

*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.*

# APPENDIX A



# City of Milwaukee

Office of the City Clerk

200 E. Wells Street  
Milwaukee, Wisconsin 53202

## Certified Copy of Resolution-Immediate Adoption

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**FILE NO: 041200**

**Title:**

**Resolution creating a Basic Life Support Transports Policy Review Task Force.**

**Body:**

Whereas, Basic life support (BLS) emergency medical services in the City of Milwaukee are currently provided by a public/private partnership consisting of the Milwaukee Fire Department and private ambulance companies; and

Whereas, The Common Council finds that there is a need to review the operation and policies of the current BLS system and to make such improvements as necessary to ensure that the system provides high-quality services at an affordable price; and

Whereas, The Common Council further finds that, in addition to evaluating the current BLS system, there is a need to investigate alternative BLS systems; now, therefore, be it

Resolved, By the Common Council of the City of Milwaukee, that a Basic Life Support Transports Policy Review Task Force is created and shall consist of the following 14 members:

1. The Mayor or his designee.
2. The Commissioner of Health or his designee.
3. The Budget and Management Director or his designee.
4. The City Attorney or his designee.
5. The Milwaukee County Emergency Medical Services Director or his designee.
6. The Fire Chief or his designee.
7. One representative of each of the 4 current private BLS providers, appointed by the chair of the Public Safety Committee.
8. One representative of the Milwaukee Professional Fire Fighters Association, Local 215, IAFF, AFL-CIO, appointed by the chair of the Public Safety Committee.
9. Two city of Milwaukee residents, one appointed by the Mayor and the other by the Common

Council President.

10. The chair of the Public Safety Committee, appointed by the Common Council President. The chair of the Public Safety Committee shall also be the chair of the Task Force.

; and, be it

Further Resolved, That the Task Force shall review the operation of the current BLS system in the City of Milwaukee and, in order to ensure that the City has adopted the best BLS practices and policies, research and analyze alternative means of providing BLS services; and, be it

Further Resolved, That, based on the findings of its evaluation of the current and alternative BLS systems, the Task Force shall develop recommendations for changes and improvements to the City's BLS system; and, be it

Further Resolved, That the Task Force shall submit a written report of its findings and recommendations to the Common Council no later than April 1, 2005; and, be it

Further Resolved, That the City Clerk's Office shall provide staff support to the Task Force.



**I, Ronald D. Leonhardt, City Clerk, do hereby certify that the foregoing is a true and correct copy of a(n) Resolution-Immediate Adoption Passed by the COMMON COUNCIL of the City of Milwaukee, Wisconsin on December 21, 2004.**

*Ronald D. Leonhardt*

Ronald D. Leonhardt

November 09, 2005

Date Certified

# City of Milwaukee

Office of the City Clerk

200 E. Wells Street

Milwaukee, Wisconsin 53202

Certified Copy of Appointment

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FILE NO: 041273

**Title:**

Communication from the Chairman of the Public Safety Committee making various appointments to the Basic Life Support Transports Policy Review Task Force.



I, Ronald D. Leonhardt, City Clerk, do hereby certify that the foregoing is a true and correct copy of a(n) Appointment Placed On File by the COMMON COUNCIL of the City of Milwaukee, Wisconsin on January 11, 2005.

*Ronald D. Leonhardt*

Ronald D. Leonhardt

November 09, 2005

Date Certified

**Robert G. Donovan**  
Alderman, 8th Aldermanic District



MEMBER:  
Public Safety Committee  
Public Improvements Committee  
Zoning, Neighborhoods  
& Development Committee  
Anti-Graffiti Policy Committee

January 10, 2005

To the Honorable, the Common Council  
of the City of Milwaukee

Honorable Members of the Common Council:

I am pleased to inform you that I am appointing the following persons to the  
Basic Life Support Transports Policy Review Task Force.

Bell Ambulance, Inc.  
R. A. Zehetner  
549 E. Wilson Street  
Milwaukee, WI 53207

Curtis Universal Ambulance, Inc.  
James G. Baker, Jr.  
PO Box 2007  
Milwaukee, WI 53201

Meda Care Ambulance, Inc.  
Linda Wiedmann  
2515 W. Vliet Street  
Milwaukee, WI 53205

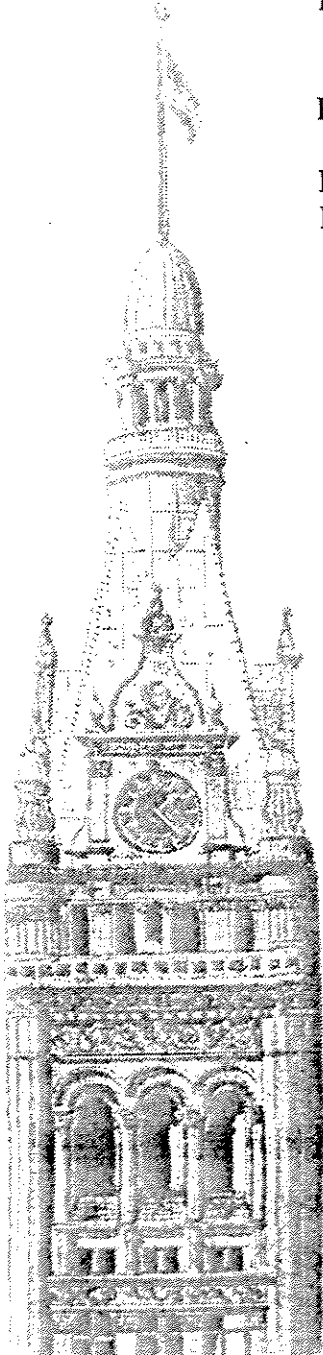
Robert Rauch  
9401 W. Brown Deer Road  
Milwaukee, WI 53224

Mr. Gregory L. Gracz, President  
Local #215, Fire Fighters' Assoc.  
5625 W. Wisconsin Ave.

Respectfully submitted,

A handwritten signature in cursive script that reads "Bob".

Bob Donovan  
Chairman, Public Safety Committee



# City of Milwaukee

Office of the City Clerk

200 E. Wells Street  
Milwaukee, Wisconsin 53202

Certified Copy of Appointment

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FILE NO: 041274

**Title:**

Communication from the Common Council President appointing Thomas Nardelli to the Basic Life Support Transports Policy Review Task Force.



I, Ronald D. Leonhardt, City Clerk, do hereby certify that the foregoing is a true and correct copy of a(n) Appointment Placed On File by the COMMON COUNCIL of the City of Milwaukee, Wisconsin on January 11, 2005.

*Ronald D. Leonhardt*

Ronald D. Leonhardt

November 09, 2005

Date Certified

**NARDELLI  
CONSULTING, LLC**

6811 North Coventry Court  
Milwaukee, Wisconsin 53224

August 16, 2005

Alderman Willie Hines, Jr.  
Common Council President  
City Hall, Room 205  
200 East Wells Street  
Milwaukee, Wisconsin 53202

Dear Alderman Hines:

By this letter, I am submitting my resignation from the Basic Life Support Ambulance Task Force, effective immediately.

I appreciate your willingness to appointment to the panel at the request of Alderman Robert Donovan. I have long been a supporter of having private ambulance companies providing 100% of the BLS transports for 9-1-1 calls. There are some in the Milwaukee Fire Department who would like to take over that function, but such move would result in a very heavy property tax burden for our citizens.

I believe there are some in the Fire Department who would like to take over the private ambulance conveyances, believing the companies make money hand over fist.

Fact is a recent audit of the private ambulance companies by City Comptroller, Wally Morics, demonstrates that all private firms operate on a very small profit margin. His audit results are contained in a letter sent to the new Task Force Chair, Alderman Robert Puente.

I realize that some in the Fire Department have been looking for ways to generate a revenue stream such as a "dispatch fee" to lessen the burden our property taxpayers. Having been closely associated with the private ambulance services for all but four of my years on the Common Council, I knew long before the audit, that there was a wide gap between billings for services and collections.

Although the Comptroller has yet to complete a report I requested, I am certain that it will be shown that even the Milwaukee Fire Department incurred significant "bad debt" from uncollected conveyances billings during that time when they served as the sole BLS "back up" for the four private ambulance providers!

Phone: 414-651-0880  
Fax: 414-760-3478  
Email: [tnardelli@wi.rr.com](mailto:tnardelli@wi.rr.com)

Hines  
August 16, 2005  
Page 2

Given the audit results, it appears unlikely that the Comptroller would identify revenues from a 'dispatch fee' at budget adoption time, thus the only other substantive matter before the task force could be consideration of language that might be included in a contract or memorandum the four companies would might be asked to sign for the contract period beginning January 1, 2006.

Again, thank you for the appointment to the task force. If I can be of any further assistance to you on this or any other matter, please don't hesitate to call.

Sincerely,

  
Thomas G. Nardelli

Cc: Alderman Robert Donovan  
Alderman Robert Puente

# City of Milwaukee

Office of the City Clerk

200 E. Wells Street  
Milwaukee, Wisconsin 53202

Certified Copy of Appointment

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FILE NO: 041275

**Title:**

Communication from the City Attorney appointing Bruce Schrimpf as his designee to the Basic Life Support Transports Policy Review Task Force.



I, Ronald D. Leonhardt, City Clerk, do hereby certify that the foregoing is a true and correct copy of a(n) Appointment Placed On File by the COMMON COUNCIL of the City of Milwaukee, Wisconsin on January 11, 2005.

*Ronald D Leonhardt*

Ronald D. Leonhardt

November 09, 2005

Date Certified



# City of Milwaukee

Office of the City Clerk

200 E. Wells Street  
Milwaukee, Wisconsin 53202

Certified Copy of Appointment

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FILE NO: 041276

**Title:**

**Communication from the Budget and Management Director appointing Jennifer Meyer as his designee to the Basic Life Support Transports Policy Review Task Force.**



I, Ronald D. Leonhardt, City Clerk, do hereby certify that the foregoing is a true and correct copy of a(n) Appointment Placed On File by the COMMON COUNCIL of the City of Milwaukee, Wisconsin on January 11, 2005.

*Ronald D Leonhardt*

Ronald D. Leonhardt

November 09, 2005

Date Certified

# City of Milwaukee

Office of the City Clerk

200 E. Wells Street  
Milwaukee, Wisconsin 53202

Certified Copy of Appointment

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FILE NO: 041342

Title:

Appointment of Daniel Lipski to the Basic Life Support Transports Policy Review Task Force by the Mayor. (5th Aldermanic District)



I, Ronald D. Leonhardt, City Clerk, do hereby certify that the foregoing is a true and correct copy of a(n) Appointment Placed On File by the COMMON COUNCIL of the City of Milwaukee, Wisconsin on February 1, 2005.

*Ronald D. Leonhardt*

Ronald D. Leonhardt

November 09, 2005

Date Certified

# City of Milwaukee

Office of the City Clerk

200 E. Wells Street  
Milwaukee, Wisconsin 53202  
Certified Copy of Appointment

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FILE NO: 041343

Title:

Appointment of Rhonda Kelsey as the Mayor's designee to the Basic Life Support  
Transports Policy Review Task Force. (7th Aldermanic District)



I, Ronald D. Leonhardt, City Clerk, do hereby certify that the foregoing is a true and correct copy of a(n) Appointment Placed On File by the COMMON COUNCIL of the City of Milwaukee, Wisconsin on February 1, 2005.

*Ronald D. Leonhardt*

Ronald D. Leonhardt

November 09, 2005

Date Certified

# City of Milwaukee

Office of the City Clerk

200 E. Wells Street  
Milwaukee, Wisconsin 53202

## Certified Copy of Resolution-Immediate Adoption

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FILE NO: 041670

**Title:**

**Resolution amending Common Council File Number 041200, a resolution creating a Basic Life Support Transports Policy Review Task Force.**

**Body:**

Whereas, On December 21, 2004, the Common Council adopted File Number 041200, a resolution creating a Basic Life Support Transports Policy Review Task Force; and

Whereas, This resolution directed the Task Force to submit a written report of its findings and recommendations to the Common Council no later than April 1, 2005; and


Whereas, The Task Force is still preparing the report of its findings and recommendations; now, therefore, be it

Resolved, By the Common Council of the City of Milwaukee, that Common Council File Number 041200 is amended so that the third "Further Resolved" clause reads as follows:

"Further Resolved, That the Task Force shall submit a written report of its findings and recommendations to the Common Council no later than June 1, 2005; and, be it"



I, Ronald D. Leonhardt, City Clerk, do hereby certify that the foregoing is a true and correct copy of a(n) Resolution-Immediate Adoption Passed by the COMMON COUNCIL of the City of Milwaukee, Wisconsin on April 12, 2005.



Ronald D. Leonhardt

November 09, 2005

Date Certified

# City of Milwaukee

Office of the City Clerk

200 E. Wells Street  
Milwaukee, Wisconsin 53202

## Certified Copy of Resolution-Immediate Adoption

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FILE NO: 050173

**Title:**

**Resolution amending Common Council Resolution File Number 041200, as amended, creating a Basic Life Support Transports Policy Review Task Force.**

**Body:**

Whereas, On December 21, 2004, the Common Council adopted File Number 041200, a resolution creating a Basic Life Support Transports Policy Review Task Force, which was later amended by Common Council Resolution File Number 041670 on April 12, 2005; and

Whereas, The amendment directed the Task Force to submit a written report of its findings and recommendations to the Common Council no later than June 1, 2005; and

Whereas, The Task Force is still preparing the report of its findings and recommendations; now, therefore, be it

Resolved, By the Common Council of the City of Milwaukee, that Common Council Resolution File Number 041200, as amended by Common Council Resolution File Number 041670, is amended so that the third "Further Resolved" clause reads as follows:

"Further Resolved, That the Task Force shall submit a written report of its findings and recommendations to the Common Council no later than August 1, 2005; and, be it"



I, Ronald D. Leonhardt, City Clerk, do hereby certify that the foregoing is a true and correct copy of a(n) Resolution-Immediate Adoption Passed by the COMMON COUNCIL of the City of Milwaukee, Wisconsin on May 20, 2005.

*Ronald D. Leonhardt*

Ronald D. Leonhardt

November 09, 2005

Date Certified

# City of Milwaukee

Office of the City Clerk

200 E. Wells Street  
Milwaukee, Wisconsin 53202

## Certified Copy of Resolution-Immediate Adoption

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FILE NO: 050488

**Title:**

**Resolution amending Common Council resolutions relating to the Basic Life Support Transports Policy Review Task Force.**

**Body:**

Resolved, By the Common Council of the City of Milwaukee, that Common Council File Number 041200 is amended so that item #10 in the "Resolved" clause reads as follows:

"10. The vice chair of the Public Safety Committee, appointed by the Common Council President. The vice chair of the Public Safety Committee shall also be the chair of the Task Force."

; and, be it

Further Resolved, That File Number 041675 is amended so that the indented portion of the "Resolved" clause reads as follows:

"Further Resolved, That the Task Force shall submit a written report of its findings and recommendations to the Common Council no later than November 1, 2005; and, be it"



I, Ronald D. Leonhardt, City Clerk, do hereby certify that the foregoing is a true and correct copy of a(n) Resolution-Immediate Adoption Passed by the COMMON COUNCIL of the City of Milwaukee, Wisconsin on July 26, 2005.

*Ronald D. Leonhardt*

Ronald D. Leonhardt

November 09, 2005

Date Certified

# APPENDIX B

**Office of the City Clerk  
City of Milwaukee  
BASIC LIFE SUPPORT TRANSPORTS  
POLICY REVIEW TASK FORCE**

Ald. Robert Donovan, Chair  
Rhonda Kelsey, Bevan Baker, Jennifer Meyer, Bruce Schrimpf,  
Dr. Ronald Pirrallo, William Wentlandt, R. A. Zehetner,  
James G. Baker, Jr., Linda Wiedmann, Robert Rauch,  
Gregory L. Gracz, Thomas Nardelli and Daniel Lipski

January 12, 2005

You are hereby notified that the meeting of the **BASIC LIFE SUPPORT TRANSPORTS POLICY REVIEW TASK FORCE** has been scheduled for **WEDNESDAY, JANUARY 19, 2005, at 2:00 P.M., in Room 301-A, City Hall, 200 East Wells Street, regarding:**

1. Welcome and Committee Member Introductions
2. Discussion of Committee's Purpose
3. Review of the Current BLS System in Milwaukee
4. Service Contracts
5. Dispatch Fee
6. Roles of Providers/Milwaukee Fire Department in Future BLS Service Plan
7. Next Meeting Date/Adjournment

Respectfully,



RONALD D. LEONHARDT  
City Clerk

TJM



**MINUTES OF THE**  
**BASIC LIFE SUPPORT TRANSPORTS**  
**POLICY REVIEW TASK FORCE**

January 19, 2005

PRESENT: Alderman Robert Donovan, Chair, Rhonda Kelsey (Mayor's Office), Bevan Baker (Health Dept, Bruce Schrimpf (Assist. City Attorney), Dr. Ronald Pirralo (Milw. County Emergency Medical Services Medical Director), Chief William Wentlandt (Fire Dept.), Rick A. Zehetner (Bell Ambulance), James G. Baker, Jr. (Curtis Universal Ambulance), Linda Wiedmann (Meda-Care Ambulance), Robert Rauch (Paratech Ambulance Service), Thomas Nardelli and Daniel Lipski

EXCUSED: Gregory L. Gracz (Milw. Fire Fighters Assoc., Local 215) and Jennifer Meyer (Budget & Management Division)

ALSO PRESENT: Brian Reynolds appeared for Gregory L. Gracz (Milw. Fire Fighters Assoc., Local 215), Dennis Yaccarino appeared for Jennifer Meyer (Budget & Management Division), Emma Stamps (Common Council/City Clerk's Office - Fiscal), Sandra Rotar (Fire Dept), Gloria Murawsky (Fire Dept.), Battalion Chief Pepie Du De Voire (Fire Dept.), Deputy Chief Andy Smerz (Fire Dept.), Mr. Wayne Jurecki appeared for Mr. Rick Zehetner

MEETING COMMENCED: 2:03 P.M.

**1) Welcome and Committee Member Introductions**

Chairman Donovan welcomed all the members and asked the members to introduce themselves.

**2) Discussion of Committee's Purpose**

Chairman Donovan explained that the main purpose of this task force is to look at the Basic Life Support Program, to ensure that it is the best program and that it is providing the best services to the community. Mr. Reynolds commented on the monitoring process and recommended that it be discussed. Mr. Reynolds further noted that it would help show that the Fire Dept. and the providers are all working together to provide the same thing. Chairman Donovan agreed that the monitoring process should be discussed and recommended that they direct some discussion on how the services in items 3, 4 and 6 are monitored. Chairman Donovan then stated that they need to have a system of measurement in place to ensure that the providers are providing the same level of service through out the city and that all the providers are being looked at and graded. Mr. B. Baker referred to the matrixes that are in place at this time and advised that they should revisit and work to build upon them. Mr. Zehetner gave a historic prospective on where they are currently at. Mr. Zehetner commented that in 1978 a bargain was setup between the city and the ambulance service providers and that has been in place ever since. He

then noted that in that bargain, it states that the city would regulate the fees, etc. and in return the private ambulance service providers would guarantee that the entire city would be covered on a geographic basis, that all citizens of need would be served regardless if they could pay, that the city would be protected and held harmless from liability and there would be no cost to the city other than regulation cost.

### **3) Review of the Current BLS System in Milwaukee**

Chairman Donovan referred to Mr. Zehetner's earlier comments on the history of the ambulance service provider's bargain with the city. Chairman Donovan asked Chief Wentlandt to give a brief summary of the current BLS program as it exists right now. Chief Wentlandt gave a brief summary. Chairman Donovan asked how the city is divided up. Chief Wentlandt advised that it is split up into 4 areas and asked the ambulance service provider members to explain what areas they cover. Mr. Zehetner (Bell Ambulance), Mr. Rauch (Paratech Ambulance Service), Mr. Baker, Jr. (Curtis Universal Ambulance), and Ms. Wiedmann (Meda-Care Ambulance) gave a description of the city boundaries that they cover. Chairman Donovan asked Chief Wentlandt to explain how the situation is handled when one of the ambulance providers is overburdened. Chief Wentlandt replied that they operate on what is called a call back or turn back system and noted that it is defined in the ordinance as to which company will be backup support for which company(s) (Common Council File #041199). Chief Wentlandt further explained how the Fire Department dispatcher handles those calls that are turned back.

Chairman Donovan asked Mr. B. Baker how the BLS ambulance providers are reviewed, specifically how they are graded, etc. Mr. B. Baker explained that the Ambulance Service Board's review process is based on performance and compliance. Mr. B. Baker further explained the review process as it relates to the call back rates. Chairman Donovan asked if it was spelled out in the original agreement between the City and the ambulance companies as to what would occur if in fact it was determined that the company was not in compliance and not meeting standards. Mr. Zehetner replied that the original ordinance anticipated that however many providers there were, the service areas would be drawn so that there would be an equity among those providers, in other words each provider would get the same number of dispatch calls. Mr. Zehetner further advised that the ordinance is silent on the penalty issue for not performing. Mr. Zehetner then noted that he had raised that issue at the November 2003 Ambulance Service Board meeting, at which time he suggested that the ordinance be changed so that the calls are distributed to the various providers based on their capabilities. Mr. B. Baker commented that it isn't spelled out, but his interpretation of what the intent would be, is that it would be brought to the Ambulance Service Board's attention if the call back rate dipped below what would be a reasonable rate. Chairman Donovan asked who would bring that to their attention. Mr. B. Baker advised that he didn't know that, but he would find out. Mr. Reynolds commented that some providers have more call backs than others. Mr. J. Baker commented that a subcommittee was established in 2002-2003 who had reviewed the call back issue and noted that all the ambulance companies were meeting the goal. Chairman Donovan asked when a call comes in to the ambulance company and they can't take it, what does the Fire Dept. do. Chief Wentlandt replied by explaining the process the dispatcher would take and noted that it does cause an unreasonable delay. Chief Wentlandt

suggested that this task force have further dialogue on the role the Ambulance Service Board and how it fits into the system. Mr. Yaccarino asked if the data is recorded, reported and audited by the private sector. Mr. Yaccarino then asked if it is the private sector that is recording and reporting the data and not the Fire Department or any other source, does the city do any kind of audit to ensure that the data is correct. Mr. B. Baker replied that there isn't an audit process in place that the Health Department does. Mr. Zehetner noted that the ambulance providers do self-reporting data. Mr. Zehetner further noted that the only data ascertainable by the Fire Department would be the turn back calls. Chairman Donovan asked Chief Wentlandt what is the number of calls that the Fire Department doesn't response too and the Ambulance Service Co. is sent out alone. Chief Wentlandt replied that private calls directly to the BLS Ambulance companies are 27,000 annually out roughly 60,000. Mr. Reynolds stated that, that is assuming every call goes through 911 and that is an error. Mr. Reynolds asked what about all the calls that go directly to the Ambulance Companies. Mr. Lipski commented on the types of calls that are received by the dispatcher. Mr. Pirrallo stated that in an effort to coordinate EMS services, they have voluntary guidelines for the communicators to follow when dispatching and dispatchers have undergone training on how to interrogate the caller. Mr. Pirrallo further explained the different types of calls and how it is determine who will be sent, whether it is the Fire Department or the Ambulance Company. Ms. Wiedmann questioned Mr. Pirrallo commented on when an Ambulance Company is sent on a call alone. Mr. Pirrallo elaborated further on when an Ambulance Company is sent out alone. Mr. Rauch referred to the subject on turn back calls and noted that in the early 90's the ordinance was changed to reflect a 3% deviation in the number of calls given to a service area. This came about because of disagreements between the companies, as to who gets more calls and what kind of calls. The change was put in so that there was a balance on the calls that were generated by the system to the private companies. Along with that there was suppose to be a monitoring device put in place to look at the level of service being provided by a company to the city and to the recipients of the service. That may be why the ordinance states that the Ambulance Review Board or the Public Safety Committee or the Common Council may change the configuration of the service area not that it shall change it. Mr. Rauch further noted that the monitoring devices were never put into place and that it came down to a numbers game and only the numbers were looked at in deciding the size of the service areas. Mr. Rauch then advised that in a 1997 budget report, it stated that turn back calls were an area that needed and required looking at in regards to services given to the citizens.

Chairman Donovan advised that they should consider a recommendation to the Common Council as to how they could fine tune the system they current have, to tighten up the regulation and to recommend that one city department is appointed to review it on a regular basis. Mr. J. Baker commented that the current BLS system is being looked at very carefully and reporting is done on a regular basis. Mr. J. Baker then stated that Milwaukee County has a hotline and there are people in hospitals, who can see a patient being transported and if they are being transported in inappropriate means, they are able to call the hotline and follow up care is done. Mr. J. Baker then stated that the Fire Department has done a very good job of monitoring the quality assurance with the tool that they have been given and that a State Ambulance Inspector comes out every two

years to inspect every single ambulance vehicle. He further stated that there are currently a lot of regulations in place. Mr. Nardelli referred to the current ordinance regarding calls and how calls could possible change the configuration of the service area boundaries. He further noted that turn back calls are not identified in the ordinance and it is something that should be considered. Mr. Zehetner reiterated what he stated earlier and noted that the areas should be set on what the Ambulance Company can provide. Mr. Lipski followed up on what Mr. Zehetner stated. Mr. Zehetner commented that the areas aren't equal. Mr. Zehetner noted that he was in support of the Fire Chief's proposal, that the ordinance should be amended to permit the city to contract with the Ambulance Providers and therefore within the contract have penalties if they don't perform. Mr. Zehetner further noted that it would be a good way for the Chief to enforce the regulation against companies that aren't performing up to service standards. Mr. Nardelli asked if the Fire Department is still backing up for Ambulance Companies that aren't able to handle a call. Chief Wentlandt replied that as of January 1, 2005 that is no longer done. Chief Wentlandt stated that the Ambulance Services Companies will be backing up each other, as was previously done.

Mr. Zehetner left at 2:53 p.m. and Mr. Jurecki took his place at the table.

Chairman Donovan asked how is it determined as to what hospital a patient is taken too. Chief Wentlandt replied and referred to the current ordinance, which defines that a patient has the right to be transported to the hospital of his/her choice, unless medical conditions warrant transport to the closes medically appropriate hospital. Chairman Donovan asked who makes the decision, as to what hospital would be a medical appropriate hospital. Mr. Pirrallo replied that the EMT on the scene would make that decision. Mr. Pirrallo further noted that they have perimeters written in the Milwaukee County ALS/BLS protocol that assist the provider with that determination as to what hospital to take a patient too, but patient's requests comes first. Ms. Wiedmann response that they have a handbook where that is outlined in. Chairman Donovan asked who writes that handbook. Mr. Nardelli replied that the provider's do. Mr. Pirrallo commented that the providers have volunteered to adopt the patient policy care procedures of Milwaukee County. Mr. Pirrallo further noted that he writes the guidelines as the Medical Director, in conjunction with oversight from the Medical Society of Milwaukee as his Medical advisors. Ms. Wiedmann asked why did the backup system changes. Chief Wentlandt noted that the Fire Department wasn't budgeted to provide the backup services for 2005.

#### **4) Service Contracts**

Chairman Donovan asked if Chief Wentlandt could give a little background on service contracts. Chief Wendlandt explained how a service contract would work and advised that a contract could offer accountability. Chief Wendlandt further commented on the calls that are turn backed and noted that a penalty could be included in the contract in relation to turn back calls. Mr. Nardelli replied that turn back calls are happening more often with some providers then others and noted that it would be a good idea to have specific performance requirements and penalties for not meeting the calls stated in the contract, which could offer accountability. City Atty. Schrimpf commented on imposing

a penalty and explained the process that would be needed to take on a penalty and how a penalty could be adjudicated in court. Ms. Kesley asked if other cities were looked at in regards to contracts with BLS providers. Chief Wentlandt replied that they had looked at other cities. Mr. Pirrallo commented that most cities this size that are successful, who use private/public partnerships have performance contracts. Chairman Donovan asked if any one disagrees on the penalty issue. Mr. J. Baker replied that he disagrees on a couple levels and further elaborated on why. Mr. Rauch noted that the weakness in the ordinance is that it doesn't allow for some type of penalty for not performing within the system and noted that a contract would provide flexibility as to where a provider could have his/her area reduced into a size that he/she is capable of handling. Mr. Rauch also commented on the service provided to patients and feels that citizen complaints wouldn't be a good example on whether the system is performing as well as it could be. Mr. B. Baker summarized the contract discussion to make sure they are focusing on quality and noted that he would need more data if they were going to focus on efficiencies. Mr. B. Baker commented that he needs more data regarding contracts. Mr. Nardelli asked that under the new system, are they not now going to know the data more acutely, now that the Fire Department is no longer providing BSL back up and each turn back call will be logged in the system. Chief Wendtlandt commented that there is an opportunity to refine how business is done and further discussed the high expectations for the system and that accountability currently isn't in place.

Mr. Yaccarino requested that as part of further discussion, could information be obtained on how some of the other communities around the country are handling BLS providers. Chairman Donovan noted that he has already requested that information and hopefully it will be available for discussion at the next meeting.

Chairman Donovan moved that items 5 & 6 be discussed at the next meeting. There were no objection.

**5) Dispatch Fee**

**6) Roles of Providers/Milwaukee Fire Department in Future BLS Service Plan**

**7) Next Meeting Date/Adjournment**

February 17, 2005 at 1:00 P.M. in Room 301-A.

*Meeting Adjourned: 3:30 P.M.*

*Terry J. MacDonald*

*Staff Assistant*

# APPENDIX C

**Office of the City Clerk  
City of Milwaukee  
BASIC LIFE SUPPORT TRANSPORTS  
POLICY REVIEW TASK FORCE**

Ald. Robert Donovan, Chair  
Rhonda Kelsey, Bevan Baker, Jennifer Meyer, Bruce Schrimpf,  
Dr. Ronald Pirralo, William Wentlandt, R. A. Zehetner,  
James G. Baker, Jr., Linda Wiedmann, Robert Rauch,  
Gregory L. Gracz, Thomas Nardelli and Daniel Lipski

February 10, 2005

You are hereby notified that the meeting of the **BASIC LIFE SUPPORT TRANSPORTS POLICY REVIEW TASK FORCE** has been scheduled for **WEDNESDAY, FEBRUARY 17, 2005, at 1:00 P.M., in Room 301-B, City Hall, 200 East Wells Street, regarding:**

1. Review and approval of minutes of the January 19, 2005 meeting
2. Dispatch Fee
3. Roles of Providers/Milwaukee Fire Department in Future BLS Service Plan
4. Service Contracts
5. Monitoring Process
6. Next Meeting Date/Adjournment

Respectfully,



RONALD D. LEONHARDT  
City Clerk

TJM

**MINUTES OF THE  
BASIC LIFE SUPPORT TRANSPORTS  
POLICY REVIEW TASK FORCE**

February 17, 2005

MEETING COMMENCED: 1:02 P.M.

PRESENT: Alderman Robert Donovan, Chair, Rhonda Kelsey (Mayor's Office), Bevan Baker (Health Dept), Jennifer Meyer (Budget & Management Division), Mr. Ken Sternis appeared on behalf of Dr. Ronald Pirrallo (Milw. County Emergency Medical Services Medical Director), Chief William Wentlandt (Fire Dept.), Mr. Jim Lombardo appeared on behalf of Rick A. Zehetner (Bell Ambulance), James G. Baker, Jr. (Curtis Universal Ambulance), Linda Wiedmann (Meda-Care Ambulance), Robert Rauch (Paratech Ambulance Service), Brian Reynolds appeared on behalf of Gregory L. Gracz (Milw. Fire Fighters Assoc., Local 215), Thomas Nardelli and Daniel Lipski

EXCUSED: Rick A. Zehetner (Bell Ambulance), Gregory L. Gracz (Milw. Fire Fighters Assoc., Local 215), Dr. Ronald Pirrallo (Milw. County Emergency Medical Services Medical Director) and Bruce Schrimpf (Assist. City Attorney)

ALSO PRESENT: Emma Stamps (Common Council/City Clerk's Office - Fiscal), Sandra Rotar (Fire Dept), Gloria Murawsky (Fire Dept.), Battalion Chief Pepie Du De Voire (Fire Dept.), Deputy Chief Andy Smerz (Fire Dept.)

**1. Review and approval of minutes of the January 19, 2005 meeting**

A motion was made by Mr. B. Baker for approval of the minutes. There were no objections.

**2. Dispatch Fee**

Chairman Donovan moved to hold discussion on dispatch fee until the next meeting and it will then be discussed along with the report from the Comptroller's Office. There were no objections.

**3. Roles of Providers/Milwaukee Fire Department in Future BLS Service Plan**

Chairman Donovan asked Fire Chief Wentlandt to start the discussion by giving his view on the role of the Fire Department and the future of BLS Service and afterwards they will open up for comments from task force members. Chief Wentlandt handed out an outline (Exhibit 1) and noted that it lists four general areas of discussion when looking at the roles of the providers in the system and further commented that they will also discuss components that could possibly be identified in a contractual agreement. Chief



Wentlandt started by explaining (Item 1 from outline) **Service Levels**. Mr. Nardelli commented on the backup system that is currently in place. Chief Wentlandt reiterated what was stated at the first task force meeting regarding the Fire Department not taking turn back calls any longer, as of the first of the year and that the BLS providers will be backup too each other. Mr. Nardelli then asked what calls would the Fire Department handle. Chief Wentlandt replied that the Fire Dept. would handle specific calls, such as prisoners in custody and injured police officers and fire fighters.

Mr. J. Baker asked the Chief to explain the 100% compliance on dispatch calls. Chief Wentlandt replied that the expectation from the system would be that the provider has a responsible to be able to manage their resources to insure 100% compliance of dispatch of calls in their area. Mr. J. Baker commented on different circumstances that may cause the system to get overloaded, which would then cause less than 100% call response. Mr. Lombardo commented that his company has handled all calls coming in and feels that it is possible for the other providers to handle 100% of their calls. Mr. J. Baker replied that his company has received turn back calls in November and December 2004 from other providers including Mr. Lombardo's Company and this 100% compliance would create a financial disincentive. Chief Wentlandt replied that one of the challenges that they have in the current system is that some of the calls may go directly to the ambulance companies.

Mr. Reynolds commented that some of the complaints received by the union is that they would like a better cooperative effort on the calls that the Fire Dept. response too and that they would like to have a better working relationship so that the private and public entities understand the needs of each other. He then commented on ALS calls and noted that private providers have ALS personal on their rigs and further explained a circumstance where ALS training could have been helpful. Mr. Nardelli advised that several years ago the ordinance was amended to allow the private companies to make a covenant if in fact there would be an undue delay for a paramedic rig to arrive on the scene and that the decision is made by Fire Department on the scene and that the private companies are not supposed to load and go in case it might be an ALS call. Ms. Wiedmann referred to the meetings that the four providers had with the Fire Dept. and felt they were very productive and noted that a lot of feedback has come out of them. She then asked Mr. Reynolds if he felt that those meetings were productive. Mr. Reynolds replied that he still sees that there is a need for additional training. Mr. Reynolds advised that there needs to be interaction training, so that each side knows what the other is doing, whereas right now the training is done separately.

Chairman Donovan commented on the discussion relative to the 99% - 100% response time. Mr. Nardelli noted that the response time was stated in the guidelines that Mr. Pirrello referred to at the last task force meeting. Mr. Rauch commented that the guidelines that Mr. Pirrello referred to was set back in 1999 and it stated that they were to try to achieve 99% response time. Mr. J. Baker replied that the number came out in 2002 in a performance standard sub-committee, which set a 97% standard and a 99% goal and that was after it was discussed for 1-2 years. Mr. Rauch commented that the 97% was discussed in 2002 but 99% was out there way ahead of that time. Chairman

Donovan asked Chief Wentlandt what his expectation is in regards to response time. Chief Wentlandt replied that his expectation is that 100% is needed and then discussed the level of service in relations to response time. Chairman Donovan commented that 100% should be the goal, and that 99% be set as the standard would be acceptable and advised that they could work that into a contract.

Chairman Donovan asked Chief Wentlandt to explain (Item 2 from outline) the **Unified Dispatch System**. Chief Wentlandt explained the Unified Dispatch System. Chairman Donovan noted that all calls should go through the Fire Department dispatch and whenever a call for help goes directly to the Ambulance Service Company, that company should be reporting those calls to the dispatch system. Mr. Nardelli questioned how would the Fire Department control self-reporting to ensure that it is being reported, such as how would it be monitored, especially when dealing with a contract and if failure to achieve a 99-100%, what would be the penalty for not complying. Chief Wentlandt replied that as far as compliance, the companies that continue in the system would have to agree to certain conditions, such as in how they operate.

Mr. Reynolds noted that there is a mechanism in place right now, that every report he writes is reviewed and if he is found to have violated the protocol or if a citizen makes a complaint he would then get called on the carpet for it. He further noted that what they strive for in the system is a constantly higher expectation in the quality of care and there is recognition in place that if they violate protocol or if something should have been done and it wasn't, that would be cause for additional training. Chief Wentlandt commented that they need a better method to manage all the information that comes through. Mr. Nardelli and Chief Wentlandt further discussed calls and how they will be reported.

Mr. Lipski commented on the system, as to why they send of a lot of big equipment verses one ambulance vehicle. Mr. Rauch explained how the system currently works when a call comes through dispatch and further commented that what the Chief was trying to say is that if any private call is received, other then a nursing home or hospital, that the Chief would like the Ambulance Service Companies to return the call to the system and the system would redistribute the call to other private providers and/or paramedic units. Chief Wentlandt replied that is something that needs to be discussed further as far as too how that would work. Chief Wentlandt further noted that one of the primary reasons for the medical community is that they have an oversight into what is going on medically in the community. Chief Wentlandt then noted that another topic that could be included in a contract would be not to become offensive when gathering private patient information, but to gather enough information for the contacts, such as the Fire Department and/or the private provider. Mr. B. Baker asked Chief Wentlandt if there is any example(s) of similar size cities where there is a uniform dispatch that looks at medical management. Chief Wentlandt replied yes, in San Diego. Chairman Donovan noted that it does make sense to have some type of Unified Dispatch System and how that is all going to work remains to be seen. Chairman Donovan asked if any one is opposed to what the Chief is suggesting and if yes, explain why and if not they will make that apart of the task force's recommendation. Mr. Lambardo replied that he might have misread what the Chief was saying apparently, because during their discussions in the

past his concern was the number of vehicles they have in their communication system that is available to the Fire Department. Chief Wentlandt replied that is another segment. Mr. Lambardo then commented that everybody in this room answers private calls and he would be opposed to having all those calls redirect to the Fire Department. He further commented that they have the right to advertise and deliver their product. Mr. Lombardo noted that the County has a Continuous Quality Improvement (CQI) in effect and all the hospitals and everyone in this room gets CQI's. Mr. J. Baker gave a brief explanation of their system. He then gave a variety of reasons why life-threatening emergency calls need to go through 911. He then commented on non-emergency and non-life threatening emergency calls that are going directly to the Transport providers. Mr. J. Baker then noted that the area that they need to concentrate on is life-threatening emergencies. Mr. Nardelli noted that since the 911 number was established, the number of life threatening calls have gone down considerably. Chief Wentlandt replied that the challenge right now is that they don't have a handle on how many calls are going privately. Chairman Donovan asked Mr. B. Baker what is his sense or feeling on the above. Mr. B. Baker replied that if they look at it as being proactive it make good sense and he would be in support, but where his concern is would be in how they would develop a matrixes to really understand and make sure the data that they are getting makes sense. Mr. J. Baker explained some of the information he has regarding San Diego's system. Chief Wentlandt commented that an important part of having a Unified Dispatch System is to have one central clearinghouse for all calls. Mr. Nardelli referred to one of the hospital review meetings that he attended and noted that a question was asked by Mr. Zehetner regarding the monitoring of calls and said something about giving the Fire Department a computer that the Fire Department could used to monitor his cab system. Mr. J. Baker explained that at that meeting, his understanding was that the reason for a vehicle locate system was to confirm that the private provide had arrived on the scene to take away the concern of self-reporting. Mr. Reynolds commented that one other area of concern is that some of the private ambulance companies dispatch their calls differently then the Fire Department. He then explained how a unit is assigned. Chairman Donovan commented that a Unified Dispatch System is something they do need to work towards, but doesn't think they will solve anything today. And there seems to be some opposition to this and serious concerns.

Chairman Donovan moved that they move the discussion on to items #3 & 4 of Chief Wentlandt's outline and noted that he would like to leave this meet today with some kind of comments and consensus and some general ideas as to what the members would like to see in a service contract. Chairman Donovan then referred to (item # 3 from outline) the **Continuous Quality Improvement (CQI)** and noted that this is something that should be going on if not already and commented that he is assuming that there is an in-service training for all personnel and that it is coordinated by Dr. Pirrallo. Mr. Ken Sternis replied that the ALS level is coordinated through Dr. Pirrallo, not BLS. Chairman Donovan asked who does the training for BLS. Mr. Nardelli replied that they talked about doing it themselves, but it hasn't gone anywhere. Chief Wentlandt explained the CQI and noted that there are a couple different layers that take place. The first layer of CQI is that some of the private companies take ownership on how they conduct their daily business. And the second layer would be the meeting's Ms. Wiedmann mentioned earlier that the

providers have with the Fire Department. Chief Wentlandt noted that those meetings are held periodical and allows them the opportunity to review events if a complaint does occur. He further commented that the challenge in the current system is that it does not have one central reporting method for every citizen in Milwaukee to enter, such as if a citizen has a concern or complaint they may deal with just that company and that issue may be resolved but never disclosed to the BLS system. Chief Wentlandt commented that they could do a better job by having a overall quality program, where they have one entry way for citizens to report too and that the companies that are involved are part of that process and resolution. Mr. Reynolds noted that it would improve the system if all were doing the same thing. Mr. Ken Sternis commented that the difficulty from the County's end with ALS and BLS complaints is that they handle only the complaints that involve ALS care and BLS complaints get referred to the private company that is involved and after that the County doesn't know what happen as far as how it is resolved. Chairman Donovan asked if there are any comments from the providers regarding CQI. Mr. J. Baker referred to a US Today article regarding the best EMS in the country and noted that they chose as it's guideline the ability for cardiac arrest patients who actually leave the hospital and that is how they measure their systems performance, by cardiac arrests. He further explained other related parts of the article. Mr. Lipski asked when a private company cannot send an ambulance does the private ambulance dispatcher notified the Fire Department that none is available. Mr. J. Baker explained the process that is used.

Chairman Donovan moved that they move the discussion to **Miscellaneous participation Provisions** (Item #4 from outline). Chief Wentlandt commented on participation provisions, which included discussion on the number of units available and noted that they have to create an expectation and a document that says that based on historical activity in the City of Milwaukee, this is a reasonable level of units that has to be available and noted that the current ordinance requires 8 ambulance vehicles be available and he feels that is much too loose. He then asked that each of the providers come back with a recommendation as to how many units they feel should be available in the system. He then discussed the continuation or the design for the future of the system as far as the breakdown in the service areas for each of the providers and noted that historically it has been done geographically and he encourages the Ambulance Companies to come back at the next meeting with ideas of possible different methods. Chief Wentlandt commented that further discussion on penalties for non-compliance will take place at the next meeting and that the Fire Department will provide an outline of things, they feel that are in critical need for a penalty. He further noted that the penalties would be with the expectation that there is a discipline and if not followed the out come may be that the provider would not be a part of the system any more and that it will be clearly define in the contract. And lastly they should have some form of audit that is done in the future. He then encouraged the companies to come forth at the next meeting and itemize what is reasonable. Mr. Nardelli asked Chief Wentlandt if he is looking for longer-term contract agreements. Chief Wentlandt replied that they would need to come up with a reasonable term and encouraged the providers to come and debate at the next meeting as to what would make sense. Mr. J. Baker asked if it would be possible to have the outline of the

proposed incremental penalties for non-performance prior to the next meeting. Chief Wentlandt replied yes.

#### **4. Service Contracts**

Service Contracts were discussed along with item #3.

#### **5. Monitoring Process**

Chairman Donovan moved that the Monitoring Process be discussed at the next meeting. There were no objections.

#### **6. Next Meeting Date/Adjournment**

March 23, 2005 at 1:00 P.M.

*Meeting Adjourned 2:07 P.M.*

*Terry J. MacDonald*

*Staff Assistant*

BLS Transports Policy Review Task Force  
*Ambulance Service Contract*

*GOAL: To improve overall patient care in the EMS system through the standardization of medical care, clearly defined roles and responsibilities and centralizing the dispatch and CQI analysis of medical emergencies.*

- 1) Service Levels
- 2) Unified Dispatch System
- 3) Continuous Quality Improvement (CQI)
- 4) Miscellaneous Participation Provisions

EXHIBIT

1

# APPENDIX D

**Office of the City Clerk  
City of Milwaukee  
BASIC LIFE SUPPORT TRANSPORTS  
POLICY REVIEW TASK FORCE**

Ald. Robert Puente, Chair  
Rhonda Kelsey, Bevan Baker, Jennifer Meyer, Bruce Schrimpf,  
Dr. Ronald Pirrallo, William Wentlandt, R. A. Zehetner,  
James G. Baker, Jr., Linda Wiedmann, Robert Rauch,  
Gregory L. Gracz, Thomas Nardelli and Daniel Lipski

August 2, 2005

You are hereby notified that the meeting of the **BASIC LIFE SUPPORT TRANSPORTS POLICY REVIEW TASK FORCE** has been scheduled for **Thursday, August 11, 2005, at 10:00 A.M., in Room 301-B, City Hall, 200 East Wells Street, regarding:**

1. Review and approval of minutes of the February 17, 2005 meeting
2. Presentation given by each of the four Ambulance Service Companies relative to their business organization.
3. Discussion on report by Legislative Reference Bureau on how other Cities around the country are handling Basic Life Support providers.
4. Next Meeting Date/Adjournment

Respectfully,



RONALD D. LEONHARDT  
City Clerk

TJM



**MINUTES OF THE  
BASIC LIFE SUPPORT TRANSPORTS  
POLICY REVIEW TASK FORCE**

August 11, 2005

MEETING COMMENCED: 10:00 A.M.

PRESENT: Alderman Robert Puente, Chair, Jennifer Meyer (Budget & Management Division), Dr. Ronald Pirrallo (Milw. County Emergency Medical Services Medical Director), Chief William Wentlandt (Fire Dept.), Rick A. Zehetner (Bell Ambulance), James G. Baker, Jr. (Curtis Universal Ambulance), Linda Wiedmann (Meda-Care Ambulance), Robert Rauch (Paratech Ambulance Service), Brian Reynolds appeared on behalf of Gregory L. Gracz (Milw. Fire Fighters Assoc., Local 215) and Thomas Nardelli

EXCUSED: Gregory L. Gracz (Milw. Fire Fighters Assoc., Local 215), and Bruce Schrimpf (Assist. City Attorney), Bevan Baker (Health Dept), Rhonda Kelsey (Mayor's Office) and Daniel Lipski

ALSO PRESENT: Emma Stamps (Common Council/City Clerk's Office - Fiscal), Sandra Rotar (Fire Dept), Gloria Murawsky (Fire Dept.), Battalion Chief Pepie Du De Voire (Fire Dept.), Deputy Chief Andy Smerz (Fire Dept.)

**1. Review and approval of minutes of the February 17, 2005 meeting**

Mr. Zehetner asked that a correction be made to the minutes and explained that on page 2, Mr. J. Baker replied to Mr. Zehetner comment, that his company has received turn back calls from other providers including Mr. Zehetner's company.

Mr. Zehetner advised that the statement is incorrect, because their records show that they had no turn back calls in 2005. Mr. J. Baker replied that he didn't have that information with him, but he was referring to November and December of 2004. Mr. J. Baker noted that he would supply that information at the next meeting.

Mr. Nardelli moved to amend the minutes by adding the date of November and December of 2004 to Mr. J. Baker's replied and moved to approve the minutes as amended. There were no objections.

**2. Presentation given by each of the four Ambulance Service Companies relative to their business organization.**

Mr. Zehetner with Bell Ambulance gave a brief presentation.

Mr. Rauch with Paratech Ambulance gave a PowerPoint presentation.

Mr. James Baker, CEO of Curtis Universal Ambulance gave a brief presentation. Chairman Puente asked if Mr. Baker could advise on the number of employees and the number of rigs Curtis Ambulance has. Chairman Puente also asked what is the percentage of back up calls. Mr. J. Baker replied by giving the percentage of calls for his company from January 2005 through July 2005. Chairman Puente asked what does Curtis Ambulance do to attract people to become part their team. Mr. J. Baker advised that they participate with the MATC Minority program where they bring people in, train them as EMT and then offer a mentoring program. Mr. Baker advised that they have 10 rigs that are used in Milwaukee. Chief Wentlandt asked Mr. Baker if he had a percentage for the level of training that his employees have. Mr. J. Baker replied that the majority of their employees are EMT's and then further explained the different levels employees that Curtis Ambulance employs.

Chief Wentlandt asked if a request could be made of the ambulance providers to provide the number of employees they have that serve in the City of Milwaukee, the breakdown of their employees and the demographics of their company.

Ms. Linda Wiedmann with Meda-Care Ambulance gave a brief presentation.

Chairman Puente asked if every ambulance company provides driving training. All ambulance providers replied yes. Chairman Puente asked the ambulance providers to provide the task force with how many hours that are committed to driver training and the maintenance of the vehicles.

**3. Discussion on report by Legislative Reference Bureau (LRB) on how other Cities around the country are handling Basic Life Support providers.**

Chairman Puente asked if everyone read the LRB report (Exhibit 1). Ms. Emma Stamps appeared to answer any questions. Chairman Puente referred to the statement in the report on how the private providers aren't getting along. Ms. Stamps replied that one of the problems USA Today had discovered through several nation studies is that there is friction between privates and Municipal EMS providers due to territory concerns, lack of revenue and information not being communicated.

Mr. J. Baker referred to the USA Today report and noted that Milwaukee ranked as one of the best. He then explained that he believes the private ambulance and Fire Dept. staff gets along great.

Mr. Reynolds commented that from the union's standpoint, the two causes of friction are money and patient care issues. Mr. Reynolds elaborated on why money would be the cause of friction. He then explained an incident relating to patient care. Chairman Puente asked Mr. Reynolds if patient care incidents, such

as the one Mr. Reynolds just described is documented. Mr. Reynolds advised that yes it is on Form 5 (Matter Of), which is written and given to their administration. Chairman Puente asked if Mr. Reynolds could submit a copy of that documentation to the Task Force members. Mr. Reynolds replied yes.

Mr. Zehetner commented that all ambulance services are local and that services are done differently across the nation in different cities.

Chairman Puente referred to the LRB report and read the last paragraph on the first page. He then referred to other parts of the report. Chairman Puente asked if the Clawsen System noted on page 4 is use in Milwaukee. Mr. J. Baker replied that Milwaukee doesn't use the Clawsen System per say, and explained the system Milwaukee uses. Chief Wentlandt commented on the report. Chief Wentlandt asked Mr. Pirrallo as a medical expert to make some comments on the LRB report. Ms. Stamps explain the background of the report. Mr. Pirrallo replied that yes they do have a priority system dispatch system in Milwaukee County that is adhere to by City of Milwaukee and that all the City of Milwaukee communicators are educated and trained on methods of identifying what the needs of the caller are, etc. He advised that he didn't know if those guidelines are followed by the private sector. He further advised that he agrees that this is a very difficult subject to investigate and that the reference materials are hard to compile. He then commented that the USA Today report has had some criticism, but it is the best information out in the nation and that their general conclusions are accurate. Mr. J. Baker noted that one of the thing brought out by USA Today is that the single most important factor is a strong medical control and that the Medical Director should have control of the system.

Chairman Puente asked if the Fire Dept. does ride along's. Chief Wentlandt replied that yes they do periodically and that they are reviewed upon request and on a case-by-case bases. Chairman Puente asked if the Fire Dept. does ride along's with the private sector. Chief Wentlandt replied no. Chairman Puente referred to the article on the 2<sup>nd</sup> to last page, 9 paragraph of the LRB report and asked if the City has something like that. Mr. Pirrallo replied that the City of Milwaukee participates in the Milwaukee County information system and they are using the same patient information records, procedures, etc. document and that document is scan into the Milwaukee County database and reports are generated on a quarterly bases. Mr. Reynolds explained the procedures they use and how feedback is accomplished. Chief Wendlandt referred to the USA Today report and explained the history of the City of Milwaukee's system. Chairman Puente noted that the reason they are referring to the LRB report was to point out some of the downfalls that this report brought out and hopefully everyone recognizes that and can work together. Mr. Zehetner expanded on the ideal of the friction between the providers and speaking for Bell Ambulance he advised that they enjoy a wonderful relationship with the firefighters, etc. He further noted that he felt their has been no friction between them up until the last 6-12 months due to speculations going around that Bell Ambulance and the other providers as a whole

are desirous of take over the Paramedics system from the City. He advised that Bell Ambulance is not interested in taking over or putting firefighter out of jobs, but would like to be a part of the system.

Chairman Puente asked if there were any other questions on the report.

Mr. Pirrallo noted that they have a disconnect with the private sector on integrating reports. He further noted that ambulance providers have a database systems that is very powerful, but they have been unable to link them together in a way to generate a truly meaningful description of the systems response time for each component. He hopes this will be one of the outcomes of this task force.

Mr. J. Baker explained the procedure the ambulance provides use to report patient information.

Mr. Nardelli advised that a couple of the issues that brought them to this task force, in addition, to what has been talked about today, is an effort to try and find a revenue stream and that is where dispatch fees came up. He then noted that in the 2004 budget, it indicated that the Fire Dept. was to initiate a contract in 2005. He asked if the contract is part of the 2006 budget recommendation. Chief Wentlandt replied that no it isn't. Chief Wentlandt advised that the position of the Fire Dept. is to get to a point of having a contract establish to maintain a relationship with the private ambulance companies. He further noted that Mr. Baker stated there are 50,000 calls a year that they don't have much transparency on and that again is a motivation from the Fire Departments prospective to establish a contract relationship. Mr. Nardelli asked if there is any discussion in the proposed 2006 budget that asked for a dispatch fee. Ms. Meyer replied that there is a reference to it in the 2006 budget, but it likely will not be part of the 2006 budget, they are waiting for this task force to make possible recommendations on a dispatch fee. She further noted that discussion on dispatch fees would be important.

Mr. Rauch noted that he want to make part of the record that the private companies are not trying to hide their records, they are open to expose their records. Ms. Meyer advised that as part of the contract they would need to see the whole BLS system, not just the calls that they are able to track and monitor at this point. Chief Wentlandt explained what they are looking for in relation to tracking and monitoring of calls. He asked that the companies come back to the next meeting prepared to debate what 911 system means, what that entry requirement is and which calls are consider private and which should be in the 911 system.

Mr. Zehetner advised that the private ambulance companies are required to report information on the numbers of dispatch calls from the Fire Department, response times, etc. and noted that as Mr. Baker said earlier they have been reporting that information all along and the Fire Department hasn't been using it. Chief Wentlandt noted that yes they have been submitting that data, but it is crude data. Chairman Puente asked Chief Wentlandt to explain crude data. Chief Wentlandt explained that crude data is not fully transparent to define what is going on in the system. Chairman Puente advised that the Fire Department needs to determine

the value of the information they are getting and how they can improve on that. Chief Wentlandt noted that one topic area that they all found of value is the turn back data. Mr. Zehetner advised that much of the data is self-reporting and from the Chief's point of view it isn't verifiable. He further noted that he believes that all the ambulance providers are eager to meeting with the Chief to come up with a plan, where the Chief can verified the data given to him. He further noted that the two numbers that he believes are verifiable are the unable to handle and the response time. Mr. Rauch asked if they are talking about calls that are enter though 911 or are they talking about private calls. Mr. Nardelli explained that the transparency calls are other calls other then 911 that could be view as a 911 call. Mr. Reynolds commented that with the self-reporting data, they don't get an accurate picture of the calls.

**4. Next Meeting Date/Adjournment**

September 14, 2005 at 1:30 P .M.

*Meeting Adjourned: 11:23 A.M.*

*Terry J. MacDonald*

*Staff Assistant*

**MEMORANDUM****CITY OF MILWAUKEE LEGISLATIVE REFERENCE BUREAU**

Date: February 10, 2005

To: Ald. Robert Donovan, Public Safety Committee Chair

From: Emma Stamps, Legislative Fiscal Analyst Lead

Subject: Basic Life Support (BLS) Research

In anticipation of the February 17, 2005 Basic Life Support Task Force meeting, I conducted literature reviews and surveyed cities of comparable size, age, location, and character to Milwaukee to determine how they manage and/or regulate BLS emergency medical services. In terms of communities' activities and hazards, the boundaries among services are often blurred, especially the boundaries between fire and emergency medical services.

**LITERATURE REVIEWS**

NFPA 1710, *Standard for the Organization and Deployment of Fire Suppression Operations, Emergency Medical Operations, and Special Operations to the Public by Career Fire Departments*, 2001 ed., defines basic life support as:

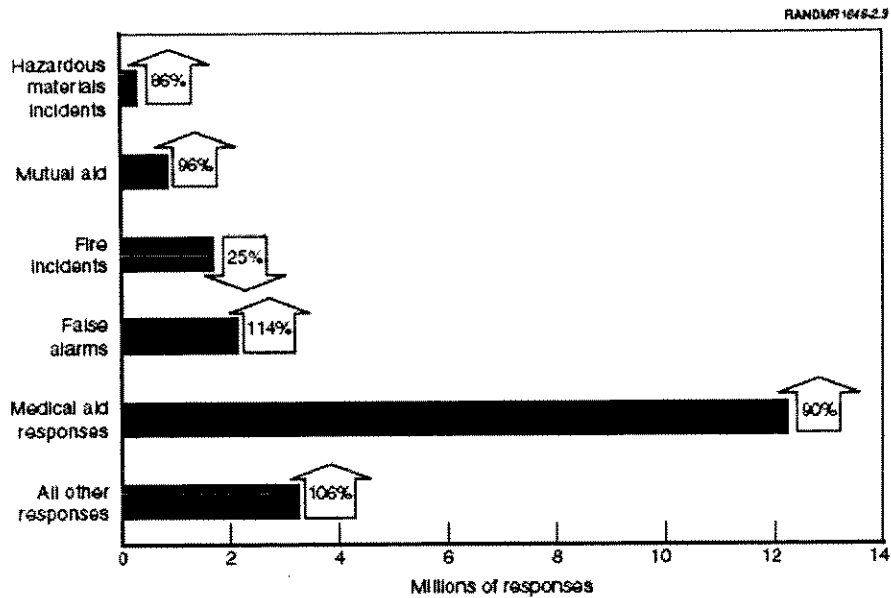
Functional provision of patient assessment, including basic airway management, oxygen therapy, stabilization of spinal, musculo-skeletal, soft-tissue, and shock injuries, stabilization of bleeding, and stabilization and intervention for sudden illness, poisoning and heat/cold injuries, childbirth, CPR, and automatic external defibrillator (AED) capability.

BLS is generally performed at the EMT level, versus the paramedic level (ALS level). It is common for firefighters to be cross-trained as emergency medical responders leading to an overlapping of services in municipal fire departments.

According to the RAND Corporation, a non-profit research organization, "because of the multiplicity of emergency medical services delivery systems, emergency medical responders are difficult to count. (p. 12)" These overlaps lead to some ambiguity in compiling and interpreting statistics on the emergency responder communities. Hence, no concise, conclusive, published research was found about the challenges and rewards to municipalities relinquishing all BLS systems to private ambulance providers. The EMS system statistics that were made available are reported herein.

The Milwaukee Fire Department's BLS capability consists of 37 engine companies, 16 ladder companies and 2 fire squads and its ALS capability consists of 10 paramedic modular (MED) units.

RAND reports, in 2000, fire services responded to more than 20 million emergency calls. Of those, about 60% were calls for emergency medical services and less than 10% were fire incidents. Between 1986 and 2000, the number of medical responses increased by 90% (NFPA, 2002a).



SOURCE: National Fire Protection Association (2002a).

Figure 2.3—Number of Fire Department Responses in 2000 and Percent Increase in Responses from 1986 to 2000

Researchers report that the vast majority of EMS transport in the United States is performed by fire departments. A NFPA study, *The U.S. Fire Service*, (see attached) reports that in 2003, only 7% of fire department calls were to fires compared to 61% calls for medical aid. During 2001-2003, 42% of fire departments provided basic EMS services and 45% did not provided any EMS.

Few articles are available on financial costs and benefits of operating municipal BLS systems, mainly due to limitations of EMS reporting systems and "turf battles" between firefighters and ambulance crews. A recent series by USA TODAY on emergency services, *Six minutes to live or die: Many lives are lost across USA because emergency services fail*, concluded that cities face three major challenges.

- Culture undermines many cities' emergency services, resulting in delays caused by infighting and turf wars between fire departments and ambulance services.
- Most cities do not measure their performance effectively, if at all.
- Many cities lack the strong leadership needed to improve emergency medical services.

The paper reported that of these problems, turf wars between paramedics and firefighters are the most challenging. Changing roles of rescuers created the problem, whereby most cities have turned their firefighting teams into rescue squads as medical emergencies have become more common than fires. Today's average fire department answers twice as many calls for medical emergencies as for fires. The City of Milwaukee Fire Department is adding its 11<sup>th</sup> MED unit (ALS) in June 2005.

Protocol for emergency response varies among the reporting cities.

Because BLS systems are complex, research findings are limited. With the first response component, in any given community, you could have: no first response, basic life support (BLS) trained police officers, advanced life support (ALS) trained police officers, BLS engine companies, ALS engine companies, "quick" or "fly" cars with BLS or ALS trained providers, medics on motorcycles, medics on bicycles. Others include school nurses or security guards equipped with an AED (automated external defibrillators) at facilities such as community centers who show up after athletes collapse during sporting events.

According to *Firehouse.com*, Atlanta and Indianapolis fire departments do first response and a hospital system owns the EMS transport agency. In cities, like Kansas City, Tulsa, Reno, and Oklahoma City firefighters do BLS or ALS first response, but transport is handled by a public utility model (a quasi-government authority with overall responsibility for EMS transport that owns all the equipment including ambulances, does the billing, etc., but contracts the human resource component of the system to a private company.)

### **LRB Survey to Cities Comparable to Milwaukee**

Due to the low response from the survey, 4 of 20 respondents, comparisons to Milwaukee are not useful and do not provide meaningful evaluation of or comparison to Milwaukee's current BLS system. A list of cities responding to the survey is on Table 1. The respondents include: (1) St. Paul, MN, (2) St. Louis, MO, (3) Pittsburgh, PA, and (4) Columbus, OH. However, the responses received may be useful in providing descriptions of how other cities provide BLS service.



Two cities reported that private ambulance companies respond to emergency medical calls. Those cities are St. Paul and St. Louis. Private ambulances do not have a role in emergency medical response systems in Columbus and Pittsburgh.

Three cities' fire departments respond to both BLS and ALS emergency calls. Those cities are St. Paul, St. Louis, and Columbus. In 1975, Pittsburgh removed emergency medical responsibilities from the fire department by transferring ALS services to a newly created Department of Emergency Medical Services. In 1998, the Ambulance Division became a two-tier system when BLS ambulances were put into service and EMTs hired. St. Paul does not differentiate between ALS and BLS per se; the communication center dispatches all calls as ALS. Two private ambulance companies provide primary BLS response. A  $\leq 4$  minute response time is required for medic unit to arrive on scene. If the arrival will be  $>4$  minutes, the 911 operators will dispatch a first responder (engine, ladder or squad). St. Paul uses "the Clawson System" to determine ALS and BLS runs. Under the Clawson system, a type of medical control, dispatchers ask key questions, provide pre-arrival instructions, and dispatch priorities for a full range of medical emergencies over the telephone to relay to responding teams.

In St. Paul, a SPFD medical director and staff develop its EMS guidelines, based on current industry literature and trends. SPFD lists authorized BLS response vehicle types as ambulances and firefighting major apparatus. Currently, SPFD does not have any BLS units; hence, no applicable survey response was given to questions to identify BLS challenges and budgets.

Two cities, Columbus and St. Louis operate all ALS systems, equipping engine companies as engine/medic units. In Columbus, EMS guidelines are established through the Division of Fire Standard Operating Procedures: this includes dispatch treatment and transport guidelines. For a BLS emergency, this would be an ambulance staffed by 2 paramedics or engine companies staffed by 1 paramedic and at least 3 EMT-Basics. CFD has 32 ambulances and 34 engine companies that may respond to BLS emergencies. Private ambulances do not have a role in the Columbus emergency medical response system. St. Louis' protocol follows the International Academy of Emergency Medical Dispatchers guidelines, utilizing fire department and private ambulance companies' resources. The city distinguishes ALS versus BLS by requiring that ALS responses utilize a paramedic, a heart monitor, and cardiac drugs. Current minimum daily staffing requirement on ALS units is 11 staff per 24-hour shift period.

The survey responses identify the following challenges associated with SLFD's current BLS service management practices:

- Vehicle maintenance/replacement costs

- Training
- Budget Constraints: personnel costs and Uncollectible accounts receivables

Pittsburgh has one ambulance unit dedicated for BLS response but equips major firefighting apparatus and ambulances with AEDs (automated external defibrillators) for first responder BLS response calls. Due to a blending of fire and EMS companies, Pittsburgh, St. Paul, and Columbus did not respond to survey questions about BLS challenges.

Please contact me at your earliest convenience if you have questions regarding this survey.

LRB 05009-2  
Attachments

CONTACTS FOR CITIES SURVEYED  
ON PROVISIONAL BASIC LIFE SUPPORT SERVICES

1. Cleveland, OH
2. St. Louis, MO\*\*
3. Cincinnati, OH
4. Boston, MA
5. Pittsburgh, PA\*\*
6. Baltimore, MD
7. Minneapolis, MN
8. Columbus, OH\*\*
9. Chicago, IL
10. Indianapolis, IN
11. Buffalo, NY
12. Detroit, MI
13. St. Paul, MN\*\*
14. Toledo, OH
15. Philadelphia, PA
16. Rochester, NY
17. Kansas City, KS
18. Akron, OH
19. Des Moines, IA
20. Grand Rapids, MI

\*\*Responded to survey

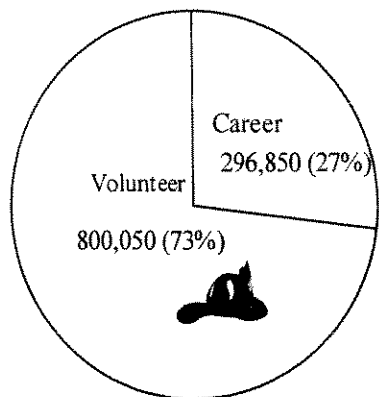
# The U.S. Fire Service



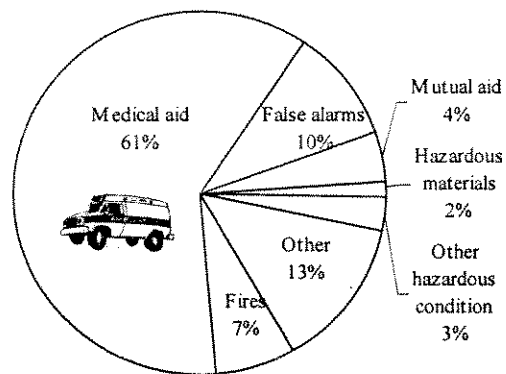
More than a million firefighters from 30,500 municipal or local fire departments protected the U.S. in 2003. Almost three-quarters of these men and women are volunteers.

The fire service does much more than fight fires. In 2003, only 7% of fire department calls were to fires.

## Career and Volunteer Firefighters in 2003



## Fire Department Calls in 2003



## Changes in Fire Service Responsibilities

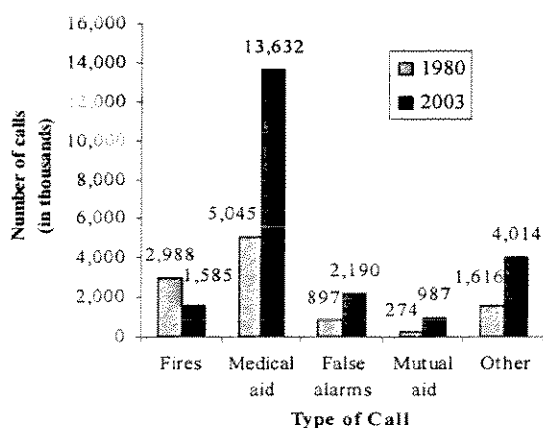
Fire Department Calls in 2003:

- Mutual aid calls have doubled;
- Medical aid responses and false alarms more than doubled;
- Mutual aid calls have more than tripled; and dropped 47%.

During 2001-2003,

- 13% of U.S. fire departments provided EMS service and advanced life support;
- 42% provided basic EMS; and
- 45% didn't provide any EMS at all.

## Fire Department Calls in 1980 and 2003



## Firefighter Fatalities in 2003

- 105 firefighters were fatally injured in 2003.
- Heart attacks caused 47 of the 105 fatalities.
- 33 firefighters died in vehicle crashes and 6 died after being struck by vehicles.

## Firefighter Injuries in 2003

- 78,750 firefighters were injured in 2003.
- Strain, sprain and muscular pain was the leading type of injury.
- 850 firefighters were injured in collisions involving fire department emergency vehicles.
- About half of the 78,750 non-fatal firefighter injuries occurred on the fireground.

Sources: *U.S. Fire Department Profile Through 2003*, by Michael J. Karter, Jr., *Fire Loss in the United States During 2003*, by Michael J. Karter, Jr., *Firefighter Fatalities in the United States - 2003*, by Paul R. LeBlanc and Rita F. Fahy, and *U.S. Firefighter Injuries - 2003*, by Michael J. Karter, Jr. and Joseph L. Molis.



Fire Analysis and Research Division, 1 Batterymarch Park, Quincy, MA 02169, www.nfpa.org  
One-Stop Data Shop - 617.984.7450 - osds@nfpa.org

CONTACTS FOR CITIES SURVEYED  
ON PROVISIONAL BASIC LIFE SUPPORT SERVICES

1. Cleveland, OH
2. St. Louis, MO\*\*
3. Cincinnati, OH
4. Boston, MA
5. Pittsburgh, PA\*\*
6. Baltimore, MD
7. Minneapolis, MN
8. Columbus, OH\*\*
9. Chicago, IL
10. Indianapolis, IN
11. Buffalo, NY
12. Detroit, MI
13. St. Paul, MN\*\*
14. Toledo, OH
15. Philadelphia, PA
16. Rochester, NY
17. Kansas City, KS
18. Akron, OH
19. Des Moines, IA
20. Grand Rapids, MI

\*\*Responded to survey

## Six minutes to live or die

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### Many lives are lost across USA because emergency services fail

By Robert Davis, USA TODAY



By Jack Gruber, USA TODAY

Seattle paramedic Linda Lorentzen works to save a man whose heart had stopped. In Seattle, paramedics and firefighters work as a team, raising chances of survival

WASHINGTON — Help came too late for Julia Rusinek. The 21-year-old Yale sociology student, an accomplished runner, collapsed on a busy street corner in the nation's capital on a summer evening in 1999 after working out at a nearby gym.

Rusinek had more than a fighting chance to live: She was healthy except for a hidden condition that caused a sudden electrical short circuit in her heart. Her heart needed a zap — within six minutes — from a common medical device known as a defibrillator. Bystanders saw her fall, rushed to help and immediately called 911.

But Rusinek's life ticked away on the corner where she fell. Twelve minutes passed before an ambulance crew connected a defibrillator to her chest. Like thousands of others every year in cities across the country, Rusinek lost any chance she had to survive because of an emergency medical system that consistently fails to save as many lives as it should. (**Related video: Odds of surviving cardiac arrest depend on where you are**)

In post-9/11 America, where war and fears of terrorist attacks have brought the need for effective emergency response into sharp focus, a USA TODAY investigation finds that emergency medical systems in most of the nation's 50 largest cities are fragmented, inconsistent and slow.

People die needlessly because some cities fail to make basic, often inexpensive changes in the way they deploy ambulances, paramedics and fire trucks. In other cities, where the changes have been made, people in virtually identical circumstances are saved. Those sharp differences surfaced in the 18-month investigation, which included a survey of city medical directors, analyses of dispatch and response data; interviews with fire and ambulance crews and on-site visits and ride-alongs with "first responders."

Rusinek's case illustrates the failures of the system: She died of sudden cardiac arrest, a condition that serves as one of the truest measures of an emergency medical system's effectiveness. Whether victims live or die depends primarily on how fast they get treatment. For years, the conventional wisdom was that help must come within 10 minutes. But new findings from the Mayo Clinic show that lives actually are saved or lost within six minutes.

The USA TODAY survey and data analysis show that, of the 250,000 Americans who die outside of hospitals from cardiac arrest each year, between 58,000 and 76,000 suffer from a treatable short circuit in

the heart and therefore are highly "saveable." Yet nationwide, emergency medical systems save only a small fraction of saveable victims, and rates vary widely from city to city.

The analysis shows:

- The chance of surviving a dire medical emergency in the USA is a matter of geography. If you collapse from cardiac arrest in Seattle, a 911 call likely will bring instant advice and fast-moving firefighters and paramedics. Collapse in Washington, D.C., and — as one EMS official suggests — someone better call a cab for you. Seattle saves 45% of saveable victims like Rusinek; Washington, D.C., has no idea how many victims like Rusinek it saves. The city estimates it saves 4% of cardiac arrests, but inconsistent record-keeping makes it impossible for Washington to account accurately for its most saveable victims.
- In the nation's 50 largest cities, about 9,000 people collapse each year from cardiac arrest caused by a short circuit in the heart. Only an estimated 6% to 10%, or as few as 540, are rescued. If every major city increased its save rate to 20%, as a number of cities have done, a total of 1,800 lives could be saved every year.

Like Rusinek, those who could have been saved are often young and vibrant: corporate executives who die at work, students who drop dead in school gymnasiums, commuters who never come home from their jobs.

At the same time, Rusinek's case was unusual. At least three people witnessed her collapse and the emergency response. Her family sought answers from rescuers, and details of her death were reported in the media. Most victims are hidden from public view by sealed medical records and a health care system that routinely tells families their loved ones "died instantly" and "we did everything we could."

What is not said — and what families often do not know to ask — is precisely how, and how quickly, emergency services responded to the call for help.

Over the next three days, USA TODAY will delve into three major reasons that emergency services in most U.S. cities are saving so few people in life-or-death situations:

- Many cities' emergency services are undermined by their culture. Infighting and turf wars between fire departments and ambulance services cause deadly delays.
- Most cities don't measure their performance effectively, if at all. They don't know how many lives they're losing, so they can't determine ways to increase survival rates.
- Many cities lack the strong leadership needed to improve emergency medical services. Leadership — by the mayor, the city council and community health officials — can make a dramatic difference. Boston, for example, more than doubled its survival rate over 10 years under the direction of a strong mayor who demanded change and enlisted city officials, businesses and many residents in the drive to save lives.

### **Tackling turf wars**



By Jack Gruber, USA TODAY

Seattle firefighters and paramedics rescue a cardiac victim. Firefighter, arriving first, used a defibrillator to restart the man's heart.

Of these three problems, turf wars between paramedics and firefighters — the focus of today's articles — arguably are the most challenging.

The conflict has developed over time as rescuers' roles have changed. Call for an ambulance today in a big city, and the first rescuers to arrive are often firefighters. Most cities have turned their firefighting teams into rescue squads as medical emergencies have become more common than fires.

"The logic is obvious," says J. David Badgett, an assistant chief with the Los Angeles Fire Department. "Geographically, fire stations are close. There are a lot of us in the fire department. We're an emergency service agency."

Every major city has more fire engines than ambulances, and while both a fire engine and an ambulance are dispatched to the scenes of most serious medical calls, fire engines often are closer and able to get there first.

Today's average fire department answers twice as many calls for medical emergencies as for fires. The job of dealing with the sick has slowly nudged aside the task of dousing flames.

The shift has been met with resistance in many fire departments, USA TODAY found. Many firefighters said they were unhappy because they signed on to fight fires, not to tend to sick people. Beyond that, fighting fires is sharply different from delivering emergency care.

"The typical firefighter is a very linear person," Badgett says. "They see a problem, they defeat the problem, they leave a winner. On a fire you do that. Emergency medicine isn't like that."

It takes time and experience for firefighters to feel comfortable using some medical equipment without paramedics backing them up. So even though firefighters usually are trained to use defibrillators — the portable devices that shock a dying heart back to life — some admitted in interviews that they were hesitant at first to do it in a real crisis by themselves.

Jeremy Gruber, a Montgomery County (Md.) Fire Rescue captain, paramedic and Washington D.C.-area defibrillator trainer, says delivering advanced medical care is often most difficult for the veteran firefighters. "We have people who have been on the job for 30 years, and they are used to doing it one way and they have never really evolved with the technology and the changes," he says.

Fire departments that want to deliver medical care, he says, should "hire people who are already medically trained so you know they have an interest in that. You're not going to be able to force-feed somebody who doesn't want to be there."

### **Failure in Washington, D.C.**

The changing roles have caused resentment in many big-city fire houses, and resentment can affect performance. Washington, D.C., exemplifies the problem.

First aid is part of a Washington firefighter's job. A fire engine responds with an ambulance on serious medical calls. But the crews don't always work well together.





By Tim Dillon, USA TODAY  
 Washington, D.C., paramedic Carlton Pinkney tends to an infant who was choking. Despite efforts to improve, Washington has one of the lowest save rates among big-city emergency medical services.

Over 18 months, a reporter visited Washington crews on the front lines dozens of times, sometimes scheduled, sometimes unannounced. During those visits, emergency workers were more likely to be at each other's throats than watching each other's backs.

Ambulance crews made it clear they view firefighters as lazy; firefighters view ambulance crews as undisciplined. Every day in Washington, firefighters and the paramedics who back their ambulances into the same fire stations are likely to be quarreling over everything from where they park and what they eat to whose job it is to care for the sick and injured.

In 2001, using stopwatches, city officials found that Washington firefighters don't respond as quickly to medical calls as they should. Their finding prompted the city to buy global positioning equipment so officials could track the movement of rescue vehicles.

USA TODAY reviewed more than 85,000 emergency calls to examine those delays more closely. The analysis of turnout time — the time it takes for firefighters to run to their rig and roll out the door toward an emergency — shows that Washington firefighters' median response time was faster to a dumpster fire than to a report of a cardiac arrest.

### Fewer paramedics better?

Some cities opt to use fewer paramedics than others, reasoning that their crews get more experience and keep their skills sharper. Paramedic ratios per 100,000 population in the three cities that save the most lives and the three that save the least:

**Lowest paramedic ratios**  
 (Survival rate in parentheses)

Boston  
 9.5 per 100,000 (40%)

Seattle  
 13.5 (45%)

Milwaukee  
 17.9 (27%)

**Highest paramedic ratio**

San Antonio  
 33.2 (9%)

Nashville  
 33.3 (5%)

Omaha  
 44.6 (3%)

1 — Among those cities that measure V-fib survival with the Utstein method.

Source: USA TODAY survey of emergency medical services in the nation's 50 largest cities

Graphic: Karl Gelles, USA TODAY

The fire crew responding to a report of a structure fire got rolling in 82 seconds, despite having to don protective boots, pants, coats and breathing apparatus. In response to a report of a cardiac arrest, which requires no special preparation, the crew took 124 seconds to reach the rig.

Kenny Lyons, who heads Washington's paramedic union, tells his loved ones not to waste time dialing 911 if they face a dire medical emergency. "If they can find someone to drive them to a hospital, drive them. If they can somehow catch a cab, go," he says. The poor performance of the system, he says, "is haunting to the providers, and it should be chilling to the community."

Washington's culture problems are not unusual. Most cities refused to answer USA TODAY's question comparing response times on fires and emergency medical calls, but a few cities, including San Francisco, Mesa, Ariz., and Wichita, said their firefighters also are slower to respond to medical emergencies than to fires.

Medical directors, doctors hired by the cities to supervise emergency medical care, are often aware of these delays, but many told USA TODAY in the survey and interviews that they are viewed as outsiders by firefighters. The directors can make suggestions to improve care, but the fire chiefs have the final say about how money will be spent and how resources will be deployed.

In Los Angeles, fire department commanders and a powerful firefighters union view fire suppression as the main focus of the department, with medical services "a very distant second," says medical director Marc Eckstein.

He says many obstacles, including a "lack of attention to emergency medical systems issues, overwhelming priority in terms of training, and budget for fire-suppression activities instead," stand in the way of better performance. Still, he

says, "our department is much further along in merging the two cultures than most."

In St. Louis, tension between fire suppression and emergency medical crews results in fights over funds and misunderstandings about the other side's jobs and concerns, says medical director Mark Levine. Within this embattled system, efforts to monitor performance have been "poor but improving," he says.

Of the 28 medical directors who answered USA TODAY's question about what forces in their systems affect performance and patient outcomes, 16 cited fire department culture or unions as key

Fernando Daniels, Washington, D.C.'s medical director, was one of them. "The traditional thinking was bad: 'All we want to do is put fires out,'" says Daniels, who is in his third year in the job. He has begun an ambitious plan that includes mass CPR training, getting defibrillators into more buildings and measuring the system's performance accurately.

But like the would-be reformers before him, Daniels has struggled to see his fixes take hold in a culture resistant to change. "To make the system work, you've got to get those barriers down," he says.

The firefighters union says the barriers go up in cities when fire and ambulance services are merged poorly. Firefighters now provide the vast majority of "pre-hospital" emergency medical service in the country, says Harold Schaitberger, president of the International Association of Fire Fighters. "And they do it with professionalism, commitment and esprit de corps that is unrivaled by any other public safety sector."

Where ambulance services and fire departments are merged "on a systematic basis with strong leadership, ample training and education, and effective response protocols," the result is very successful, Schaitberger says. "What creates confusion are those cities, like Washington, D.C., that have EMS (ambulance service) under the fire department umbrella, but in actuality EMS is still a separate service with a separate command structure, separate training regimens, separate pay and benefit programs, and more transient employees.

"In these cases, firefighters often feel no affinity with EMS. They wince when EMS is criticized by the public and the media because it reflects on the fire department, yet they have no control and little participation on the EMS side of operations."

Washington fire chief Adrian Thompson, who was named to the post by the mayor last November, says he is taking steps to address this problem. Over the next month, he says, the fire department will undergo a major change of structure. All ambulance crew members will have to apply to be firefighters to keep their jobs, a move aimed at establishing a uniform standard for all employees of the fire department. And in the future, he promises there will be a paramedic firefighter on all 33 of the city's fire engines.

"People don't realize that with firefighters and EMS workers, one group seems to thumb their nose at the other group," Thompson says. "We hope that this will bring some unity to the department."

Lyons, head of the paramedics union, has his doubts. Quality emergency care, he says, requires "full-time dedicated paramedics and emergency medical technicians that are committed — not forced — to provide patient care."

"While many will argue that dual-role cross-trained personnel will provide a bigger bang for your buck, what it will provide is more firefighters and few paramedics," he says. "This attitude has forced many paramedics out of the profession and discouraged many others from pursuing EMS as a career."

## Deadly delay



By Jym Wilson, USA TODAY

Jonathan Agronsky, a bystander who saw Julia Rusinek collapse on a Washington city street, rushed to nearby fire house to get help. He was told that a truck from another station was on the way.

From his 16th Street apartment window in Washington, D.C., Jonathan Agronsky says, he saw Julia Rusinek on the ground on the evening of July 15, 1999. He rushed to the firehouse less than a block from where she fell.

The firefighters there said a fire engine from another station farther away had been dispatched and was on the way. The ambulance crew was going off duty.

"I was so mad I couldn't see straight," Agronsky recalls now. "I could have throttled those guys."

He and a fire official agree that only after another man ran into the station saying the woman down on the street corner was turning blue did Truck 9 roll. Lt. John Desautels, the officer in charge on Truck 9 that day, says he and his crew were following protocol designed to send smaller fire engines, not the long ladder trucks, to medical emergencies. "The initial call was a woman down," Desautels says. "We get 100 of those a day," and most are not life-threatening cases.

When it became clear the situation was more critical, he says, they drove to the woman's side. But they did not use their defibrillator, Desautels says, because his men reported that the woman had a pulse. Instead, they called for Ambulance 1, still in the station.

Then the firefighters watched — along with anxious bystanders — as the ambulance rolled down the fire station driveway, then turned in the opposite direction and drove away, Desautels says. The crowd yelled at the Truck 9 firefighters, who called the dispatcher to tell the ambulance to turn around.

Desautels says Rusinek's heartbeat disappeared just as the ambulance arrived and that the firefighters performed CPR, but they still did not use their defibrillator. By the time the ambulance reached Rusinek, she had been down for 12 minutes. The ambulance crew shocked her repeatedly, but she was declared dead at a hospital a mile from where she fell.

Rusinek's mother, Roza, visited the fire station after her daughter died to try to learn what happened. "Many people there were totally unconcerned," she says. But, she says, "one fireman there dared to look us in the eye, and he was crying."

That fireman was Desautels, who has been honored three times for heroics at the scene of fires, including for daring, lifesaving rescues. "I had to explain how sorry I was," he says.

But the mother, who immigrated from Poland, is still critical of the ambulance crew that initially refused to attend to her daughter because the shift was ending. "I can't imagine how good an evening that person had to make up for our tragedy," she says.



Family photo

Julia Rusinek, 21, a Yale student who competed as a runner, was visiting D.C. in 1999 when her heart short-circuited.

Rusinek's father, Henry Rusinek, a New York University Medical School radiology professor, says he wonders whether anything can be done to improve Washington's emergency medical response.

Agronsky, an author who went on to write about the woman's death in Washington's alternative City Paper, is still angry. "I could have put her on my back and walked her to the hospital, and she would have had a better chance of surviving," he says.

Rusinek's death should have been a wake-up call for Washington's emergency medical system. It was an opportunity to study the flaws in the system and make improvements. It's rare when a victim collapses so close to help, goes so long without having a defibrillator applied and still is a candidate for a shock more than 10 minutes after collapse. It is even more rare when such an episode becomes public knowledge.

But her death didn't change things much. The city's average response time for fire engines going to medical emergencies was slower in 2001, the year studied by USA TODAY, than in 1999. Ambulance response times improved only slightly in that interval.

And problems remain. Last December, for example, a paramedic was dispatched to a report of a cardiac arrest at 6:01 p.m., but his shift ended at 6, so he drove back to his firehouse to go off duty, according to news reports. Firefighters performed CPR on the victim for 25 minutes until the new paramedic crew climbed into the rig and drove to the scene from the firehouse about five miles away.

Unlike Rusinek, the victim had chronic health problems and was not a candidate for defibrillation. He wasn't in the category of the most saveable, so his death was not shocking. But the response — which made local headlines — was.

### Success in Seattle

In 2001, Seattle saved 45% of victims like Rusinek — those who are seen going down and who suffer from a treatable short circuit in the heart. And unlike Washington, D.C., Seattle is able to provide a detailed accounting of its victims.

One of the biggest factors contributing to Seattle's success is its culture. There, the medicine delivered in the streets comes from firefighters and fire department paramedics who have very different jobs but work on the same team. Each has a well-defined role to play in the patient's care, with firefighters reaching victims first and performing basic care until paramedics arrive to administer advanced cardiac life support.

Paramedics grade the firefighters' care on critical trauma calls. They fill out a "blue sheet" that details what the less-trained emergency medical technicians on the fire department team have accomplished by the time the paramedics arrive.

That accountability pushes first responders to deliver rapid treatment and have the patient ready for transport. It gives critical feedback on how they performed and what they can do better next time. It helps the paramedics spot the firefighters with a knack for emergency medicine as they look for new recruits. And the paramedics are scrutinized on every run by their medical director, Michael Copass. Copass reads every

run report, and the paramedics know they will be called to task for any error. They say they feel him looking over their shoulders as they make care decisions.

Seattle has led the nation's big cities in emergency medicine research and provided the model that medical directors have followed in other cities, including Washington.

Washington, D.C., Mayor Anthony Williams says his administration is rebuilding city agencies that long have been in disrepair, including the fire department. "We're improving," he says. "We're just starting from way, way behind in so many areas. We're moving our way up, and I think you're going to see that improve."

His medical director hopes that changes come quickly.

"These disparities shouldn't exist," says Daniels, who vows that Washington one day will have an emergency medical system as good as Seattle's. "Folks need more scrutiny. We are here to save lives."

*Contributing:* Rati Bishnoi, Tracey Wong Briggs, Jacqueline Chong, Anthony DeBarros, Neal Engledow, Mary Grote, Erin Kirk, Jim Norman, Paul Overberg, Emma Schwartz, In-Sung Yoo

Source: retrieved 1/18/05 at 1:44 PM <http://www.usatoday.com/news/nation/ems-day1-cover.htm>

# APPENDIX E

*AMENDED 9/9/05*  
**Office of the City Clerk**  
**City of Milwaukee**  
**BASIC LIFE SUPPORT TRANSPORTS**  
**POLICY REVIEW TASK FORCE**

Ald. Robert Puente, Chair  
Rhonda Kelsey, Bevan Baker, Jennifer Meyer, Bruce Schrimpf,  
Dr. Ronald Pirrallo, William Wentlandt, R. A. Zehetner,  
James G. Baker, Jr., Linda Wiedmann, Robert Rauch,  
Gregory L. Gracz, Thomas Nardelli and Daniel Lipski

September 8, 2005

You are hereby notified that the meeting of the **BASIC LIFE SUPPORT TRANSPORTS POLICY REVIEW TASK FORCE** has been scheduled for **Wednesday, September 14, 2005, at 1:30 P.M., in Room 301-A, City Hall, 200 East Wells Street, regarding:**

1. Review and approval of minutes of the August 11, 2005 meeting
2. Report from the ambulance provider relative to their business organization
3. Report on service fees (aka dispatch fees) given by the Comptroller
4. Discussion on service contracts
5. Discussion on recommendations
6. Next meeting date/Adjournment

Respectfully,



RONALD D. LEONHARDT  
City Clerk

TJM

PLEASE NOTE:

Upon reasonable notice, efforts will be made to accommodate the needs of persons with disabilities through sign language interpreters or other auxiliary aids. For additional information or to request this service, contact the Council Services

**MINUTES OF THE  
BASIC LIFE SUPPORT TRANSPORTS  
POLICY REVIEW TASK FORCE**

**September 14, 2005**

MEETING COMMENCED: 1:33 P.M.

PRESENT: Alderman Robert Puente, Chair, Jennifer Meyer (Budget & Management Division), Dr. Ronald Pirrallo (Milw. County Emergency Medical Services Medical Director), Chief William Wentlandt (Fire Dept.), Rhonda Kelsey (Mayor's Office), Bevan Baker (Health Dept), Rick A. Zehetner (Bell Ambulance), James G. Baker, Jr. (Curtis Universal Ambulance), Linda Wiedmann (Meda-Care Ambulance), Robert Rauch (Paratech Ambulance Service), Brian Reynolds appeared on behalf of Gregory L. Gracz (Milw. Fire Fighters Assoc., Local 215)

EXCUSED: Gregory L. Gracz (Milw. Fire Fighters Assoc., Local 215) and Bruce Schrimpf (Assist. City Attorney) and Daniel Lipski

ALSO PRESENT: Emma Stamps (Common Council/City Clerk's Office - Fiscal), Sandra Rotar (Fire Dept), Gloria Murawsky (Fire Dept.), Battalion Chief Pepie Du De Voire (Fire Dept.), Deputy Chief Andy Smerz (Fire Dept.)

**1. Review and approval of minutes of the August 11, 2005 meeting**

Mr. J. Baker noted that at the last meeting he was asked to bring his records on the turn backs calls that he was referring to in the February 17, 2005 meeting minutes. Mr. J. Baker advised that his records show the turn backs calls were in November 2004 and January 2005. Mr. Zehetner replied that he would look into the incidents reported by Mr. J. Baker.

Mr. Reynolds submitted a copy of the incident report (Form 5 (Matter of)) that he discussed at the last meeting and that Chairman Puente requested that all task force members receive a copy.

Mr. J. Baker moved approval of the minutes, seconded by Mr. Rauch. No objections.

**2. Report from the ambulance provider relative to their business organization**

Chairman Puente asked the providers to present the data that was requested at the Aug. 11<sup>th</sup> meeting (Number of employees, the breakdown of the types of employees, the demographics and the number of vehicles each company uses in the City of Milwaukee).

Mr. J. Baker submitted a report on his company and briefly explained the breakdown of his employees. He noted that the vehicle data was given at the last meeting (Exhibit 1).



Ms. Wiedmann submitted a letter prior to meeting to Chairman Puente that included the requested information. She briefly explained the breakdown of her company's employees and the number of vehicles (Exhibit 2).

Chairman Puente noted that Mr. Rauch and Mr. Zehetner supplied their information at the last meeting. Mr. Rauch submitted the requested data in writing for the record (Exhibit 3).

### **3. Report on service fees (aka dispatch fees) given by the Comptroller**

Mr. Craig Kammholz, Director of Financial Services in the Comptrollers Office appeared and explained the Comptrollers letter (Exhibit 4) on the feasibility of a dispatch fee for 911 calls. He advised that the primary findings is that if a service fee was put into place, the company's wouldn't be able to charge an additional revenue to cover that fee and they would have to absorb the cost of the fee.

Chairman Puente noted that the analysis is based on a \$26.34 fee. He asked if they looked at a higher or lower amount. Mr. Kammholz replied that \$26.34 is the only amount they used. Mr. Kammholz advised that they took the total amount of expenditures and divided it by the total runs, which calculated an average. He further noted that they were also able to break it down between private and 911 runs and that gave a little more detail on the revenue side and advised that the Ambulance providers are not making money on 911 calls.

Ms. Meyer asked Mr. Kammholz to explain how the calculation was done in the analysis. Mr. Kammholz replied that the service fees would only be charged on 911 dispatched calls and explained further what was included in the calculation. He then noted that they used the information that was available and what information they were able to obtain. He also noted that the Ambulance providers were very cooperative and gave the information that was requested and the Comptroller's Office did pledge confidentiality. Mr. Zehetner explained that the costs per-call is the same, whether it is private or 911. Ms. Sandy Rotar advised that given the information that the Comptrollers had to work they did the best they could do, however when looking at operationally on how the private companies operate there 911 sector of their business and the way this analysis was done, it artificially inflates the cost of 911 call or transport. She further explained that the ambulance providers had advised her in the past on how they operate their business.

Dr. Pirrallo asked were the expenses examined relative to the other services that go into those expenses, such as life support care, etc. Mr. Kammholz replied that no, he then explained that the only thing they were charged to analysis was the service fee and that they didn't get into analyzing the expenditures. Mr. Pirrallo noted that some expense that does incur wouldn't affect the 911 business and that isn't part of the City's business. Mr. Kammholz noted that they used the total expenditures in the calculation. Mr. Rauch commented on the private provider's revenue sources and noted that there is greater revenue in a private call. Mr. Rauch also advised that he disagrees with Ms. Rotar comment that he had advised her on how they operate their business. Mr. Zehetner replied to Ms. Rotar's comments and advised that they don't break out the private calls. He then explained the different between 911 and private calls. He also advised that he never advised Ms. Rotar on how they operate their business.

Chief Wentlandt responded to the Mr. Zehetner comments and noted that for the record their estimates for the EMS responses by private company, whether the Fire Dept. is already on the scene, when the call are already enter into the 911 system or when the company is dispatched directly, the total cost for the Fire Department in 2002-2004 was estimated at \$1.2 million. That is the cost that the City of Milwaukee incurs. Mr. Kammholz noted that the expenditure side of the equation wasn't looked at because that wasn't what was asked for. He then noted that the report states that the companies wouldn't be able to be passed on the fees to the patient. Chairman Puente asked what if the fee was lower. Mr. Kammholz replied that it could be looked at.

Ms. Meyer noted that they should have further discussion on private companies using 911 dispatch calls, which is tax funded. Mr. J. Baker noted that every year collection rates drop.

Mr. Pirrallo advised that to facilitate transparencies whether it is in the operation and/or financial is to have it stated in a service agreement. Mr. Rauch explained that they did open their books to the comptrollers Office and are willing to do so again. Mr. Kammholz advised that the Comptroller was satisfied with the provider's response to the review of their books. Ms. Kelsey asked if there is a way to get a break down of the expenditures for 911 services. Ms. J. Baker explained the possible cost per 911 call and noted that Milwaukee has unique costs for the company then they have in other Cities. Mr. Pirrallo suggested that as long-term solution could be for them to consolidate by having one dispatch center for all of the providers and have it handled by the City. Mr. Zehetner and Mr. Rauch explained that they are competitors. Mr. Pirrallo explained further how he thought a consolidation could work, for example each of the providers would have some one dispatching at one location working side by side. Mr. Zehetner replied that the competitor could obtain the other providers clients.

Mr. J. Baker suggested that they could add the cost of the fee, by tacking it on the ambulance bill and when they collected it they would pass it onto the City.

#### **4. Discussion on service contracts**

Chief Wentlandt handed out a summary of the some of the component that they envision in a service contract. (Exhibit 5). He then gave an overview on the following areas: Oversight of EMS System, Service levels, Unified Dispatch System, Continuous Quality Improvement and miscellaneous Contract/Participation Provisions such as term of the contract, city ordinance changes, reimbursement of dispatch fees and penalties for non-compliance and a Performance Deficiency Schedule.

Mr. Pirrallo asked would the above agreement be open to other ambulance providers. Chief Wentlandt advised that he would like the City Attorney's Office present to answer any questions.

Chairman Puente advised that the committee will discuss the recommendations submitted by Chief Wentlandt at the next meeting. He advised that the committee needs time to review exhibit 5.

## **5. Discussion on recommendations**

Mr. Zehetner read his written statement (Exhibit 6) into the record. The statement documented several meetings that Bell Ambulance had in the years 2003 and 2004 with Fire Chief Wentlandt and the Ambulance Service Board. The statement also listed Mr. Zehetner's concerns and other issues relative to the EMS system that were discussed at those meetings. He also noted in the statement that Paratech and Bell Ambulance had presented a draft proposed ordinance amendments in May of 2004 to the Fire Chief and Assistant City Attorney and they haven't heard back from them. Mr. Zehetner then handed out his recommendations for the Milwaukee EMS System (Exhibit 7) and his recommendations for Amendments to Ambulance Certification Ordinance to permit assignment of service areas based on demonstrated capabilities and to enable a MOU between Milwaukee EMS System and Certified Providers (Exhibit 8).

Chairman Puente advised that the committee will discuss the recommendations submitted by Mr. Zehetner at the next meeting. He advised that the committee needs time to review exhibit 7 and 8.

## **6. Next meeting date/Adjournment**

Chairman Puente advised the committee members that they will be contacted to setup the next meeting date.

*Meeting Adjourned: 3:18 P.M.*

*Terry J. MacDonald*

*Staff Assistant*



**AMBULANCE SERVICE**

September 12<sup>th</sup>, 2005

POST OFFICE BOX 2007  
MILWAUKEE, WISCONSIN 53201-2007  
CORPORATE (414) 276-7711  
OPERATIONS (414) 933-7600  
BILLING (414) 276-9890  
FAX (414) 276-FAX-1

Alderman Robert Puente  
City of Milwaukee  
200 East Wells Street  
Milwaukee, Wisconsin 53202

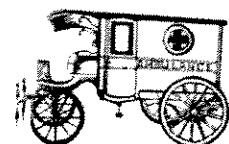
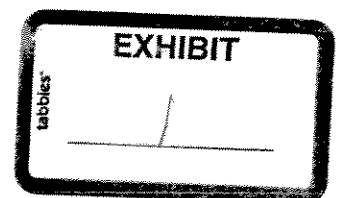
Dear Alderman:

At the last meeting of the Basic Life Support Task Force, you requested additional information from each of the ambulance providers.

We have prepared a short report on our company for your perusal. If you have any additional questions after your review of the material, please do not hesitate to give me a call at the corporate office at 276-7711.

Sincerely;

James G. Baker Jr.  
C.E.O.

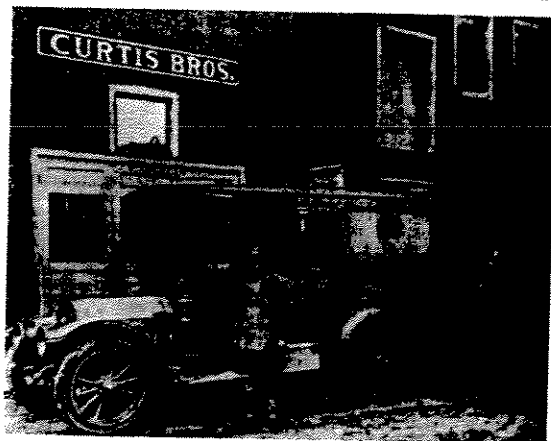


SPECIALISTS IN LONG DISTANCE AND HIGH RISK TRANSFERS  
THE PIONEERS OF MEDICAL TRANSPORTATION IN WISCONSIN

SINCE 1858

## BUSINESS QUALIFICATIONS

Curtis-Universal Ambulance, Inc. is the oldest private ambulance service in the United States and has been in the ambulance industry since 1858. The ambulance service at that time was operated by the Curtis family utilizing horse drawn ambulances and served Wisconsin's oldest hospital, St. Johns Infirmary, now St. Mary's hospital.



The service remained with the Curtis family through three generations until 1950, at which time the Baker family purchased it. The Bakers have now owned and operated the service for the past 55 years and currently has the second generation of family members at the company.

The company has continued to grow and has maintained its position as a leader in the private ambulance industry. The list of "**Firsts**" by Curtis is long and impressive. A partial list would include:

- The first ambulance in the State of Wisconsin.
- The first Advanced Life Support ambulance in the State of Wisconsin.
- The first helicopter ambulance in the Midwest.
- The first neonatal M.I.C.U. in Wisconsin.
- The first private ambulance service in the State of Wisconsin to utilize computers.
- The first private ambulance service in the State of Wisconsin to have all personnel registered and licensed Emergency Medical Technicians.
- The first private ambulance to utilize System Status Management in the State of Wisconsin.
- The first private ambulance service in the United States to be awarded a bid to provide paramedic services on an active military base.
- The first private ambulance service to provide a staffed 24-hour Registered Nurse A.C.L.S. transport ambulance for inter-hospital transfers in Wisconsin.
- The first private ambulance service in Wisconsin to have a Management Training Program.
- The first ambulance service in Wisconsin to have operations in other states.
- Charter ambulance provider for the City of Milwaukee 9-1-1 zone C in the

## Emergency Medical Response System.

- Revolutionized private ambulance service transport in Milwaukee in 1993 with the Advanced Concept Units. These special ambulances were working technology demonstrators and reflected what the ambulance of the future would be. The State of Wisconsin adopted the majority of the items found on these units, and revised the State standards to require all other ambulances in the State to meet this standard in 1998, 5 years later.

Curtis-Universal is currently one of the largest private ambulance services in Wisconsin. Curtis-Universal Ambulance currently has operations in Milwaukee, Madison, Janesville, and Edgerton, Wisconsin.

### **MILWAUKEE**

Curtis presently participates in the City of Milwaukee Emergency Medical Response System. Our response times have consistently averaged less than 5 minutes. The current volume for the E.M.S. system is approximately 900 requests monthly and in the past has been as high as 1300 requests monthly. This volume represents approximately 65% of Curtis Ambulance's Milwaukee call volume.



Curtis-Universal provides ambulance transportation services for the Bradley Center. This will include all Admirals games. This will also include the Barnum and Baily Circus, concerts, and other events.

Curtis-Universal provides standby ambulance service to the Third Ward Block Summer Sizzle Jazz Festival.. Curtis-Universal Ambulance also provided standby service to special events such as Wonago Rodeo, South Shore Water Frolics, MS Best Dam Bike Tour, as well as many others. Curtis-Universal provides standby ambulance services at local events like Slinger Speedway and The Rave (concert venue). Many standbys are provided free of charge to charitable organizations.

Curtis Ambulance is the selected ambulance provider for the Pettit Ice Center.

Curtis Ambulance is the selected ambulance provider for the V.A. Hospital in Milwaukee.

Curtis Ambulance in the summer of 1989 began standby service at the Milwaukee County Zoo. Current staff is 2 E.M.T.'s with a standard ambulance and 1 E.M.T. with a custom designed electric cart ambulance. This provides E.M.S. coverage for the over 2 million people each year who go to the Zoo.

## **EDGERTON**

Curtis Ambulance started operations in Edgerton, Wisconsin in November 1998. Curtis provides 9-1-1 services to the Edgerton Fire District. Curtis was awarded the contract after demonstrating the cost savings of private public partnership, resulting in a cost savings to the community. The Edgerton, Wisconsin operation is an EMT-Basic advance skills service. Curtis Ambulance replaced AMR when the cost savings was found to be well over \$300,000.00 annually. The current call volume is 500 annually.

## **JEFFERSON**

Curtis Ambulance has recently completed a three-year contract with the City of Jefferson and the townships of Aztalan, Oakland, Jefferson, Hebron and Sullivan to provide EMT-I level ambulance. Curtis Ambulance was the primary 9-1-1 service. This locality's volume was 600 calls annually. Curtis Ambulance again replaced AMR in this locality when the cost savings was found to be well over \$300,000 annually. During the Three years of service Curtis Ambulance was able to do better than projected and as such never raised the subsidy rates to the City of Jefferson. In addition this was accomplished while upgrading the level of service.

## **MADISON**

Curtis Ambulance currently operates 6 ambulances in the Madison area.

Curtis Ambulance provides perinatal transport services for Meriter Hospitals.

We provide 24-hour critical care inter-hospital transport services utilizing Registered Nurses.

We provide the majority of long distance transport services for University Hospital.

Curtis Ambulance has provided standby ambulance service at special events such as Festivals of the Lakes, Home's Rodeo, Impact Speedway, and Camp Randall as well as many others. We have held the Camp Randall contract for many years.

Curtis in 1997 also revolutionized the concept of long distance transports with the creation of the "Long Ranger" ambulance. Long Ranger One is a specially designed and equipped vehicle, in addition to a smoother than normal ride, other amenities include: popular movies to watch, a wide variety of music to listen to, and hot or cold "in-flight" meals.

In early 2004 Curtis Ambulance was awarded the contract with UW Hospital in conjunction with Children's Hospital and Medflight for all ground transports. The vehicle used is "New Life One". New Life One is one of the most advanced ambulances in service in the State of Wisconsin. There are so many features, in part they are: 7,000 watt generator, 2,000 watt inverter, hydraulic lift, compressed air & oxygen capability which is double that of a comparable ambulance, TV with VCR and communications systems including facsimile. In addition robot arms underneath the vehicle can deploy automatic "chains". The vehicle is also special for the many redundant safety features found on board.

## **JANESVILLE**

Curtis Ambulance currently operates in the Janesville and Beloit area. This division primarily operates private calls for local hospitals and nursing homes. This service started in May of 2002, and replaced AMR, which left the area.

### **Memberships**

Curtis Ambulance is a member of the American Ambulance Association.

Curtis Ambulance is a member of the Midtown Neighborhood Association

Curtis Ambulance is a member of the Platypus Society of the Milwaukee County Zoo.

Curtis Ambulance is a member of the National Safety Council.

Curtis Ambulance is a member of the Historic Third Ward Association.

### **Participation**

Curtis Ambulance's C.E.O. serves on the Milwaukee County EMS Council.

Curtis Ambulance participates in the following:

- \* The City of Milwaukee Ambulance Review Board Meetings.
- \* The Milwaukee County EMS Council.
- \* The Milwaukee County EMS Council Operations sub-committee.
- \* The Milwaukee Medical Society Medical Director's Committee.
- \* The Milwaukee Medical Society EMS sub-committee.
- \* The Milwaukee Ambulance Provider monthly meeting
- \* The Milwaukee Ambulance Provider Quality Assurance monthly meeting.
- \* The Dane County EMS committee.
- \* The Rock County EMS Advisory Board

As well as many other public service committees!



## EQUAL EMPLOYMENT OPPORTUNITY

In order to provide equal employment and advancement opportunities to all individuals, employment decisions at Curtis Ambulance will be based on merit, qualifications, and abilities. Curtis Ambulance does not discriminate in employment opportunities or practices on the basis of race, color, religion, sex, national origin, age, disability, sexual orientation, membership in the national guard, state defense force or reserves, status as a special disable veteran or veteran of the Vietnam era, or any other characteristic protected by law.

Curtis Ambulance will make reasonable accommodations for qualified individuals with known disabilities unless doing so would result in an undue hardship. This policy governs all aspects of employment, including selection, job assignment, compensation, discipline, termination, and access to benefits and training.

In addition to a commitment to provide equal employment opportunities to all qualified individuals, Curtis Ambulance has established an affirmative action program to promote opportunities for individuals in certain protected classes throughout the organization.

Any employee with questions or concerns about any type of discrimination in the workplace are encouraged to bring these issues to the attention of their immediate supervisor or the Human Resources Director. Employees can raise concerns and make reports without fear of reprisal. Anyone found to be engaging in any type of unlawful discrimination will be subject to disciplinary action, up to and including termination of employment.

## CURTIS AMBULANCE LOCATIONS AND KEY PERSONNEL

### Corporate and Billing Office:

Street Address: 316 N. Milwaukee St., Suite 330  
Milwaukee, WI 53202

Mailing Address: P.O. Box 2007  
Milwaukee, WI 53201-2007

Corporate Phone: (414) 276-7711      Billing Phone: (414) 276-9890  
Toll Free: (888) 245-9670      Toll Free: (888) 245-8116  
Corporate Fax: (414) 276-FAX1 (3291)

### Key Personnel:

President & Chief Executive Officer (CEO):	James G. Baker, Jr.
Vice President of Administration:	Ramona Lenger
Accounts Receivable/IT Manager	Rosie Jankiewicz
Human Resources Director:	James Tousignant

### Station #1 (Firehouse): 2423 W. Lisbon Ave., Milwaukee, WI 53205

Phone: (414) 933-7600      Fax: (414) 937-6506  
Toll Free: (800) 236-7828

### Key Personnel:

Vice President of Operations:	Jeffrey Ropicky
Operations Manager:	Gregory Rosenthal
Communications Officer:	Ricky Pyter
Training Officer:	Angela Ropicky

### Station #2: 6502 W. Burnham, West Allis, WI 53214

Phone: (414) 321-7055  
Southside Crew Quarters

<b>Station #3:</b> 3234 W. Loomis Rd., Greenfield, WI 53221	3707 W. Loomis Rd. Greenfield, WI 53221
Southside Station ( Temporary )	Southside Station ( Permanent )

**Station #4:** Milwaukee County Zoological Gardens (Seasonal)  
10001 W. Blue Mound Rd., Wauwatosa, WI 53226

**Station #5:** 1638 Plainfield Drive  
Janesville, WI 53545  
Phone: (608) 752-3344      Fax: (608) 752-7602

**Station #6:** 6060 McKee Road, Suite A, Fitchburg, WI 53719-5116  
Phone: (608) 278-9620      Fax: (608) 278-9290

### Key Personnel:

Operations Mgr: Erik Severson

**Station #7:** 6 Burdick St., Edgerton, WI 53534  
Phone: (608) 884-8134

### Key Personnel:

Manager: Tanya Vandeventer

## **Curtis Ambulance Personnel Statistics**

### **Total Company**

Total number of Employees = 174

### **Milwaukee Operations**

Total number of Milwaukee Employees = 94

Total number of City of Milwaukee residents = 33

Total number of Milwaukee County residents = 58

Women = 35

Minorities = 15

EMTs = 69

Paramedics = 7

Pending EMTs = 2

Pending Paramedics = 2

*10 ambulances*

**City of Milwaukee  
Ambulance Numbers for  
Curtis Ambulance Service  
January thru July 2005  
Summary Sheet**

**January 2005:           Acceptance Percentage: 99.1%**

Total Primary Requests:     939	Total Back-up Requests:     3
Unable to handle primary:     9	Unable to handle back-up:   0
<b>Emergency Primary Responses:   827</b>	<b>Emergency Back-up Responses:   2</b>
<8 min 59 sec.           734/88%	<8 min 59 sec.               1/50%
<12 min 59 sec.           819/99%	<12 min 59 Sec.              1/100%
<b>Non-Emergency Primary Responses: 100</b>	<b>Non-Emergency Back-up Responses: 1</b>
<10 min 59 sec.           92/92%	<10 min 59 sec.              0/0%
<13 min 59 sec.           98/98%	<13 min 59 sec.              1/100%

**February 2005:       Acceptance Percentage: 99.4%**

Total Primary Requests:     861	Total Back-up Requests:     0
Unable to handle Primary:     6	Unable to handle back-up:   0
<b>Emergency Primary Responses:   769</b>	<b>Emergency Back-up Responses:   0</b>
<8 min 59 sec.           693/90.1%	<8 min 59 sec.               0
<12 min 59 sec.           763/99.2%	<12 min 59 sec.              0
<b>Non-Emergency Responses: 86</b>	<b>Non-Emergency Back-up Responses: 0</b>
<10 min. 59 sec.           83/96.5%	<10 min 59 sec.              0
<13 min. 59 sec.           86/100%	<13 min 59 sec.              0

**March 2005:           Acceptance Percentage: 99.6%**

Total Primary Requests:     868	Total Back-up Requests:     2
Unable to handle Primary:     3	Unable to handle back-up:   0
<b>Emergency Primary Responses:   736</b>	<b>Emergency Back-up Responses:   1</b>
<8 min 59 Sec.           677/91.9%	<8 min 59 sec.               0/0%
<12 min 59 sec.           733/99.5%	<12 min 59 sec.              1/100%
<b>Non-Emergency Responses:       129</b>	<b>Non-Emergency Back-up Responses: 1</b>
<10 min. 59 sec.           115/89.1%	<10 min. 59 sec.              1/100%
<12 min. 59 sec.           129/100%	<12 min. 59 sec.              0

**April 2005: Acceptance Percentage: 99.7%**

Total Primary Requests: 787  
Unable to handle Primary: 2

Total Back-up Requests: 2  
Unable to handle back-up: 0

**Emergency Primary Responses: 642**  
<8min 59 sec. 609/94.8%  
<12 min 59 sec. 642/100%

**Emergency Back-up Responses: 2**  
<8min 59 sec. 1/50%  
<12 min. 59 sec. 1/100%

**Non-Emergency Primary Responses: 141**  
<10 min. 59 sec. 128/90.7%  
<13 min 59 sec. 141/100%

**Non-Emergency Back-up Responses: 0**  
<10 min 59 sec. 0  
<13 min 59 sec. 0

**May 2005: Acceptance Percentage: 99.5%**

Total Primary Requests: 824  
Unable to handle Primary: 4

Total Back-up Requests: 1  
Unable to handle back-up: 0

**Emergency Primary Responses: 681**  
<8min 59 sec. 619/90.8%  
<12 min 59 sec. 675/99.1%

**Emergency Back-up Responses: 1**  
<8min 59 sec. 1/100%  
<12 min 59 sec. 0

**Non-Emergency Primary Responses: 138**  
<10 min 59 sec. 130/94.2%  
<13 min 59 sec. 137/99.2%

**Non-Emergency Back-up Responses: 0**  
<10 min. 59 sec. 0  
<13 min. 59 sec. 0

**June 2005: Acceptance Percentage: 99.6%**

Total Primary Requests: 865  
Unable to handle Primary: 3

Total Back-up Requests: 6  
Unable to handle back-up: 0

**Emergency Primary Responses: 753**  
<8 min. 59 sec. 715/94.9%  
<12 min. 59 sec. 747/99.2%

**Emergency Back-up Responses: 6**  
<8 min 59 sec. 5/83.3%  
<12 min 59 sec. 1/100%

**Non-Emergency Primary Responses: 109**  
<10 min 59 sec. 98/89.9%  
<13 min 59 sec. 108/99.08%

**Non-Emergency Back-up Responses: 0**  
<10 min 59 sec. 0  
<13 min 59 sec. 0

**July 2005:**

**Acceptance Percentage: 99.6%**

Total Primary Requests: 1014  
Unable to handle primary: 5

Total Back-up Requests: 1  
Unable to handle back-up: 0

**Emergency Primary Responses: 867**  
<8min 59 sec. 783/90.3%  
<12 min. 59 sec. 865/99.7%

**Emergency Back-up Responses: 0**  
<8min 59 sec. 0  
<12 min. 59 sec. 0

**Non-Emergency Primary Responses: 142**  
<10 min 59 sec. 134/94.3%  
<13 min. 59 sec. 142/100%

**Non-Emergency Back-up Responses: 1**  
<10 min 59 sec. 1/100%  
<13 min. 59 sec. 0

## **Additional Information**

**Driver Training** is done through the National Safety Council. All ambulance drivers have taken, and passed the Emergency Vehicle Operator II – Ambulance course. This course is enhanced through additional company class material and has a phased orientation program for behind the wheel training and evaluation.

**Dispatch.** Ambulance dispatch is done through our Regional Emergency Ambulance Dispatch Center, or R.E.A.D. Center. This Dispatch Center is equipped with a Computer Aided Dispatch, ( C.A.D.) and is online with the Milwaukee Fire Department for dispatch and EMS System status. We are also online with EM Systems, which shows the dispatcher the status of all the hospitals in Milwaukee County and whether they are diverting patients or are open.

- There are back-up battery systems and an emergency generator for coverage during power failures.
- All incoming telephones and radio lines are recorded and these records are kept for at least 90 days.
- There is an emergency tower on the building for county- wide coverage in the event of a tower failure at the main tower located at 55<sup>th</sup> and Center.
- There are two separate two-way radio systems for a safeguard in the event of a single system failure.
- All dispatchers are Emergency Medical Technicians.

**Heart monitors and defibrillators.** All primary heart monitors and defibrillators are bi-phasic and are pediatric compatible.

*Caring for Wisconsin since 1967*

1-800-327-5608

Yvonne Larsen  
President

Linda Wiedmann, E.M.T.  
General Manager

William C. Haselow, M.D.  
Medical Director (ALS)

David Connell, E.M.T.  
Director of Marketing

Joan Plant  
Manager - Billing Office

Christine Zoitowski, R.N.  
Nurse Coordinator

August 31, 2005

Alderman Robert Puente  
City of Milwaukee  
200 East Wells Street  
Milwaukee, WI 53202

At the last BLS Task Force meeting, you had asked for more specific information from each of the Ambulance Providers. In answer to that I offer the following information regarding Meda-Care Ambulance:

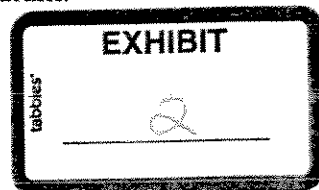
1. Incorporated in 1967
2. Sector Provider for 911 since 1985
3. 4 locations in the City of Milwaukee:
  - a. 49<sup>th</sup> and Forest Home
  - b. 535 S. 92<sup>nd</sup> St.
  - c. 925 E. Abert (Capitol and Humboldt)—rental
  - d. 2515 W. Vliet
4. 130 Employees
  - a. 30 City of Milwaukee Residents
  - b. 77 County of Milwaukee Residents
  - c. 43 Women
  - d. 5 Minorities
  - e. Breakdown of Designation

EMT Basics	82
EMT Paramedics	18
Billing Staff	6
Registered Nurses	14
Non-EMT Administration	5
Non-EMT Dispatchers	3
Non-EMT Mechanics	2

14/ [handwritten initials]

note...many EMT Basics have EMT IV or Intermediate License through their fire departments, however we do not track that due to not having that designation in Milwaukee County EMS. Also, several EMT Basics and Paramedics double in administration, dispatching, and maintenance.

Every EMT and Paramedic receives additional mandatory training each 6 months. All drivers go through a 3-phase course prior to driving red lights and siren. The driving course is actually being strengthened at this time following a newly developed National D.O.T. curriculum.



General Office: 2515 W. Vliet Street, Milwaukee, WI 53205 • 414-342-4444

Patient Accounts Office: 4935 W. Forest Home Avenue, Milwaukee, WI 53219 • 414-327-1029

www.meda-care.com

**MEDA CARE AMBULANCE**



5. For the year 2004, we had a cumulative 98.3 acceptance rate for 911 calls  
For the year 2005, so far, we have a 97.5% acceptance rate for 911 calls


note.....an in-house study of all 911 turnbacks resulted in the observation that anytime a call was turned back to MFD for back-up response that there were vehicles responding to at least 3 other 911 calls at the same time, with the maximum being 7 other calls at the same time. The ordinance currently requires only that 1 ambulance is already on a 911 call when one is turned back.

Meda-Care adheres to the rule of the one minute turnback, not waiting for crews to possibly clear prior to turning a call back. There could be less turnbacks if we did so.

As I stated at the meeting, Meda-Care Ambulance is proud to be a provider of EMS for the City of Milwaukee. We feel, and I believe this would be confirmed not only by the Administration of the Milwaukee Fire Department, but by Milwaukee County EMS and Dr. Pirallo, that we have been a cooperative and conscientious provider. We believe strongly that teamwork and honest communication, plus a commitment to excellence, is what is needed to have a successful EMS system.

If you have further questions, or need clarification of any of the above, please feel free to contact me at 414-342-6389 or [linda@meda-care.com](mailto:linda@meda-care.com).

Sincerely,

  
Linda Wiedmann EMT  
General Manager

## Paratech Ambulance Service

**As of 9/7/05, Paratech has:**

- 158 Total employees
- 121 Milwaukee Operation employees

**Milwaukee Operation Breakout:**

116 Licensed employees  
35 Support/Administrative employees  
5 Dispatch employees

**Milwaukee Operation Demographics:**

**Females (52) - 27 Licensed / 23 Support / 2 Dispatchers**

**African American/Hispanic/Pacific Islander (15) - 8 Licensed / 7 Support**



## PARATECH AMBULANCE SERVICE

Total Units - 23

Units assigned to Milwaukee -17

### MAINTENANCE PROGRAM

Paratech Ambulance Service has developed a maintenance computer program, which identifies, based on fleet repair history, when certain ongoing preventative maintenance tasks need to be performed. Recording vehicle mileage numbers into the program on a weekly basis sets the automatic trigger in place. When mileage is recorded it searches related, predetermined vehicle maintenance tasks and automatically lists the needed maintenance for that specific unit.

### Maintenance Responsibility

The following schedule needs to be completed as written to insure proper vehicle maintenance.

MONDAY- Run the weekly preventative maintenance schedule and make arrangements to schedule appropriate units.

Check work orders to determine which squads have current work orders to complete.

### PRIORITIZING SERVICE NEEDS

1. Safety related problems.
2. Any maintenance that takes a unit off of the road.
3. General scheduled maintenance.
4. Preventative maintenance. (A 100-point checklist is performed each 3,000 miles. Inspection approximately 1 ½ hours to complete.)

Take mileages and enter into weekly planner, fill out new weekly planners. Check if work orders from week before were actually done. If not, forward information on new week worksheet.

## **Paratech Ambulance Service Maintenance Program Page 2**

Then, monthly workbook, take worksheets, enter info by the individual vehicle such as, date, mileage, etc. Also, log all new work that needs to be completed

Process invoices; go through parts and supply inventory book.

A. Document any new items bought by using the part numbers and accounting codes and link it to a specific unit. This provides a ready reference for the next time a part needs to be ordered.

B. Send invoice information to the accounting department to be processed for accountability for parts. This is accomplished through account code listing and to which vehicle it was ordered for. This also is used to document how to allocate funds needed for the maintenance budget and repair history of each vehicle.

### **SETTING UP WEEKLY WORK PLANNER**

Current mileages will determine whether there is a need for service. A red dot will be placed next to the item of servicing needed, i.e. oil changes, fuel filter changes, tire rotations, etc.

### **MAINTENANCE PLANNER**

Go through the week with the mechanical staff to make them aware of what needs to be completed this week. This may vary based on unit availability, but will never be delayed more than one (1) week. Check the first and second shift schedules to establish the squad(s) availability. There may be a need to hold the squad back for the next day.

Transfer the work duties to the chalkboard in the shop for a visual. Work orders always need mileage and date to be correct.

Preventative maintenance priority will be given to manufacture recommended mileage schedules. Second priority will be given to the Paratech Ambulance Service defined schedules.

Fuel ledgers need to be recorded and updated monthly and placed back in the squads. It's VERY IMPORTANT that these reports get filled out accurately.

## Paratech Ambulance Service

Driver training at Paratech is an on-going process beginning before Orientation class and proceeding through the associate becoming a full-fledged driver and beyond.

**Pre-Orientation Class:** The candidates driving record is screened. The Human Resources Director and the Operations Manager make a decision based on the driving record and Paratech's insurance carriers guidelines. They may choose not to hire, to place as a non-driver, to place on a "watch" list meaning their record is scrutinized more frequently than other associates, or may hire with full driving privileges.

**Orientation Class:** (One week) 4 hours driving education, 2 hours EVO test. During Orientation Class the students take a video test entitles "CEVO II". The test is administered in class but graded by FLI Corporation. This test gives basic ambulance driving techniques, practices, statistics, and potential problem areas. There is a 50 question multiple-choice test in conjunction with the video. The students are also given lectures regarding street orientation and map reading and usage, route planning, backing procedures, and on Paratech's driving classifications. The classifications are

1. "NON" may not drive at any time.
2. "D" may drive non-emergent with no patient in the back.
3. "C" may drive non-emergent with a patient in the back.
4. "B" may drive at all times in good weather.
5. "A" may drive at any time.

### **4 Hours Closed Course Training:**

During Orientation Class the students that are not designated "NON" drivers are given the opportunity to drive and back up an ambulance in an empty parking lot. This also gives the other associates the opportunity to spot their classmates and practice directing a driver while backing.

### **Routine road experience:** (Open to field trainer discretion)

Once they have driven in the parking lot to the satisfaction of the Operations Supervisor they proceed to drive on the city streets with the Operations Supervisor in the passenger seat and the other students in the back of the ambulance. The students drive to different stations and facilities in the Milwaukee area. During the lectures on the procedure manual there are many references to good driving techniques and to techniques to avoid. There is discussion of siren use, intersection clearing, acceptable speeds, drive cameras, etc. (A full list of these items is available in the procedure manual). There is also an additional video regarding a fatal driving incident and the resultant punishment of the paramedic involved. This is a national news video. There are constant reminders of the "due regard" portion of driving.

**Paratech Ambulance Service  
Driving Training Page 2**

**Post-Orientation:** Field driving training three 24-hour shifts.

During field training the trainee may get a chance to drive with their trainer and partner but business may not always allow for that. Once training is completed and the associate is placed on 2-person status they are driving as a "D" driver and their partner is expected to bring any problems to management. The Operations Supervisor or Crew Chief will inquire regarding the new associates driving just as they inquire about other aspects of the job.

After the new associate has been employed for approximately 3 months (time will vary by associate) the associate will take a written test to advance to "C" status. This will allow them to drive with patients in the ambulance. The test includes questions regarding routes, facility locations, policy and procedure questions, and locating address by zone, page, and zip code. Approximately 3 months after becoming a "C" driver (time frame varies with the associate) the driver will take another written test. This is the first step in becoming a "B" driver. The test still questions locations but puts much more emphasis on policy and procedure because the new "B" driver will generally become the leader of his crew or "senior partner". Once the written test has been passed the associate is placed with a driver trainer. Generally 5-9 emergency calls are needed for the driver trainer to ascertain that the associate is performing acceptably. Once cleared by a driver trainer the associate is a "B" driver. The last category "A" driver is the hardest to train. It is necessary to have bad weather before the person can be observed driving in adverse conditions. As a rule we have allowed "B" drivers to drive in poor weather and after a winter has elapsed we elevate them to "A" status. There has not been a sufficient number of drivers to allow us to pull "" drivers on inclement days to be observed by trainers.

**On Going:** The major on going driver training is accomplished by observing the drive camera incidents and correcting any poor driving techniques observed or reinforcing any good driving techniques noticed. There is also unannounced driving observation by the Operations Supervisor as time allows. This allows the Supervisor to witness the drivers without them knowing they are being watched. If poor techniques are noticed the driver may be sent back to a driver trainer for corrective action or may lose driving status depending on the severity and frequency of the incidents.



Office of the Comptroller

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.

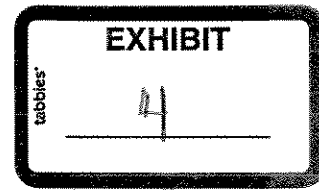
Four private ambulance companies, Bell Ambulance, Paratech Ambulance Service, Curtis Ambulance Service and Medacare Ambulance Service, respond to Basic Life Support (BLS) 911 calls dispatched by the Milwaukee Fire Department. Each ambulance company has been assigned a designated area of the City in which 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



W. Martin Morics, C.P.A.  
Comptroller

John M. Egan, C.P.A.  
Special Deputy Comptroller

Michael J. Daun  
Special Deputy Comptroller


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

Medicare Ambulance Service



## **BLS Transports Policy Review Task Force Ambulance Service Contract – MFD Vision**

***GOAL: To improve overall patient care in the EMS system through accountability and the standardization of medical care, clearly defined roles and responsibilities and centralizing the dispatch and CQI analysis of medical emergencies.***

### **1) Oversight of EMS System:**

- Establish Fire Chief as city official responsible for EMS policies, day-to-day/operational provision of EMS services in the City of Milwaukee, and the MFD as the primary provider of EMS services.
- Health Commissioner serves as advisor to Fire Chief/EMS system on issues that have a broader public health impact.
- Eliminate the Ambulance Service Board. Transition oversight authority on contract administration/approval, certifications and ambulance licensure to Public Safety Committee.

### **2) Service Levels:**

- Standardize level of patient care throughout system
  - Medical standards and care protocols are universal
  - Quality of care received should not vary by provider
- Clearly defined roles and responsibilities of EMS service providers as established and maintained by the Milwaukee Fire Department
  - BLS vs. ALS services
  - Role of private ambulance companies

### **3) Unified Dispatch System:**

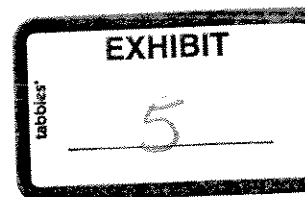
- All unscheduled medical emergency calls are received, triaged and dispatched by the MFD (AAA advocates a single point of entry for all requests for ambulance service).
- Private providers are fully integrated into MFD CAD system (SMTs & AVLs)

### **4) Continuous Quality Improvement (CQI):**

- Access to private ambulance patient care information
  - Mandatory participation in CQI system
  - Performance measure criteria (response time, turned back calls, incident preparedness, etc.) established and reported on set timelines
  - Billing reports received and audited by outside firm (for City 9-1-1 runs)

### **5) Miscellaneous Contract/Participation Provisions:**

- Term of contract – 1 year with ability to extend if City is satisfied with provider performance
- City Ordinance changes – succinct and reference service contract
- Reimbursement of dispatch costs – 9-1-1 Participation Fee
- Penalties for non compliance (see attachment for examples)



## PERFORMANCE DEFICIENCY SCHEDULE

Category	
1	Failure to meet the response time performance standards in any month
2	Failure to meet turn back performance standard in any month
3	Failure to meet response time performance standard for any 90 consecutive day period.
4	Failure to meet turn back performance standard for any 90 consecutive day period.
5	Failure to turn back unable to handle call in required time period
6	Emergency call with response time greater than maximum time allowed (exception during declared snow emergency)
7	Failure to report on scene
8	Unit not properly staffed upon arrival on scene
9	Unit without required equipment upon arrival on scene
10	Inappropriate use of designated 911 system ambulance
11	Not responding to request for service
12	Breakdown of ambulance due to improper maintenance while transporting a patient
13	Failure to operate according to City of Milwaukee BLS provider contract
14	False reporting of incident times to include: <ul style="list-style-type: none"> <li>• Alarm receipt</li> <li>• Alarm acknowledgement</li> <li>• Dispatch</li> <li>• Responding</li> <li>• On scene</li> <li>• At patient</li> <li>• Transport</li> <li>• At hospital</li> </ul>
15	Failure to provide required report(s) by the due date

During late 2003 and early 2004 Bell Ambulance had several meetings with Chief Wentland, to discuss problems with the Milwaukee EMS System. We talked about the fact that all providers participating in the system ought to be held to the same standards of performance, and that some of the providers had a record of long response times and high numbers of unable-to-handle calls. His concerns were as follows:

That service areas in the EMS System should not necessarily be of equal size, instead ought to be assigned to the private providers based upon their demonstrated capabilities, and that he thought a contract setting out performance standards and penalties should be written between the EMS System and the private providers

That the MFD could not and should not do BLS ambulance conveyances

That in the interest of providing good service to the citizens, he desired the private ambulance paramedic units to provide back-up service to the Milwaukee EMS System

That he thought it might be a good idea if the private ambulance services could pay a nominal dispatch fee to the MFD

Chief Wentland appeared at the annual recertification meeting of the Ambulance Service Board on Friday, November 21, 2003, and stated emphatically that the EMS System has the right to expect 100% performance from the private ambulance service providers in the EMS System. There was much discussion of concerns about unable-to-handle calls and response times. He stated that he believed that the capabilities of the participants were not the same, and that the service areas ought to be assigned based upon the demonstrated capabilities of the providers. It was agreed that Chief Wentland would provide the board with a plan to accomplish that by April 1, 2004. That plan was never presented.

The Chief asked for our help in implementing a service contract. We advised him that such a contract or Memorandum of Understanding could be required within Ordinance 75-15. We agreed to draft an ordinance amendment facilitating this.

Paratech and Bell presented a draft of proposed ordinance amendments to Chief Wentland and to Dep. City Attorney Linda Burke on Tuesday, May 4, 2004. We have heard nothing since. We have had basically no discussions with the MFD administration concerning EMS System reforms since that time. To our knowledge, the MFD administration did nothing about resolving the problems in the EMS System for the rest of 2004.

At the Ambulance Service Board meeting in November, 2004, Chief Wentland stated that he didn't think he was ready to resolve the problems in the EMS System, and asked that the five year plan only be renewed for one year with no

EXHIBIT

tabbles

6

changes, so that there would be time to correctly solve the problems with the system. We went along with the idea, as long as it was for the purpose of "getting it right," and not for the purpose of giving the MFD administration time to try to justify its taking over the BLS conveyance system.

To my knowledge, the MFD administration has done nothing since April of 2004 to solve the problems in the EMS System; rather it has spent much time and effort trying to substantiate various schemes to make money on BLS conveyances, by either taking over the system, or by "skimming" the most lucrative conveyances off the top, ostensibly leaving conveyances of uninsured and under-insured citizens for the private providers.

What do we do now? The main problem with the Milwaukee EMS System is inaction by the administration of the MFD. Attached is our plan for putting the EMS System back on a firm footing, and thereby once again providing excellent EMS services to the citizens of Milwaukee.

**PLAN FOR MILWAUKEE EMS SYSTEM  
SEPTEMBER 14, 2005**

1. Adopt proposed ordinance amendments
  - a. enable service areas to be assigned by the demonstrated capabilities of the private ambulance providers
  - b. enable contract or MOU to be negotiated between Milwaukee EMS System and private ambulance providers
2. Ambulance Service Board recertification of private ambulance providers for five year plan; determination of size and number of service areas; assignment of service areas
3. Confirmation by Public Safety Committee and Common Council
4. Negotiation and signing of contract or MOU, setting out performance standards (i.e. response times, unable-to-handle percentages) and penalties for non-compliance by private ambulance providers (i.e. reduction of service area, or de-certification).

**EXHIBIT**

tabbles®

7

**Proposed amendments to Ambulance  
Certification Ordinance to permit assignment of  
service areas based on demonstrated capabilities  
and to enable a MOU between Milwaukee EMS  
System and Certified Providers.**

**75-15. Ambulance Certification Regulations.**

**1. DEFINITIONS.** In this section:

a. ~~"Advanced life support-system" means any medical condition that in the opinion of a person or an observer and confirmed by an emergency medical technician, indicates that person's life to be in extreme jeopardy~~ treatment given by EMT Paramedics to a patient with a life-threatening injury or illness.

b. "Ambulance" means a ~~specifically~~ specially designed and equipped vehicle for transport of the sick or injured.

c. "Ambulance rate" means the base fee for ambulance conveyance which cannot be exceeded by certified ambulance providers on city authorized dispatch.

d. ~~"Basic life support-system" means any medical condition that does not constitute an advance life support system emergency, but which requires immediate medical attention~~ treatment given by EMTs to a patient with injury or illness, but not of a life-threatening nature.

e. "Board" means the ambulance service board.

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

h. "City-wide emergency medical service system" means a system composed of fire department personnel and equipment, and private sector personnel and equipment for the purpose of providing advance and basic life support conveyances within city limits.

i. "Committee" means the committee designated by the common council as responsible for ambulance service regulations.

j. "Emergency medical services" (EMS) means those services which are required as a result of an unforeseen attack of illness or an injury. These include rescue, ambulance, emergency department, communications and public education services.

k. "Emergency medical technician" (EMT) means a person responsible for the administration of emergency care procedures or proper handling or transporting of the sick or disabled, who has successfully passed a course of EMT instruction ~~sponsored~~ endorsed by the Wisconsin Department of Transportation, ~~public health service, or its equivalent (sometimes referred to as~~ "basic" (EMT) Health and Family Services.

l. "Fire department" means the city of Milwaukee fire department.

m. "Memorandum of understanding" or "MOU" means the written agreement between the City-wide emergency medical service system and each of the certified providers.

n. "Private sector" means any person, firm, partnership or corporation within the city providing ambulance services on a fee-for-service basis.

o. "Provider" means a private sector participating person, firm, partnership or corporation certified to participate within the city-wide emergency medical services system.

p. "Service area" means a geographically defined area within the city assigned in accordance with sub. 13.

~~p. "Support status" means a status whereby a certified provider, in lieu of being assigned a service area, receives dispatch calls to which the designated provider within the assigned service area cannot promptly respond. If more than one certified provider is given support status, the common council, upon the advice of the board and the recommendation of the committee, shall determine the manner in which such calls are to be distributed.~~

## 2. AMBULANCE SERVICE BOARD.

a. Establishment. An ambulance service board is established consisting of the chair of the public safety committee of the common council, who shall

serve as chair, the commissioner of health, the chief of the fire department, the medical director of the Milwaukee County paramedical program, a designee of the Emergency Medical Services committee of the Medical Society of Milwaukee County, a designee of the Wisconsin Health and Hospital Association and a public member representing the interests of citizens who shall be appointed by the mayor and confirmed by the common council. The public member shall be appointed by the mayor within 60 days after commencement of a new common council term or within 60 days after a vacancy in the board position occurs, whichever is later.

b. Duties.

b-1. The board shall advise the committee on all matters pertaining to issuance, renewal, suspension, revocation and reinstatement of certificates, and shall, consistent with sub. 13, assist in the development and modification of service plans.

b-2. ~~The board may develop appropriate rules, regulations and procedures as required from time to time for the safe operation of the emergency medical service system, subject to approval by the common council. The board is also authorized to develop, implement and amend as necessary in the sole judgment and discretion of the board a handbook of operations for the system.~~ The board, with the assistance of the Chief of the Milwaukee Fire Department, shall develop a Memorandum of Understanding (MOU) between the City-wide emergency medical service system and the certified providers, for the purpose of specifying appropriate rules, regulations, procedures and service standards as required for the safe operation of the emergency medical service system.

3. CERTIFICATION. No person or provider shall within the city act as a city-wide emergency medical service system provider without first having obtained a certificate as provided under this section. This section applies only to providers supplying emergency services on a city-wide dispatched basis.



#### 4. APPLICATION FOR CERTIFICATION AND SERVICE AREA.

a. Application for certificates under this section shall be filed with the health department on forms approved by the committee. The board and the committee are authorized to require sufficient information to determine the qualifications of the applicant to engage in the business of providing basic and advanced life support system conveyances. The application signed in proper form shall be presented to the common council, for referral to the committee for its recommendation.

b. Each applicant shall be fingerprinted and shall furnish, together therewith, name, date of birth, address, name and address of employer, a statement as to whether the applicant has been convicted of any crime, misdemeanor or violation of any municipal ordinance other than traffic violations, and any other information required by the license committee, subject to s. 111.335, Wis. Stats. On renewals of previously issued certificates, it shall not be necessary to fingerprint the applicant. If the applicant for a certificate is a partnership, all partners shall sign the application and be fingerprinted. If the applicant for a certificate is a corporation, the president, vice-president, secretary and treasurer shall sign the application and be fingerprinted.

c. Any applicant for initial or renewal certification shall be considered as having made application for the next scheduled service period, as established by sub. 13-b. All applications for initial or renewal certification shall be filed not later than September 30, to be eligible for certification for the next service period.

5. FEES. An applicant filing an initial application for a certificate or an application for renewal shall pay the fee required in ch. 60. If an initial application or application for renewal is denied, no fee paid shall be refunded.

6. INVESTIGATION. Upon receipt of the application, the matter shall be referred to the chief of police, who shall cause an investigation of the applicant's moral character to be made for the protection of the public health, welfare and safety. As part of such investigation, the chief of police shall report to the health

department all convictions, other than traffic violations, of the applicant, together with any other information in the possession of the police department as to the business conduct and moral character of the applicant. In addition to such information, the chief of police shall include a recommendation for the allowance or denial of the certificate for which the application is made.

## 7. HEARING.

a. Upon referral of an application for certification from the common council to the committee, the committee shall schedule a hearing thereon. Prior to such hearing, the committee shall submit the application to the board for its consideration and advice.

b. The applicant shall receive notice of the hearing not less than 10 days prior to the hearing. At the hearing, the applicant may be represented by counsel, present witnesses and cross-examine any adverse witnesses under oath, and receive a transcript of the hearing at the applicant's expense.

c. At the conclusion of such hearing, a recommendation shall be made by the committee to the common council. Any member of the committee who votes to deny an application shall state the basis for the vote on the record.

8. CERTIFICATE ISSUANCE. The health department shall issue to each person qualifying under this section a certificate on which there shall be the person's true first name, surname and middle initial, the number of the certificate, and the period of time for which the certificate is valid. The certificate shall be in such form so to avoid alteration. Such certificate shall be maintained by the provider and shall be exhibited to any person requesting to see the same at any time while the person is engaged in providing services. Furthermore, the health department shall assign to each qualified person a series of numbers which shall be used to identify the provider's ambulances. These numbers shall be placed on the front doors of the ambulances and shall be at least 5 inches high and in a color to contrast with the background on which it is placed.

## 9. DENIAL OF CERTIFICATE.

\_\_\_a. The committee may recommend the denial of any application for certification for any of the following reasons:

a-1. The applicant is not of good character.

a-2. The applicant has violated any of the required or prohibited practices set forth in this section.

a-3. The applicant's previous certificate has been revoked for any reason whatsoever.

a-4. The applicant's inability to substantially understand the required business regulations provided by this section.

a-5. The qualifications of the applicant, when compared with the qualifications of applicants receiving a recommendation of approval, is deficient in any material respect.

a-6. The applicant's failure in the past or refusal in the future to act in accordance with this section.

a-7. The applicant's physical location for operations is not within the city of Milwaukee limits.

b. The common council may shall, upon receipt of the recommendations of the committee for approval or denial of the applications for certification, grant the number of certificates which, in its discretion and its judgment, the public welfare, safety and interest require. Thereafter, a list of those providers granted certification by the common council shall be provided to the board for designation of service area assignments ~~or support status~~ in a manner consistent with sub. 13.

10. INSPECTION. No ambulance shall be granted a permit to operate under the terms of this section until it has been inspected and found to be in a thoroughly safe condition for the transportation of the sick and injured. The inspection shall be made by the Wisconsin department of transportation, division of state patrol, which shall determine that the ambulance complies with all the requirements set

forth in s. 146.50, Wis. Stats. Verification of the inspection shall be provided to the board at the annual certification hearing.

**11. FINANCIAL RESPONSIBILITY.**

a. **Surety Bond or Insurance Policy Required.** A provider must furnish the city with either:

a-1. A bond with a responsible surety company or association authorized to do business under the laws of the state of Wisconsin in the sum of \$100,000, conditioned that the provider will pay any final judgment rendered against the provider within the limits provided in this subdivision, irrespective of the financial responsibility or any act of omission of the provider for loss or damages that may result to any person or property from the negligent operation or defective condition or construction of the service, or which may arise or result from any violation of any of the provisions of this section or the laws of the state of Wisconsin. The recovery upon such bond shall be limited to \$50,000 for the injury or death of one person and to the extent of \$100,000 for the death or injury of 2 or more persons injured or killed in the same accident and to the extent of \$5,000 for the injury or destruction of property. Such bond shall be given to the city of Milwaukee and shall inure to the benefit of any and all persons suffering loss or damage either to person or property as herein provided, and suit may be brought in any court of competent jurisdiction upon the bond by any person or corporation suffering any loss or damage as herein provided. Such bonds shall be approved by the city attorney as to form and execution. The bond shall be a continual liability notwithstanding any recovery thereon and, if at any time, in the judgment of the mayor, the bond is not sufficient for any cause, the mayor may require the party to whom the license is issued as herein provided to replace the bond with another bond, satisfactory to the mayor, and in default thereof the provider's certificate issued under this section may be revoked.

a-2. A certificate of insurance, issued by a company authorized to do business in the state of Wisconsin, confirming that the provider has been issued a current policy insuring the provider against loss or damage that may result to

any person or property from the operation of defective condition of the service, the policy of insurance to be in the limits of \$300,000 for any one person injured or killed, \$500,000 for all persons injured or killed in case of one accident resulting in bodily injury or death of more than one person, and \$100,000 for injury or destruction to the property of others in the case of accident. The policy shall guarantee payment of any final judgment rendered against the provider within the limits provided in this subdivision irrespective of the financial responsibility or any act of omission of the provider. If at any time the policy of insurance is cancelled by the issuing company, or the authority of such issuing company to do business in the state of Wisconsin is revoked, the mayor shall require the party to whom the certificate is issued to replace the policy with another policy satisfactory to the mayor, and in default thereof the provider's certificate issued under this section may be revoked.

b. Cancellation. All bonds and certificates shall be executed by a corporate surety or insurance company licensed to do business in the state of Wisconsin and shall have affixed an affidavit of no interest. All such bonds and certificates shall be approved as to form and execution by the city attorney before they are accepted by the health department, and shall contain a provision or endorsement by which the bondsmen or insurance carrier shall be required to notify the health department by registered mail or personal service of the cancellation of the bond or insurance policy. Notice of cancellation shall be received by the health department at least 30 days prior to the effective date of cancellation; otherwise, the policy shall remain in full force and effect. In the event of cancellation of either the surety bond or certificate of insurance, the provider's certificate shall be deemed automatically revoked.

c. Exceptions. Private sector companies, not participating within the city-wide emergency medical service system, need not file the bonds ~~of~~or insurance required herein.

**12. REQUIREMENTS.** All persons certified under this section shall adhere to the following general conditions and specifications concerning central dispatched service:

- a. Meet all ambulance and emergency medical conveyance rules, regulations, and laws of the city and county of Milwaukee, the state of Wisconsin and the United States.
- b. Have each ambulance staffed by a minimum of 2 licensed ambulance attendants EMTs at all times. The attendants EMTs must meet applicable state of Wisconsin licensing requirements, the minimum being EMT-~~I~~ Basic training. One of the 2 licensed ambulance attendants EMTs may have a training permit. A person with an ambulance attendant's EMT license shall be in the patient compartment when transporting a patient. The ambulance attendant EMT or a person with a training permit may be replaced by an emergency medical technician-advanced (paramedic) EMT Paramedic, registered nurse, physician's assistant or physician.
- c. Have driver and attendants EMTs with current Wisconsin driver's licenses, who must be bondable, and pass a physical examination approved by the city.
- d. Require the driver and attendants EMTs to have a working knowledge of city geography and vehicle equipment.
- e. ~~Have at least one attendant with experience as an EMT I for one year or equivalent experience, said experience to be determined by the commissioner of health.~~
- f. ~~Require that the ambulance driver have had previous driving experience with a police, fire, rescue or ambulance company.~~
- g. Utilize only ambulances that are ~~EMT I constructed and equipped according to federal and state regulations as amended, and properly maintained as pertaining to cleanliness.~~ Ambulances used within the city-wide emergency medical service system shall be constructed and equipped according to federal and state regulations, must be properly maintained as to cleanliness and mechanical condition, and must be purchased as new vehicles. A reconditioned

ambulance module installed on a new chassis is considered a new vehicle for purposes of this paragraph. Ambulances used in the city-wide emergency medical service system shall not be older than eight (8) years.

hf. The ambulance shall contain a communication system as prescribed by the city to function within the city-wide emergency medical service system.

ig. Require that attendants EMTs be attired in ~~clothing~~ uniforms suitable for performing emergency medical services.

jh. Follow the uniform dispatch protocol as prescribed by the fire department for emergency medical services.

ki. All ambulances dispatched by the city shall be subject to routine unannounced inspection by the city.

lj. Perform the ambulance services in the most rapid and efficient manner available in accordance with the city of Milwaukee emergency medical services system ~~handbook of operations~~ MOU.

mk. In circumstances where the ~~private sector~~ Provider anticipates that the time between its notification that an emergency has occurred and its arrival at the scene of an emergency may be greater than the response time specified in the system ~~handbook of operations~~ MOU, the fire department dispatcher will be notified at the time of call and the call may be referred to other certified providers.

nl. Convey victims of medical emergencies to hospitals approved by the city and which are closest to the scene of the emergency and follow whenever possible the recommendations of the commissioner of health. The final decisions as to where the victim is eventually transported rests with circumstances surrounding the medical emergency.

om. Utilize prescribed ambulance report forms and provide the city with information concerning ambulance operations to effect a monitoring and review system.

pn. Follow proper patient care protocol regarding medical care and treatment policies in accordance with the ~~81-hour~~ U.S. department of transportation, national highway traffic safety administration basic training program for emergency medical technicians.

eq. Seek reimbursement from those conveyed, and provide the most economical service in accordance with accepted medical practice. The city of Milwaukee will not be responsible for collection or payment of any charge for services rendered by reason of its having dispatched the service relative to this section.

fp. Charge an ambulance rate which is approved by the common council. The approval of the ambulance rate may be taken in conjunction with the common council's approval of the ambulance service plan, in accordance with the ambulance rate provisions of sub. 14.

sq. Charge fees for equipment and procedures other than the rate established under par. fp. Such fees shall be determined by the commissioner of health and approved by the common council. The commissioner shall review the fees on an annual basis, with any necessary adjustments being submitted to the common council for approval in conjunction with approval of the ambulance rate under par. fp.

tr. Not pursue beyond a reasonable limit compensation for conveyance where a conveyed party has demonstrated an inability to pay the service charge.

us. Provide the city of Milwaukee with a 90 days' written notice directed to the health department before voluntarily terminating participation in the city-wide emergency medical service system.

### 13. SERVICE AREAS AND SERVICE PLANS.

a. Criteria. In establishing and re-establishing the number and geographical boundaries of the service areas, the common council shall endeavor to provide effective ambulance service within the city-wide emergency medical service system. The common council shall take into consideration all the information obtained through the certification process, including the service capacities of each prospective provider and the previous performances, if any, by each such provider during the previous five years.

b. ~~Assignment of Service Areas and Support Status.~~



b-1. Service Plan Development. Following common council certification of one or more providers, the board shall develop a proposed service plan to be utilized during the next service period. ~~The plan shall include the number and boundaries of the service areas, and a designation of certified providers for assignment. Prior to or upon certification, any provider may request in writing to be given support status in lieu of a service area. In addition, if the number of certified providers seeking service areas exceeds the number of service areas within the city-wide emergency medical service system, the board may assign one or more providers as having support status.~~ In developing the service plan, the board shall take into consideration all the information obtained through the certification process, including the service capacities of each prospective provider and the previous performances, if any, by each such provider during the previous five years. The plan shall include the number of service areas, the geographical size and boundaries of each service area, and a designation of a certified provider for assignment to each service area. The number of service areas shall be determined by the best interests of the City-wide emergency medical service system. The geographical size and boundaries of each service area, and thus the anticipated volume of city-dispatched calls generated by each service area, shall be determined by the service capacities and past performance of each certified provider to be assigned to a service area. Each provider designated for service area assignment ~~or support status~~ shall, within 7 days of announcement by the board of its proposed service plan, file a written response of its acceptance or objection to the plan. Each provider accepting the plan shall also file with the board a properly executed MOU. The board shall thereafter submit the plan to the committee for its review and recommendation to the common council. Upon approval by the common council of any service plan for the next scheduled service period, the plan shall be implemented by the city-wide emergency medical service system for that period, subject to subd. b-2.

b-2. Duration. Service plans shall be approved by the common council for 5-year periods, commencing January 1 and ending December 31. Notwithstanding such approval, the board shall ~~have emergency authority to~~

~~modify determinations and assignments of service areas or the support status of a provider~~ recommend modifications of the size of the service areas and assignments of providers to service areas during the pendency of any service period, and the common council, with the recommendation of the board, ~~may~~ shall modify any service plan during the pendency of any service period ~~when it appears that any one provider is receiving a disproportionate number of dispatch calls,~~ if it is determined that one or more certified providers are not meeting the requirements of the MOU or the reasonable expectations of the city with regard to response times to city-dispatched calls, and with regard to numbers of city-dispatched calls that the provider is unable-to-handle within the required response times. The ambulance service board shall also review the service plan on an annual basis, to determine if the certified providers are complying with requirements of the MOU with regard to response times and numbers of unable-to-handle city-dispatched calls. ~~If, during the annual review, the board finds that there is a deviation in the number of dispatched calls of 3% or more above or below the norm of a 25% distribution of dispatched calls per provider, the board shall consider making adjustments to the service areas and may modify them if the board deems such necessary.~~ The board shall also provide the common council with the board's reasons for ~~making~~ recommending or not making recomending any changes in the service plan subsequent to the board's annual review.

c. Revocation of Service Area. The board shall revoke the assignment of any service area for any provider no longer certified.

#### 14. AMBULANCE RATE.

a. The commissioner of health annually shall review and report to the common council by April 1 with respect to the ambulance conveyance rate established under par. c and recommend, if appropriate, an adjustment in the conveyance rate.

b. Upon request, the legislative reference bureau shall provide the commissioner with information from health-related cost indexes, including the

medical care component of the Milwaukee consumer price index issued by the U.S. bureau of labor statistics.

c. The rate charged for conveyance shall be as follows:

c-1. For patients who are residents of the city of Milwaukee, for Basic Life Support, \$357 and, for Basic Life Support – Emergency, \$357. In addition, for Advanced Life Support for patients who are residents of the city of Milwaukee conveyed under the terms of the Private Provider Interfacility Unit protocol, \$525. This charge shall in no way be construed so as to circumvent the role of the fire department as the designated responder to Advanced Life Support service calls.

c-2. For patients who are not residents of the city of Milwaukee, for Basic Life Support, \$413 and, for Basic Life Support – Emergency, \$413. In addition, for Advanced Life Support for patients who are not residents of the city of Milwaukee conveyed under the terms of the Private Provider Interfacility Unit protocol, \$525. This charge shall in no way be construed so as to circumvent the role of the fire department as the designated responder to Advanced Life Support service calls.

c-3. In addition to the charges provided in subds. c-1 and 2, a charge of \$8.50 per mile shall be assessed for mileage, mileage to be defined as the distance traveled with the patient in the ambulance from the point of patient origin to destination.

d. In those instances where a certified ambulance provider has a contract with any health maintenance organization with respect to establishment of fees for ambulance services for persons insured through the organization, the fees established in the contract shall take precedence over those in par. c and sub. 15 and the provider shall charge only those fees established in the contract.

**15.** AMBULANCE ANCILLARY CHARGES. Pursuant to sub. 12-s, certified ambulance providers are authorized to charge the following ancillary charges:

a. Airway

a-1.	Oropharyngeal	\$ 1.69
a-2.	Nasopharyngeal	6.68
b.	Bag mask ventilator, adult or pediatric	33.41
c.	Bandaging	
c-1.	Trauma dressing	3.98
c-2.	Kling 4"	1.70
c-3.	5/9" dressing	0.41
d.	Blanket	7.76
e.	Burn sheet	8.03
f.	Cervical collar	22.88
g.	Cold pack	1.53
h.	Combitube	42.50
i.	Defibrillator pad	21.60
j.	Electrodes	2.03
k.	Epinephrine	35.15
L.	Gloves	1.62
m.	Head immobilizer	13.43
n.	Hot pack	1.78
o.	KED strap	20.18
p.	Laryngoscope blades	6.41
q.	Linens	4.95
r.	Non-transport fee	75.00
s.	OB kit with silver swaddler	19.85
t.	Oxygen	33.00
u.	Oxygen delivery devices	
u-1.	Tubing	0.81
u-2.	Mask (Adult)	2.77
u-3.	Mask (Pediatric)	3.71
u-4.	Cannula (Adult)	2.70

u-5.	Cannula (Pediatric)	3.71
v.	Personal protective equipment	
v-1.	Gown	3.98
v-2.	Goggles	8.03
w.	Prosplints	
w-1.	Full arm, large	20.39
w-2.	Full arm, small	19.71
w-3.	Combo	27.27
w-4.	Full leg, large	42.79
w-5.	Full leg, small	36.78
w-6.	Wrist and forearm	12.28
x.	Pocket mask	17.55
y.	Resuscitation bag & mask	33.41
z.	Splints	
z-1.	12"	3.04
z-2.	18"	4.52
z-3.	24"	6.08
za.	Sterile saline or water	3.02
zb.	Suction	
zb-1.	Canister	5.06
zb-2.	Suction tip	2.36
zb-3.	Tubing	2.63

**16. ADVANCED LIFE SUPPORT ANCILLARY CHARGES.** Whenever a certified ambulance provider performs an advanced life support conveyance under the terms of the Private Provider Interfacility Unit protocol, the provider is authorized to charge the following ancillary charges:

a.	ALS supplies	\$54.00
b.	Intubations	49.00
c.	I.V. and supplies	38.00

- d. Defibrillation 54.00
- e. EKG 52.50
- f. Drugs Drug schedule included in the Milwaukee county medical services program adopted by Milwaukee county as amended.

**17. CONVEYANCE OF POLICE PRISONERS.** Certified ambulance providers under contract with the city for payment for conveyance of police prisoners for medical treatment in situations where a prisoner is unable to pay for conveyance shall be paid a rate equal to 60% of the conveyance rate and mileage charge in sub. 14 and 60% of the services fees charge in sub. 15.

**18. VIOLATIONS.**

a. Suspension and Revocation. The common council may, subsequent to a hearing conducted by the committee, suspend, revoke, deny or not renew a certificate issued under this section for any reasonable cause which shall be in the best interests and good order of the city, including, but not limited to, the following findings:

- a-1. Conviction of a violation of this section.
- a-2. Where the committee, on hearing of evidence, determines that such person has been violating any of the provisions of this section even though the person may not have been convicted in a court for such violation.
- a-3. Conviction of a criminal statute or city ordinance involving moral turpitude.
- a-4. Violation of a city ordinance where such violation is connected with or a part of carrying on the business for which the certificate is issued.
- a-5. Failure to obtain any permit required under the ordinances of the city or laws of the state of Wisconsin, or employing persons not authorized to do any specific work as required under the ordinances of the city, or the laws of the state of Wisconsin.
- a-6. Failure to comply with any of the provisions of the ~~city of Milwaukee emergency medical services system handbook of operations~~ MOU.

b. Hearing.

b-1. Whenever the committee has scheduled a hearing for the purpose of determining whether to recommend suspension or revocation of a provider's certificate, the provider shall receive written notice of the hearing not less than 10 days prior to the hearing. The notice shall specify the nature of the complaint against the provider.

b-2. The provider may attend the hearing and be represented by counsel, may present witnesses and confront and cross-examine any adverse witnesses under oath, and may obtain a transcript of the hearing at the provider's own expense.

b-3. At the conclusion of the hearing, the committee shall make its recommendation to the common council. In any case where the recommendation is to suspend or revoke a provider's certificate, each member of the committee voting in favor of such action shall state the basis therefore on the record.

b-4. The provider shall be provided with written notice of any recommendation of the committee. If the recommendation is to suspend or revoke the provider's certificate, the provider may, within 10 days of the notice, appeal the recommendation by filing written notice with the city clerk. If notice of appeal is filed, a copy of the transcript of the hearing shall be provided to each common council member at least 3 days prior to the common council vote on whether to accept or reject the recommendation of the committee.

c. Penalty. Any provider who acts as such without having obtained a certificate to do so, or who violates any other part of this section, shall upon conviction be subject to a forfeiture of not less than \$100 nor more than \$250, and in default of payment, be committed to the county jail or house of correction for a period of time not to exceed 90 days. Each day in which any person shall operate as a provider without having obtained a certificate, or after revocation of the same, shall constitute a separate offense.

# APPENDIX F



**Office of the City Clerk  
City of Milwaukee  
BASIC LIFE SUPPORT TRANSPORTS  
POLICY REVIEW TASK FORCE**

Ald. Robert Puente, Chair  
Rhonda Kelsey, Bevan Baker, Jennifer Meyer, Bruce Schrimpf,  
Dr. Ronald Pirrallo, William Wentlandt, R. A. Zehetner,  
James G. Baker, Jr., Linda Wiedmann, Robert Rauch,  
Gregory L. Gracz, Thomas Nardelli and Daniel Lipski

August 2, 2005

You are hereby notified that the meeting of the **BASIC LIFE SUPPORT TRANSPORTS POLICY REVIEW TASK FORCE** has been scheduled for **Thursday, August 11, 2005, at 10:00 A.M., in Room 301-B, City Hall, 200 East Wells Street, regarding:**

1. Review and approval of minutes of the February 17, 2005 meeting
2. Presentation given by each of the four Ambulance Service Companies relative to their business organization.
3. Discussion on report by Legislative Reference Bureau on how other Cities around the country are handling Basic Life Support providers.
4. Next Meeting Date/Adjournment

Respectfully,



RONALD D. LEONHARDT  
City Clerk

TJM

**MINUTES OF THE  
BASIC LIFE SUPPORT TRANSPORTS  
POLICY REVIEW TASK FORCE**

**October 6, 2005**

MEETING COMMENCED: 3:14 P.M.

PRESENT: Alderman Robert Puente, Chair, Jennifer Meyer (Budget & Management Division), Dr. Ronald Pirrallo (Milw. County Emergency Medical Services Medical Director), Chief William Wentlandt (Fire Dept.), Rick A. Zehetner (Bell Ambulance), James G. Baker, Jr. (Curtis Universal Ambulance), Linda Wiedmann (Meda-Care Ambulance), Robert Rauch (Paratech Ambulance Service), Brian Reynolds appeared on behalf of Gregory L. Gracz (Milw. Fire Fighters Assoc., Local 215), Bruce Schrimpf (Assist. City Attorney) and Daniel Lipski

EXCUSED: Gregory L. Gracz (Milw. Fire Fighters Assoc., Local 215), Rhonda Kelsey (Mayor's Office), Bevan Baker (Health Dept)

ALSO PRESENT: Emma Stamps (Common Council/City Clerk's Office - Fiscal), Sandra Rotar (Fire Dept), Gloria Murawsky (Fire Dept.), Battalion Chief Pepie Du De Voire (Fire Dept.), Deputy Chief Andy Smerz (Fire Dept.)

**1. Review and approval of minutes of the September 14, 2005 meeting**

Mr. J. Baker asked that a correction be made under item #3 on page 2, following Ms. Rotar's comment that the ambulance providers had advised her in the past how they operate their business, by adding the comments made by Mr. Zehetner and Mr. Rauch that they disagreed with Ms. Rotar that comment.

Mr. Zehetner advised that he has four things to discuss relative to the minutes.

1) Is that under item #5 he noted that the import of his state wasn't present and he submitted a written copy of his statement that he would like added to the minutes.

2) Was the discussion relative to the unable to handle calls percentage for Bell ambulance during year 2005. He share with the committee an e-mail he received from Deputy Inspector Gloria Murawsky, which acknowledges that their records show no turn back calls to date for Bell Ambulance. The date of the e-mail was July 5, 2005.

3) Is that the discussion at the last meeting regarding the fact that the Comptroller's Office valued all types of calls at the same expense cost and Mr. Zehetner advised that he could substantiate that emergency calls cost more then non- emergency calls.

He then read into a record the following data: According to the Medicare Fee Schedule, which is used by the federal government to determine fees paid for ambulance service, they established a relative value unit system to determine the cost of providing the different types of ambulance calls. They listed a BLS non-emergency conveyance as a 1 RVU and BLS emergency calls at a 1.6 RVU. In Other wards a BLS emergency call cost 60% more to operate then a non-emergency call. In addition, they rate an ALS non-emergency at a 1.2 RVU and a ALS emergency at a 1.9 RVU. ALS non-emergency actually cost 25% less then BLS emergency calls. This substantiates that it cost less to provide ALS non-emergency call then a BLS emergency call. He noted that the last figure shows that the cost for ALS emergency calls are 18.75% more then BLS emergency calls. The above fee schedule was promulgated in October of 2000; and

4) Mr. Zehetner referred to the list of sixteen inappropriate transports that was attached to the Form 5 (Matter of) that Mr. Reynolds submitted at last meeting and noted that all of the incidents were resolved in the CQI process. Mr. Zehetner gave a short description of the CQI process. Mr. Zehetner then commented on the discussion that took place at a meeting on March 5, 2004 between Mr. Zehetner, Mr. Lombardo, their Medical Director Heidi Harkins and Supervisor Mark Murkowski relative to the CQI process. Mr. Zehetner noted that the CQI process is not objective. Mr. Zehetner then introduced Attorney John Busch who address the committee and advised that as a result of the September 14, meeting minutes, letters were sent to Office of the Corporation Council and the City Attorney making a formal complaint due to the disclosure of the sixteen incidents of impropriate transports, which are clearly in violation of the CQI and also institutes violations of state statute and HIPA regulations. He also noted that the Form 5 (Matter of) is in violation of the patient privacy law. Chairman Puente noted that an e-mail was sent by Ms. MacDonald making the correction to the minutes and the exhibits and asked all the members to destroy those Form 5 (Matter of) document due to the patient privacy act. He then asked if every one destroyed them. Everyone noted yes, except for Mr. Zehetner who said they would not destroy them because they are evidence. Mr. Pirrallo replied that he supplied only the table that was attached the Form 5 (Matter of) documents that were supplied by Mr. Reynolds at the last meeting and noted that the report it self is not protected information and advised that the report is generated monthly and is shared with County Board members, Council members, etc.

A motion was made by James Baker to approve the minutes as amended and seconded by Mr. Rauch. There were no objections.

## **2. Discussion and recommendations on service contracts**

Chairman Puente asked Assistant City Attorney Schrimpf to give his opinion on whether it would be viable for the City to have a service contract. Assistant City Attorney Schrimpf explained that he wouldn't advocate one way or another, however he explained that his office has look at the possibility of a contract and concluded that a contract is legally possibly and the last time he had any dealings with the drafting of

the service contract, they were at the point of drafting proposals for the purpose of circulation for discussion and negotiation. He then noted that they could also just continue to go with the present system, which has been enforced for years by ordinance and has been functioning just fine.

Mr. Reynolds noted that it is important that it is changed and that a contract could improve patient care and raise the level of service.

Mr. Puente noted that after the discussion on service contracts a motion would be made as to whether there will be a recommendation to have a service contract. Chief Wentlandt reiterated what has been the position of the Fire Department on a service contract.

Chairman Puente asked if there is some other way to get some of the things the Fire Chief is looking to do without a service contract. Attorney Schrimpf advised that the current ordinance could be amended. He explained some of the proposals that have been brought up in the past, such as forfeiture. Chairman asked if a contract is more binding than a MOU. Attorney Schrimpf advised that a MOU is a form of a contract, but lawyers would be more comfortable with a contract.

Mr. Zehetner advised that they have had many meetings with the Fire Chief in 2003 and 2004 and there were some discussion on service contract and that he supports the ideal of a contract as contained within the ordinance. He then advised that discussion on a contract is premature, because the ordinance needs to be amended first to allow them to enter into a contract and once the ordinance is amended they could sit down and negotiated the terms of the contract.

Mr. J. Baker advised that this system has been operating by ordinance for over 27-28 years and the system has worked well under the ordinance. He advised that there seems to be a desire by the Fire Chief to improve accountability or performance penalties that would be best serve by going to a contract. Mr. Baker asked Attorney Schrimpf if he sees advantages to going to a contract form then the ordinance form. Attorney Schrimpf replied yes, because operating under a contract there are beech clauses, which sometimes is a lot easier to deal with then dealing with the whole process of issuing citations. He noted that in a contract you spell out the terms and conditions and you have the abilities to liquidated damages if the conditions are not met, the performance issue would fall into this area. Also people sign contracts and are bound by that contract. Attorney Schrimpf noted that a contract would mean making a significant change to the ordinance to accommodate a contract.

Mr. J. Baker asked the committee member if they would be making this change based on perception or based on an actual performance need to the system. Mr. Reynolds replied that a number of things have been point out during these task force meetings, that this system needs to be revamped, that they need to upgrade. Mr. Rauch replied and noted that he would like the so called problems identified, because the current system has been working well and has had very little troubles or problems and that

the ambulance providers have been asking for more guidelines. Mr. Zehetner asked Attorney Schrimpf if a contract could be noted in the ordinance. Attorney Schrimpf replied that yes. Ms. Wiedmann advised that she is in favor of a contract.

Mr. Weidmann moved to make a recommendation to have a service contract. There were no objections.

Chairman Puente moved to discuss and vote on the recommendations (Exhibit 1) submitted by the Fire Chief. He then read into the record the following: 1) Oversight of EMS System: - a. Establish Fire Chief as city official responsible for EMS policies, day-to-day/operational provision of EMS services in the City of Milwaukee, and the MFD as the primary provider of EMS services.

Mr. J. Baker asked if it could be clarified by what "responsibly for EMS policies is", is it creating the policies or enforcing the policies. Chief Wendlandt replied that what does occur is that the citizens, Common Council and the Mayor looks upon the Fire Department as the agency for EMS and ultimately regardless of what the need is they go to the Fire Dept. to resolve that need. He believes that the Fire Chief has to be that recognized authority day to day for EMS services. Mr. Zehetner replied that the way it is written, that the Fire Dept. would become the primary provider of all EMS services, while they are presently the primary provider of the ALS service and they may be responsible for receiving BLS calls and dispatching them, they are not the primary provider of BLS ambulance services and he feels the recommendation is overly broad. Mr. Zehetner's recommendation is that Fire Chief be responsible for overseeing the EMS.

Chairman Puente asked who is in favor of the recommendation as is. Five in support (Chief Wendlandt, Mr. Reynolds, Ms. Meyer, Dr. Pirrallo, Ms. Weidmann) and four opposed. Incomplete vote.

Second recommendation is that the Health Commissioner serves as an advisor to the Fire Chief/EMS System on issues that have a broader public health impact. No objections.

The third recommendation is to abolish the Ambulance Service Board.

Mr. Zehetner advised that the only complaint with the Ambulance Service Board over the past several years, is that not all the members on that board have been impartial, and that several of them have had separate agenda other than the best interest of the BLS/EMS System of the City of Milwaukee. He noted that they do support the ideal of the Ambulance Service Board and would like it amended that each one of the private ambulance providers serve on that board. Chairman Puente advised that the ordinance would have to be amended. Mr. Reynolds explained why the Ambulance Board should be abolished. Mr. J. Baker advised that the Ambulance Service Board shouldn't be abolished, and that the private ambulance providers or the Fire Dept. staff shouldn't be on that board.

Ms. Meyer asked if the contract could be negotiated outside of the Task Force. Chairman Puente advised that what is before them right now are recommendations. Assistant City Attorney Schrimpf advised that how it works, is that the Common Council would authorized certain city official to enter into negotiations with the providers for the purposes of determine what the contract should be.

**3. Discussion and recommendations on Section 75-15 of the Milwaukee Code of Ordinances.**

**4. Comments from the public**

**5. Next meeting date/Adjournment**

Chairman moved to adjourn the meeting, due to unavailability of the meeting room. Mr. J. Baker moved to adjourn, seconded by Mr. Rauch.

*Meeting adjourned: 4:08 P.M.  
Terry J. MacDonald  
Staff Assistant*

## Rick Zehetner

---

**From:** Steve Johnson [SJohnson@264bell.com]  
**Sent:** Wednesday, October 05, 2005 2:44 PM  
**To:** Rick Zehetner  
**Subject:** FW: Bell Ambulance - Turn Backs  
**Importance:** High  
**Follow Up Flag:** Follow up  
**Flag Status:** Red

Rick,

Jim told me to give this to you!

Steven M. Johnson  
Director of Operations  
Bell Ambulance, Inc.  
P.O. Box 070550  
Milwaukee, WI 53207-0550

Email: sjohnson@264bell.com  
Direct: 486-4047  
Cell: 406-9112

---

**From:** Gloria Murawsky [mailto:gmuraw@milfire.com]  
**Sent:** Tuesday, July 05, 2005 9:18 AM  
**To:** Steve Johnson  
**Subject:** FW: Bell Ambulance - Turn Backs

-----Original Message-----

**From:** Chief Dillard [mailto:jdilla@milfire.com]  
**Sent:** Tuesday, July 05, 2005 9:01 AM  
**To:** gmuraw@milfire.com  
**Subject:** RE: Bell Ambulance - Turn Backs

We show no turn backs for Bell this year to date.  
Dillard

---

**From:** Gloria Murawsky [mailto:gmuraw@milfire.com]  
**Sent:** Tuesday, July 05, 2005 8:27 AM  
**To:** 'DC Dillard'  
**Cc:** 'John Pederson'; 'Debbie Karner'  
**Subject:** FW: Bell Ambulance - Turn Backs

Jerry,  
Can you assist with Bell's request?  
thanks,

10/5/2005

EXHIBIT

tabbles

Gloria

-----Original Message-----

**From:** Steve Johnson [mailto:SJohnson@264bell.com]  
**Sent:** Friday, July 01, 2005 10:48 AM  
**To:** gmuraw@milfire.com  
**Subject:** Bell Ambulance - Turn Backs

Gloria,

Please forward turn back information for Bell Ambulance in 2005.

Thanks!

Steven M. Johnson  
Director of Operations  
Bell Ambulance, Inc.  
P.O. Box 070550  
Milwaukee, WI 53207-0550

Email: sjohnson@264bell.com  
Direct: 486-4047  
Cell: 406-9112

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10/5/2005



# APPENDIX G

**Office of the City Clerk  
City of Milwaukee  
BASIC LIFE SUPPORT TRANSPORTS  
POLICY REVIEW TASK FORCE**

Ald. Robert Puente, Chair  
Rhonda Kelsey, Bevan Baker, Jennifer Meyer,  
Bruce Schrimpf, Dr. Ronald Pirrallo, William Wentlandt,  
R. A. Zehetner, James G. Baker, Jr., Linda Wiedmann,  
Robert Rauch, Gregory L. Gracz and Daniel Lipski

October 13, 2005

You are hereby notified that the meeting of the **BASIC LIFE SUPPORT TRANSPORTS POLICY REVIEW TASK FORCE** has been scheduled for **Thursday, October 20, 2005, at 1:30 P.M., in Room 301-B, City Hall, 200 East Wells Street, regarding:**

1. Review and approval of minutes of the October 6, 2005 meeting
2. Discussion and recommendations on service contracts
3. Discussion and recommendations on Section 75-15 of the Milwaukee Code of Ordinances.
4. Comments from the public
5. Next meeting date/Adjournment

Respectfully,



RONALD D. LEONHARDT  
City Clerk

TJM

**PLEASE NOTE:**

Upon reasonable notice, efforts will be made to accommodate the needs of persons with disabilities through sign language interpreters or other auxiliary aids. For additional information or to request this service, contact the Council Services

**MINUTES OF THE  
BASIC LIFE SUPPORT TRANSPORTS  
POLICY REVIEW TASK FORCE**

**October 20, 2005**

MEETING COMMENCED: 1:45 P.M.

PRESENT: Alderman Robert Puente, Chair, Jennifer Meyer (Budget & Management Division), Dr. Ronald Pirrallo (Milw. County Emergency Medical Services Medical Director) – arrived at 3:05 P.M., Chief William Wentlandt (Fire Dept.), Rick A. Zehetner (Bell Ambulance), James G. Baker, Jr. (Curtis Universal Ambulance), Linda Wiedmann (Meda-Care Ambulance), Robert Rauch (Paratech Ambulance Service), Bevan Baker (Health Dept), Bruce Schrimpf (Assist. City Attorney) and Daniel Lipski

EXCUSED: Gregory L. Gracz (Milw. Fire Fighters Assoc., Local 215), Rhonda Kelsey (Mayor's Office)

ALSO PRESENT: Sandra Rotar (Fire Dept), Gloria Murawsky (Fire Dept.), Battalion Chief Pepie Du De Voire (Fire Dept.), Deputy Chief Andy Smerz (Fire Dept.)

**1. Review and approval of minutes of the October 6, 2005 meeting**

Mr. Zehetner moved to add the following “as contained in within the ordinance” to his replied on page 3, after “Mr. Zehetner advised that they have had many meetings with the Fire Chief in 2003 and 2004 and there were some discussion on service contract and that he supports the ideal of having contact, ...”. Prevailed.

Chairman Puente moved to amend by striking Mr. Reynolds seconded motion to approve recommendation #1 – Enable a Service Contract between the Ambulance Providers and the City. Chairman Puente explained that due to the fact that Mr. Gracz is the appointed member and doesn't have designee rights, Mr. Reynolds could not take his place at the meeting and did not have the authority to vote.

A motion was made by Mr. Zehetner to approve the minutes as amended, seconded by Mr. J. Baker Rauch. There were no objections.

- 2. Discussion and recommendations on service contracts**
- 3. Discussion and recommendations on Section 75-15 of the Milwaukee Code of Ordinances.**

Items 2 and 3 discussions and recommendations were heard together.

**Recommendation #1**

*Enable a Service Contract between the Ambulance Providers and the City.*

Mr. Zehetner moved to rescind the vote. -The motion failed. (4-5, 3 excused, 1 abstained) (Mr. Lipski, Chief Wentlandt, Ms. Meyer, Mr. B. Baker, Mr. Chair voting "no"; Attorney Schrimpf abstained; Mr. Graz, Ms. Kesley and Dr. Pirrallo excused)

Chairman Puente continued reviewing the following recommendations that were submitted by the Fire Department and voted on at the October 6, 2005 meeting:

**1) Oversight of EMS System:**

**Recommendation 2**

*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. There were no objections.*

**Recommendation 3**

*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.)*

Mr. Zehetner noted that in 2002 he addressed a letter to the Ambulance Service Board (Exhibit 1) advising them, at that time, that the Fire Chief was not impractical and has position themselves as a competitor and that the letter requested that that the Fire Chief abstain from voting or resign himself as a member of the Ambulance Service Board. He then noted that the board should be retained, but it should be reconstituted. Chief Wentlandt advised that back in 2002 there was an issue, but currently the Fire Department is not a competitor for BLS transports and that those concerns are invalid.

Chief Wentlandt moved to approve. Tie vote. (4-4) (Mr. Rauch, Ms. Wiedmann, Mr. J. Baker, Mr. Zehetner voting "no"; Attorney Schrimpf and Chairman Puente Abstained; Mr. Gracz, Dr. Pirrallo and Ms. Kelsey Excused). Will hold until later in the meeting, when the remaining member(s) appear.

**The following recommendations were submitted by Mr. Zehetner relative ordinance amendments.**

**1. Amended the Section 75-15-2-b-2 as follows:**

*The board, with the assistance of the Chief of the Milwaukee Fire Department, shall develop a service contract between the City-wide emergency medical service system and the certified providers, for the purpose of specifying appropriate rules, regulations, procedures and service standards as required for the safe operation of the emergency medical service system.*

Mr. J. Baker moved to hold until later in the meeting, until Recommendation 3 above has been voted on. There were no objections.

Mr. Zehetner withdrew recommendation.

**2. Amended the Section 75-15-12-e as follows:**

*Ambulances used within the city-wide emergency medical service system shall be constructed and equipped according to federal and state regulations, must be properly maintained as to cleanliness and mechanical condition, and must be purchased as new vehicles. A reconditioned ambulance module installed on a new chassis is considered a new vehicle for purposes of this paragraph. Ambulance used in the citywide emergency medical service system shall not be older than eight (8) years.*

Mr. J. Baker explained his process on buying and retiring of vehicles. He advised that maybe the Fire Department could make a practice of inspecting the ambulances.

Mr. Zehetner noted that all of these amendments to the ordinance are paraphrases and there are things left out. He noted that when he wrote these amendments to the ordinance, it was in consultation with Mr. Rauch at the request of Chief Wentlandt. The Chief detail for them several service standards and asked them to frame them into an ordinance. He further noted that it was written over a year ago and he isn't in favor of many of those suggestions at this time. (Exhibit 2, ordinance amendments submitted by Mr. Zehetner at the September 14, 2005 meeting)

Attorney Schrimpf asked if there is any evidence that someone was put in danger because of an ageing piece of equipment or an ambulance that was working. Mr. Zehetner replied no. Chief Wentlandt replied that the issue was raise against a provided that is not currently within the system.

Chairman Puente asked Mr. Zehetner if he would like to redraw all his ordinance amendment recommendations. Mr. Zehetner noted that he would like to take them one at a time.

Mr. Zehetner withdrew recommendation.

**3. Ambulance Service Board recertification of private ambulance providers for five-year plan. (Require amendment to the ordinance)**

Mr. Zehetner withdrew recommendation because it is already a requirement in the ordinance.

**4. Determination of size and number of service areas and assignment of service areas. (Require amendment to the ordinance)**

Mr. Zehetner withdrew recommendation, because it is already a requirement in the ordinance.

**5. Amended the Section 75-15-13-b-1 as follows:**

### *13. Service Areas and Service Plans.*

*In developing the service plan, the board shall take into consideration all the information obtained through the certification process, including the service capacities of each prospective provider and the previous performances, if any, by each such provider during the previous five years. The plan shall include the number of service areas, the geographical size and boundaries of each service area, and a designation of a Certified provider for assignment to each service area. The number of service areas shall be determined by the best interests of the citywide emergency medical service system. The geographical size and boundaries of each service area, and thus the anticipated volume of city-dispatched calls generated by each service area, shall be determined by the service capacities and past performance of each certified provider to be assigned to a service area.*

Mr. Zehetner noted that there is a conflict in the ordinance regarding service areas. He then quoted 75-15-13-b-1 from his ordinance amendments (Exhibit 2). And noted that the purpose for the above amendment is simple correcting a contradiction in the ordinance.

Mr. Rauch moved to amend by having the three-percentage trigger removed from the ordinance.

Mr. Zehetner advised that 75-15-13-b-1 and b-2 should be addressed together. Mr. Zehetner noted that 75-15-13-b-2 has the complimentary amendments that go with b-1. B-2 removes the three percentage trigger and instead asked for service standards under a MOU and noted that it should not be a stated as under a MOU but within the ordinance.

Mr. B. Baker noted that he understands the recommendation to remove the trigger, but noted that they are moving something and putting something broader back in its place, and that if they do that it would be difficult to calculate. He advised that he would need some clarity, because it sounds like they would be taking out a numeric and replace it with a non-numeric.

Mr. Zehetner noted that all this discussion is premature, because they are up against a time restraint due to re-certification, that will taken place next week Tuesday, and suggested that these items be withdrawn at this time and treat them as amendments at the Ambulance Service Board or continue this task force and discuss them in January. Mr. Rauch objected.

Mr. Zehetner moved to amend the recommendation to include all of Section 75-15-13 Service Areas and Service Plans, seeing that there are amendments all through Section 13 and they all fit together. Therefore the entire section should be taken as a whole.

Chairman Puente advised that they need to be individual recommendations and at this time they would vote on just this one.

Mr. Zehetner withdrew all his recommendations relative to 75-15 and noted that they could discuss those ordinance amendments at an Ambulance Service Board meeting or at a later date with this task force.

Chairman Puente advised that there is a time line for this task force to submit a report to the Common Council and that this will be the last meeting of this task force.

**Recommendations submitted by Mr. J. Baker relative to contract or ordinance changes:**

1. *To note in the contract or ordinance that if one of the providers is unable to meet the terms of the agreement, the city should be split into # sectors of the providers agreeing to the contract or participating under the ordinance. (Require amendment to the ordinance see following amendment)*

Mr. J. Baker moved to approve. Failed. (3-6) (Mr. Lipski, Mr. Zehetner, Chief Wentlandt, Ms. Meyer, Mr. B. Baker and Chairman Puente voting “no”; Atty. Schrimpf Abstained; Mr. Graz, Ms. Kesley and Dr. Pirrallo excused)

2. *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.*

Mr. J. Baker moved to approve. Prevailed. (5-4) (Mr. Lipski, Mr. Rauch, Mr. Zehetner, Chief Wentlandt voting “no”; Atty. Schrimpf Abstained; Mr. Graz, Ms. Kesley and Dr. Pirrallo excused)

***Dr. Pirrallo appeared at 3:10 P.M.***

3. *An appeal process shall be created by the Public Safety Committee for the Ambulance Service Providers under a contract or the ordinance.*

Mr. J. Baker moved to approve. Prevailed. (9-1) (Mr. Lipski voting “no”; Atty. Schrimpf Abstained; Mr. Graz and Ms. Kelsey Excused)

**Chairman Puente moved to consider recommendation 3 that was held earlier in the meeting.**

***Recommendation 3***

*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.)*

Dr. Pirrallo moved to approve. Prevailed. (5-4) (Mr. Rauch, Ms. Wiedmann, Mr. J. Baker, Mr. Zehetner voting “no”; Attorney Schrimpf and Chairman Puente Abstained; Mr. Graz and Ms. Kelsey Excused)

**The Following Recommendations Were Submitted By The Fire Department:**

**1) Oversight of EMS System:**

- a.) *Establish Fire Chief as city official responsible for EMS policies, day-to-day/operational provision of EMS services in the City of Milwaukee, and the MFD as the primary provider of the EMS services (To be established by Ordinance. Ordinance change required.)*

Ald. Puente moved to rescind 10/6/05 vote, because it was incomplete. Prevailed.  
There were no objections.

**Ms. Meyer leaves at 3:25 P.M.**

**Recess: 3:40 P.M.**

**Reconvened: 3:51 P.M.**

Mr. J. Baker moved to amend by removing the word policies. Prevailed.

Mr. Pirrallo moved to amend by adding 911 after EMS. Prevailed.

*(Establish Fire Chief as city official responsible for EMS 911 contract, 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.)*

Chief Wentlandt moved to approve as amended. (8-1) (Mr. Zehetner voting “no”; Attorney Schrimpf abstained; Mr. Graz, Ms. Meyer and Ms. Kelsey Excused)

**2) Service Levels:**

- a.) *Standardize level of patient care throughout 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.*

Mr. Zehetner moved to amend by adding EMS 911 system at the end of the first sentence. Prevailed. *(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.)*

Mr. Zehetner then noted that the ordinance presently requires that clients in need be transported to the nearest appropriate facility and the handbook was amended to require that they be conveyed to a hospital of their choice. Chairman Puente stated that the language relative to the patient’s hospital choice could be worked out during the contract negotiation.



Mr. Rauch moved to amend by adding “choice within Milwaukee County.”

Chief Wentlandt noted that as part of the recommendation there should be some language for the flexibility needed in transporting just outside of Milwaukee County, but there should also be some geographic limitation.

Chief Wentlandt moved to approve as amended. Prevailed. (10-0) (Mr. Graz, Ms. Meyer and Ms. Kelsey Excused)

b.) *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.*

Mr. Rauch asked who would the system medical director be. Chief Wentlandt replied that the medical director has not been identified yet, but it would be a City of Milwaukee employee. Attorney Schrimpf asked if there is a position created. Chief Wentlandt replied no, it would have to be created. Chairman Puente asked how would it be funded. Chief Wentlandt noted that isn't established yet.

Mr. Rauch asked that director be changes to directors, so that they could consider a group of physicians from area hospitals who would volunteer to be responsible for the overall EMS 911 system. Chief Wentlandt advised that he would like to keep the wording as it is.

Chairman Puente noted that he would be opposed to any fiscal impact brought on by adding a Medical Director.

Chief Wentlandt gave an overview of the intent of this recommendation.

Chief Wentlandt moved to approve. (8-1) (Mr. Zehetner voting “no”; Attorney Schrimpf Abstained; Mr. Graz, Ms. Meyer and Ms. Kelsey Excused)

2c) *Quality of care received should not vary by provider*

*The care provided by each company and 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.*

Mr. Zehetner moved to amend by add EMS 911 system to the recommendation. Prevailed. *(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.)*

Chairman Puente noted again that he would be opposed to any fiscal impact brought on

by adding a Medical Director to the City's personnel.

Chief Wentlandt moved to approve as amended. Prevailed. (8-1) Mr. Zehetner voting "no"; Attorney Schrimpf Abstained; Mr. Graz, Ms. Meyer and Ms. Kelsey Excused)

2d.) *Clearly defined roles and responsibilities of EMS service providers as established and maintained by the Milwaukee Fire Department. (Established by contract.)*

Chief Wentlandt amended by adding 911. *(Clearly defined roles and responsibilities of EMS 911 service providers as established and maintained by the Milwaukee Fire Department. (Established by contract))*

Chief Wentlandt moved to approve as amended. Prevailed. (8-1) (Mr. Zehetner voting "no"; Attorney Schrimpf Abstained; Mr. Graz, Ms. Meyer and Ms. Kelsey Excused)

2e) *BLS vs. ALS services*

*Contract to be established for basic life support transport services only. Advanced life support care and transport is provided only by the Milwaukee Fire Department.*

Mr. Zehetner moved to amend by adding 911 EMS System to the title. Prevailed. *(Contract to be established for basic life support transport services only. Advanced life support care and transport is provided only by the Milwaukee Fire Department in the 911 EMS System.)*

Chief Wentlandt withdrew recommendation. (Mr. Rauch objected)

2f) *Role of private ambulance companies. Established by contract.*

Chief Wentlandt moved to approve. Prevailed. (10-0) (Mr. Graz, Ms. Meyer and Ms. Kelsey Excused)

3) **Unified Dispatch System:**

3a) *All unscheduled medical emergency calls that are received, triaged and dispatched by the MFD (American Ambulance Assoc. (AAA)) advocates a single point of entry for all requests for ambulance service).*

*The Milwaukee Fire Department concurs with the AAA philosophy and will be reconfirmed as the single point of entry for all requests for unscheduled ambulance service in the service contract.*

Mr. J. Baker moved to amend by excluding medical facility transport calls. Prevailed. *(All unscheduled medical emergency calls that are received, excluding medical facility transport calls, triaged and dispatched by the MFD (American Ambulance Assoc. (AAA))*

*advocates a single point of entry for all requests for ambulance service).*

Chief Wentlandt move to approve as amended. Failed. (3-4). (Mr. Rauch, Ms. Wiedmann, Mr. Zehetner, Chairman Puente voting “no”; Mr. J. Baker, Attorney Schrimpf and Mr. Baker Abstained; Mr. Graz, Ms. Meyer and Ms. Kelsey Excused)

3b) *Private providers are fully integrated into MFD CAD system (SMTs & AVLs)*

*Established by contract to ensure compliance with contract requirements for response time performance standards and on scene time reporting.*

Chief Wentlandt withdrew recommendation.

4) **Continuous Quality Improvement (CQI):**

4a) *Access to private ambulance patient care information of System.*

*All providers will report patient information on a monthly basis and more frequently if needed. This information is critical to assessing and sur-veilling the health of residents and visitors of the City of Milwaukee. HIPA compliance. This is an important requirement to be established by contract.*

Mr. Zehetner moved to amended by adding 911 EMS System. Prevailed. (*Access to private ambulance patient care information of the 911 EMS System.*)

Mr. Rauch noted that in submitting the information, he asked if they could submit it electronically. Prevailed.

Mr. Zehetner moved to add that it is HIPAA Compliance. Prevailed.

Chief Wentlandt moved to approve as amended. Prevailed. (10-0) (Mr. Graz, Ms. Meyer and Ms. Kelsey excused)

4b) *Mandatory participation in CQI system in the EMS 911 System*

*Full participation; 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 on a monthly basis by contract.*

Mr. Zehetner moved to amend by adding that complaints, concerns, litigation must be reported in a timely matter as they occur. Prevailed. (*Full participation; 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.*)

Mr. Zehetner moved that if this is approve, the statement requiring providers to participate in the County's CQI program in the City handbook be removed.

Mr. Rauch asked for clarify as too whether there will be pool of information that will be gather and that all parties will have access, including complaints, etc. about the Fire Department operation. Chief Wentlandt noted that if that is the recommendation of the task force it should be put in.

Chief Wentlandt moved to approve as amended. Prevailed. (10-0) (Mr. Graz, Ms. Meyer and Ms. Kelsey excused)

4c) *Performance measure criteria (response time, turned back calls, incident preparedness, etc.) established and reported on set timelines.*

*Monthly reporting of performance to be required by contract. Performance deficiencies to be assessed per the established contract.*

Mr. Zehetner noted that is would work in the short term and that once the CAD system is in place this would not be necessary.

Mr. Zehetner moved to amend by adding: "as required by the contract." Prevailed. *(Performance measure criteria (response time, turned back calls, incident preparedness, etc.) established and reported on set timelines, as required by the contract.*

Chief Wentlandt moved to approve as amended. Prevailed. (10-0) (Mr. Graz, Ms. Meyer and Ms. Kelsey excused)

4d) *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.*

Ms. Wiedmann moved to amend by using this as a performance penalty and after so many incidents they would get reviewed or audited.

Mr. Zehetner moved to amend to remove the word audit and insert review. Attorney Schrimpf replied that they may want to reserve the ability to audit. Mr. Zehetner moved to insert that that the city reserves the right to audit at its own expense. Chairman Puente advised that, that point could be brought up during contract negotiations.

Chief Wentlandt moved to approve the original recommendation language. Prevailed. (7-3) (Mr. Rauch, Mr. J. Baker, MR. Zehetner voting "no"; Mr. Graz, Ms. Meyer and Ms. Kelsey excused)

**5.) Performance Penalties for the following:**

- 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. *Inappropriate use of designated 911 system ambulance*  
Chief Wentlandt redrew. There were no objections.
- k. *Not responding to request for service*
- l. *Breakdown of ambulance while transporting a patient*  
Chief Wentlandt redrew. There were no objections.
- m. *Failure to operate according to City of Milwaukee BLS provider contract*
- n. *False reporting of incident times to include:*
  - *Alarm receipt*
  - *Alarm acknowledgement*
  - *Dispatch*
  - *Responding*
  - *On scene*
  - *At patient*
  - *Transport*
  - *At hospital*
- o. *Failure to provide required report(s) by the due date*

Chief Wentlandt moved to amend by removing j. and l. There were no objections.

Mr. Rauch moved to amend by stating that the performance penalties are just recommendations and that more in-depth discussion will take place at a later date.

Chief Zehetner moved to approve all the above penalties (except j and l) as amended. (10-0) (Mr. Graz, Ms. Meyer and Ms. Kelsey excused)

**4. Comments from the public**

No public comments.

**5. Next meeting date/Adjournment**

Chairman Puente moved that this is the last meeting of the task force and thanked all the members for his or her participation.

*Meeting adjourned: 5:55 P.M.  
Terry J. MacDonald  
Staff Assistant*



"IF IT DOESN'T SAY BELL ON THE SIDE,  
YOU'VE JUST BEEN TAKEN FOR A RIDE!!!"<sup>®</sup>

February 14, 2002

Ald. Thomas Nardelli, Chairman  
Ambulance Service Board  
200 West Wells Street  
Milwaukee, Wisconsin 53202-3515

Dear Tom,

I wish to express my thoughts on a troubling situation.

At the recent meeting of the Ambulance Service Board, Chief Gardner publicly announced that the Fire Department would no longer do BLS ambulance conveyances from "assist the invalid" scenes, from extrication scenes or other scenes where Fire Department apparatus is on the scene first, and conveyances of civilians from police stations.

Nonetheless, he insisted that the Fire Department intended to continue making BLS conveyances of police prisoners, police officers, and sheriff's deputies. He also asserted that the department intends to continue responding to and conveying from all back-up situations, that is those calls that are returned to the Fire Department by a certified private provider who is unable to respond at that time.

The Milwaukee Fire Department's web site, located at

[http://www.milfire.com/ems\\_page.htm](http://www.milfire.com/ems_page.htm)

is quite enlightening on the subject of the Fire Department considering itself to be a BLS ambulance provider. I've enclosed copies of the EMS pages from the site.

The fourth paragraph under Gloria's and Andy's pictures states "Patients requiring BLS care and non-emergent transports are turned over to one of six ambulance providers, which operate in the City of Milwaukee. These BLS transport providers include the Milwaukee Fire Department and five private ambulance services. (Emphasis added by me.)

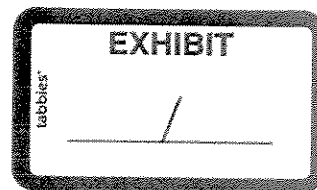
Under the heading SERVICE COMPONENTS, paragraph A. BASIC LIFE SUPPORT SERVICES, in the sub-paragraph titled MFD Fire Squads, we read,

RICK A. ZEHETNER  
President

JAMES P. LOMBARDO  
Executive Vice President

WAYNE A. JURECKI  
Vice President - Information Systems

HEIDI J. HARKINS, M.D.  
Program Medical Director



"Fire squads may be dispatched as first response units or upon request **to provide BLS patient transport.**"

The next paragraph is rather self explanatory: "Since May, 2000 **MFD fire squads have played an active role in providing BLS patient transport** to the city of Milwaukee. The fire squads serve a supplementary role in providing BLS patient transport when: the primary private ambulance provider does not have a unit available for response, the fire squad is already onscene (sic) as the first responder, a patient in police custody requires transport, and when an MFD unit responds to assist a physically challenged patient, and that patient ultimately requires transport to a medical facility. The Milwaukee Fire Department charges a fee for transport by a fire squad. These transport fees are governed by city ordinance."

All of the above is ample evidence of the fact that the Milwaukee Fire Department considers itself to be a BLS ambulance provider.

At the recent Ambulance Service Board meeting, it was apparent that not only do Chief Gardner and his people consider the Fire Department to be a BLS ambulance provider, but so do several members of the board. Among several discussions on the issue, there was at least one board member who referred to the MFD as "the sixth BLS provider" in the Milwaukee EMS System.

The authority for the Ambulance Service Board is found in ordinance 75-15 regulating the EMS System. The functions of the board are to make recommendations to the Public Safety Committee regarding certification and assignment of the private ambulance providers, to regulate the certified private ambulance providers by developing appropriate rules, regulations and procedures, and to develop and enforce the Handbook of Operations for the EMS System. Among the members of the board specified in the ordinance is the Chief of the Milwaukee Fire Department.

It is my contention that the admitted status of the Milwaukee Fire Department as a BLS ambulance provider places Chief Gardner in a very awkward position with regard to his seat on the Board. In my opinion, all of the above presents a very real conflict of interest for him. Additionally, I believe it raises real questions of propriety from a legal point of view. Federal and State statutes regarding anti-trust and anti-competition come to mind.

I would suggest that he might consider resigning from the board, and that you might consider amending the ordinance to appoint an impartial person with EMS knowledge or experience in his place.

Alternatively, I would suggest that you might appoint a designated representative of each of the private ambulance providers to sit on the board, so that all BLS ambulance providers would have equal standing on the board.



Absent either of the above, I would suggest that Chief Gardner and the Fire Department should abstain from discussion or voting on any issue regarding BLS conveyances or the private ambulance service providers.

I wish to thank you very much for your attention to this matter. I look forward to discussions with you and other interested parties aimed at resolving this issue. With kindest regards, I remain...

Sincerely yours,

Rick Zehetner

encl.

cc: City Attorney Grant Langley  
Atty. John Busch  
Chief Larry Gardner

**Proposed amendments to Ambulance  
Certification Ordinance to permit assignment of  
service areas based on demonstrated capabilities  
and to enable a MOU between Milwaukee EMS  
System and Certified Providers.**

**75-15. Ambulance Certification Regulations.**

**1. DEFINITIONS.** In this section:

a. ~~"Advanced life support system" means any medical condition that in the opinion of a person or an observer and confirmed by an emergency medical technician, indicates that person's life to be in extreme jeopardy.~~ treatment given by EMT Paramedics to a patient with a life-threatening injury or illness.

b. ~~"Ambulance" means a specifically~~ specially designed and equipped vehicle for transport of the sick or injured.

c. "Ambulance rate" means the base fee for ambulance conveyance which cannot be exceeded by certified ambulance providers on city authorized dispatch.

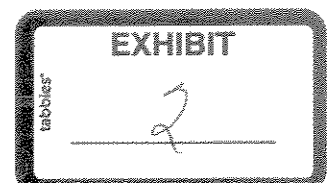
d. ~~"Basic life support system" means any medical condition that does not constitute an advance life support system emergency, but which requires immediate medical attention.~~ treatment given by EMTs to a patient with injury or illness, but not of a life-threatening nature.

e. "Board" means the ambulance service board.

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

h. "City-wide emergency medical service system" means a system composed of fire department personnel and equipment, and private sector personnel and equipment for the purpose of providing advance and basic life support conveyances within city limits.

i. "Committee" means the committee designated by the common council as responsible for ambulance service regulations.



j. "Emergency medical services" (EMS) means those services which are required as a result of an unforeseen attack of illness or an injury. These include rescue, ambulance, emergency department, communications and public education services.

k. "Emergency medical technician" (EMT) means a person responsible for the administration of emergency care procedures or proper handling or transporting of the sick or disabled, who has successfully passed a course of EMT instruction ~~sponsored~~ endorsed by the Wisconsin Department of Transportation, ~~public health service, or its equivalent (sometimes referred to as "basic" (EMT) Health and Family Services.~~

l. "Fire department" means the city of Milwaukee fire department.

m. "Memorandum of understanding" or "MOU" means the written agreement between the City-wide emergency medical service system and each of the certified providers.

n. "Private sector" means any person, firm, partnership or corporation within the city providing ambulance services on a fee-for-service basis.

o. "Provider" means a private sector participating person, firm, partnership or corporation certified to participate within the city-wide emergency medical services system.

p. "Service area" means a geographically defined area within the city assigned in accordance with sub. 13.

q. ~~"Support status" means a status whereby a certified provider, in lieu of being assigned a service area, receives dispatch calls to which the designated provider within the assigned service area cannot promptly respond. If more than one certified provider is given support status, the common council, upon the advice of the board and the recommendation of the committee, shall determine the manner in which such calls are to be distributed.~~

## 2. AMBULANCE SERVICE BOARD.

a. Establishment. An ambulance service board is established consisting of the chair of the public safety committee of the common council, who shall

serve as chair, the commissioner of health, the chief of the fire department, the medical director of the Milwaukee County paramedical program, a designee of the Emergency Medical Services committee of the Medical Society of Milwaukee County, a designee of the Wisconsin Health and Hospital Association and a public member representing the interests of citizens who shall be appointed by the mayor and confirmed by the common council. The public member shall be appointed by the mayor within 60 days after commencement of a new common council term or within 60 days after a vacancy in the board position occurs, whichever is later.

b. Duties.

b-1. The board shall advise the committee on all matters pertaining to issuance, renewal, suspension, revocation and reinstatement of certificates, and shall, consistent with sub. 13, assist in the development and modification of service plans.

b-2. ~~The board may develop appropriate rules, regulations and procedures as required from time to time for the safe operation of the emergency medical service system, subject to approval by the common council. The board is also authorized to develop, implement and amend as necessary in the sole judgment and discretion of the board a handbook of operations for the system.~~ The board, with the assistance of the Chief of the Milwaukee Fire Department, shall develop a Memorandum of Understanding (MOU) between the City-wide emergency medical service system and the certified providers, for the purpose of specifying appropriate rules, regulations, procedures and service standards as required for the safe operation of the emergency medical service system.

**3. CERTIFICATION.** No person or provider shall within the city act as a city-wide emergency medical service system provider without first having obtained a certificate as provided under this section. This section applies only to providers supplying emergency services on a city-wide dispatched basis.

#### 4. APPLICATION FOR CERTIFICATION AND SERVICE AREA.

a. Application for certificates under this section shall be filed with the health department on forms approved by the committee. The board and the committee are authorized to require sufficient information to determine the qualifications of the applicant to engage in the business of providing basic and advanced life support system conveyances. The application signed in proper form shall be presented to the common council, for referral to the committee for its recommendation.

b. Each applicant shall be fingerprinted and shall furnish, together therewith, name, date of birth, address, name and address of employer, a statement as to whether the applicant has been convicted of any crime, misdemeanor or violation of any municipal ordinance other than traffic violations, and any other information required by the license committee, subject to s. 111.335, Wis. Stats. On renewals of previously issued certificates, it shall not be necessary to fingerprint the applicant. If the applicant for a certificate is a partnership, all partners shall sign the application and be fingerprinted. If the applicant for a certificate is a corporation, the president, vice-president, secretary and treasurer shall sign the application and be fingerprinted.

c. Any applicant for initial or renewal certification shall be considered as having made application for the next scheduled service period, as established by sub. 13-b. All applications for initial or renewal certification shall be filed not later than September 30, to be eligible for certification for the next service period.

5. FEES. An applicant filing an initial application for a certificate or an application for renewal shall pay the fee required in ch. 60. If an initial application or application for renewal is denied, no fee paid shall be refunded.

6. INVESTIGATION. Upon receipt of the application, the matter shall be referred to the chief of police, who shall cause an investigation of the applicant's moral character to be made for the protection of the public health, welfare and safety. As part of such investigation, the chief of police shall report to the health

department all convictions, other than traffic violations, of the applicant, together with any other information in the possession of the police department as to the business conduct and moral character of the applicant. In addition to such information, the chief of police shall include a recommendation for the allowance or denial of the certificate for which the application is made.

## 7. HEARING.

a. Upon referral of an application for certification from the common council to the committee, the committee shall schedule a hearing thereon. Prior to such hearing, the committee shall submit the application to the board for its consideration and advice.

b. The applicant shall receive notice of the hearing not less than 10 days prior to the hearing. At the hearing, the applicant may be represented by counsel, present witnesses and cross-examine any adverse witnesses under oath, and receive a transcript of the hearing at the applicant's expense.

c. At the conclusion of such hearing, a recommendation shall be made by the committee to the common council. Any member of the committee who votes to deny an application shall state the basis for the vote on the record.

8. CERTIFICATE ISSUANCE. The health department shall issue to each person qualifying under this section a certificate on which there shall be the person's true first name, surname and middle initial, the number of the certificate, and the period of time for which the certificate is valid. The certificate shall be in such form so to avoid alteration. Such certificate shall be maintained by the provider and shall be exhibited to any person requesting to see the same at any time while the person is engaged in providing services. Furthermore, the health department shall assign to each qualified person a series of numbers which shall be used to identify the provider's ambulances. These numbers shall be placed on the front doors of the ambulances and shall be at least 5 inches high and in a color to contrast with the background on which it is placed.

## 9. DENIAL OF CERTIFICATE.

\_\_\_a. The committee may recommend the denial of any application for certification for any of the following reasons:

a-1. The applicant is not of good character.

a-2. The applicant has violated any of the required or prohibited practices set forth in this section.

a-3. The applicant's previous certificate has been revoked for any reason whatsoever.

a-4. The applicant's inability to substantially understand the required business regulations provided by this section.

a-5. The qualifications of the applicant, when compared with the qualifications of applicants receiving a recommendation of approval, is deficient in any material respect.

a-6. The applicant's failure in the past or refusal in the future to act in accordance with this section.

a-7. The applicant's physical location for operations is not within the city of Milwaukee limits.

b. The common council ~~may~~shall, upon receipt of the recommendations of the committee for approval or denial of the applications for certification, grant the number of certificates which, in its discretion and its judgment, the public welfare, safety and interest require. Thereafter, a list of those providers granted certification by the common council shall be provided to the board for designation of service area assignments ~~or support status~~ in a manner consistent with sub. 13.

10. INSPECTION. No ambulance shall be granted a permit to operate under the terms of this section until it has been inspected and found to be in a thoroughly safe condition for the transportation of the sick and injured. The inspection shall be made by the Wisconsin department of transportation, division of state patrol, which shall determine that the ambulance complies with all the requirements set

forth in s. 146.50, Wis. Stats. Verification of the inspection shall be provided to the board at the annual certification hearing.

**11. FINANCIAL RESPONSIBILITY.**

a. Surety Bond or Insurance Policy Required. A provider must furnish the city with either:

a-1. A bond with a responsible surety company or association authorized to do business under the laws of the state of Wisconsin in the sum of \$100,000, conditioned that the provider will pay any final judgment rendered against the provider within the limits provided in this subdivision, irrespective of the financial responsibility or any act of omission of the provider for loss or damages that may result to any person or property from the negligent operation or defective condition or construction of the service, or which may arise or result from any violation of any of the provisions of this section or the laws of the state of Wisconsin. The recovery upon such bond shall be limited to \$50,000 for the injury or death of one person and to the extent of \$100,000 for the death or injury of 2 or more persons injured or killed in the same accident and to the extent of \$5,000 for the injury or destruction of property. Such bond shall be given to the city of Milwaukee and shall inure to the benefit of any and all persons suffering loss or damage either to person or property as herein provided, and suit may be brought in any court of competent jurisdiction upon the bond by any person or corporation suffering any loss or damage as herein provided. Such bonds shall be approved by the city attorney as to form and execution. The bond shall be a continual liability notwithstanding any recovery thereon and, if at any time, in the judgment of the mayor, the bond is not sufficient for any cause, the mayor may require the party to whom the license is issued as herein provided to replace the bond with another bond, satisfactory to the mayor, and in default thereof the provider's certificate issued under this section may be revoked.

a-2. A certificate of insurance, issued by a company authorized to do business in the state of Wisconsin, confirming that the provider has been issued a current policy insuring the provider against loss or damage that may result to



any person or property from the operation of defective condition of the service, the policy of insurance to be in the limits of \$300,000 for any one person injured or killed, \$500,000 for all persons injured or killed in case of one accident resulting in bodily injury or death of more than one person, and \$100,000 for injury or destruction to the property of others in the case of accident. The policy shall guarantee payment of any final judgment rendered against the provider within the limits provided in this subdivision irrespective of the financial responsibility or any act of omission of the provider. If at any time the policy of insurance is cancelled by the issuing company, or the authority of such issuing company to do business in the state of Wisconsin is revoked, the mayor shall require the party to whom the certificate is issued to replace the policy with another policy satisfactory to the mayor, and in default thereof the provider's certificate issued under this section may be revoked.

b. Cancellation. All bonds and certificates shall be executed by a corporate surety or insurance company licensed to do business in the state of Wisconsin and shall have affixed an affidavit of no interest. All such bonds and certificates shall be approved as to form and execution by the city attorney before they are accepted by the health department, and shall contain a provision or endorsement by which the bondsmen or insurance carrier shall be required to notify the health department by registered mail or personal service of the cancellation of the bond or insurance policy. Notice of cancellation shall be received by the health department at least 30 days prior to the effective date of cancellation; otherwise, the policy shall remain in full force and effect. In the event of cancellation of either the surety bond or certificate of insurance, the provider's certificate shall be deemed automatically revoked.

c. Exceptions. Private sector companies, not participating within the city-wide emergency medical service system, need not file the bonds ~~of~~ or insurance required herein.

**12. REQUIREMENTS.** All persons certified under this section shall adhere to the following general conditions and specifications concerning central dispatched service:

a. Meet all ambulance and emergency medical conveyance rules, regulations, and laws of the city and county of Milwaukee, the state of Wisconsin and the United States.

b. Have each ambulance staffed by a minimum of 2 licensed ambulance attendants EMTs at all times. The attendants EMTs must meet applicable state of Wisconsin licensing requirements, the minimum being EMT-I Basic training. One of the 2 licensed ambulance attendants EMTs may have a training permit. A person with an ambulance attendant's EMT license shall be in the patient compartment when transporting a patient. The ambulance attendant EMT or a person with a training permit may be replaced by an emergency medical technician advanced (paramedic) EMT Paramedic, registered nurse, physician's assistant or physician.

c. Have driver and attendants EMTs with current Wisconsin driver's licenses, who must be bondable, and pass a physical examination approved by the city.

d. Require the driver and attendants EMTs to have a working knowledge of city geography and vehicle equipment.

e. ~~Have at least one attendant with experience as an EMT I for one year or equivalent experience, said experience to be determined by the commissioner of health.~~

f. ~~Require that the ambulance driver have had previous driving experience with a police, fire, rescue or ambulance company.~~

g. Utilize only ambulances that are EMT I constructed and equipped according to federal and state regulations as amended, and properly maintained as pertaining to cleanliness. Ambulances used within the city-wide emergency medical service system shall be constructed and equipped according to federal and state regulations, must be properly maintained as to cleanliness and mechanical condition, and must be purchased as new vehicles. A reconditioned

ambulance module installed on a new chassis is considered a new vehicle for purposes of this paragraph. Ambulances used in the city-wide emergency medical service system shall not be older than eight (8) years.

hf. The ambulance shall contain a communication system as prescribed by the city to function within the city-wide emergency medical service system.

ig. Require that attendants EMTs be attired in ~~clothing~~ uniforms suitable for performing emergency medical services.

jh. Follow the uniform dispatch protocol as prescribed by the fire department for emergency medical services.

ki. All ambulances dispatched by the city shall be subject to routine unannounced inspection by the city.

lj. Perform the ambulance services in the most rapid and efficient manner available in accordance with the city of Milwaukee emergency medical services system ~~handbook of operations~~ MOU.

mk. In circumstances where the ~~private sector~~ Provider anticipates that the time between its notification that an emergency has occurred and its arrival at the scene of an emergency may be greater than the response time specified in the system ~~handbook of operations~~ MOU, the fire department dispatcher will be notified at the time of call and the call may be referred to other certified providers.

nl. Convey victims of medical emergencies to hospitals approved by the city and which are closest to the scene of the emergency and follow whenever possible the recommendations of the commissioner of health. The final decisions as to where the victim is eventually transported rests with circumstances surrounding the medical emergency.

om. Utilize prescribed ambulance report forms and provide the city with information concerning ambulance operations to effect a monitoring and review system.

pn. Follow proper patient care protocol regarding medical care and treatment policies in accordance with the ~~84-hour~~ U.S. department of transportation, national highway traffic safety administration basic training program for emergency medical technicians.

qo. Seek reimbursement from those conveyed, and provide the most economical service in accordance with accepted medical practice. The city of Milwaukee will not be responsible for collection or payment of any charge for services rendered by reason of its having dispatched the service relative to this section.

rp. Charge an ambulance rate which is approved by the common council. The approval of the ambulance rate may be taken in conjunction with the common council's approval of the ambulance service plan, in accordance with the ambulance rate provisions of sub. 14.

sq. Charge fees for equipment and procedures other than the rate established under par. rp. Such fees shall be determined by the commissioner of health and approved by the common council. The commissioner shall review the fees on an annual basis, with any necessary adjustments being submitted to the common council for approval in conjunction with approval of the ambulance rate under par. rp.

tr. Not pursue beyond a reasonable limit compensation for conveyance where a conveyed party has demonstrated an inability to pay the service charge.

us. Provide the city of Milwaukee with a 90 days' written notice directed to the health department before voluntarily terminating participation in the city-wide emergency medical service system.

### 13. SERVICE AREAS AND SERVICE PLANS.

a. Criteria. In establishing and re-establishing the number and geographical boundaries of the service areas, the common council shall endeavor to provide effective ambulance service within the city-wide emergency medical service system. The common council shall take into consideration all the information obtained through the certification process, including the service capacities of each prospective provider and the previous performances, if any, by each such provider during the previous five years.

b. ~~Assignment of Service Areas and Support Status.~~

b-1. Service Plan Development. Following common council certification of one or more providers, the board shall develop a proposed service plan to be utilized during the next service period. ~~The plan shall include the number and boundaries of the service areas, and a designation of certified providers for assignment. Prior to or upon certification, any provider may request in writing to be given support status in lieu of a service area. In addition, if the number of certified providers seeking service areas exceeds the number of service areas within the city wide emergency medical service system, the board may assign one or more providers as having support status.~~ In developing the service plan, the board shall take into consideration all the information obtained through the certification process, including the service capacities of each prospective provider and the previous performances, if any, by each such provider during the previous five years. The plan shall include the number of service areas, the geographical size and boundaries of each service area, and a designation of a certified provider for assignment to each service area. The number of service areas shall be determined by the best interests of the City-wide emergency medical service system. The geographical size and boundaries of each service area, and thus the anticipated volume of city-dispatched calls generated by each service area, shall be determined by the service capacities and past performance of each certified provider to be assigned to a service area. Each provider designated for service area assignment ~~or support status~~ shall, within 7 days of announcement by the board of its proposed service plan, file a written response of its acceptance or objection to the plan. Each provider accepting the plan shall also file with the board a properly executed MOU. The board shall thereafter submit the plan to the committee for its review and recommendation to the common council. Upon approval by the common council of any service plan for the next scheduled service period, the plan shall be implemented by the city-wide emergency medical service system for that period, subject to subd. b-2.

b-2. Duration. Service plans shall be approved by the common council for 5-year periods, commencing January 1 and ending December 31. Notwithstanding such approval, the board shall ~~have emergency authority to~~

~~modify determinations and assignments of service areas or the support status of a provider~~ recommend modifications of the size of the service areas and assignments of providers to service areas during the pendency of any service period, and the common council, with the recommendation of the board, ~~may~~ shall ~~modify any service plan during the pendency of any service period when it appears that any one provider is receiving a disproportionate number of dispatch calls.~~ if it is determined that one or more certified providers are not meeting the requirements of the MOU or the reasonable expectations of the city with regard to response times to city-dispatched calls, and with regard to numbers of city-dispatched calls that the provider is unable to handle within the required response times. The ambulance service board shall also review the service plan on an annual basis ~~to determine if the certified providers are complying with requirements of the MOU with regard to response times and numbers of unable-to-handle city-dispatched calls.~~ If, during the annual review, the board finds that there is a deviation in the number of dispatched calls of 3% or more above or below the norm of a 25% distribution of dispatched calls per provider, the board shall consider making adjustments to the service areas and may modify them if the board deems such necessary. The board shall also provide the common council with the board's reasons for ~~making~~ recommending or not making recomending any changes in the service plan subsequent to the board's annual review.

c. Revocation of Service Area. The board shall revoke the assignment of any service area for any provider no longer certified.

#### 14. AMBULANCE RATE.

a. The commissioner of health annually shall review and report to the common council by April 1 with respect to the ambulance conveyance rate established under par. c and recommend, if appropriate, an adjustment in the conveyance rate.

b. Upon request, the legislative reference bureau shall provide the commissioner with information from health-related cost indexes, including the

medical care component of the Milwaukee consumer price index issued by the U.S. bureau of labor statistics.

c. The rate charged for conveyance shall be as follows:

c-1. For patients who are residents of the city of Milwaukee, for Basic Life Support, \$357 and, for Basic Life Support – Emergency, \$357. In addition, for Advanced Life Support for patients who are residents of the city of Milwaukee conveyed under the terms of the Private Provider Interfacility Unit protocol, \$525. This charge shall in no way be construed so as to circumvent the role of the fire department as the designated responder to Advanced Life Support service calls.

c-2. For patients who are not residents of the city of Milwaukee, for Basic Life Support, \$413 and, for Basic Life Support – Emergency, \$413. In addition, for Advanced Life Support for patients who are not residents of the city of Milwaukee conveyed under the terms of the Private Provider Interfacility Unit protocol, \$525. This charge shall in no way be construed so as to circumvent the role of the fire department as the designated responder to Advanced Life Support service calls.

c-3. In addition to the charges provided in subds. c-1 and 2, a charge of \$8.50 per mile shall be assessed for mileage, mileage to be defined as the distance traveled with the patient in the ambulance from the point of patient origin to destination.

d. In those instances where a certified ambulance provider has a contract with any health maintenance organization with respect to establishment of fees for ambulance services for persons insured through the organization, the fees established in the contract shall take precedence over those in par. c and sub. 15 and the provider shall charge only those fees established in the contract.

15.     AMBULANCE ANCILLARY CHARGES. Pursuant to sub. 12-s, certified ambulance providers are authorized to charge the following ancillary charges:

a. Airway

a-1.	Oropharyngeal	\$ 1.69
a-2.	Nasopharyngeal	6.68
b.	Bag mask ventilator, adult or pediatric	33.41
c.	Bandaging	
c-1.	Trauma dressing	3.98
c-2.	Kling 4"	1.70
c-3.	5/9" dressing	0.41
d.	Blanket	7.76
e.	Burn sheet	8.03
f.	Cervical collar	22.88
g.	Cold pack	1.53
h.	Combitube	42.50
i.	Defibrillator pad	21.60
j.	Electrodes	2.03
k.	Epinephrine	35.15
L.	Gloves	1.62
m.	Head immobilizer	13.43
n.	Hot pack	1.78
o.	KED strap	20.18
p.	Laryngoscope blades	6.41
q.	Linens	4.95
r.	Non-transport fee	75.00
s.	OB kit with silver swaddler	19.85
t.	Oxygen	33.00
u.	Oxygen delivery devices	
u-1.	Tubing	0.81
u-2.	Mask (Adult)	2.77
u-3.	Mask (Pediatric)	3.71
u-4.	Cannula (Adult)	2.70



u-5.	Cannula (Pediatric)	3.71
v.	Personal protective equipment	
v-1.	Gown	3.98
v-2.	Goggles	8.03
w.	Prosplints	
w-1.	Full arm, large	20.39
w-2.	Full arm, small	19.71
w-3.	Combo	27.27
w-4.	Full leg, large	42.79
w-5.	Full leg, small	36.78
w-6.	Wrist and forearm	12.28
x.	Pocket mask	17.55
y.	Resuscitation bag & mask	33.41
z.	Splints	
z-1.	12"	3.04
z-2.	18"	4.52
z-3.	24"	6.08
za.	Sterile saline or water	3.02
zb.	Suction	
zb-1.	Canister	5.06
zb-2.	Suction tip	2.36
zb-3.	Tubing	2.63

16.       ADVANCED LIFE SUPPORT ANCILLARY CHARGES. Whenever a certified ambulance provider performs an advanced life support conveyance under the terms of the Private Provider Interfacility Unit protocol, the provider is authorized to charge the following ancillary charges:

a.	ALS supplies	\$54.00
b.	Intubations	49.00
c.	I.V. and supplies	38.00

- d. Defibrillation 54.00
- e. EKG 52.50
- f. Drugs Drug schedule included in the Milwaukee county

medical services program adopted by Milwaukee county as amended.

**17. CONVEYANCE OF POLICE PRISONERS.** Certified ambulance providers under contract with the city for payment for conveyance of police prisoners for medical treatment in situations where a prisoner is unable to pay for conveyance shall be paid a rate equal to 60% of the conveyance rate and mileage charge in sub. 14 and 60% of the services fees charge in sub. 15.

**18. VIOLATIONS.**

a. Suspension and Revocation. The common council may, subsequent to a hearing conducted by the committee, suspend, revoke, deny or not renew a certificate issued under this section for any reasonable cause which shall be in the best interests and good order of the city, including, but not limited to, the following findings:

a-1. Conviction of a violation of this section.

a-2. Where the committee, on hearing of evidence, determines that such person has been violating any of the provisions of this section even though the person may not have been convicted in a court for such violation.

a-3. Conviction of a criminal statute or city ordinance involving moral turpitude.

a-4. Violation of a city ordinance where such violation is connected with or a part of carrying on the business for which the certificate is issued.

a-5. Failure to obtain any permit required under the ordinances of the city or laws of the state of Wisconsin, or employing persons not authorized to do any specific work as required under the ordinances of the city, or the laws of the state of Wisconsin.

a-6. Failure to comply with any of the provisions of the ~~city of Milwaukee emergency medical services system handbook of operations~~ MOU.

b. Hearing.

b-1. Whenever the committee has scheduled a hearing for the purpose of determining whether to recommend suspension or revocation of a provider's certificate, the provider shall receive written notice of the hearing not less than 10 days prior to the hearing. The notice shall specify the nature of the complaint against the provider.

b-2. The provider may attend the hearing and be represented by counsel, may present witnesses and confront and cross-examine any adverse witnesses under oath, and may obtain a transcript of the hearing at the provider's own expense.

b-3. At the conclusion of the hearing, the committee shall make its recommendation to the common council. In any case where the recommendation is to suspend or revoke a provider's certificate, each member of the committee voting in favor of such action shall state the basis therefore on the record.

b-4. The provider shall be provided with written notice of any recommendation of the committee. If the recommendation is to suspend or revoke the provider's certificate, the provider may, within 10 days of the notice, appeal the recommendation by filing written notice with the city clerk. If notice of appeal is filed, a copy of the transcript of the hearing shall be provided to each common council member at least 3 days prior to the common council vote on whether to accept or reject the recommendation of the committee.

c. Penalty. Any provider who acts as such without having obtained a certificate to do so, or who violates any other part of this section, shall upon conviction be subject to a forfeiture of not less than \$100 nor more than \$250, and in default of payment, be committed to the county jail or house of correction for a period of time not to exceed 90 days. Each day in which any person shall operate as a provider without having obtained a certificate, or after revocation of the same, shall constitute a separate offense.