COLLIER COUNTY
PUBLIC SAFETY AUTHORITY (PSA)
AGENDA
May 13, 2015 – Wednesday
9:00 am
Collier County Government
3299 Tamiami Trail East, 5th Floor, Naples, FL 34112

1. CALL TO ORDER AND PLEDGE OF ALLEGIANCE

2. AGENDA AND MINUTES

   a. Approval of Today's Agenda
   b. Approval of the April 8th Meeting Minutes

3. OLD BUSINESS
   a. Ron Myers Key Performance Indictor Reports
   b. Commissioners letter on Wait Times

4. NEW BUSINESS
   a. Dan Summers New COPCN Discussion
   b. Jorge Aguilera Presentation
   c. Next Actions

5. STAFF REPORTS
   a. Ronald Kezenske Resignation

6. PUBLIC COMMENT
7. BOARD MEMBER DISCUSSION
8. ESTABLISH NEXT MEETING DATE
   a. June 10, 2015 at 9:00 am
      Growth Management Division, Room D

9. ADJOURNMENT

MINUTES OF THE OF THE COLLIER COUNTY PUBLIC SAFETY AUTHORITY MEETING

Naples, Florida, April 8, 2015

LET IT BE REMEMBERED, the Public Safety Authority in and for the County of Collier,

having conducted business herein, met on this date at 9:00 A.M. in REGULAR SESSION

at Collier County Government, 3299 Tamiami Trail East, 5th Floor, Naples, Florida with

the following members present:

          Chairman: Janet Vasey, Citizen Representative
  Vice Chairman: Ronald Myers, Citizen Representative
                    Gary McNally, Citizen Representative
                    Lavigne Kirkpatrick, Citizen Representative
                    Ronald Kezenske, Citizen Representative

   ALSO PRESENT: Maria Franco, Administrative Assistant, EMS
                    Walter Kopka, Chief, EMS
                    Dan Summers, BES
                    Artie Bay, Supervisor, EMS

April 8, 2015

1. **Call to Order**
   Mrs. Vasey called the meeting to order at 9:00am, a quorum was established.

2. **New Member Introduction**
   a.   Ronald Kezenske introduced himself.

3. **Agenda and Minutes**
   a.   Approval of Today's Agenda
   Mr. McNally moved to approve the Agenda. Second by Mr. Kezenske.   Carried unanimously 5 – 0.

   b. Approval of Minutes
   Mr. Myers moved to approve the March 11ᵗʰ Meeting Minutes. Second by Mr. McNally.   Carried unanimously 5 – 0.

4. **Old Business**
   a.   **Data Reviewed by EMS**
   Chief Kopka reviewed the packet previously emailed to all members
   -Five year Financials
   -Charges
   - Aging Report
   - OPS Reports
   - Budget
   - Hospital Report
   - Trauma Alert Report
   -including reports used to manage EMS operations.

   b.   **Hospital Wait Times**
   Chief Kopka met with hospital administration. Both systems are very receptive.
    Chief Kopka to bring follow up report to the June meeting. Hospital wait time statistics are being gathered, along with current actions being undertaken to resolve the issues, to provide information to Commissioners.

5. **New Business**
   a.   **Financial Request**
   Mr. Myers requested some financial information from EMS;
   -   Revenue received per transport
   -   What gets billed on helicopter vs what gets paid
   -   DSO from billing company
   -   Cost per transport for helicopter and ground.
   Mr. Myers to give a KPI report at the next meeting.

   b.   **Next Actions**
   -   Mr. Myers to give a Presentation on Key Performance Indicators.
   -   Jorge Aguilera to give a presentation at the next meeting on North Collier ALS Program.

6. **Staff Reports**
   a. Chief Kopka reported while transports were up 12% in season and responses were up 10%, response times improved 2% in the urban area and 4% in the rural area.

7. **Public Comment**
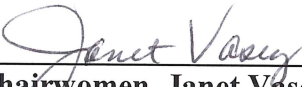
8. **Board Member Discussion**

7. **Establish Next Meeting Date**
   a. **May 13, 2015**

8. **Adjournment**

   There being no further business for the good of the County, the meeting was adjourned by order of the chair at 11:00 A.M.

   Collier County Public Safety Authority

   Janet Vasey

   Chairwomen, Janet Vasey

   These minutes approved by the Board/Committee on __5/13/15__
   as presented ___✓___ or as amended _____ .

Ronald L. Myers
474 Pepperwood Court
Marco Island, Florida 34145

May 6, 2015

Public Safety Authority of Collier County, Florida
Janet Vasey, Chairwoman
8075 Lely Cultural Parkway, Suite 267
Naples, Florida 34113

Dear Chairwoman Vasey:

Per your request, I am forwarding my suggestions as they pertain to Collier County EMS' (CCEMS) monthly reporting to the PSA.

As we have been discussing at our regular PSA meetings, I strongly believe that these recommendations be placed in our standing work group, Development of Performance Reporting Requirements. Not only would this allow additional input from various EMS providers, it would provide the opportunity to build a consensus, an issue of past criticism. The work group, as a whole, can then make their recommendations to the PSA committee.

The PSA is charged, via the ordinance, to study the EMS system and make recommendations to the Board of County Commissioners. My personal recommendations for minimum reporting requirements for CCEMS follow. The EMS industry refers to this data as Key Performance Indicators (KPI's).

Most believe that medical outcomes are critical to establishing community peace of mind and confidence in their EMS services. Therefore, outcome-based metrics should prevail over process-based metrics. However, process-based measures, especially system performances compared to expectations, are critical elements to monitor. System cost and the ability to maintain long-term success should be priorities in every community, not just those that are financially challenged. Use of both process and outcome metrics are recommended. Once the PSA has five or six months of data, it would be able to understand and see the trends as they emerge.

The PSA should also consider quarterly and semi-annual special comparison reports. These reports would require call demand analysis reflecting calls by the hour of the day and day of the week. Call density (heat) maps are an additional component to these comparison reports. The formatting and ongoing comparisons can be determined later.

Given the size of this project, I am recommending that these reports be phased in over time: Phase I, high priority to be completed within 60 days; Phase II, medium priority to be completed within 90 days; Phase III, lower priority to be completed within 120 days.

I believe that the "Image Trends" reports that were presented to the PSA by CCEMS during our April meeting should be continued as presented on a monthly basis, in addition to the KPI data points below:

Operations:
All response times are to be reported using fractal measurements with 90% reliability, unless otherwise noted.

The target goals for response times are:

- 1st responders (National Fire Protection Association standards, (NFPA 1710).
  - Turn out times, 120 seconds
  - Travel times, 240 seconds (6 minutes total)
- CCEMS (emergency responses) Collier County targeted goal
  - Urban zones, turn out, 60 seconds
  - Travel times, 480 seconds (9 minutes total)
- CCEMS (emergency responses) Collier County targeted goal
  - Rural zones, turn out 60 seconds
  - Travel times, 720 seconds (13 minutes total)
- These reports should include the dispatch processing times, controlled by the Sheriff's Office
- Ideally, there should be a separate report for downgraded non-emergency responses

There are two clocks running for all EMS requests for service.

Phase I – High Priority 60 days

1. 1st Responders:
   a. Total number of responses, by provider agency and level of service responding, (ALS or BLS).
   b. These measurements need to reflect turn out times (alert to wheels rolling) and travel times to scene arrivals.
   c. Ideally, patient contact times
2. CCEMS, (an all ALS) treatment and transport agency, *ground services* only:
   a. Response times for responses by zones, (Note: true responses, not number of calls for a request)
   b. Response times for *transported* patients, by zone
      i. Ideally, response time to patient contact times
   c. Total number of non-transports, by zone
   d. Grand total for all responses
   e. Grand total for all transports
   f. Grand total of non-transports and percentage
3. **Average,** scene times by zone
4. **Average,** travel times to receiving facilities with patients, by zone
5. **Average,** drop times by zone (see additional information regarding Hospital Reports)
6. **Average** time on task (TOT) by zones (wheels rolling until back in service)
7. Planned unit hours (unit hour is a crew on duty within the system)
8. Actual unit hours
9. Failed unit hours (unable to produce a crew or the ability to be in service)
10. **Transport**, unit hour utilization (UHU), by zone
    a. UHU formula; total transports divided by number of hours on duty
       i. Daily example, 24 hour shift, 8 transports completed = 0.333.
       ii. Monthly example, (31 day month) one 24 hour unit = 744 unit hours, 345 transports completed = 0.463.
       iii. One major assumption is, one-hour time on task
11. Number of concurrent calls by zone
12. Number of station move ups

Hospital Reports, (for each facility):
1. Reports on hospital's clearance times for CCEMS units. The reports need to reflect the number of times a unit was unable to be back in service after 25 minutes of its arrival at its respective facility
   a. Additionally, a listing of the top ten longest times before the crews were back in service
   b. Number of times each hospital was on closure or on selective diversion, with the reasoning and average time they were not available for EMS patients

Comment [k1]: EMS does not have this data. There are ongoing discussions to purchase a county wide reporting system.

Comment [k2]: EMS does not have this data. It has been provided in the past by the CCSO.

Comment [k3]: EMS does not have this data. There are ongoing discussions to purchase a county wide reporting system.

Comment [k4]: Rarely happens – off going crews are mandated to work if a crew member is a "no show". Rarely when an employee has an emergency mid shift- this may occur. Even in these cases a supervisor may cover the vacancy temporarily. Happens so rarely we do not track.

Finances, Funding and Sustainability:
1. Average dollar value per transport collected, after collection fees
2. Days in Receivable (DSO report)
3. Pay mixes by major categories, # of claims and %
4. Actual to budget
5. Cost per transport, (total expenses divided by transports)
6. Cost per transport, per capita
    a. Note: Will need to use generally accepted accounting principles (GAAP) to determine full cost accounting for services provided.
    b. This includes Capital Expenditures and Debt Service cost
7. Separate report for **Helicopter** service
    a. Cost per transport (including two assigned, daily medic cost)
    b. Gross billings
    c. Net cash receipts (after billing cost)
    d. Pay mixes by major category
8. Cost for maintenance

Phase II – Medium Priority 90 days

Clinical:
1. Number of training hours
2. Patient care records (PCR) completion compliance percentages
3. Number of protocol non-compliance incidents
4. Number of complaints filed by hospital or other system providers
5. Number of complaints filed by CCEMS employees
6. Number of multi casualty incidents (MCI's) and total number of patients

Fleet and General Maintenance:
1. Number of vehicles in the fleet and the type of units, i.e., EMS transport, supervision, special design for other than EMS transports
2. Number of vehicle collisions/contacts or reported incidents
3. Type of damage by severity
    a. Cosmetic <$250
    b. Minor <$1,500
    c. Moderate $1,500 to $5,000
    d. Major >$5,000
4. Average cost per mile to maintain the fleet
5. Number critical **vehicle** failures
    a. Critical failure = unable to get to a patient or while a patient is being transported
6. Number of **major equipment** critical failures
    a. Critical equipment failure = any equipment failure that significantly or negatively effects patient care

Phase III – Lower Priority 120 days

Human Resources and Employee Satisfaction:
1. Number of full & part time employees, by category
2. Number of extraordinary overtime hours (not planned or built-in)
3. Number of occurrences for mandatory hold-over shifts
4. Average hold-over hours per incident
5. Number of grievances filed by the union

Comment [k5]: EMS report does not reflect # of transports

Comment [k6]: EMS reports reflect % but not # of claims

Comment [k7]: Expenses or revenues?

Comment [k8]: All capital, including building costs and ambulances and equipment? Debt service comes from Impact Fees. What about grants funds and expenditures?

Comment [k9]: EMS reports don't break out whether it is ground or helicopter.

Comment [k10]: What type of maintenance?

Comment [k11]: System training hours and topics covered can be produced. Individual training hours for refresher, specialized, new hires and medical director credentialing is recorded, but not tracked.

Comment [k12]: Are you looking for EMSTARS compliance?

Comment [k13]: Recorded but release of specific QA material is prohibited under Florida Statue.

Comment [k14]: Hospitals bring Quality Assurance issues to the attention of the training department and a log is maintained of level and type of quality assurance cases. EMS does maintain a list of "Consumer Issues" as well as the resolution.

Comment [k15]: Isn't this the same as Phase III #5 below?

Comment [k16]: Historically this has not been tracked since it rarely happens. We could have Fleet produce information about incidents in which an ambulance was towed, and do the research to determine if the ambulance was in the process of transporting a patient. This would be very labor intensive.

Comment [k17]: Again, rarely happens. Major equipment – monitors and stretchers are on contract for preventative maintenance programs.

6. Exiting of Employees (turnover rate)
   a. Number of separations (elected by employee)
   b. Number of separations (elected by CCEMS)
   c. Summary report on exiting interviews and reasons given for departure

Safety Issues:
1. Number of worker's compensation claims filed
2. Number of lost hours related to workers compensation claims
3. Number of light-duty hours for workers compensation claims

> **Comment [k18]:** Not tracked.

Customer Satisfaction:
1. Number of customer survey cards sent
2. Average survey results or ratings
3. Number of formal or written compliments received by CCEMS
4. Number of formal complaints filed by patients or their families

> **Comment [k19]:** Not done.

Community Partnership Programs:
1. Community events, demonstrations, programs or projects
2. Educational or awards programs
3. Donated services or no charges for standby events

If the PSA is unable to agree to these recommendations, I highly recommend the activation of a work group committee to address additional thoughts and ideas. I am willing to chair such a work group with the desired goal for obtaining a reasonable consensus from those who participate in the process. Once that occurs, the final recommendations would be presented to the full PSA for approval.

As reference materials, please find attached the current copy of the National Fire Protection Association (NFPA) 1710 standards and a copy of the National Highway Traffic Safety Administration, (NHTSA) 2006 standards.

The NHTSA titled their report, "Recommended Attributes and Indicators for System/Service Performance for EMS." Additionally, the NHTSA is currently undertaking a complete rewrite of these standards. I have been advised this project is expected to be completed later this year or early next year. There are over twenty industry associations and/or government agencies participating in the rewrite.

Respectfully submitted,

Ronald L Myers

Ronald L. Myers