

Section VI: Evaluation of Current Deployment and Performance

Overall, BFR is not meeting the performance standards based on data from 2017. The data in these areas are being further evaluated to identify areas for improvement. One of the initiatives discussed in the recommendations section of the master plan and identified in the Assessment is a review of turnout times.

Another area where the performance measures are not being met includes hazardous material response and wildland fire response. Based on an initial analysis, the delay for hazardous material response may be attributed to the special apparatus and assembling a specialized crew. Since the collection of this data, the deployment of personnel assigned to specialty teams into dedicated those dedicated stations with their equipment have been made and data is currently being collected on how that may have improved the response times.

For wildland response, the additional time is often because the incident is located near the city boundaries or outside the city limits on open space. The new wildland fire facility initiative will help to reduce the time to assemble the equipment and crew. An increase in wildland personnel will also contribute to improved performance. Going forward, the department will continue to investigate the reasons for these performance issues and implement changes as appropriate. In addition, the performance measures will continue to be evaluated as part of the annual citywide budget process.

EMS Delivery

Emergency Medical Services make up most of the incidents responded to by BFR. In late 2016, BFR was asked to explore the enhancement of emergency medical services under a fire-based model. By charter, BFR has primary responsibility for “the provision of rescue and emergency medical services” within city limits. It does so through a combination of fire department response for BLS and third-party ambulance contractor response, which provides ALS care and patient transport.

The analysis examined two basic options; public/private delivery and purely public delivery of EMS. For practical purposes, the second model, fire-based EMS (FBEMS), was split between two implementation versions:

- Status Quo with Private ALS Services
- Fire-based EMS (FBEMS)
 - Immediate Implementation Model
 - Gradual Implementation Model

The major differences in each system include:

Status Quo with Private ALS Services	The FBEMS system
<ul style="list-style-type: none"> • BFR is not required to initiate or maintain paramedicine training for staff • AMR manages staff and scheduling • No significant short-term capital costs • No costs associated with purchasing or maintaining ambulances and equipment • BFR does not manage patient billing • BFR does not manage controlled substances • Below market employee pay; high employee turnover • Paramedics lack of familiarity with territory and patients • A continuing need to renegotiate a contract every few years • High reliance on taxpayer resources to cover response time objectives • Poor coordination with fire department quality control systems • Inability to use resources in an all-hazards approach 	<ul style="list-style-type: none"> • Strengthened workforce • No concerns regarding private contract • Improved control over the quality of service provided, administrative efforts, continuity of care, and all-hazard response • Revenue generation offsets some fire department costs • FBEMS is a response model, not a profit-driven model • Running an EMS division is costly • Legal concerns of controlled substance management

Further analysis of each option are summarized in the white paper published by BFR. In 2018, BFR hired a team of consultants to verify the findings the report will be published before the end of 2018.

Section VII: Plan for Maintaining and Improving Response Capabilities

Factors Driving the Need for Change

BFR considered the current and emerging trends that have implications for the future of emergency response. These include the following:

Aging population (more seniors) – Boulder’s population is aging, and the county population of age 60 and over is expected to nearly double by 2020. In 2008, 12 percent of Boulder County’s residents were over the age of 60. In 2020, that age group is expected to reach 21 percent.

Increase in population – The City of Boulder’s 2016 population is 108,090, with projections indicating an increase to 114,000 by 2035. This figure could be even higher as the University of Colorado - with a current enrollment of approximately 30,000 - projects an additional 11,000 students by 2030.

Increase in EMS calls – With Boulder’s population and employment projections, EMS incidents are expected to increase, particularly in areas being redeveloped. BFR experienced an increase of 11 percent in EMS calls between 2015 and 2017.

Year-round wildfire risk – As highlighted in the 2012 Fire-Rescue Master Plan, the city is surrounded by open space, which increases the risk of wildfires. Due to changes in climate, the wildfire risk has expanded from one season to all year. The city has recent experience with wildland/urban interface fires outside the historic fire season. Several of these fires have been significant events requiring intensive application of both internal and external resources.

Movement towards a more urban form – Areas of the city are becoming less suburban and more urban. In the last 10 years, 3,270 dwelling units have been constructed, and more than 5 million square feet of commercial and industrial space have been built, while not significantly expanding the city limits.

Housing Unit Density - Current trends and projections indicate that most new housing units will be in higher density multi-unit developments, and Boulder will continue to serve as a regional employment center. In some sections of the city, this creates new challenges for Fire and EMS service delivery because of impacts like increased population density, changes to street size and grid, and public areas designed for pedestrians, not large vehicles⁴⁹.

⁴⁹ City of Boulder, 2014