

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.