World Class Service: Fire-Based EMS

History

- 1960s, 1970s: Rapid development of the U.S. Emergency Medical System
- 1970: Wedwoth-Townsend Act (CA) formalizes, legalizes paramedics
- 1972: Johnny & Roy
- 1974: Littleton Fire Rescue starts CO's 1st fire-based paramedic program
- 1990s: Littleton, Castlewood, Parker started staffing transport units in combination w/ private ambulances
- 2000s: Full, fire-based transport model

Benefits

- Continuity through entire 911 system: dispatch to hospital
- Demonstrated positive outcomes
- Medical director continuity, open to advanced skills
- Public health & other methods to holistically address community needs
- Station & equipment deployment model built for response times, future growth
- FF/PM cross training
- Diverse funding sources
- Resource mgmt. by SMFR
- Private ambulance service used to supplement coverage, as appropriate

- Private service challenges
 - o Contract mgmt.
 - o Performance expectations
 - Contract renewal, cost unpredictability
 - Demonstrated staffing, funding challenges
 - Demonstrated deployment challenges
 - o Culture, working conditions

World Class Service: 4-Person Staffing

History

- Research
 - NIST study: high-rise, residential, EMS
- Industry standards
 - o OSHA, NFPA
- SMFR labor/mgmt. initiative
 - 2008: started w/ ladder trucks
 - o 2017: strategic plan initiative
 - o 2021: Local 2086 CBA
 - o 2024: complete

Benefits

- Safety
 - Injured firefighter rescue
 - Scene supervision
- Reduce fatigue, injury
- Fireground effectiveness
 - o Deploying equipment
 - Operating apparatus (ladders)
 - o Task distribution, quantity
 - o Aggressive victim rescue
- EMS effectiveness
 - CPR success > national ave.
 - Return of Spontaneous Circulation (44% v 25%)
 - Neurologically intact saves (17% v 7.4%)
 - Advanced procedures
 - o Rapid sequence intubation
- Overall response effectiveness
 - Less units dispatched
 - o Alarms, unconfirmed fires
 - o Less time on scene
 - o Improved district coverage
 - Specialty unit staffing
 - ISO staffing criteria strengthened

- Scene safety challenges
- Task delay w/ fewer to perform
- Patient handling, treatment challenges
- Initial victim rescue challenge
- ISO rating challenge
- Specialty unit staffing, response delay
- More units dispatched, out of service, and not covering other areas of district

World Class Service: Special Hazard Response

History

- High-risk hazards
 - o 3 reservoirs w/ recreation
 - Light rail
 - Heavy rail
 - 3 interstate highways
 - o 3 rivers
 - Extreme weather
 - Airport
 - Wildland urban interface
 - Businesses
 - o Research & development
 - Aerospace
- Special teams
 - Wildland fire
 - o Dive/water rescue
 - o Technical rescue
 - o Urban search & rescue
 - o Hazardous materials
 - SWAT medics
 - \circ Aircraft rescue & fire fighting
 - o Emergency management

Benefits

- Robust response
- Highly qualified personnel
- Local, regional, national resource
- Law enforcement protection, partnership
- Economic support of community, business
- Emergency preplanning
- Coordination w/ local, state, federal agencies

- Reliance on external agencies
- Slower response of highly technical resources
 - o Increased property damage
 - Increased life safety threat
- Less capability for active shooter
 & high-acuity threats
- Threat to economic drivers in business, community

World Class Service: Holistic Prevention, Mitigation, Response

History

- National model
 - Education
 - Engineering
 - Enforcement
 - o Emergency Response
 - Evaluation
- SMFR Programs
 - o Community Risk Reduction
 - o Fire Marshal's Office
 - Construction
 - Existing business
 - Investigation
 - Emergency Management
 - o Public Health
 - o Special Teams
 - o EMS
 - o Emergency Services
 - Safety Foundation
 - o Public Information

Benefits

- Following national models for community risk reduction
- All components involved in various programs (e.g., senior safety, wildfire)
- Examples:
 - Demonstrated reduction in the growth of false alarms
 - Increased wildfire community engagement
- Meeting needs of district through evaluation of our specific calls and risks

- Limited interaction with at-risk populations
- Less proactive
- Reliance on emergency response
- Less community, partner engagement
- Difficulty w/ statutory compliance
- Less innovation and alignment w/ national expectations

World Class Service: Future Response Models

History

- Public Health Program
 - o 2023: implemented
 - Community paramedic, community clinician (licensed social worker)
 - o Focus
 - Aging in place
 - Mental health/substance abuse disorders
 - Homelessness
- Alternate response
 - Pilot program
 - Respond to high-frequency, low-acuity calls
 - Specialty unit, staffing

Benefits

- Public Health Program
 - Decrease overuse of emergency response
 - o Reduce ER visits
- Patient resource navigation assistance
- o Patient quality of life
- Alternate response
 - Appropriate resource for call types
 - o Keeps other units in service
 - o Less staff on specialty units
 - Flexibility to increase resource needs

- Not able to explore effective ways to serve outside of the traditional 911 system
- More units out of service
- No other funding source to explore these programs

Strong Infrastructure

History

- Significant equipment
 - o Radios \$1.2M
 - o SCBAs \$6M
 - Life packs \$7.4M
 - Bunker gear \$900/yr
 - Replacement equipment \$400k/yr
- Stations
 - o ~75 yr lifecycle
 - $\circ \ \text{Rebuilds, extensive remodels}$
 - o Residential construction
 - New growth: 3 stations, \$12M each
 - Placement based on response times, capabilities, density
- Facilities
 - o Existing fleet/training: 1990's
 - New fleet \$30M
 - New training: \$35M
- Fleet
 - \circ 10-15 yr front-line
 - o 20 yr specialty apparatus
 - o \$6.5M/yr

Benefits

- Proactive maintenance
- Effective, modern equipment
- Less repair costs
- Effective emergency response
- Modern health, safety standards
- Serve new populations
- Limits inflation
- Limits downtime, out of service

- Safety concerns
- Demonstrated negative consequences of lack of infrastructure investment in neighboring agencies
- Inadequate fleet facility, service model
- Inadequate training facilities
 - Recruit training
 - Modern props
- Inability to fund rapidly-increasing costs
 - 0 2021-2025
 - o Engine: 64% increase
 - o Tower: 45% increase

Employer of Choice: Total Compensation

History

- Employer of choice measures total compensation
- Staff
 - 2021: Korn Ferry, general market, 75th percentile
 - Hiring range: 50-75th
- Line
 - o 2025-2027: current CBA
 - o 101% of top of market
 - Previous 3-yr contract caused SMFR wages to fall below market
 - o 2025 salary increase: 10%
 - o 2026, 2027 increase: 4%, 3.5%
- General
 - Benefits: EE contribution increased to 20% of total premium
 - Benefits lowered to 37.5% of salaries

Benefits

- Recruitment of highest qualified employees to serve community
- Helps to address increased competition due to lower volume of qualified candidates
 - Paramedic applicant significant decline
- Line total compensation reflects high standards
 - Punitive & higher physical standards
 - Educational, certification, training requirements
 - Advanced ALS skills
- Staff hiring range provides flexibility and cost savings
- CBA compensates for work hour disparity (56-48hr)
- Commitment to evaluate future shift schedules

- Less competitive in market that already has less qualified applicants
- Paramedic competition is significant challenge to our ALS model
- Threat to employee retention
- Changing demographics of this generation of workforce equates to less longevity

Firefighter Health & Wellness

History

- 2012: Wellness Division concept started
- Service highlights
 - o Cardiac CT scans
 - Mandatory fitness test
 - Annual physicals
 - Physical rehabilitation
 - o Injury/illness care
 - Strength training, injury prevention
 - o Recruit training
 - Behavioral health
 - o Peer support
 - Neurofeedback
 - Employee assistance program
 - Modified duty

Benefits

- Prevent top causes of firefighter death
 - o Cancer
 - Cardiac disease
 - Suicide
- Less delay to evaluation & treatment
- Holistic treatment of injured to return to work stronger, healthier
- Improved fit-for-duty and health assessment protocol
- Demonstrated success of CT scans
 & rapid treatment

- Increased delays in treatment through traditional worker's comp system
 - Increased OT costs
 - Treatment delays
- Limited PT treatment
- Pitfalls from past experience with cancer LODDs, cardiac near-misses
- Move away from prevention model
- Mental health support is still an area to be explored and expanded in emergency services

Sustainability

History

- Financial reserves
 - o 2022 board policy
 - 20% operating reserves
 - 3% TABOR reserves
 - o 23% total reserves
 - o GFOA allows >19.7%
- Long-term capital investment
 - o 2022 board policy
 - o \$15M transfer per yr
 - o Based on a 30-yr forecast
 - Current models, costs estimate higher investment needed

Benefits

- Financial reserves
 - Compliance with TABOR
 - o Full quarter of cash flow
 - Reduces need for loans
 - o GFOA best practice
 - Higher debt rating
- Long-term capital investment
 - o Fulfill long-term capital needs
 - Lifecyle replacement
 - o Population growth
 - Align w/ strategic plan
 - Keep up w/ rising costs

- Financial reserves
 - o Increases need for loans
 - Threat of TABOR noncompliance
 - Lower debt rating, debt options
- Long-term capital investment
- Aging infrastructure
- Reduce lifecycle replacements
- o Equipment, system downtime
- Impact on response
- Inadequate service to new growth

Measurable Results

History

- ISO
 - Class 1 prior to & after consolidation
 - Class 1 applies to nonhydranted areas (rural)
- Accreditation
 - SMFR (former), PFPD, CFPD, SMFRA, SMFR since 2003
 - We are first consolidated FD's to be accredited
 - Nationwide: 119 FD's Class 1 & Accredited

Benefits

- ISO
 - Potential fire insurance discounts
 - Demonstrates ability to deliver water supply to rural areas at highest level
 - Independent measure of equipment, apparatus, staffing, deployment, training, water supply, community risk reduction, and dispatching
 - Positive marketing
- Accreditation
 - o Independent, peer evaluation
- Best practices: assess organization, evaluate risks, define services, commit resources, strategize for future, analyze performance
- Embrace philosophy of continuous improvement
- Contributes to ISO evaluation

- ISO (lowering)
 - Potential fire insurance increases
 - Ability to meet criteria has dropped below standards
 - Indication that relationship with water purveyors has deteriorated
 - Change in messaging from reported benefits of consolidation
- Accreditation
 - Negative impact on ISO rating
 - Risk of internal best practices deteriorating when no longer evaluated externally
- General
 - ISO/Accreditation have been achieved, not as an end goal, but as a way of showing & measuring the high level of service we provide. It should be based on community input & the funding they are willing to provide.