



25
9-8-15

Alexandria Fire Department

Updates:

- Station 210 Engine Staffing
- Dual-Role Program Implementation

Station 210 Staffing Update

- Class of 12 began in August w/ existing certifications
 - 6 Firefighter/Medics
 - 6 Firefighter/EMTs
- Remaining overhires & vacancies will start in December
- Some combined classes with Arlington & MWAA
- On schedule to put Engine 210 in service in December; will join Medic 210 already in service

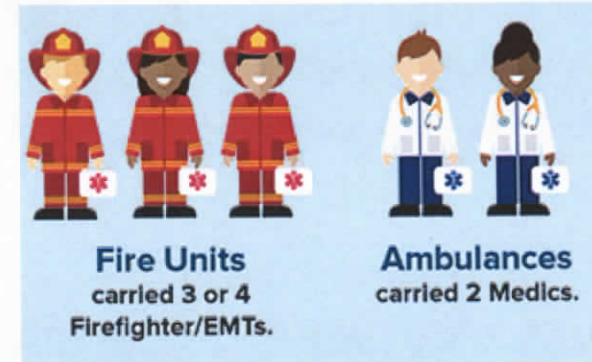


Dual-Role Program Update

- **Old "single role" model**

(2014 and prior)

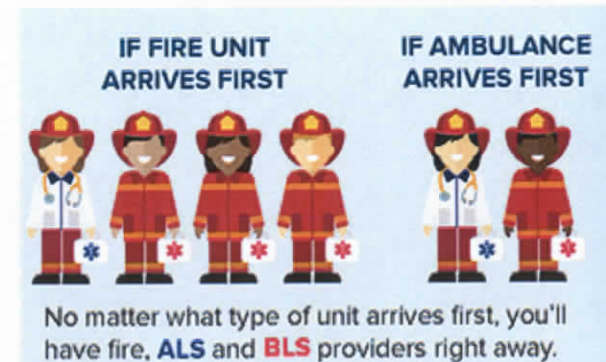
- 3 or 4 Firefighter/EMTs on Engine (Fire + BLS)
- 2 Paramedics ("Medics") on Ambulance (ALS + BLS)
- 6 of 10 stations had ALS ambulances



- **New "dual role" model**

(Transition beginning 2014)

- 1 Firefighter/Medic & 3 Firefighter/EMTs on Engine (Fire + ALS + BLS)
- 1 Firefighter/Medic & 1 Firefighter/EMT on Ambulance (Fire + ALS + BLS)
- All 10 stations will have ALS providers



Dual-Role Program Update

- Fire unit is first to arrive to EMS call ~45% of the time, but had no ALS provider under old model
- Under new model, nearly every first arriving unit will have an ALS provider
- ALS calls will still receive 2 ALS providers, same as before
- All treatment protocols remain the same



Dual-Role Program Update

- Fire engines and ladder trucks carried 3 or 4 firefighters under old model
- Under new model, all engines and trucks will carry 4 firefighters, which is safer and more effective
- Reallocating existing staff saves almost \$3 million per year versus hiring additional staff



Dual-Role Program Update

- 26 Firefighter/EMTs have started or completed Medic cross-training
- 12 Medics have started or completed Firefighter cross-training



Firefighter/EMTs

- Have at least 240 hours of training to fight fires.
- Have an additional 240 hours of training to provide **BLS** care.

Firefighter/Medics

- Have at least 240 hours of training to fight fires.
- Have an additional 781 hours of training to provide **ALS** and **BLS** care.



Dual-Role Program Update

- Station 207 (Duke & Quaker) now in service with fully cross-trained staff on all three shifts
 - Fire + ALS + BLS on Engine 207
 - Fire + ALS + BLS on Medic 207
- Single-role Medics were reassigned to ambulances at other stations





Dual-Role Program Update

- No existing Firefighter/EMT or Medic is required to cross-train
- No risk to anyone's employment
- Reassignments will keep pace with voluntary cross-training and attrition
- Staff who choose to cross-train will receive:
 - New promotional opportunities
 - Salary increases of 10% to 20%
 - Additional disability benefits and retirement pay



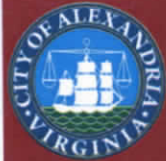
Dual-Role Program Update

- Single-role Medics work an average of 8 days per month / 42 hours per week
- Firefighter/EMTs & Firefighter/Medics work an average of 10 days per month / 56 hours per week
- All schedules include overtime pay as required by FLSA



Dual-Role Program Update

- Since 2010, all men and women hired have passed the same Candidate Physical Assessment Test (CPAT)
- Staff hired before 2010 are not required to take the CPAT to cross-train
- No difference in hiring or promotional standards for men vs. women



Dual-Role Program Update

- Prior to transition:
 - 45.6% of Medics female (vs. 29% national average)
 - 17.7% of Firefighter/EMTs female (vs. 4% average)
 - *Department wide = 24%*
- Cross-training:
 - 17% of staff have chosen to cross-train so far
 - 26% of those are female

Dual-Role Program Update



- New FAQs and infographic to explain and clarify dual-role model

- New workgroup to address future staffing needs and opportunities, implementation timeline

- Need to review regional pay competitiveness

The screenshot shows the Alexandria Fire Department website. The header includes the city logo and navigation links. The main content area is titled "Fire Department" and "Dual-Role Provider Frequently Asked Questions & Infographic". It includes a news release dated 9/2/15, a list of personnel types (Firefighter-EMTs, Firefighter-Medics, Paramedics), and an infographic titled "A Better Way to Serve You" comparing the old and new service models. The infographic highlights the benefits of the new model, such as faster response times and improved patient care.

Fire Department

Page updated Sep 2, 2015 2:10 PM

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Dual-Role Provider Frequently Asked Questions & Infographic

In 2014, the Alexandria Fire Department began transitioning from a single-role staffing model to a dual-role or "all-hazards" model. The primary purposes of this transition are to provide a higher level of service to our community by ensuring that at least one member of every fire or ambulance crew will be certified to provide Advanced Life Support (ALS) care, and that all fire engines and trucks will have a crew of four instead of three.

News Release (9/2/15): Alexandria Fire Department Provides Update on Improved Service Delivery Model

What types of personnel provide fire and emergency medical response in Alexandria?

The Alexandria Fire Department includes three types of first responders:

- **Firefighter-EMTs** have at least 240 hours of training to fight fires, and at least 240 hours of additional training as Emergency Medical Technicians. EMTs can provide **Basic Life Support (BLS)** care, which includes performing CPR, controlling bleeding, administering automatic defibrillation, and providing oxygen support.
- **Firefighter-Medics** have at least 240 hours of training to fight fires, and at least 761 hours of training as Paramedics. Medics can provide **Advanced Life Support (ALS)** care, which includes starting IVs, administering medications, and performing advanced emergency medical procedures.
- **Paramedics ("Medics")** have at least 761 hours of training to provide ALS care, but do not have training to fight fires.

Firefighter-EMTs and Firefighter-Medics are known as "dual-role providers" because they are trained and certified to provide both fire and emergency medical response. Medics are known as "single-role providers" because their focus is emergency medical response only.

Along with Firefighters, both EMTs and Medics are critical first responders, and all are truly heroes in our community. All meet the same high standards of professionalism and public service, and all have an important place in any emergency medical response system. Still, Medic certification is substantially more time-intensive and expensive to obtain and maintain, and many emergencies do not require ALS care. That's why it's not necessary for every provider to be a Medic, and why it's important for EMTs and Medics to be distributed throughout the system in an efficient and cost-effective manner.

A Better Way to Serve You

Click to enlarge

The Old Way

The New Way

Problems

Solutions

What's Not Changed

What's Changed

Jackie Henderson

From: kfitzgerald55@comcast.net
Sent: Wednesday, September 02, 2015 3:39 PM
To: City Council; City Council Aides; Jackie Henderson; Call Click Connect; Gloria Sitton
Subject: Call.Click.Connect. #80373: Mayor, Vice Mayor, City Council Dear Mr. Mayor and Esteemed City Council

Dear *Call.Click.Connect.* User

A request was just created using *Call.Click.Connect.* The request ID is 80373.

Request Details:

- Name: Karin Purugganan
- Approximate Address: No Address Specified
- Phone Number: 7038354281
- Email: kfitzgerald55@comcast.net
- Service Type: Mayor, Vice Mayor, City Council
- Request Description: Dear Mr. Mayor and Esteemed City Council Members: As a resident of Alexandria, I am very concerned with the Fire Chief's changes to the delivery of our Emergency Medical Services as part of his "Firefighter Medic" program. This program is not right for the City of Alexandria and we should not compromise the safety of our residents and visitors by implementing these changes.
- Expected Response Date: Thursday, September 10

Please take the necessary actions in responding, handling and/or updating this request at the [Call.Click.Connect. staff interface](#).

If you need assistance with handling this request, please contact CallClickConnect@alexandriava.gov or call 703.746.HELP.

This is an automated email notification of a *Call.Click.Connect.* request. Please do not reply to this email.

Jackie Henderson

From: matthews.katy@gmail.com
Sent: Wednesday, September 02, 2015 2:35 PM
To: City Council; City Council Aides; Jackie Henderson; Call Click Connect; Gloria Sittton
Subject: Call.Click.Connect. #80364: Mayor, Vice Mayor, City Council Dear Mr. Mayor and Esteemed City Council

Dear *Call.Click.Connect.* User

A request was just created using *Call.Click.Connect.* The request ID is 80364.

Request Details:

- Name: Katy Matthews
- Approximate Address: No Address Specified
- Phone Number: 7038997955
- Email: matthews.katy@gmail.com
- Service Type: Mayor, Vice Mayor, City Council
- Request Description: Dear Mr. Mayor and Esteemed City Council Members: As a resident of Alexandria, I am very concerned with the Fire Chief's changes to the delivery of our Emergency Medical Services as part of his "Firefighter Medic" program. This program is not right for the City of Alexandria and we should not compromise the safety of our residents and visitors by implementing these changes.

Thank you,
Katy Matthews

- Expected Response Date: Thursday, September 10

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Jackie Henderson

From: chris.b.smith@gmail.com
Sent: Wednesday, September 02, 2015 2:16 PM
To: City Council; City Council Aides; Jackie Henderson; Call Click Connect; Gloria Sitton
Subject: Call.Click.Connect. #80361: Mayor, Vice Mayor, City Council Dear Mr. Mayor and Esteemed City Council

Dear *Call.Click.Connect.* User

A request was just created using *Call.Click.Connect.* The request ID is 80361.

Request Details:

- Name: Christopher Smith
- Approximate Address: No Address Specified
- Phone Number: No Phone
- Email: chris.b.smith@gmail.com
- Service Type: Mayor, Vice Mayor, City Council
- Request Description: Dear Mr. Mayor and Esteemed City Council Members: As a resident of Alexandria, I am very concerned with the Fire Chief's changes to the delivery of our Emergency Medical Services as part of his "Firefighter Medic" program. This program is not right for the City of Alexandria and we should not compromise the safety of our residents and visitors by implementing these changes. Please provide a thorough the Fire Chief's plan from a budgetary, schedule and most importantly, safety perspective. Residents of Alexandria and first responders that care for and protect our city deserve the best options available.
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Jackie Henderson

From: bigrtwo@aol.com
Sent: Wednesday, September 02, 2015 1:58 PM
To: City Council; City Council Aides; Jackie Henderson; Call Click Connect; Gloria Sitton
Subject: Call.Click.Connect. #80360: Mayor, Vice Mayor, City Council Agree with Paramedic Jason Schmauder on

Dear *Call.Click.Connect.* User

A request was just created using *Call.Click.Connect.* The request ID is 80360.

Request Details:

- Name: R H
- Approximate Address: No Address Specified
- Phone Number: No Phone
- Email: bigrtwo@aol.com
- Service Type: Mayor, Vice Mayor, City Council
- Request Description: Agree with Paramedic Jason Schmauder on this issue. Here's his note to Council members: "Dear Mr. Mayor and Esteemed City Council Members: As a resident of Alexandria, I am very concerned with the Fire Chief's changes to the delivery of our Emergency Medical Services as part of his "Firefighter Medic" program. This program is not right for the City of Alexandria and we should not compromise the safety of our residents and visitors by implementing these changes."
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James H. Schwartz
22 W. Mt. Ida Avenue
Alexandria, VA 22305
703-683-7390

September 8, 2015

Mayor Euille:

As a member of the public safety community in a neighboring jurisdiction I have long refrained from providing unsolicited comments on matters related to the Alexandria government. But as a resident for 25 years I feel compelled to weigh in on the potential changes to EMS in the City. I fully endorse and support the changes proposed by Fire Chief Robert Dubé.

I recently left my position as Fire Chief in Arlington County to accept another position in the County. Prior to that change I served as Fire Chief for 11 years and in various other capacities for almost 32 years. I have been extremely active in regional work in both NOVA and MWCOC, organizations that have fostered interagency collaboration that is envied nationwide and that provides our respective communities the highest levels of service.

Though I have not weighed into the debate until now I have previously heard the claims that the EMS delivery system in Alexandria is superior to all others; this is patently untrue. Arlington and many surrounding jurisdictions have been providing high quality EMS through cross trained firefighters and paramedics for decades. The suggestion that patient care in Alexandria exceeds that received elsewhere is inflated and I have seen no evidence that it can be substantiated.

Both Arlington and Fairfax also staff fire engines with a paramedic-firefighter such as the Chief is proposing. This is a tremendous advantage for anyone in a life threatening emergency as the fire truck often arrives prior to the medic unit. Moreover, these jurisdictions provide EMS to Alexandria citizens on an almost daily basis under the NOVA automatic agreement. I know of no complaints from recipients of these services or Alexandria leadership that suggests any inferiority.

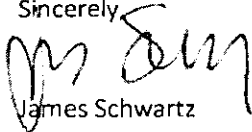
In addition to the better integration of fire and EMS, Chief Dubé's proposal will elevate suppression unit staffing to meet national standards. This has been a long time in coming as almost all of the departments in the NCR either meet the standard or have a plan in place to achieve the standard. Today, when suppression units from Arlington or Fairfax respond to assist Alexandria, their units are far more likely to be safely staffed than are Alexandria's. Chief Dubé should be commended for providing a return service on an equal level, enhancing response effectiveness and firefighter safety and doing so at a reasonable cost.

What should not be lost in all this discussion are the organizational benefits that this proposal will facilitate. It is a known reality that the fire and EMS service can sometime seem divided by members who express a preference for either fire or emergency medical services. There are a lot of reasons for this but in my experience the departments that operate with a more integrated model have greater success at teamwork, respect in the workplace and an appreciation for the contributions of all members. This in turn can result in better service to the citizen.

I am certainly aware that this is not the first time that this issue has been raised. Those that oppose an integrated approach are in most cases, I believe, well-meaning. But, in my view they are expressing concerns that are not valid and not in the best interest of those they serve. I urge you to give the Chief's proposal a full hearing and to bring Alexandria Fire/EMS in line with those systems that have proved successful here and throughout the nation.

Thanks for your consideration.

Sincerely,


James Schwartz

C: Mark Jinks, City Manager

Gloria Sitton

From: kfitzgerald55@comcast.net
Sent: Wednesday, September 02, 2015 3:39 PM
To: City Council; City Council Aides; Jackie Henderson; Call Click Connect; Gloria Sitton
Subject: Call.Click.Connect. #80373: Mayor, Vice Mayor, City Council Dear Mr. Mayor and Esteemed City Council

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- Service Type: Mayor, Vice Mayor, City Council
- Request Description: Dear Mr. Mayor and Esteemed City Council Members: As a resident of Alexandria, I am very concerned with the Fire Chief's changes to the delivery of our Emergency Medical ~~Services as part of his~~ "Firefighter Medic" program. This program is not right for the City of Alexandria ~~and~~ we should not compromise the safety of our residents and visitors by implementing these changes.

Thank you,
Katy Matthews

- Expected Response Date: Thursday, September 10

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Dear **Call.Click.Connect.** User

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Request Details:

- Name: Christopher Smith
- Approximate Address: No Address Specified
- Phone Number: No Phone
- Email: chris.b.smith@gmail.com
- Service Type: Mayor, Vice Mayor, City Council
- Request Description: Dear Mr. Mayor and Esteemed City Council Members: As a resident of Alexandria, I am very concerned with the Fire Chief's changes to the delivery of our Emergency Medical Services as part of his "Firefighter Medic" program. This program is not right for the City of Alexandria and we should not compromise the safety of our residents and visitors by implementing these changes. Please provide a thorough the Fire Chief's plan from a budgetary, schedule and most importantly, safety perspective. Residents of Alexandria and first responders that care for and protect our city deserve the best options available.
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Sent: Wednesday, September 02, 2015 1:58 PM
To: City Council; City Council Aides; Jackie Henderson; Call Click Connect; Gloria Sitton
Subject: Call.Click.Connect. #80360: Mayor, Vice Mayor, City Council Agree with Paramedic Jason Schmauder on

Dear **Call.Click.Connect.** User

A request was just created using **Call.Click.Connect.** The request ID is 80360.

Request Details:

- Name: R H
- Approximate Address: No Address Specified
- Phone Number: No Phone
- Email: bigrtwo@aol.com
- Service Type: Mayor, Vice Mayor, City Council
- Request Description: Agree with Paramedic Jason Schmauder on this issue. Here's his note to Council members: "Dear Mr. Mayor and Esteemed City Council Members: As a resident of Alexandria, I am very concerned with the Fire Chief's changes to the delivery of our Emergency Medical Services as part of his "Firefighter Medic" program. This program is not right for the City of Alexandria and we should not compromise the safety of our residents and visitors by implementing these changes."
- Expected Response Date: Thursday, September 10

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This is an automated email notification of a **Call.Click.Connect.** request. Please do not reply to this email.

Gloria Sitton

From: Finn.jodi@gmail.com
Sent: Sunday, August 30, 2015 12:38 PM
To: City Council; City Council Aides; Jackie Henderson; Call Click Connect; Gloria Sitton
Subject: Call.Click.Connect. #80083: Mayor, Vice Mayor, City Council Dear Alexandria leaders,
This is my

Dear **Call.Click.Connect.** User

A request was just created using **Call.Click.Connect.** The request ID is 80083.

Request Details:

- Name: Jodi Finn
- Approximate Address: No Address Specified
- Phone Number: 703.627.3769
- Email: Finn.jodi@gmail.com
- Service Type: Mayor, Vice Mayor, City Council
- Request Description: Dear Alexandria leaders,

This is my second attempt to submit an urgent note to each of you. I have been a resident of the City of Alexandria since 1960, same house! I was raised here and I raised my children here and now they all live in the City, raising their children here. I have never felt this strongly about any political actions until now. I am deeply concerned about the changes proposed to our paramedic services by Chief Dube. I strongly urge you to vote against these proposed changes. The level of service to your constituents including my entire family and me will be extremely compromised.

Please keep our EMS as strong as they are today!

Sincerely,

Jodi Finn
703.627.3769

- Expected Response Date: Tuesday, September 8

Please take the necessary actions in responding, handling and/or updating this request at the **Call.Click.Connect.** staff interface.

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This is an automated email notification of a **Call.Click.Connect.** request. Please do not reply to this email.

Gloria Sitton

From: finn.jodi@gmail.com
Sent: Sunday, August 30, 2015 11:45 AM
To: City Council; City Council Aides; Jackie Henderson; Call Click Connect; Gloria Sitton
Subject: Call.Click.Connect. #80080: Mayor, Vice Mayor, City Council Alexandria leaders, As a long time r

Dear **Call.Click.Connect.** User

A request was just created using **Call.Click.Connect.** The request ID is 80080.

Request Details:

- Name: Jodi Finn
- Approximate Address: No Address Specified
- Phone Number: 703.627.3769
- Email: finn.jodi@gmail.com
- Service Type: Mayor, Vice Mayor, City Council
- Request Description: Alexandria leaders,

As a long time resident of Alexandria, same address since 1960, I am extremely concerned about the changes proposed by Chief Dube. Please vote against these changes! Check the number of calls for EMS vs number of calls for fire fighters. Don't cut the service quality of the MOST needed part of the Fire/EMS set of services! Your constituents and I will most certainly suffer.

Sincerely,

Jodi Finn
2509 Central Ave

- Expected Response Date: Tuesday, September 8

Please take the necessary actions in responding, handling and/or updating this request at [the **Call.Click.Connect.** staff interface.](#)

If you need assistance with handling this request, please contact CallClickConnect@alexandriava.gov or call 703.746.HELP.

This is an automated email notification of a **Call.Click.Connect.** request. Please do not reply to this email.

Jackie Henderson

From: Mark Jinks
Sent: Tuesday, September 08, 2015 12:27 PM
To: City Council
Cc: Debra Collins; Robert Dubé; Craig Fifer
Subject: Letter from Fairfax Fire Chief Bowers
Attachments: Letter to FC Dube w GIS attachment 9-8-15.pdf

FYI – re dual role Fire/EMS system



County of Fairfax, Virginia

To protect and enrich the quality of life for the people, neighborhoods and diverse communities of Fairfax County

September 8, 2015

Fire Chief Robert C. Dubé
Alexandria Fire Department
900 Second Street
Alexandria, VA 22314

Chief Dubé:

I am glad we had some time to jointly share our Department's current activities and initiatives at the recent 2015 Fire Rescue International Conference. I appreciate you attending the educational session Deputy Chief Jason Jenkins and I presented at the conference on the Fairfax County Fire Based EMS service delivery model we developed and transitioned to. There were over 350 fire and EMS professionals that attended our presentations and who were interested to learn more about our system.

In our discussions following the presentation, we discussed the current transition of Alexandria Fire Department's EMS only personnel into comprehensive fire-based system model. I expressed to you then and reiterate it now, that I believe you are definitely implementing the most efficient and effective service delivery model for the residents of Alexandria and for your department. Fairfax County Fire and Rescue Department has demonstrated that our deployment initiatives have improved advanced life support response times, increase response capacity, and we have realized tremendous benefits from having firefighter/EMTs and firefighter/paramedics training together. These improvements are a direct result of the Department transitioning to a complete one firefighter/EMT and one firefighter/paramedic (a.k.a. one and one staffing) service delivery model on our ALS transport units, in conjunction with EMS supervisors and paramedic staffing configuration on all fire suppression units.

I have included our geographical information system's (GIS) travel time maps that illustrate our before and after results once our deployment strategy changed to one and one staffing on medic units. The GIS maps demonstrate the significant improvements achieved with medic unit coverage and capability. We have experienced improvements in response times to both ALS and BLS incidents, as well as improved geographic coverage to many areas of the County.

Proudly Protecting and
Serving Our Community

Fire and Rescue Department
4100 Chain Bridge
Fairfax, VA 22030
703-246-2126



Fire Chief Robert C. Dubé
September 8, 2015
Page 2

In closing, I will reiterate the decisions I made to implement a comprehensive fire based EMS system and transition to one and one staffing on our medic units augmented with EMS supervisors and paramedic staffing on all suppression units was the correct decision for the citizens of Fairfax County and for Fairfax County Fire and Rescue Department and personnel. Feel free to contact me to discuss any aspects of our transition or any of the return on investments we have realized. Please let me know if I can be of any further assistance as you move forward with your initiatives in Alexandria Fire Department.

Respectfully,

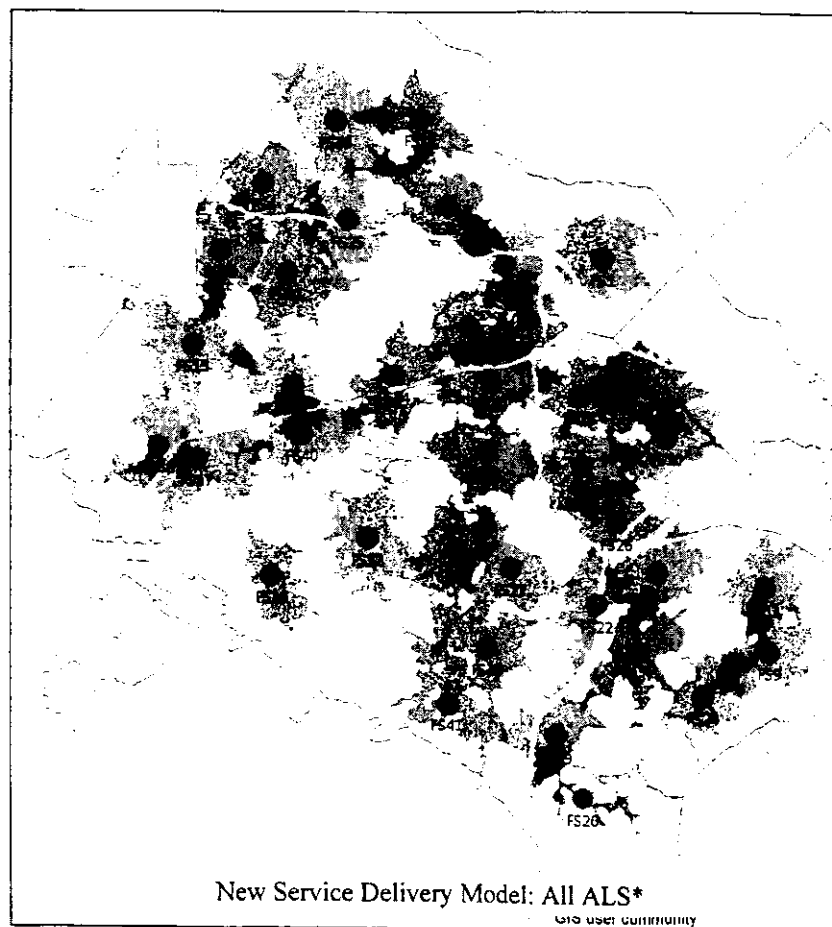
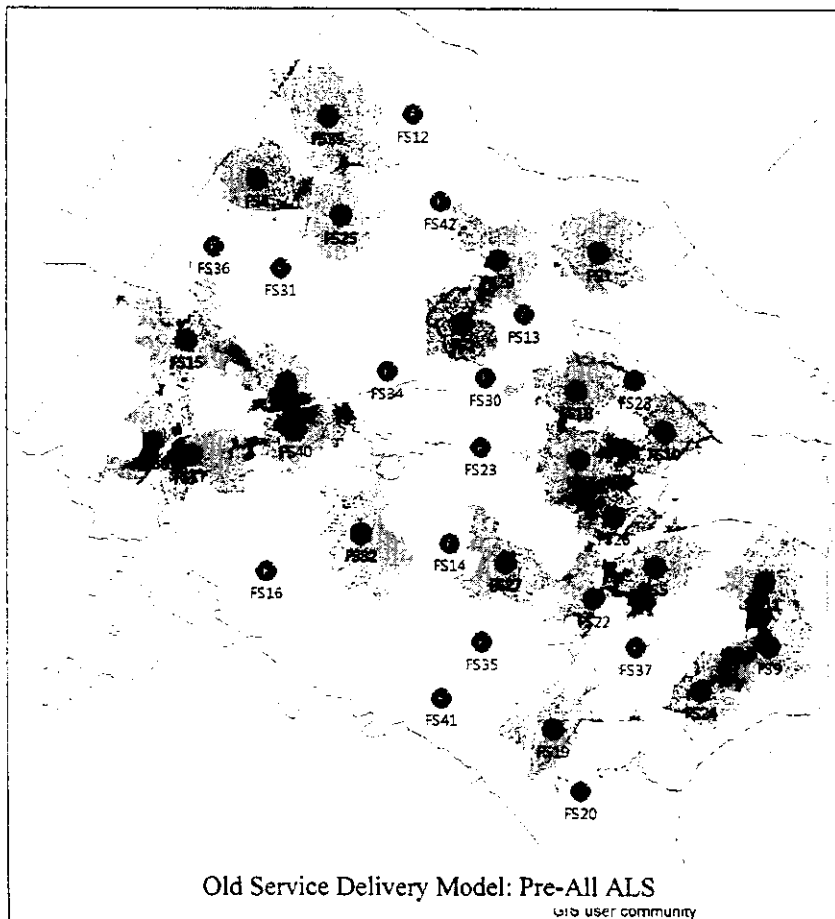


Fire Chief Richie Bowers



Operations Data Program
Operations Bureau
Fairfax County Fire & Rescue Department
Service Delivery Model: ALS Transition

The maps produced in this report reflect the 4 minute predicted travel times surrounding each fire station. The map to the left illustrates the distance the ALS transport unit could reach from based on the 4 minute travel time. The map to the right illustrates the added capacity of ALS units once the service delivery model was changed to equip an ALS transport unit at every station.



* Red polygons represent the added areas of coverage for ALS transport units.

Jackie Henderson

From: William Euille
Sent: Monday, September 07, 2015 9:12 AM
To: City Council
Subject: Fwd: Call.Click.Connect. #80569: Alexandria Mayor William D. Euille Letter to Mayor Euille regarding the pla

FYI
Bill

Sent from my iPhone

Begin forwarded message:

From: <vmwhitmore@gmail.com>
Date: September 7, 2015 at 7:28:24 AM EDT
To: <william.euille@alexandriava.gov>, <lillian.thompson@alexandriava.gov>
Subject: **Call.Click.Connect. #80569: Alexandria Mayor William D. Euille Letter to Mayor Euille regarding the pla**

Dear Call.Click.Connect. User

A request was just created using Call.Click.Connect. The request ID is 80569.

Request Details:

- Name: Vincent WHITMORE
- Approximate Address: No Address Specified
- Phone Number: 5402731816
- Email: vmwhitmore@gmail.com
- Service Type: Alexandria Mayor William D. Euille
- Request Description: Letter to Mayor Euille regarding the planned Sept 8 presentation from Chief Dube on the restructure of EMS service delivery in Alexandria.
- Attachment: [Mayor Euille final.docx](#)
- Expected Response Date: Tuesday, September 15

Please take the necessary actions in responding, handling and/or updating this request at [the Call.Click.Connect. staff interface](#).

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September 7, 2015

Mayor Bill Euille

City of Alexandria

via Email

Dear Mayor Euille,

It is my understanding that you and City Council are set to be briefed this week by the Fire Chief in regards to the "dismantling" plans currently underway for the EMS service delivery model in the Fire Department. While I am not a city resident, as one of the key figures in how the current EMS system is structured and was operated during my 30+ years of service to the City, I feel compelled to write to you and ask you to seriously consider all the potential impacts that are likely to occur if the degradation of the EMS services that are being proposed is allowed to move forward as planned.

Mayor Euille, I hope that you remember me as a credible individual, a straight shooter and someone who always kept the goal of providing Alexandria with the best EMS care possible as the utmost importance. Also, I am one of the only remaining subject matter experts when it comes to Alexandria EMS, its history and how we came to have such an outstanding service for the citizens. During my tenure there leading that operation we enjoyed an outstanding group of dedicated, highly diverse single role paramedics that provided only the highest possible standards of EMS care to the citizens and visitors to the City. During my career I came to you and City council to speak on an initiative or request funding support to implement a new program or expand the EMS services. I was nearly always met with great support from the Council because they knew I was not someone there asking for things not needed or with some alternative agenda.

The current issue before the you and the council involves many aspects of the EMS service delivery most of which deal with the staffing model that will be used going forward. Based upon the information provided, Chief Dube would have you and the Council believe his plan will have no negative impact to service and even wants to put this forward as an improved service model when in reality he is downgrading the EMS services in Alexandria to match those service models in Arlington and Fairfax. Mayor you have been on hand with me over the years while Alexandria's EMS was repeatedly recognized for its superior and often more advanced services time after time. Our model was the envy of most City's and County's including those the Chief now hopes to emulate. I know this to be the truth from dealing with the leadership of those systems on a personal professional basis for years. So what is the real motivation for this change? Has the system suddenly and inexplicably failed to meet the needs of the City? Has the care provided by skilled single role paramedics lead to bad outcomes? And maybe most significantly, is the proposed change really going to provide the same high degree of EMS services Alexandria residents have come to expect? No.....the answer to all of these questions is a resounding

NO! The answer to these questions are not in fact based on any failures of the EMS services. Instead this totally and completely rooted in the fact that staffing in Fire suppression in Alexandria does not match the staffing in the other localities where most if not all engines and ladders have 4 person staffing. Alexandria has always had 3 on engine with the exception of some ladder companies who had 4 person staffing. Post 9/11 and during my time in the administration there was a large push to develop standard firefighting operational manuals for the NOVA region for incident command and assignments on the fire ground. While Alexandria fire leadership at that time would have liked to had similar staffing to their neighbors, they lacked the data to support a need for the 4th firefighter except for simply "being staffing liked everyone else". So when it came time to attempt to put this through the budget process it failed repeatedly for lack of justification. There was talk of the firefighter medic idea at that time but because myself and the operational medical Director at the time, Dr. James Vafier, could clearly point to the facts that made the current system medically superior, those ideas were quickly discounted by Chief Hawkins and Chief Mesaris. Both looked at this EMS model which they were not previously familiar and quickly realized that this model of providing EMS was so medically and clinically superior that it needed to be continued as designed. Since my retirement and the impact of now a second set of less EMS savvy administrators things have changed drastically for EMS there and much of this is leading to where we are today. The Assistant Fire Chief position which I worked to bring as an equal ranked voice in the senior leadership was removed from EMS and the person who should have succeeded me into the job was downgraded to a non-senior administration job. All jobs above that level are now designed to come from the ranks of fire officers placing a glass ceiling above the EMS staff and thereby effectively silencing the voice I fought to bring to EMS for much of my carrier. Dr. Vafier, a medical voice or reason and passion for EMS became so disillusioned with the previous Fire Chief and his utter disrespect for the role of the medical director so he resigned and a doctor with much less expertise and clearly little authority was added.

Mayor I know you are exceptionally busy, but the health of the residents of Alexandria has to be a top priority and as someone that has long been a supporter of the INOVA Alexandria Hospital and the overall health system in Alexandria I ask you consider the follow questions when you are provided the presentation from the Chief next week. I will also note that the "graphic presentation" of the new model vs the current model is insultingly elementary in nature and speaks volumes in and of itself regarding capacity or willingness of the Chief and his staff to fully understand the impact of what they seek to do. The diagram alone says to me clearly that Chief Dube and staff are hoping that you, council and the citizens will simply buy the idea that as long as an ambulance/engine arrives when they call with people who are wearing the AFD uniform they will receive the same care they have previously. Below I will explain why this is simply NOT TRUE and should be an insult to all those consumers. I will provide you for each question, my take on the question which comes from many many years of EMS experience and understanding of the Alexandria model.

1. Is it true that valued experienced medics will loose their jobs should they be unable to cross train into the new model? The Chief will state they will not and that a "work group" will look at alternative assignments for these staff. Mayor these folks ARE losing their jobs! They are being coerced to take training they neither want and in many case are not physically capable of doing. So

in the most positive sense they will be related into non-important jobs that they did not sign up to do and are now years into what should have been a 30 year career with the City. Many are mid career and in a profession that is neither portable and even less so when one needs to remain within VRS to hope to collect the retirement they have earned. They will be pushed back to a 56 hour work week which again is rolling the the system back 30 years. We studied this schedule for EMS many years ago and the associated burn out and injury occurrence and made the very innovative move to the 42 hour schedule where sick leave use fell drastically, injuries went way down and most importantly the morale and productivity improved drastically. It was one of the draws for EMS providers seeking employment with the City. These valuable employees will ultimately along with priceless years of medical experience that the system will never regain. I will explain more on that point below.

2. Is it true this change will have a particularly harmful impact towards women in positions in the Fire Department? The chief will say no to this I am sure however just look at the numbers. Since the concept was announced the numbers of women on staff in EMS has dropped but even today the women, many of them also representing minorities, are nearly 30 % of the workforce. A number of these also represent the women of the department in officer roles as EMS Supervisors. That group are set to be demoted if they don't cross train and will suffer some of the greatest loss in career and pay of any employees. In the recent published information the chief says that there is a 8% female component. This is and has been the trend for years in fire where only a few women come to work and even fewer stay as a career. Ultimately the number of women in the department will suffer a severe impact by this change.
3. Since we are putting more paramedics in the field in the new model certainly that translates to better EMS care correct? So untrue and let me explain why on several fronts. First, let me speak to training vs clinical experience. Like medicine from doctors down to paramedics, medical techniques and knowledge is gained in two distinct methods. First is training both as an initial certification and as a part of maintaining job skills. Alexandria has always prided itself on training that greatly exceeds the minimum standards needed to meet state requirements. Medics in Alexandria have always received numerous enhanced training opportunities designed to push the expertise of the staff and care provided by the system to higher levels. This level of training takes time and dedication to the knowledge to be learned. Beyond the class room there is clinical experience that comes from taking care of patients and using the skills learned. Here is the part that the Chief, and frankly fire chiefs in general, don't want to understand. In any EMS system the times the system will be able to use a particular skill or technique to aide a patient is directly related to the types of and numbers of patients the system cares for AND the number of medics needing the clinical opportunity to use those skills. So it take little logic to understand that when one drastically increases the number of medics the opportunities for clinical experience will fall precipitously. I know from years of discussing this issue with the administrators of the EMS programs in NOVA that Chief Dube states are using the "national model" that this factor alone has created serious erosion of skills and in some cases resulted in bad patient outcomes. These programs have attempted to overcome this clinical gap with additional and more frequent training. It has not been successful

and Alexandria is headed down this same road. The ultimate outcome has been the "dumbing down" of the skills medics in the localities perform and the limiting of techniques to a small subset that have shown the ability to do those skills. This is a significant downgrade in care and risk averse as one can never be sure that the skills of the medic needed will be there for that patient whose life may depend upon it. I can explain this in much more detail but will not attempt to do so at this time .

4. In the new model, if two medics are needed to care for the patient then one will come from an engine and one from the medic unit who is partnered with a less trained EMT. Isn't this essentially providing the same level of care we get today with two paramedics on the medic unit? Absolutely not and here is why that is simply false. Once again the system is being challenged to match the call type to the resource needed 100% of the time. That meaning if the response appears to need two medics then the engine/truck and medic both get dispatched. This is predicated on the called being able to provide an accurate picture of the problem for the dispatcher, who is not a medical person, to make that determination. If not then a single medic unit is sent and the next model arrives with 50% less ALS staff than under the current model. When they arrive and determine the call needed additional ALS resources they will have to wait for that to be dispatched all the while the single medic and EMT are struggling to provide needed care when in the current model the care would have still been immediate and the additional assistance is directed to helping transport the patient to the hospital. This again is a severe downgrade in the service provided to Alexandrian's. Time to care, time to administration of life saving medications and heart/brain saving procedures are all critical to the successful treatment of a patient that might succumb to their illness or injury before arriving at the hospital. Let's just put it on a very personal level. If your loved one is struggling to breathe and the staff needed to save their life would take an additional time to arrive before that care can be safely provided, would you still favor changing the system to allow this to occur? I think I can say no with some confidence and that you would also not allow or endorse a concept likely to produce such issues, ESPECIALLY when you can point to the system in place and its success.
5. While there may be some inexperience issues in the beginning of the new model wont this just go away with time and experience of the new staff being hired to replace the single role providers? NO and here is the reason. First, again drawing on the experience of the surrounding localities as well as national data, firefighter medics tend not to stay in the system or at least not as ALS providers. These personnel leave the medic role for a number of reasons including better pay which Alexandria is currently not set to pay these personnel nearly the salary they can find in other localities. Others simply use the opportunity to enter the department into the fire job accepting the medic role only for as long as required and then they drop these certifications and the additional training load it brings. Still others move into fire special jobs such as officers (Chief Dube's career is an example), haz mat or tech rescue and find keeping the medic certification, let along really maintaining skills, is impossible. As a result every system I am aware of using this model are constantly striving to hire more medics to keep the numbers up and frequently find themselves in severe shortage of qualified medics. The ultimate results of this is a overall lowed clinical proficiency of the staff in the field as few ever stay in the EMS field long enough to reach this level of

expertise. This week DC Fire and EMS are back under fire in the media for poor response efficiency. Mayor this is a direct result of the transition from single role medics to dual role firefighter medics which they have been fully unsuccessful in both hiring and retaining in the system. As a result the shortage of ALS providers has caused that system to not be able to staff a sufficient number of units thereby resulting in these extended responses and bad outcomes. Do you want to read this about Alexandria? That is in likely to occur if this current effort by the Chief is left unchecked. Under the current Alexandria EMS model staff stay in EMS and even though they may successfully get promoted, they remain a clinically practicing medic with the needed skills. The retention level when I was with the department was extremely low for EMS with the average loss of staff being 1-2 per year. That retention rate translates directly to EXPERIENCE which is so needed and so desired in the EMS field. Most large additions to the staff were a result of a need to expand coverage by adding an additional medic unit and thus the influx of new medics into the field was managed by teaming these staff with the more experienced providers. Under the Chief's new model the influx of new firefighter medics most of which who have not been providers in the Alexandria system, will leave these very unseasoned clinically deficit members of the staff to function on an engine or truck company most times without any back up from a medic of more experience and to make matters worse the supervisory component in that team is a fire company officer trained only to the EMT level. He/She will not be in a position to spot, assist or correct issues of patient care. Therefore this is a high risk scenario for mistakes that could and will cost the city, and some poor patients, dearly.

6. It is my understanding that the City will save 1.4 million by using the new model. Where does that saving come from? The saving will result by the City NOT spending 1.4 million to hire the number of firefighters needed to make up the four person staffing for the engines and trucks. This occurs by stealing the positions from EMS, converting them to 56 hour jobs instead of the current 42 hour work week. However this figure fails to take into account several immediate cost factors as well as the longer term costs that will more than nullify any cost savings of this approach. First as stated, Alexandria's pay structure is far less than the surrounding localities for Firefighter medics. Therefore the City will immediately have to increase salary for these staff significantly in some cases nearly 30% more than planned. If they do not Alexandria will bleed trained staff to other localities just has been the issue recently for the police department. Secondly the cost of training the large number of staff needed, assuming that nearly all the single role medics are forced out as it appears will happen, is significant as most if not all EMS certification training cannot be done with staff on duty and therefore the overtime costs needed to pay these staff to train and to replace them in the staffing while training are large and not considered in the cost projected. Similarly the ongoing cost of certification and skill maintenance is significant and again this cost is not projected in the data being put forward by the chief. Another note regarding fiscal impacts has to do with the revenue that EMS brings into the City general fund. When I left the department, our collections of fees from ambulance billing was nearing the 2 million mark and since I believe it over 3 million. These funds come almost exclusively from insurance coverages provided by the patients. It seems not only wrong but somewhat fraudulent to expect the citizens and their insurance to pay the same for what will ultimately be a much less clinically proficient system. Mayor does it seem correct in your eyes

that Alexandria's should not get the best possible service for their medical dollars? Is that not what you expect when you go to your physician, or specialist or the local emergency department.

Mayor I could continue with others arguments for the you and the Council to use to feel very justified in placing an immediate halt to the current plan by the Fire Chief. For the sake of your time I will not continue to do that here, however I will offer my time to you. I would be more than happy to come to Alexandria and meet with you alone and or members of Council and answer the hard clinical questions regarding this issue for you in an unbiased manner. I would be even willing to be your subject matter expert to review materials related to this issue or be there if you chose to meet with the Chief and provide this information and more. I have nothing at all to gain in this matter. No which way the issue falls it won't have a direct effect on me as an individual but I cannot sit back silently. I am not working for or with the current single role medics or their association and was not solicited by them to contact you. I am doing this because of the love and passion I have for Alexandria as a place I gave a large number of years of my working life to and because I believe that EMS services are one if not the most critical of services a government has to offer its residents and visitors and therefore should never be taken lightly. I leave this with one final comment for your thoughts. Have you ever asked a Fire Chief why when the alarm bells sound in a building they send not less than 4 fire engines, a ladder or two and numerous command staff even though the overwhelming percentage of these calls are false and involve no real fire? If you did I think you would find an answer much like this. Well we never know which ones will be a real fire so we respond for the worst case that way we are prepared. So, I ask you, why then, using similar logic would a Fire Chief change the EMS service delivery from one equipped and staffed to handle any level medical emergency to one that in his view will be able to handle most of them especially when one takes into account that 75% of the services fire departments provide are directly related to the EMS mission. If they had to justify the amount of firefighters and stations based on falling numbers of fire incidents firefighter jobs would be lost and stations would be closed all over the country. Mayor thanks for taking time to consider these questions and my offer is genuine and open to you at any time. You may contact me at the phone number on my email at any time.

Regards,

Vince Whitmore

Alexandria Fire Department EMS Assistant Chief Retired

vmwhitmore@gmail.com

540-273-1816

cc, City Council

Alexandria Medics Association

Gloria Sitton

From: kehoefd@aol.com
Sent: Friday, September 11, 2015 10:17 AM
To: City Council; City Council Aides; Jackie Henderson; Call Click Connect; Gloria Sitton
Subject: Call.Click.Connect. #80942: Mayor, Vice Mayor, City Council The debate surrounding the firefighter-p

Follow Up Flag: Follow up
Flag Status: Flagged

Dear **Call.Click.Connect.** User

A request was just created using **Call.Click.Connect.** The request ID is 80942.

Request Details:

- Name: Bill Kehoe
- Approximate Address: No Address Specified
- Phone Number: 703-751-6416
- Email: kehoefd@aol.com
- Service Type: Mayor, Vice Mayor, City Council
- Request Description: The debate surrounding the firefighter-paramedic situation in the City is one of the constant change we endure. This one is no different. The new program the Fire Chief is implementing will serve the City well. The argument we will lose dedicated paramedics on our ambulances, is unjustified because in the long run we will have two firefighter-paramedics on each ambulance as well as on all fire engines/trucks. This will take time to evolve, but it will happen. The fire department is not jeopardizing our (the citizens) safety to implement this new program.
- Expected Response Date: Friday, September 18

Please take the necessary actions in responding, handling and/or updating this request at [the **Call.Click.Connect.** staff interface.](#)

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Gloria Sitton

From: jrenner@rennercpa.com
Sent: Saturday, September 12, 2015 9:47 AM
To: City Council; City Council Aides; Jackie Henderson; Call Click Connect; Gloria Sitton
Subject: Call.Click.Connect. #81015: Mayor, Vice Mayor, City Council I support the fire Chief's realignment o

Dear **Call.Click.Connect.** User

A request was just created using **Call.Click.Connect.** The request ID is 81015.

Request Details:

- Name: John Renner
- Approximate Address: No Address Specified
- Phone Number: 703-535-1200
- Email: jrenner@rennercpa.com
- Service Type: Mayor, Vice Mayor, City Council
- Request Description: I support the fire Chief's realignment of staffing.
I also believe you should revise compensation plan for fire department
- Expected Response Date: Monday, September 21

Please take the necessary actions in responding, handling and/or updating this request at [the **Call.Click.Connect.** staff interface](#).

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