38,345	\$ 40,255	\$ 42,255
Dispatch Fees	\$ 24,000	\$ 50,400	\$ 52,920	\$ 55,560	\$ 58,340
Subtotal	\$ 826,621	\$ 397,399	\$ 413,123	\$ 432,139	\$ 448,319
TOTAL EXPENSES	\$ 1,554,266	\$ 1,974,771	\$ 2,111,193	\$ 2,328,439	\$ 2,414,033

Schedule of Revenues

	Year 1: 911	Year 1 + non-emerg.	Year 2	Year 3	Year 4	Year 5	Payor mix
Annual Transports	4320						
Private pay	610		640	673	706	741	9.08%
Insurance	1590		1670	1753	1841	1933	23.86%
Medicare	1731	4131	4338	4555	4783	5022	61.48%
Mcaid	388		408	428	450	472	5.78%
Total	4320	6720	7056	7409	7779	8168	100%
Estimated an additional 2400 non-emergent calls will be primarily medicare and billed as BLS/non-emergent . In 2005 BLS non-emergent allowable is \$197.79.							
Transport volume 2001 to 2005: 2001 2951 2002 3418 2003 3429 2004 3664 2005 4115 (From 11/1/04 to 10/31/05 numbers) (an increase of 12.3% over 2004) 2006 to 2011 increased 5% per year							

REVENUES - 911 EMERGENCIES AND SCHEDULED NON-EMERGENCY TRANSPORTS

Proposer: The Grand Junction Fire Department

Item	7/1/06 12/31/06	2007	2008	2009	2010
Patient Charges					
Private	\$222,949	\$468,193	\$491,603	\$516,183	\$541,992
Insurance	\$581,215	\$1,220,552	\$1,281,579	\$1,345,658	\$1,412,941
Medicare	\$1,491,456	\$3,132,057	\$3,288,660	\$3,453,093	\$3,625,747
Welfare/Mcaid	\$141,949	\$298,092	\$312,996	\$328,646	\$345,079
Other 3rd Party Payments					
Subtotal	\$2,437,568.45	\$5,118,894	\$5,374,838	\$5,643,580	\$5,925,759
Other Revenue, Specify					
Out of town transports standby at a rate of General fund subsidy	\$22,835	\$24,081	\$26,158	\$29,330	\$35,502
(Less) Uncollectable Accounts					
Private	\$133,769	\$280,916	\$294,962	\$309,710	\$325,195
Insurance	\$209,237	\$439,399	\$448,553	\$484,437	\$508,659
Medicare	\$984,361	\$2,067,157	\$2,170,515	\$2,279,041	\$2,392,993
Welfare/Mcaid	\$139,110	\$292,130	\$306,737	\$322,073	\$338,177
Other 3rd Party Payments					
TOTAL REVENUES	\$971,091	\$2,039,292	\$2,154,072	\$2,248,319	\$2,360,735
Expenses	\$956,830	\$1,974,771	\$2,111,193	\$2,328,439	\$2,414,033
Start Up Costs	\$598,436				
NET REVENUES (Total Revenues Less Expenses)	(\$584,175)	\$64,521	\$42,879	(\$80,120)	(\$53,298)
Less Start Up	\$14,261				
Total Transports (increase 5%/yr)	6720	7056	7409	7779	8168
Collection Rate	41%				

USER RATE SCHEDULE

The Grand Junction Fire Department currently has contracted for ambulance billing. The Department is in the process of contracting for hard collections services. The following services are provided under the existing billing contract:

- Itemized statements to the guarantor or patient
- Medical coding
- Insurance finding and verification
- Billing of third party payers to include Medicare, Medicaid, Private provider organizations, HMO's and commercial insurance companies
- Follow up with the patient and/or third party payer as necessary for payment of the services rendered
- Secondary insurance billing and follow up
- Customary reports and account information

The City's Finance Department is involved in the accounting aspects of the program and oversight is maintained by the EMS Coordinator working in cooperation with the City Attorney. The contract is with Advanced Data Processing Inc. (ADPI) in Wheatridge, Colorado. They do only ambulance billing and charge a 7.5% fee on collected revenues. Benefits and weaknesses include the following:

Benefits:

- Claims to insurance entities are done electronically (now required by Medicare/Medicaid);
- ADPI guarantees regulatory compliance in all aspects of billing and maintenance of electronic patient records;
- ADPI offers provider training programs (field providers and administrative staff) to ensure compliance;
- ADPI serves as the customer's point of contact for billing questions, complaints, and problem resolution;
- ADPI conducts "soft collections" that include a series of five letters or phone contacts that decrease the occurrences where an account must be turned over to hard collections (separate collection agency);
- Specialization should maximize billing revenues;
- ADPI assumes liability for compliance to federal regulations.

Weaknesses:

- Reliance on an outside company to handle this critical function, the complicated nature of the ambulance reimbursement and the trends nationally of continually decreasing ambulance reimbursement.
- Because the current GJFD contract with ADPI was begun in August, 2005, we are able to monitor performance based on our current 10-20 transports per month. If performance does not meet expectations, an RFP process for another vendor could be completed and implemented in good time. Or, a second option of moving the billing services in-house could be considered.
- A contract with a local collection agency is in process. As a last resort, and in specific instances, outstanding accounts receivable will be turned over to this collection agency for collection. Guidelines and procedures for both billing and collections were developed in the initial GJFD proposal.

Billing structure

The following table contains the recommended user fee rate structure. Fees are based on the Mesa County Maximum Allowable rates plus mileage. The plan understands the County Maximum to be the bundled rate and that itemized costs are not allowed. The Mesa County Emergency Manager has indicated that the County plans to review the process used to establish the County Maximum in future.

The practice of discounting rates for certain interests is a common practice and is controlled under the Mesa County EMS Resolution. Discounting may be considered for skilled care facilities as long as the practice does not fall below the Medicare allowable and/or where provision in the Mesa County EMS Resolution allows.

Medicare Code	Description	Charge	Comment
AO428	Basic Life Support Non-Emergent	\$572.00	Interfacility/scheduled Dispatched as omega
AO429	Basic Life Support Emergent	\$572.00	Dispatched as Alpha, Bravo
AO426	Advanced Life Support Non-emergent	\$781.00	Dispatched as Omega, requiring ALS personnel
AO427	Advanced Life Support One	\$781.00	Dispatched as Charlie, Delta, or pt. condition warrants upgrade to ALS
AO433	Advanced Life Support Two	\$781.00	Dispatched as Echo or pt. condition warrants upgrade to ALS ₂
AO434	Specialty Care (SCT)	\$850.00	Interfacility, utilizing critical care certified staffing
AO425	Ground Mileage	\$9.97	Mileage is "rounded" up to nearest whole number
A0420	Standby		Based on customer need. Non-profit events referred to Bike Medics and/or other volunteer organization
	ALS Amb.	\$80/hour	
	BLS Amb.	\$70/hour	
	PM	\$40/hour	
	EMT-B	\$30/hour	

Assumptions/Recommendation:

- The revised fee schedule is based on the Mesa County maximum rates plus mileage
- The latest revenue/expense calculations based on 2400 non-emergent transports and 4320 emergent transports the first year.

- The instructions to the committee were to base the Grand Junction Fire Department’s fee schedule at the Mesa County maximum rates. The proposal breaks-even based on the above assumptions.

The proposal calls for the ambulance service to operate under enterprise accounting. That approach ensures fees based on the costs of providing the service and our latest figures at the above fee schedule break even between costs and revenues.

Options:

If revenues exceed expectations and we have built a sufficient fund balance, there are a number of options available to align the fee schedule with system costs. They are:

- Medicare allows governmental ambulance services to waive co-pay fees for tax-paying residents. This would decrease revenues minimally, but would benefit citizens in that use of ambulance services would entail no out-of-pocket expenses for those enrolled in Medicare.
- Medicare allows taxing entities to charge reduced rates for residents of their taxing district and higher rates for those residing outside the taxing district. Reducing fees for City residents could be a way of customizing in-City fees for certain services, while allowing for higher fees to offset costs for services outside the City.
- Mesa County does not allow price discounting below the Medicare allowable for facility or special interests, such as hospitals, Hospice and skilled nursing facilities unless authorized by the Board of County Commissioners or in cases where 50% of the members have incomes below the Federal Labor Market Index. Acceptable “other payment arrangements” must be no lower than the Medicare allowable rates. Currently, our minimum rate is \$572. This is approximately \$374 higher than the BLS non-emergent rate, other rates are:

Medicare Code	Description	Medicare Allowable	Difference between fee and allowable
AO428	Basic Life Support Non-Emergent	\$197.79	\$374.21
AO429	Basic Life Support Emergent	\$316.46	\$255.54
AO426	Advanced Life Support Non-emergent	\$237.35	\$334.65
AO427	Advanced Life Support One	\$375.80	\$405.20
AO433	Advanced Life Support Two	\$543.92	\$237.08
AO434	Specialty Care (SCT)	\$642.81	\$138.19
AO425	Ground Mileage	\$5.90	\$4.07
A0420	Standby	N.A.	N.A.

If revenues allow, these rates could be reduced, especially in the non-emergent categories, to support other services impacted by Medicare rates, and reduce their overall costs of utilizing GJFD non-emergent services.

Grant opportunities for new hire dual-role positions

The federal SAFER Act provides a potential source of funding for new hire dual-role positions. The Act provides grant funding for firefighter positions and is structured very similarly to the police officer federal grant program. The federal government has funded the SAFER Act grant process for 2006; however, the process is not scheduled to open until May or June 2006 with the selection and award process occurring sometime in July-October, 2006. If the Department applies for potential funding of new positions, notification of award will not occur before the scheduled ambulance service provider implementation date of July 1, 2006.

OUTSTANDING ISSUES/CONCERNS

Implementation of this plan requires significant work on a variety of fronts. Its success is dependent on the support of community leadership, elected officials, management and fire personnel.

It is unlikely that this plan will be fully implemented by the July 1, 2006. The time required for acquisition of ambulances, recruitment, training, and medical control authorization are significant concerns. Ambulance manufacturers are running behind in production due to demand resulted from last year's natural disasters. Additionally, the ability to recruit and select personnel may prove to be a challenge given today's competitive national market, especially the paramedic market. The City's recruitment process for fire personnel is time-consuming and will take up to four months once the recruitment process is initiated. Personnel will have to be trained and processed through the Mesa County Physician Advisor's field internship before being placed in a full-time independent status. Due to the above stated issues, the Department recommends that the date for full implementation be moved to September 30, 2006.

Projections used to establish the projected costs of this plan are based on a variety of sources, internal and external. Without having experience in providing all sides of the service, it is understood that some variation in actual delivery of services from projections will occur.

SUMMARY

The expansion of services is a significant change for the Grand Junction Fire Department. While the Department has a long-term involvement in the delivery of EMS, its role in ambulance services has been limited. Information and planning for the inclusion of ambulance services for the Grand Junction Ambulance Service Area involves current practices as well as assistance from a variety of subject experts and information sources. This information is the basis of the Department's plan.

The local EMS system is in a state of change and the ability to change and grow with the community is key to long-term success. This plan establishes a fire-based EMS delivery system. It is only one approach to how systems can be designed. The plan must have management flexibility and controls to move it toward successful implementation.

The Department looks forward to providing service to this community and is committed to providing exceptional public safety service to our customers.