



Office of the Comptroller

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August 5, 2005

Ald. Robert Puente, Chair
Basic Life Support Transports Policy Review Task Force
200 East Wells Street, Room 205
Milwaukee, WI 53202

Dear Ald. Puente:

In response to your request, the Comptroller's Audit Division has performed an analysis of the feasibility of a City of Milwaukee dispatch fee for 911 calls. The purpose of this proposed fee would be to recover a portion of the Milwaukee Fire Department's dispatching costs. The fee would be charged on each 911 call dispatched to a private ambulance company.

Four private ambulance companies, Bell Ambulance, Paratech Ambulance Service, Curtis Ambulance Service and Medacare Ambulance Service, respond to Basic Life Support (BLS) 911 calls dispatched by the Milwaukee Fire Department. Each ambulance company has been assigned a designated area of the City in which it responds to 911 calls. Each ambulance company also responds to private (non-911) calls which are not dispatched by the Milwaukee Fire Department and are not restricted to designated areas. All of the ambulance companies have asserted that they would be unable to absorb a dispatch fee for 911 calls.

To test the ambulance companies' assertions, we requested that they provide us with specified financial information. Each company provided the requested information. We visited each company and verified that the financial information they provided agreed with their accounting records. All of the ambulance companies stated that they would not have provided the requested information without our pledge to keep it confidential. Therefore, we cannot report specific information about any individual ambulance company. All of the ambulance companies are closely held and do not issue audited financial statements.

The ambulance companies were unable to separate their costs of responding to 911 calls from their costs of responding to private calls. However, they were able to provide their total expenses and the number of 911 calls and private calls to which they responded, which allowed us to calculate the average cost per ambulance call.

The ambulance companies were able to separate their revenues received for 911 calls from revenues received for private calls, which allowed us to calculate the average revenue for each type of call. The companies also provided a breakdown of revenue for each type of call by type of payor.

Our analysis disclosed that revenue per call for Milwaukee 911 calls is less than the

average cost per call for all four ambulance companies. In contrast, revenue per call for private calls exceeds cost per call. This appears to be because there is a different mix of payors for 911 calls than for private calls. A significantly greater percentage of 911 call payments are paid by the Federal-State Medicaid program. A greater percentage of private calls are paid for by the Federal Medicare program and by commercial insurance companies. A greater percentage of 911 calls are billed to individual patients. A greater percentage of 911 calls result in no payment.

Chapter 75-15-14 of the Milwaukee Code of Ordinances prescribes the rates that ambulance companies may charge for 911 calls. However, average payments received for 911 calls are significantly lower than the prescribed rates. The Medicaid program pays a fixed amount for ambulance calls, which is significantly less than the amounts billed. The Medicare program also pays a fixed amount, although this amount is somewhat higher than Medicaid. Commercial insurance company payment policies vary. Some pay a fixed amount, some pay a percentage of the amount charged and some pay the full amount charged. Ambulance company representatives stated that individual 911 patients often have low incomes and are unable to pay for ambulance service.

The significant portion of payments for 911 service that are lower than the prescribed rates indicates that the ambulance companies do not have the pricing flexibility to increase rates to cover a City dispatch fee. The financial information provided to us indicates that the ambulance companies operate with low profit margins. Therefore, it appears that a dispatch fee would directly affect the companies' bottom line. The ambulance companies may have to reduce expenses in other areas to absorb a dispatch fee. Our analysis did not include an examination of the components of expenses to determine whether such reductions could be made.

If you have any questions about this matter, please contact me or Craig Kammholz, Director of Financial Services, at 286-2304.

Very truly yours,


W. MARTIN MORICS
Comptroller

WMM:wde

Ref: WP-5182

cc: Terry McDonald, Common Council Staff

Basic Life Support Transports Policy Review Task Force

Mark Nicolini, DOA-Budget and Policy Division

Jennifer Meyer, DOA-Budget and Policy Division

Bell Ambulance

Paratech Ambulance Service

Curtis Ambulance Service

Medacare Ambulance Service

City of Milwaukee

***BASIC LIFE SUPPORT
TRANSPORTS POLICY REVIEW
TASK FORCE***

Issued November 1, 2005

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INTRODUCTION

The City of Milwaukee Basic Life Support Transports Policy Review Task Force was created by resolution file number 041200 on December 21, 2004, and amended by Common Council Files 041670, 050173 and 050488. (See Appendix A for resolutions)

MISSION STATEMENT

This Task Force is charged with evaluating and possible finding alternative ways to improve the City of Milwaukee Basic Life System. The task force is directed to submit those findings and recommendations to the Common Council by November 1, 2005.

MEMBERSHIP

The Basic Life Support Transports Policy Review Task Force consists of 14 members:

Alderman Robert Puente, Chair

Fire Chief William Wentlandt

Bevan Baker (Commissioner of Health)

Rhonda Kelsey, Mayor's Office (Mayor's Designee)

Robert Rauch, Paratech Ambulance Service

R. A. Zehetner, Bell Ambulance

Linda Wiedmann, MedaCare Ambulance

Jim Baker, Curtis Universal, Inc.

Ron Pirrallo, MD, Milwaukee County Paramedic Program

Bruce Schrimpf, City Attorney Office (City Attorney's designee)

Thomas Nardelli (Appointed by Common Council President)(Resigned on 8/16/2005)

Dan Lipski (Appointed by Common Council President)

Jennifer Meyer, DOA-Budget & Management

Mr. Gregory L. Gracz, President, Local #215, Fire Fighters' Assoc.

MEETING DATES

Meetings were held on the following dates in 2005:

January 19
February 17
August 11
September 14
October 6
October 20

Agendas and meeting minutes are attached as Appendix B through G.

FINDINGS

The Task Force has heard testimony from the Comptroller's Office, the task force members, which included City of Milwaukee Fire Department, the four current private ambulance providers and the Firefighters union. The recommendations included in this report represent the goals of this task force to improve the current 911 EMS system.

Though some of the members felt that the current system, which is established by ordinance and has been in place for over 27 years has been working just fine and that they would like to continue under the current system; some of the members felt that the system needs accountability and finds that a change from the ordinance to a service contract could improve the system for the better.

RECOMMENDATIONS

The recommendations may require further refinement and review and may require ordinance amendments and/or contract negotiation to be implemented. Time has not allowed for a complete review of their legality and enforceability.

We, the members of the City of Milwaukee Basic Life Supports Transports Policy Review Task Force hereby recommend the following:

1. *Enable a Service Contract between the Ambulance Providers and the City.*
2. *Eliminate the Ambulance Service Board. Transition oversight authority on contract administration/approval, certifications and ambulance licensure to Public Safety Committee. (To be established by Ordinance. Ordinance change required.)*
3. *That the Health Commissioner serves as an advisor to the Fire Chief/EMS System on issues that have a broader public health impact. To be established by Ordinance. Ordinance change required.*
4. *The City Comptroller's Office may conduct an annual in-camera audit, but also may conduct other audits upon reasonable notice, and maintain that all financial records remain confidential. Atty. Schrimpf moved to amend by included the following: This information is only provided under the anticipated expectation under the confidential.*
5. *An appeal process shall be created by the Public Safety Committee under the ordinance or contract.*
6. *Establish Fire Chief as city official responsible for EMS 911 contract compliance, day-to-day/operational provision of EMS 911 services in the City of Milwaukee, and the MFD as the primary provider of the EMS 911 services.*
7. *Standardize level of patient care throughout the 911 EMS system. Require in contract that all services provide the community standard of care. All patients shall receive the appropriate treatment and transport to the medically appropriate hospital of their choice, regardless of their ability to pay. (Consideration would be taken for the flexibility needed in transporting just outside of Milwaukee County, but there should also be some geographic limitation.)*
8. *Medical standards and care protocols are universal for the 911 EMS. Each service will have their own medical director who is responsible, by contract to the overall EMS 911 system medical director. Every provider will be required by contract to use the system 911 EMS protocols.*

9. *Quality of care received should not vary by provider. The care provided by each company and the Fire Department under the EMS 911 system will be assessed by the system medical director on a monthly basis to ensure adherence to the community standard of care, as required by contract.*

10. *Role of private ambulance companies. To be established by contract.*

11. Continuous Quality Improvement (CQI):

a) *Access to private ambulance patient care information of 911 EMS System. All providers will report patient information on a monthly basis and more frequently if needed. This information is critical to assessing and sur-veiling the health of residents and visitors of the City of Milwaukee. It can submitted electronically and it must be HIPAA compliance. To be established by contract.*

b) *Mandatory participation in CQI system in the 911 EMS System. Full participation including the Fire Department; including the provision of patient care reports, to be required by contract. In addition, a central number for complaints regarding system providers will be established. All complaints, concerns, litigation must be reported in a timely matter.*

c.) *Performance measure criteria (response time, turned back calls, incident preparedness, etc.) as required by the contract. Monthly reporting of performance to be required by contract. Performance deficiencies to be assessed per the established contract.*

d.) *Billing reports received and audited by outside firm (for City 9-1-1 runs). To be required by contract to provide assurance that responses are billed appropriately.*

12.) Include the following Performance Penalties:

a. *Failure to meet the response time performance standards in any month*

b. *Failure to meet turn back performance standard in any month*

c. *Failure to meet response time performance standard for any 90 consecutive day period.*

d. *Failure to meet turn back performance standard for any 90 consecutive day period.*

e. *Failure to turn back unable to handle call in required time period*

f. *Emergency call with response time greater than maximum time allowed (exception during declared snow emergency)*

g. *Failure to report on scene*

h. *Unit not properly staffed upon arrival on scene*

- i. Unit without required equipment upon arrival on scene*
- j. Not responding to request for service*
- k. Failure to operate according to City of Milwaukee BLS provider contract*
- l. False reporting of incident times to include:*
 - Alarm receipt*
 - Alarm acknowledgement*
 - Dispatch*
 - Responding*
 - On scene*
 - At patient*
 - Transport*
 - At hospital*
- m. Failure to provide required report(s) by the due date.*

MICHAEL BEST

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November 17, 2005

Via Messenger

Terry J. MacDonald
Staff Assistant
City of Milwaukee
City Clerk's Office
200 East Wells Street
Room 205
Milwaukee, WI 53202

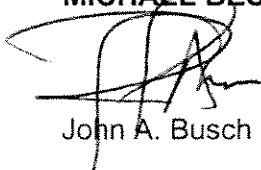
Re: *Minority Report of Bell Ambulance*

Dear Terry:

Pursuant to your request, enclosed find the Minority Report of Bell Ambulance to the Basic Life Support Transport Policy Review Task Force Findings and Recommendations.

Very truly yours,

MICHAEL BEST & FRIEDRICH LLP



John A. Busch

JAB/kmb
Enclosure

cc: Bruce Schimpf, Esq. (w/encl. via messenger)

**MINORITY REPORT
TO THE BASIC LIFE SUPPORT TRANSPORT POLICY REVIEW TASK FORCE
FINDINGS AND RECOMMENDATIONS**

The following is submitted as a Minority Report by Bell Ambulance.

As a preamble, Bell Ambulance commends the Task Force, and specifically its Chair, for diligently pursuing the Task, one which sparked many passionate discussions (all of which were aired) and many tense moments (all of which Alderman Puente handled decisively, but with tact and aplomb).

As mentioned in the Majority Report, the Basic Life Support Transport System and its interface with the Milwaukee Fire Department ("MFD") has worked well for more than 20 years under the current ordinance/handbook system with oversight by the Ambulance Service Board. Any current service issues can and should be handled by incorporating performance standards in the handbook, which itself has the force of an ordinance. Indeed, the current system strikes a delicate balance between the private ambulance providers who supply the bulk of the 45,000 annual basic life support ("BLS") transports and the MFD, which is the first responder for life-threatening emergencies and which handles the bulk of the advanced life support ("ALS") transports. This balance is crucial because, as reported by the City Comptroller's Office early in the process, the City cannot afford to provide BLS transports and, absent the private ambulance providers (which provide the BLS transports at no cost to the City), the City could not provide a complete 9-1-1 system. Unfortunately, the Majority Report recommendation tips this balance in favor of the MFD, which has, for years, lobbied overtly and covertly to take over the BLS transports, the Comptroller's report notwithstanding. Under the Majority Report, the Ambulance Service Board would be eliminated, and the Fire Chief would be in control of the entire system. In effect, the Chief, the past three of whom have sought the elimination of private ambulance providers from the 9-1-1 system, would be directly overseeing BLS transports. To make matters worse, the relationship between the MFD and the private ambulance providers would be governed by a contract, not by ordinance. According to the City Attorney, this situation significantly lessens the private providers' due process rights, should the Fire Chief overreach.

Moreover, under the guise of Continuous Quality Control ("CQI") (currently handled by Milwaukee County), the Fire Chief would be given access to virtually every record of the private ambulance providers, including their financial data, which heretofore has never been divulged.

In short, should the recommendations of the Majority be adopted, it would open the door for any Fire Chief to "regulate" private providers out of the system, thus mandating the City at prohibitive expense to provide BLS transports, despite the City Controller's admonition that it should not.

Basic Life Support Task Force
Minority report

November 18, 2005

Submitted by:

James G. Baker, Jr. – Curtis Ambulance
Linda Wiedmann – Medacare Ambulance

The following is a report of several of the key items discussed by the Basic Life Support (BLS) Task Force and our position on them.

Contract Length and Participants

Because studies have proven that the current City of Milwaukee BLS system is one of the best in the nation in terms of high-levels of service and cost efficiency, we respectfully request the contract considered by the City of Milwaukee ideally extend for 10 years and include the four private providers currently operating within the City ordinance.

We wish to reinforce that the City of Milwaukee BLS system has operated capably and with few problems under the current terms for the past 27 years, and caution that any major changes to the system may severely affect the quality of service provided, potentially putting lives at risk.

Ambulance service is considered to be a utility for a large number of reasons, the foremost being that there is a large investment needed in the way of equipment and stations to provide the service. Any contract shorter than five years in length drastically increases the cost of providing this service to the residents of Milwaukee, as well as increases the risk of equipment failures.

Ambulance Service Board

We believe that it is of critical importance that an independent, impartial group continues to exist for the purpose of monitoring the performance of both the private providers and the Milwaukee Fire Department with regard to basic and advanced life support services.

Without the guidance of this subcommittee of the Public Safety Committee of the Common Council, responsibility for monitoring and enforcing the rules and regulations of providers falls upon the Public Safety Committee. Because some issues brought to the Board can be complicated and/or contentious, elimination of the Board would send these issues before the Public Safety Committee, requiring additional resources and a significant amount of time from our elected officials.

*Curtis-Medacare
Minority report/2*

In order to have a truly impartial Board, we feel it reasonable to request equal representation among the private providers and the Milwaukee Fire Department (i.e., If all four privates and the MFD cannot have a representative on the Board, none should be afforded the opportunity.)

Because we feel the Ambulance Service Board provides critical oversight, we believe it is essential that this or another independent review board continue to exist.

Division and Adjustment of Service Sectors

To ensure equality of call volume among private providers, we believe that in the event one of the providers is unable to meet the terms of the contract, the City should be divided into a number of sectors equal to the number of providers abiding by the terms of the contract.

We feel this division would promote the most efficient operation of the BLS system and best serve the citizens of Milwaukee in the event of a change in the number of private providers.

While we support the "3% rule," we do believe 2% to be more reasonable. Sector adjustment is done on an annual basis to eliminate large disparities in call volume and resources between providers.

Unified Dispatch System

As the benefits from a move as this are obvious, we feel this is a very useful issue that could potentially strengthen the current system and should be reviewed further. We feel that a more clear definition of what would be included within a unified dispatch system (i.e., any call from a non-medical facility that would result in a lights-and-siren dispatch) should be agreed upon to build support for this concept.

We would also ask the committee to take into consideration the additional resources the Milwaukee Fire Department would require to make a unified dispatch system a reality.

Continuous Quality Improvement

In order to provide the highest level of service to the residents of Milwaukee, we feel it is essential that ALL providers, including the Milwaukee Fire Department be required to participate in either the City or County CQI program.

***Curtis-Medacare
Minority report/3***

To truly promote transparency and correct flaws within the system, all complaints regarding medical transports, including those issued to the Milwaukee Fire Department should be submitted as part of the CQI program, and subsequently corrected, to strengthen the working relationship among the entities involved and the system as a whole.

We are not opposed to the performance measuring criteria and penalties proposed by the Milwaukee Fire Department, provided that an appeals process be determined and instituted by the Ambulance Review Board.

Advertising

Although a recommendation on this issue is not found in the majority report, we believe ambulance advertising to the general public is one of the few flaws within our current BLS system and needs to be strictly controlled, if not completely eliminated.



Fire Department

William Wentlandt
Chief

Mark A. Sain
Assistant Chief

November 18, 2005

Members of the Public Safety Committee
Common Council, City of Milwaukee
200 East Wells Street
Milwaukee, WI 53202

Dear Members:

The Milwaukee Fire Department (MFD) respectfully submits this minority report of the Basic Life Support Transports Policy Review Task Force.

1. Implement a Unified Dispatch System

Recommendation that all unscheduled emergency medical calls for service are received, triaged, and dispatched by one dispatch center in the City of Milwaukee.

The foundation of a community public safety system includes the immediate access to emergency services through a 911 system. The success of a high performing community emergency medical services (EMS) system is also dependent on the immediate and easily accessible entry into the 911 system.

Currently in Milwaukee, calls for emergency medical service are received at different points of entry. Some are appropriately initiated through the 911 system directly to the City of Milwaukee and the Milwaukee Fire Department. Many, however, are initiated individually when citizens contact private ambulance companies directly by contacting their respective seven-digit phone numbers.

Many private provider transports are not initiated through the 911 system. These emergency medical calls are not subject to review and reporting to the City of Milwaukee Ambulance Service Board and the Public Safety Committee of the Common Council.

The Milwaukee Fire Department supports that a one point of entry 911 system is critical to the safety of Milwaukee's citizens and visitors. Regardless of the type of emergency service request resulting from a fire, natural or man-made disaster, emerging medical event, or act of terrorism, the City is obligated to ensure that all emergency events are managed by its 911 system.

Emergency medical calls that are received through the City of Milwaukee 911 system are triaged by incident type and by an approved medical dispatch protocol and are routed to the appropriate responder, which may be the Milwaukee Fire Department or a private provider. The result is an immediate and consistent application of all calls and the timely response of emergency medical service throughout the City 911 system.

All emergency medical calls for service to the 911 system are also provided with pre-arrival medical instructions whenever possible. Potentially life-saving information and directions for immediate citizen action on what to do before the emergency responders arrive is provided.

In contrast, requests for emergency medical service that are not received by the 911 system may experience prolonged response times from providers who advertise their services in other than their assigned response areas. The caller does not receive pre-arrival instructions and the ambulance rates not regulated. The information on these responses is not available to the system for review and oversight.

The American Ambulance Association (AAA) advocates a single point of entry for all requests for ambulance service. The AAA cites studies that indicate slightly more than 50 percent of all medical requests enter the system via 911 access, and that slightly less than 50 percent of all medical requests enter the system through seven-digit business phone numbers. By this calculation, nearly 50 percent of all calls for emergency medical service are not accounted for in, or regulated by, the system.

Private providers are required by the current Emergency Medical Services System Handbook of Operations to insert an advertising disclaimer regarding use of their seven-digit number to access services which states "For Life-Threatening Emergencies, call 911." This does not enhance service, but only adds to consumers' confusion.

Individuals experiencing a medical emergency should be able to access the needed assistance through one phone number, 911. They should only be charged the ambulance rates approved by the Common Council, and have the benefit of the oversight and review provided by the City system. Persons in need of emergency medical care should not be faced with deciding if their event is life threatening or

not, experiencing prolonged response times, or being charged at a higher rate than approved by the City of Milwaukee.

Current guidelines require that the private providers do not "initiate, engage in, or participate with any efforts, whatever their nature, which are designed with the intent to disrupt or interfere with the orderly and regulated operation of the City of Milwaukee Emergency Medical Services System." The ongoing practice of allowing receipt of unscheduled calls via a seven-digit private number clearly disrupts and interferes with the operation of the City EMS system.

A unified dispatch system with 911 as the only phone number through which to request unscheduled medical response will provide the City of Milwaukee's citizens and visitors the highest quality and efficient emergency medical service they deserve and expect.

Other Information:

- Chapter 75-15 of the City of Milwaukee Code of Ordinances, Miscellaneous Health Provisions:

"Central dispatch" is defined as a process that includes the reception and processing of all calls for emergency medical assistance at a single communications center. The fire department is the single communications center.

- Excerpted from Contracting for Emergency Ambulance Services Guide (AAA):

Continuous Pursuit of Clinical Excellence
High-quality companies stress the proper use of 911 to call for help.

Leaving the choice to the customer. Emergency patients make poor shoppers. A system that forces patients to select an emergency provider through retail competition is flawed. Consumers must be able to make choices based on quality and price before good selections can be made. This function is properly handled by local government through competition for the market. The advent of enhanced 911 has eliminated this design flaw in many areas, yet system designers must work to eliminate shopping for emergency services in all situations where it still exists.

The 911 Act directs the FCC to make 911 the universal emergency number in the United States for all telephone services, both wireline and wireless. See State of Wisconsin attachment for further information.

2. **911 Participation Fee**

Recommendation that the City of Milwaukee recover costs directly incurred when processing incidents through the 911 system, which are assigned to private providers.

At the September 14, 2005, Basic Life Support Transports Policy Review Task Force meeting, the concept of charging a fee to the private ambulance service providers for costs incurred by the City to provide 911 service was discussed. During the review and recommendations phase of the committee, no comment was made on the implementation of a 911-participation fee.

The fire department receives approximately 90,000 calls per year for service through the 911 system. The equipment and personnel to receive and process these calls costs the City and the Milwaukee Fire Department over two million dollars annually. In 2004, approximately 46,000 calls for service were dispatched to private ambulance service providers for response and transport. This service, provided free of charge to the private providers, costs the City approximately one million dollars in 2004.

A report from the City of Milwaukee Comptroller dated August 5, 2005, commented on the feasibility of implementing a dispatch fee for 911 calls. The report was unable to identify the cost incurred by private providers for responding to 911 calls. The report disclosed that a dispatch fee would directly affect the company's bottom line.

The City is in a position to recover costs incurred through the implementation of a dispatch fee. A fee to recover the cost of handling the calls for the private agencies should be considered.

Sincerely,



WILLIAM WENTLANDT
Chief

WW/jb
Attachment
Letters&Memos\Alderspersons\PS MFD Minority Report

SUMMARY OF KEY COMPONENTS FROM WI STATUTES, STATE EMS COMMUNICATION PLAN AND MILWAUKEE LOCAL ORDINANCE

Prepared by the State of Wisconsin Department of Health and Family Services,
Bureau of Local Health Support and Emergency Medical Services

WI STATUTES

- WI Stats. 146.70 (2) Emergency phone system.**
146.70(2)(a) Every public agency may establish and maintain within its respective jurisdiction a basic or sophisticated system under this section. Such a system shall be in a central location.

- 146.70(2)(c) The digits "911" shall be the primary emergency telephone number within every basic or sophisticated system established under this section. A public agency or public safety agency located within the boundaries of a basic or sophisticated system established under this section shall maintain a separate 7-digit phone number for nonemergency telephone calls. Every such agency may maintain separate secondary 7-digit back-up numbers.**

WISCONSIN STATE EMS COMMUNICATION PLAN

- 1.1 Public Access to EMS**
An essential component of an EMS communication system is public access to the three-digit public safety phone number 911. This is achieved through the use of 911 public safety answering points (PSAPs) which route all emergency calls to the appropriate agency.

- 2.1 Public Access to EMS**
The 911 system is the recommended means of accessing the EMS system. Service areas that have 911 coverage should only allow the use of other means of access as back-ups in case of 911 failure. Service areas should not allow seven-digit telephone number advertising for emergency ambulance service access where 9-1-1 is available.

MILWAUKEE LOCAL ORDINANCE

The Ambulance Service Board finds that the City of Milwaukee has a substantial interest in regulating the advertising of ambulance companies to prevent public confusion regarding the proper phone number to call in

the event of a life-threatening emergency. To avoid confusion, providers may not:

- Engage in advertising, communication, marketing, publicity, distributing of informational literature, or other such efforts which misinform or misrepresent the nature of their ambulance service or its capacity or capability within the City of Milwaukee.
- Knowingly advertise, communicate, market, or publicize their ambulance service for the care and handling of life-threatening emergencies in the city of Milwaukee.
- When the private provider's telephone number is listed on any advertising material, the material shall also include the following statement prominently displayed: "For Life-Threatening Emergencies, call 911" (paraphrased).

[The following pages contain more detail and were used as the basis for the summary page above. Items highlighted in bold are in the summary document.]

WI STATE STATUTES ON 911

WI Stats. 146.70 (2) Emergency phone system.

146.70(2)(a) Every public agency may establish and maintain within its respective jurisdiction a basic or sophisticated system under this section. Such a system shall be in a central location.

146.70(2)(b) Every basic or sophisticated system established under this section shall be capable of transmitting requests for law enforcement, fire fighting and emergency medical and ambulance services to the public safety agencies providing such services. Such system may provide for transmittal of requests for poison control to the appropriate regional poison control center under s. 146.57, suicide prevention and civil defense services and may be capable of transmitting requests to ambulance services provided by private corporations. If any agency of the state which provides law enforcement, fire fighting, emergency medical or ambulance services is located within the boundaries of a basic or sophisticated system established under this section, such system shall be capable of transmitting requests for the services of such agency to the agency.

146.70(2)(c) The digits "911" shall be the primary emergency telephone

number within every basic or sophisticated system established under this section. A public agency or public safety agency located within the boundaries of a basic or sophisticated system established under this section shall maintain a separate 7-digit phone number for nonemergency telephone calls. Every such agency may maintain separate secondary 7-digit back-up numbers.

146.70(2)(d) Public agencies, including agencies with different territorial boundaries, may combine to establish a basic or sophisticated system established under this section.

146.70(2)(e) If a public agency or group of public agencies combined to establish an emergency phone system under par. (d) has a population of 250,000 or more, such agency or group of agencies shall establish a sophisticated system.

146.70(2)(f) Every basic or sophisticated system established under this section shall utilize the direct dispatch method, the relay method or the transfer method.

WI EMS COMMUNICATION PLAN

1.1 Public Access to EMS

An essential component of an EMS communication system is public access to the three-digit public safety phone number 911. This is achieved through the use of 911 public safety answering points (PSAPs) which route all emergency calls to the appropriate agency. Enhanced 911 (E911) has additional features beyond the basic 911 system that include:

- Selective routing of the call to the appropriate center based on originating location.
- Automatic number identification (ANI) and automatic location identification (ALI) of the caller

Cellular telephone access to 911 is still problematic because enhanced 911 features are not functional without additional infrastructure. The location of the caller and routing of the message to the appropriate EMS service are still dependent on verbal information from the caller, which may lead to delayed response times.

2.1 Public Access to EMS

Current 911 coverage in Wisconsin covers 99.99% of the State. Statewide E911 or Enhanced 911 coverage is 98.76% of Wisconsin. Work needs to continue to

make E911 statewide & include the ability to locate wireless calls to their actual physical location. A map illustrating Wisconsin's 911 coverage can be found in Appendix E. **The 911 system is the recommended means of accessing the EMS system. Service areas that have 911 coverage should only allow the use of other means of access as back-ups in case of 911 failure. Service areas should not allow seven-digit telephone number advertising for emergency ambulance service access where 9-1-1 is available.**

PUBLIC INFORMATION AND EDUCATION CITY of MILWAUKEE

The Emergency Medical Services System within the City of Milwaukee is a complete system with each of its component parts easily accessible for use by the general public. The component parts are the Milwaukee Fire Department and the private provider sector. To insure the health, safety and welfare of its citizens, initial entry into the system is controlled by the Milwaukee Fire Department.

The Ambulance Service Board finds that the City of Milwaukee has a substantial interest in regulating the advertising of ambulance companies to prevent public confusion regarding the proper phone number to call in the event of a life-threatening emergency. Accordingly, the Board has determined that the following guidelines are essential toward the end of insuring the health, safety and welfare of the citizens of Milwaukee and protecting the substantial interest of the City of Milwaukee.

City of Milwaukee private providers shall not:

- **Engage in advertising, communication, marketing, publicity, distributing of informational literature, or other such efforts which misinform or misrepresent the nature of their ambulance service or its capacity or capability within the City of Milwaukee.**
- **Knowingly advertise, communicate, market, or publicize their ambulance service for the care and handling of life-threatening emergencies in the city of Milwaukee.**
- Initiate, engage in, or participate with any efforts, whatever their nature, which are designed with the intent to disrupt or interfere with the orderly and regulated operation of the City of Milwaukee Emergency Medical Services System.

City of Milwaukee private providers shall comply with the following:

- Submit all forms of proposed advertising and marketing of their services directed to the general public to the Commissioner of Health and the Chief of the Fire Department for review prior to its being disseminated in any form to the general public. The City officials shall complete their review of the submitted material within ten (10) business days of its receipt. The review is for the purpose of ensuring that the communication is not misleading or untruthful; regards a lawful activity; and has no adverse impact upon the substantial interests of the City of Milwaukee. It is also undertaken to prevent public confusion regarding the proper telephone number to call in the event of a life-threatening emergency.

If the City officials make an adverse finding, they shall immediately so advise the private provider which submitted the material, and the City officials or their designee shall work with that provider to develop an unobjectionable alternative. No material submitted to City officials for review shall be disseminated to the general public in any fashion without the prior written approval of the designated City officials.

In the event private providers elect to distribute telephone stickers to the general public they agree to use a standard format telephone sticker listing the appropriate telephone numbers for the Fire Department / Paramedics / Ambulance (911), for the Police Department (911) and the private provider's telephone number. When the private provider's telephone number is listed, the telephone sticker shall include the following statement prominently displayed:

"For Life-Threatening Emergencies, call 911"

The letters and telephone numbers identifying the Fire Department / Paramedics / Ambulance (911), Police Department (911) and private provider shall be of the same dimension and color.

Additionally, all forms of marketing, including--without limitation by enumeration--written documents, newspaper and magazine advertising, note pads, electronic media (such as an internet web site) and television and radio advertising, shall include the words: "For Life-Threatening Emergencies, Call 911" in the text of the ad. These words must be visible by looking at the information straight-on. In radio advertising, they shall be audible. In television advertising, they shall be both audible and visible. Pencils, pens and pins, which are extremely small

marketing items and do not reasonably allow room for these words, are exempt from this requirement.

Additional exceptions from this requirement may be made by the Commissioner of Health and the Chief of the Fire Department on a case by case basis during their prior review of all advertising. In situations which there is disagreement between the two reviewers, the matter will be brought to the Ambulance Service Board.

WW/jb
Letters&Memos\Alderspersons\PS MFD Min Rep Attach 1105



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November 18, 2005

Alderman Robert Puente, Chair
Public Safety Committee
City of Milwaukee
City Hall, Room 205
200 East Wells Street
Milwaukee, WI 53202

Re: Minority Report

Dear Alderman Puente,

The following is a supplemental summary of the views and concerns of Paratech Ambulance Service in regard to the findings and recommendations of the City of Milwaukee Basic Life Support Transport Review Task Force, which was charged with evaluating and possibly finding alternative ways to improve the City of Milwaukee Basic Life Support System.

First, we will offer our views regarding each point listed in the report. Second, we will address areas that were discussed, but not included in the final report.

Respectfully,

Lawrence J. Knuth
V.P. Operations

LJK:psb

BASIC LIFE SUPPORT TRANSPORT POLICY TASK FORCE
FINDINGS AND RECOMMENDATIONS

PARATECH AMBULANCE SERVICE
ADDITIONAL POINTS FOR CONSIDERATION

Removal of the 3% equity clause (75-15-13-b-2). - The "trigger" as it is referred to became part of the ordinance in 1992. It was recommended by the Ambulance Service Board as a method to address equity of sector dispatches. Performance criteria were supposed to be developed to also gauge "the delivery of the best possible quality care to the citizenry". That criterion was never developed. To date realignment of sector lines has been based solely on number of dispatches. We believe this process has proven to be flawed. The 3% trigger does not consider the level of service that the citizen would receive.

Service Capability - We encourage the City to do a general due diligence of each ambulance Company as to it's ability to provide ambulance service to the City of Milwaukee. Since you are referring the citizens for medical care to these providers, we feel you should know their capabilities. This due diligence should include but should not be limited to:

- Size of fleet
- Age of ambulances
- On board vehicle camera
- On Site in-house training
- Vehicle repair and maintenance facilities
- Indoor housing of ambulances
- Central dispatch (C.A.D., M.D.T., G.P.S.)
- Redundant Communications systems
- Electronic billing capability and customer service
- Data reporting capabilities
- CQI processes(s)
- Community Services program(s)

All four providers have been participants of the City of Milwaukee's EMS system for more than 27 years. We feel that all ambulance services currently serving the City are not all of the same caliber and the City should take a close look as to the quality and resources that have been reinvested over the last 27 years. Our method of operation is that a properly run service, a company with a focus on the service to the customer should generate a financially stable Company. One who is focused on financial gains only does not necessarily provide the same outcome.

We would welcome the opportunity for the City to use Paratech as a benchmark for rating the providers. We have CQI process, MDT, electronic billing, optic imaging of medical records (paperless office), an authorized American Heart Association Community Training Center (CTC) and a full maintenance facility. These are just a few of the service elements that are overlooked in granting certification and sector allocation (call volume) all of which result in providing better patient care to the citizens of Milwaukee.

BASIC LIFE SUPPORT TRANSPORT POLICY TASK FORCE
FINDINGS AND RECOMMENDATIONS

PARATECH AMBULANCE SERVICE
ADDITIONAL POINTS FOR CONSIDERATION

Corporate reinvestment – When companies are being certified, consideration should be given to their involvement in the community. Paratech has been committed to servicing the community and continues to invest in the EMS system through the acquisition of property in the City.

As an example we own three buildings within our assigned service area and pay an accumulated real estate tax annually in excess of \$24,000.

ALS Capability - Paratech has Advance Life Support capabilities (paramedic units) that are not being utilized by the City of Milwaukee. In 2005, the City of Milwaukee added additional Milwaukee County paramedic units, which included redeployment of many of their units. There are times when the added capability from the private sector would be helpful and would not cause an excess demand on our service. On the contrary we believe it would improve the treatment and care that is currently offered to the City of Milwaukee citizens.