



# Emergency Medical Services in Cheektowaga

## Existing Conditions and Options for the Future

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Town of Cheektowaga

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# Summary

CGR was engaged in mid- 2023 to conduct a comprehensive evaluation of the EMS system leading to recommendation that were offered in early 2024 and finalized with this comprehensive report.

In New York, EMS is not an essential service. Currently, there is no legal obligation for a county, town, village or fire district to provide EMS<sup>1</sup>. For decades, since the 1980s, the Town of Cheektowaga has been involved in the oversight of EMS in the Town, outside of the Village of Depew.

The EMS system in Cheektowaga functions with twelve distinct organizations – the Dispatch Center, the ambulance and ten fire departments - working in varying degrees of collaboration to complete the essential EMS functions for the residents. Brief descriptions of the organizations follow with more in-depth information later in the report.

The **Cheektowaga Dispatch Center** is staffed by civilian employees of the Cheektowaga Police Department. They answer and dispatch 60,000+ calls each year. More than 80% of calls are for law enforcement. The center answers 911 landline calls directly and receive cell phone transfers from the Erie County's 911 Center.

**American Medical Response** and its predecessors have had agreements with the Town since about 1990. The most recent agreement expired in mid-2023, but service continues. There are between 850 and 1,100 calls in town per month including interfacility work and private calls. About 80% of calls come through CPD's dispatch and about two-thirds of responses are transports.

## Fire Department Profiles

The table below provides some essential information about the EMS operations of the fire departments.

Department	Membership	EMS Staff	Notes:	Calls for Service (Daily Average)
Bellevue	38	6 EMTs		1.84
Cleveland Hill	43	19 EMTs	Looking at EMS only members	2.74

<sup>1</sup> In the 2024 NYS Legislative Session there were several proposals regarding this issue, but none have been adopted yet.

Department	Membership	EMS Staff	Notes:	Calls for Service (Daily Average)
Doyle # 1	45	28 EMTs, 3CFR and 1 Paramedic	Operate jointly with Doyle 2	2.66
Doyle # 2	45	12 CFR	Operate jointly with Doyle 1	2.66
Forks	24	9 EMTs		1.46
Hy-view	35	7 EMTs		1.85
Pine Hill	20	8 EMTs and 1 Paramedic	BLS FR Only	1.48
Rescue	30	7 EMTs, 1 Paramedic		1.69
Sloan, Village	28	20 EMTs		1.01
South Line	76	25 EMT/ 19 AEMT/ 4 Paramedic	Operates two ambulances. Is exploring billing for service	3.23
U-Crest	47	7 EMTs		3.36
<b>Total</b>	<b>431</b>	<b>163 all levels</b>		<b>21.21</b>

## Key Findings

In general, the EMS system in Cheektowaga is performing well. The residents and visitors get a timely response from trained emergency medical professionals and are transported to an appropriate facility. However, there are areas of concern and opportunities for improvement that were identified during the engagement.

The key findings are outlined below and covered in greater detail in the body of the report.

- The communication system and processes are adequate but could be improved.
- The ambulance transport system and coverage is mostly solid, but there are gaps, and the contract seems to favor AMR.

- Residents that are over 80 years old are more than three times more likely to use an ambulance than residents between 20 and 69.
- AMR handles 6 times as many calls as the busiest fire department(U-Crest). More than half of AMR's calls are Ambulance Only (55%).
- EMS Assist Calls account for 7% of calls in town (2668) and 85% (2616) of those do not have AMR responding. These calls are generally handled by the fire departments alone for minor concerns like lift assists.
- There is no adequate back up for AMR, although new Erie County EMS might have that ability.
- There are ten separate BLS first response systems – each fire district responds differently and has different levels of care.
- There are over 400 volunteer firefighters and 120 certified EMS providers in the ten departments.
- Some interviewed expressed concern that EMS call volume will wear on volunteers.
- The EMS workforce is thin in the greater Buffalo area and it's a very competitive environment to recruit and retain EMS employees.
- Distrust is apparent from some fire departments toward AMR.
- Initial EMS training is all in person, which can be a barrier for some.
- The continuing EMS training through AMR has an entirely on-line option which is seen as a benefit.
- Some of the fire departments take advantage of patient care charting that is offered by AMR.

## Options for Consideration

The **Options for Consideration** are actions that the Town of Cheektowaga should consider to improve EMS in the Town. The options vary from investing in the existing structure to substantial shifts in the manner in which services are provided which may lead to additional costs. Identifying the preferred options may require additional investigation and discussion.

## Immediate Opportunities for Improvement

- In the 911 Center, the Town should consider
  - Conducting an EMD Screen on all calls
  - Enhance training for dispatchers to meet NYS dispatch guidelines
  - Hire a Medical Director for the EMD Process
  - Create a Quality Assurance Process for EMS Dispatching

- **Incorporate the following changes for the American Medical Response Contract**
  - Balance AMR incentives and penalties to assure performance
  - Consider a subsidy system of up to \$500,000 annually based on AMR's ability to meet call targets.
  - Designate a single point of contact for both parties
- **Immediate Opportunities for the Town of Cheektowaga**
  - Engage one Medical Director to support all of the fire districts
  - Consider Disaster Planning and Training Opportunities
  - Update Chapter 52 of Town Code
- **Immediate Opportunities for the Fire Service**

The Town has little direct control over the fire service. However, the Fire Departments should each consider the following:

- Establish minimum of Certified First Responder on a Unit to Respond to EMS Calls
- Do not respond to medical facilities unless an "Echo "category call is received
- Only respond to more serious EMS calls unless there is a delayed response
- Establish Consistent criteria for dispatch
- If the home department is not readily available, use a mutual aid BLS-FR process
- Consider having EMS SUVs to be taken home
- Limit Lights and Sirens Response to Serious Calls
- Considering lowering the time between mutual aid tones

## Opportunities for the Future

While the preceding options focused on immediate actions for consideration that need little additional funding and can mostly be accomplished through internal policy adjustments. The following opportunities are both more expensive and potentially more impactful than those presented above.

- **Town Based Basic Life Support Response Service**
  - The Town could establish a basic life support first response service composed of Town and Fire District personnel can be used to respond to EMS calls. This service could serve to supplement the volunteer fire service at times when their availability is limited.

- **Town Operated Ambulance Service**
  - In New York State, numerous Towns operate an ambulance service. A town-operated ambulance service would give local authorities control over the provision of EMS services in the Town. The Town can tailor it to the needs of the town's residents and adapt at a faster pace than a third-party provider.
- **Contract with Erie County for Service**
  - Erie County has recently established an ambulance service that is operating in the southern portion of the county as a back up to existing services. While it is unclear to if Erie County would be interested in providing service to Cheektowaga, it legally could provide service in the Town.
- **Obtain a Municipal Operating Certificate and Solicit Proposals for Service**
  - The Town does not have an ambulance operating certificate and is therefore limited in the companies that it can invite to provide EMS in the Town. If Cheektowaga established a Municipal Operating Certificate under Public Health Law, it could solicit service from any ambulance service, not just those that already have an Operating Certificate.
- **Establish Partnership with Non-Profit EMS Organization**
  - Establishing a contract with a non-profit ambulance service organization such as Lancaster Volunteer Ambulance is another alternative for the town. By nature, nonprofit organizations are community service oriented and they typically have marginally lower costs than municipal services. Nonprofit EMS organizations are governed by a Board of Directors composed of stakeholders across the community it serves.

## Next Steps

While the EMS system in Cheektowaga is meeting the basic needs of the community, there are opportunities to improve this vital service. The Town Board should consider acting on the immediate opportunities that could improve EMS including:

- For the 911 Center
  - EMD Screen all calls
  - Enhance training for dispatchers to meet NYS dispatch guidelines
  - Hire a Medical Director for the EMD Process
  - Create a Quality Assurance Process

- For the American Medical Response Contract
  - Balance AMR incentives and penalties in a new contract
  - Consider a subsidy system of up to \$500,000 annually based on AMR's ability to meet call targets.
  - Designate a single point of contact for both parties
  - Direct radio communication with Cheektowaga Dispatch
- Immediate Opportunities for the Town of Cheektowaga
  - Engage one Medical Director to support all of the fire districts
  - Disaster Planning and Training Opportunities
  - Update Chapter 52 of Town Code

The Town should also work with the Fire Districts and Departments to consider adopting the following immediate opportunities:

- Establish minimum of NYS Certified First Responder on a Unit to Respond to EMS Calls
- Do not respond to medical facilities unless an "Echo "category call is received
- Only respond to more serious EMS calls unless there is a delayed response
- Establish consistent criteria for dispatch of units
- If home agency is not readily available, use a mutual aid BLS-FR process
- Consider having EMS SUVs to be taken home
- Limit Lights and Sirens Response to Serious Calls
- Considering lowering the time between mutual aid tones

The Town Board should establish a task force to consider the longer term opportunities including choosing among establishing a Town Based BLS Response Service, creating a Town Operated Ambulance Service, Contract with Erie County for Service, Obtain a Municipal Operating Certificate and Solicit Proposals for Service, contracts, and Establish a Partnership with Non-Profit EMS Organization.

## Acknowledgements

CGR would like to acknowledge the commitment and assistance of many organizations and individuals, for the time they shared with the project team, for their candor in addressing difficult issues, and interactions with GCR in a helpful manner for this study. Representatives of the following organizations were interviewed as part of the engagement.

- Town of Cheektowaga- Police Department, Communications Division, & Emergency Preparedness
- Fire Department Medical Directors:
- American Medical Response
- Bellevue FD
- Cleveland Hill FD
- Doyle FD
- Erie County Emergency Medical Services
- Forks FD
- Hy-View FD
- Pine Hill FD
- Rescue FD
- Sloan FD
- South Line FD
- Twin City Ambulance
- U-Crest FD



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# Section I- Overview and Key Findings

## Study Methodology

CGR was engaged in mid- 2023 to conduct a comprehensive evaluation of the EMS system leading to recommendation that were offered in early 2024 and finalized with this comprehensive report.

As part of the project, CGR conducted interviews and site visits with each fire district/department, AMR, and Cheektowaga Dispatch. We also spoke with County and State Officials, Medical Directors, and other similar EMS agencies for comparisons. Their comments and perspectives are shared in the report, but do not necessarily reflect the formal positions of their organizations.

As part of the process, CGR gathered data on calls for service from 911 center and AMR. We also had each department answered a questionnaire regarding their department operations.

## EMS Operating Environment

In New York, EMS is not an essential service. Currently, there is no legal obligation for a county, town, village or fire district to provide EMS<sup>2</sup>. The NYS Department of Health – Bureau of EMS regulates ambulance operations including through regional EMS councils and medical advisory committees. For decades, since the 1980s, the Town of Cheektowaga has been involved in the oversight of EMS in the Town, outside of the Village of Depew. The Town has Chapter 52 of Town Code that provides for specific oversight and regulation of EMS, although that section of code has not been updated in several years and refers to some out of date discussed below. For more than 30 years, there has been a contract between the Town and an ambulance service. The contract has been with AMR and its corporate predecessors since its inception, although there have been periods when no contract has been in force. The ten fire departments have been providing EMS first response for many decades. Historical documents point to fire departments operating ambulances and first aid squads before there was a formal EMS system in the community. Currently, only the South Line Fire District operates an ambulance. The others that operated ambulances stopped providing that service decades ago.

While there is no specific legal definition of an EMS system and each community adopts a system that works best for them, a “Model EMS System” would work to

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<sup>2</sup> In the 2024 NYS Legislative Session there were several proposals regarding this issue, but none have been adopted yet.

ensure the right resources respond promptly to medical emergencies and injuries to provide high quality treatment and timely transport to an appropriate medical facility.

The National Highway Transportation Safety Administration identifies that the essential EMS Functions are:

- Detection of a medical emergency
- Reporting of that emergency through dispatch
- Response to the event with appropriate resources
- On-Scene Care by trained medical professionals
- Care in Transit to stabilize or improve the health of the patient
- Transfer to Definitive Care at an appropriate receiving facility

The EMS system in Cheektowaga functions with twelve distinct organizations – the Dispatch Center, the ambulance and ten fire departments - working in varying degrees of collaboration to complete the essential EMS functions for the residents. Brief descriptions of the organizations follow with more in-depth information later in the report.

### **Cheektowaga Dispatch Center**

The Dispatch Center is staffed by civilian employees of the Cheektowaga Police Department. Full staffing is 27, but it has recently been as low as 23. They answer and dispatch 60,000+ calls each year. More than 80% of calls are for law enforcement. The staff has 5 on duty 7 am to 11 pm and 4 on duty overnights. The center answers 911 landline calls directly and receive cell phone transfers from the Erie County's 911 Center. At the time of the interview with the Dispatch Center, not all staff were EMD certified. Historically, nearly all staff had direct experience in the public safety field. Recently, however there is a smaller share with that experience.

### **American Medical Response**

AMR and its predecessors have had agreements with the Town since about 1990. The most recent agreement expired in mid-2023, but service continues. There are between 850 and 1,100 calls in town per month including interfacility work and private calls. About 80% of calls come through CPD's dispatch and about two-thirds of responses are transports. The typical staffing at the time of the report was three paramedic and two EMT units on days and evening. There is a fourth paramedic unit four days a week. On overnights, there are two paramedic and one EMT unit stationed in the town. Resources are shared with neighboring communities as needed. Across AMR, 700-unit hours are scheduled daily in Erie County and Buffalo. About 14% of the unit hours are based in Cheektowaga at their station on Duke Road.

## Fire Department Profiles

The table below provides some essential information about the EMS operations of the fire departments.

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transported to an appropriate facility. However, there are areas of concern and opportunities for improvement that were identified during the engagement.

The key findings are outlined below and covered in greater detail in the body of the report.

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## Section II – Options for Consideration

The Options for Consideration are actions that the Town of Cheektowaga should consider to improve EMS in the Town. The options vary from investing in the existing structure to substantial shifts in the manner in which services are provided which may lead to additional costs. Identifying the preferred options may require additional investigation and discussion.

### Immediate Opportunities for Improvement

#### 911 Center

##### EMD Screen all calls

In our review of the call data provided, approximately 35% of the calls received by AMR did not have an EMD code. This is excessive and could pose a liability issue. In EMS, sending the correct resources to a call starts with the EMD process. CGR recommends that the Town and AMR establish new categories for Fire department only response and Ambulance only response. This will ensure that those calls can receive a proper EMD code based on the information gathered from the caller.

##### Enhance training for dispatchers to meet NYS dispatch guidelines

Although dispatchers are well-versed in the job, it may help to amplify both trainings and certifications to meet or exceed New York State dispatch guidelines. If the Town should ever pursue industry accreditations, this will help meet qualification standards. This would include:

- Raising the initial dispatch training to 200 hours (including online training);
- Conducting in-service training of about 20 hours of training annually;
- Hosting CPR and AED training for Dispatchers; and
- Providing a ride along experience for dispatchers on ambulance calls.

##### Hire a Medical Director for the EMD Process

AMR has a medical director for its EMD process, the Town should consider hiring a Medical Director to provide guidance on necessary changes to provide a better service, this could include:

- Providing medical oversight of the EMD process;
- Directing training and education; and
- Coordinating with nearby providers.

## Create a Quality Assurance Process

Quality assurance processes are paramount for maintaining the standards and effectiveness of an EMD system. In a world where the EMS system is judged by its timely and effective interventions that can mean the difference between life and death, appropriate dispatching of resources is essential. A structured quality assurance process allows EMD qualified dispatchers to regularly review and evaluate their overall performance, and maintenance against established benchmarks and best practices. With an improved process, better triaging of calls will help to ensure appropriate resources are sent to calls. Additionally, the other organizations and community members will garner a higher level of trust and confidence in providers.

## Immediate Opportunities for the American Medical Response Contract

### Balance AMR incentives and penalties

There is no current contract in place between the Town and AMR, the last contract expired in 2023. During contract negotiations, the Town should consider offering incentives to AMR for meeting or exceeding performance standards (ex. Response times, patient outcomes, and customer satisfaction) and also withhold payment when they do not meet standards. A contract agreement that is transparent and fair will benefit the people of Cheektowaga and lead to a better EMS service<sup>3</sup>. Below are examples of potential standards:

- AMR needs to cover at least 98% of calls received each month
- Set response time goals at fractile<sup>4</sup> marks.
  - Ex. Echo and Delta calls 600 sec. or less 90% of the time
- Provide monthly performance report (exceptions and mutual aid)
- Give a Clinical performance report (BG's on all patients with syncope, Spinal Motion Restriction on all fall patients, potential stroke patients taken to a stroke center, etc.)
- Direct radio communication with responding units with Cheektowaga Dispatch
- CAD system or phone tie in for calls to AMR

<sup>3</sup> A confidential memo detailing recommendations for a contract was shared with the Town Board.

<sup>4</sup> A fractile is the portion of a distribution for which some fraction of the sample lies below. For our purposes, a fractile of 90% when discussing a response time indicates that 9 out of 10 of the responses are less than that amount of time.

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## **Consider a subsidy system of up to \$500,000 annually based on AMR's ability to meet call targets.**

"Zero-Bid" contracts in New York State are no longer working because it fails to provide municipalities with "teeth" to hold EMS provider agencies accountable to performance metrics and compliance requirement. Based on the research conducted, CGR recommends that the Town of Cheektowaga provides a subsidy of up to \$500,000 annually at a rate of \$50 per call. This subsidy should be paid on a monthly basis. Stated previously, with a subsidy you can insert performance metrics into the agreement, and penalties for failing to meet them. For AMR this incentive could help them close the cost to revenue deficit experienced annually.

## **Designate a single point of contact for both parties**

CGR understands that currently each AMR has contacts with each fire department resulting in disjointed communication. We recommend that each AMR has one contact at the Town who will then communicate with the fire departments to ensure there is a constant and consistent flow of communication. Similarly, the fire departments would have a single point of contact to use communicate with AMR. This person would also be able to track the concerns from AMR, the fire departments and the dispatch center.

## **Immediate Opportunities for the Town of Cheektowaga**

### **Engage one Medical Director to support all of the fire districts**

There are three Medical Directors that cover the 10 fire districts in Cheektowaga, CGR spoke with two of them. From the information gathered, it was clear that one medical director in a part-time role could serve as an EMD medical director and oversee all EMS agencies in the Town. Having one medical director would allow for:

- Uniform coordination of districts throughout the Town and a clear standard of care for the providers;
- Streamlined communication; and
- A clear go to person for guidance.

The recommendations would be to share the salary of the medical director among the fire districts they cover.

### **Disaster Planning and Training Opportunities**

Considering the Towns geographical location, the relatively large population in the Town and nearby risks(thruway, rail, airport, and mall), it is recommended that coordinated disaster planning be implemented for all EMS providers: AMR, the Fire



Departments and the 911 Center. These contingencies should include, but are not limited to:

- Adverse Weather Response;
- Rescue Task Force (Active Shooter); and
- Mass Casualty Incidents (Airport, Train, Thruway.)

## Update Chapter 52 of Town Code

Chapter 52 of the Town code needs to update to reflect the current state of EMS and recent practice. The comments below are not meant to be exhaustive and should be considered after review by the EMS Board and Town Attorney. Many of the suggestions focus on revising or removing sections of the Town Code that were written before there was state law that covered the material.

- 52-4 – The Town has not issued ambulance licenses in many years. This section could be revised to focus on state certification of ambulances and providers based on Article 30 of Public Health Law.
- 52-5 – This section seems to be superseded by the contract for service.
- 52-6 – This section has not been used in many years and should be removed.
- 52-7 – The EMS Board should review this section to ensure that it is compatible with current practice. For example, this section regarding revocation of licenses of ambulances and providers is anachronistic.
- 52-11 – This section contains outdated terminology and is superseded by the requirements of state public health law.
- 52-12 – Sections A and B could be removed from the code as they are not a part of current practice.
- 52-13 – This section related to an individual's license is superseded by state law and has not been used in many years.

## Immediate Opportunities for the Fire Service

### Establish minimum of Certified First Responder on a Unit to Respond to EMS Calls

It is essential that appropriately trained providers are sent to medical emergencies. Each fire department should consider establishing a minimum standard that a certified first responder is on the unit when they respond to an EMS event. While other courses offer similar training, the New York State Certified First Responder course ensures that the providers have a specific set of training and have been credentialed by the state that they had competency in those skills. This is particularly important when

conducting assessments of the patients and using prescribed substances such as oxygen.

### **Do not respond to medical facilities unless an “Echo” category call is received**

In the review of the EMD process, CGR noticed that fire department units were responding to calls at medical facilities such as urgent care or a doctor’s office. These facilities typically have medical staff and personnel to deal with the emergency at hand unless the call is of a more serious nature such as CPR or other “Echo” category calls. Fire department resources are not needed at less serious situations

### **Only respond to more serious EMS calls unless there is a delayed response**

Many departments in the town have limited volunteers and to prevent burnout the requests for volunteers should be limited. Currently, each fire department sets its dispatch criteria in consultation with the dispatch center. Prioritizing what calls will be responded to will ensure that the volunteers will be readily available when needed and they are only sent to more serious calls where they will be helpful. For example, fire departments should only be dispatched to Delta or Echo level calls, calls involving a rescue, reports of serious external bleeding, potential strokes or calls when AMR indicates that it will have a delayed response. Using this criteria will reduce the EMS calls for service for fire departments by about half.

### **Consistent criteria for dispatch**

Currently, the fire departments have slightly different protocols for responding to calls. There are also unofficial practices that limit the responses by the fire departments during overnight hours. The EMS Advisory Board, Dispatch Center and Medical director should develop consistent dispatch criteria ensures that:

- EMS services are dispatched the same across all fire districts and at using the same times overall;
- Dispatchers work faster and more accurately with less confusion, improving response times overall.

### **If the home department is not readily available, use a mutual aid BLS-FR process**

If the home department does not acknowledge the call in the first three minutes, it is important to use a mutual aid BLS-FR process, so that the closest available unit can respond to a call in the least amount of time. This act would prioritize the patient and get them medical care as soon as possible.

## Consider having EMS SUVs to be taken home

Fire Districts should consider having EMS personnel take SUVs home for specific shifts.. This will improve the response by having trained providers go directly to the scene rather than responding to the station first. Chief officers do have vehicles that they use to respond to scenes, having trained EMS providers respond directly to scenes might present some operational concerns, but with proper training and policy they can be addressed. Southline FD currently uses this practice.

## Limit Lights and Sirens Response to Serious Calls

Lights and sirens should only be used during the response to more serious calls. A 2022 position statement issued by 14 professional organizations stated that “EMS vehicle operations using L&S pose a significant risk to both EMS practitioners and the public. Therefore, during response to emergencies or transport of patients by EMS, L&S should only be used for situations where the time saved by L&S operations is anticipated to be clinically important to a patient’s outcome.”<sup>5</sup>

## Considering lowering the time between mutual aid tones

The EMS Advisory Board should recommend reducing the mutual aid tones to less than 5 minutes. As it stands currently, the 5 minutes window is excessive especially for critical calls such as “Echo” level calls. As noted above, this should be reduced to three minutes or lower to help ensure a prompt response.

# Opportunities for the Future

While the preceding options focused on immediate actions for consideration that need little additional funding and can mostly be accomplished through internal policy adjustments. The following opportunities are both more expensive and potentially more impactful than those presented above.

## Town Based Basic Life Support Response Service

The Town could establish a basic life support first response service composed of Town and Fire District personnel can be used to respond to EMS calls. This service could serve to supplement the volunteer fire service at times when their availability is limited. This service could operate during high call times or covering the districts that struggle to or do not want to provide EMS service. By supplementing the existing EMS system, the BLS-FR service provides broader EMS coverage, producing reduced call response times. For volunteers calls such as “lift assist only” or “ambulance assist” are

<sup>5</sup> [Full article: Joint Statement on Lights & Siren Vehicle Operations on Emergency Medical Services Responses \(tandfonline.com\)](#)

unappetizing for volunteers, thus they don't respond. This responsibility would be assumed by the BLS-FR agency to provide that assistance.

If the town were to start a BLS-FR service, the initial staffing would likely be with 8 full-time EMTs with an estimated fully loaded cost of \$96,000 each. There would be two EMTs on duty at a time working on the same unit. Alternatively, there could be staggered shifts the focused on having two units on duty during the busiest times of day and when volunteers are less likely to be available. The operation would need to have two first response vehicles at approximately \$75,000 each and the necessary medical equipment. This staffing model have two units with four EMTs on duty at all times. The personnel costs for this service with competitive full-time salaries and benefits would be about \$770,000.

Volunteers from the fire departments could also be solicited to help staff the EMS units which would help defray the costs to the Town. For example, volunteer staff could be recruited to staff the first response units during evening or overnight hours.

A local example of a similar service is in the Town of Tonawanda where town employees provide advanced life support with paramedic level first response units (fly cars) that respond to all calls in the Town and then work with a local commercial ambulance service to provide transport. The Town could consider a paramedic level service, but this is both more expensive and needs additional administrative work before implementation.

## **Town Operated Ambulance Service**

In New York State, numerous Towns operate an ambulance service. A town-operated ambulance service would give local authorities control over the provision of EMS services in the Town. The Town can tailor it to the needs of the town's residents and adapt at a faster pace than a third-party provider. As a result, the EMS system would have an increased level of accountability to Town residents and government officials to ensure a high-quality service. However, it is unlikely that that the Town would be able to cover all its operating costs with a municipal ambulance service, and there is a possibility that it would not be able to retain its operating certificate in the long term.

A town ambulance will require a minimum of a year with substantial administrative effort to go in service. The Town should plan on anywhere between 8,000-10,000 calls per year, should acquire a fleet of 5 to 9 ambulances and staff 3 to 6 ambulances depending on the time of day. Each staffed ambulance needs eight full-time employees plus additional to cover vacations and illness. The Town would need about forty full time employees of various levels including EMTs, paramedics, supervisors and managers.

The estimated ambulance provider personnel costs including benefits and NYS pension:

- \$21.50 hourly, estimated total annual cost of \$96,000 for an EMT;
- \$29.00 hourly, estimated total annual cost of \$118,000 for Paramedic
- \$31.00 hourly, estimated total annual cost of \$125,000 for Supervisor

Once the operation commences, the Town can estimate revenue of \$425-\$450 per transport, heavily dependent on payer mix. Although the Town can estimate to make \$2.2 million in revenue, it will require ongoing municipal support in the amount of \$1.5 million and \$2 million to cover the full costs of the operation.

## **Contract with Erie County for Service**

Erie County has recently established an ambulance service that is operating in the southern portion of the county as a back up to existing services. While it is unclear to if Erie County would be interested in providing service to Cheektowaga, it legally could provide service in the Town. The County's operation is not currently large enough to provide adequate service to Cheektowaga, but it could ramp up to the approximately five ambulance crews needed to serve the Town. It would be reasonable for the Town to pay a subsidy<sup>6</sup> to the County for the service to cover the gap between revenue from transports and the cost of the service.

## **Obtain a Municipal Operating Certificate and Solicit Proposals for Service**

The Town does not have an ambulance operating certificate and is therefore limited in the companies that it can invite to provide EMS in the Town. If Cheektowaga established a Municipal Operating Certificate under Public Health Law, it could solicit service from any ambulance service, not just those that already have an Operating Certificate. For example, Mercy EMS cannot provide ambulance service in Cheektowaga because it doesn't have legal authority to do so but it could submit a proposal to provide the service if the Town acquired the appropriate operating authority..

Soliciting an outside proposal is a cost-effective strategy to providing the service and what the Town has done for decades. However, if Cheektowaga had its own operating certificate, more potential vendor could bid and it might lead to a more favorable contracts.

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<sup>6</sup> Rather than actually paying the County, the Town would likely have a chargeback in terms of sales tax withheld or an additional charge on the property tax bill.

## Establish Partnership with Non-Profit EMS Organization

Establishing a contract with a non-profit ambulance service organization such as Lancaster Volunteer Ambulance is another alternative for the town. By nature, nonprofit organizations are community service oriented and they typically have marginally lower costs than municipal services. Nonprofit EMS organizations are governed by a Board of Directors composed of stakeholders across the community it serves. Currently, Lancaster Volunteer Ambulance (LVAC) is a combination career volunteer agency that is the primary ambulance service for the Town and Village of Alden, the Village of Depew (including the portion in Cheektowaga) and the Town of Lancaster. It would be a viable alternative for Cheektowaga to work with LVAC to expand their service and operate initially under a Town of Cheektowaga operating certificate. This option would effectively lead to LVAC needing to more than double in size and it currently handles about 7,000 calls a year in its service area and there are about 9,000 in Cheektowaga. This type of change would only be reasonable with a long-term agreement and potentially capital support. However, this would be less expensive than the Town developing its own ambulance service.

## Next Steps

While the EMS system in Cheektowaga is meeting the basic needs of the community, there are opportunities to improve this vital service. The Town Board should consider acting on the immediate opportunities that could improve EMS including:

- For the 911 Center
  - EMD Screen all calls
  - Enhance training for dispatchers to meet NYS dispatch guidelines
  - Hire a Medical Director for the EMD Process
  - Create a Quality Assurance Process
- For the American Medical Response Contract
  - Balance AMR incentives and penalties in a new contract
  - Consider a subsidy system of up to \$500,000 annually based on AMR's ability to meet call targets.
  - Designate a single point of contact for both parties
  - Direct radio communication with Cheektowaga Dispatch
- Immediate Opportunities for the Town of Cheektowaga
  - Engage one Medical Director to support all of the fire districts

- Disaster Planning and Training Opportunities
- Update Chapter 52 of Town Code

The Town should also work with the Fire Districts and Departments to consider adopting the following immediate opportunities:

- Establish minimum of NYS Certified First Responder on a Unit to Respond to EMS Calls
- Do not respond to medical facilities unless an "Echo "category call is received
- Only respond to more serious EMS calls unless there is a delayed response
- Establish consistent criteria for dispatch of units
- If home agency is not readily available, use a mutual aid BLS-FR process
- Consider having EMS SUVs to be taken home
- Limit Lights and Sirens Response to Serious Calls
- Considering lowering the time between mutual aid tones

The Town Board should establish a task force to consider the longer term opportunities including choosing among establishing a Town Based BLS Response Service, creating a Town Operated Ambulance Service, Contract with Erie County for Service, Obtain a Municipal Operating Certificate and Solicit Proposals for Service, contracts, and Establish a Partnership with Non-Profit EMS Organization.



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## Section III: Agency Profiles

### American Medical Response

American Medical Response (AMR) and its predecessors (Towns Ambulance and Rural/Metro Medical Services) have served the town of Cheektowaga for more than 40 years. They have provided the service under a formal agreement with the town since about 1990.

AMR has had a contract with the Town, but the most recent one expired in mid-2023 and they are continuing to provide the service until a new one is established after the completion of this engagement. Under the agreement, AMR is the primary ambulance that is asked to respond to all calls for service in the Town of Cheektowaga that are received by the 911 system. AMR also responds to private calls from adult care facilities, urgent cares and other health facilities in the Town.

When an EMS call is received in the Town by the 911 system, it is first processed by the Cheektowaga dispatchers and then given to AMR by phone or IAmResponding application. AMR then assigns their closest appropriate unit to respond. If the call is designated as a lower severity call, then a BLS ambulance may be assigned to it.

AMR has a leased facility on Duke Road that is the primary station used to serve Cheektowaga. Crews from that location are then posted to other locations in the Town and are at times sent to provide service in other communities by AMR's dispatch center. Similarly, units from other bases will be sent to calls in Cheektowaga or to standby waiting for calls.

AMR responds to about 27 calls per day in the Town. 85% of those calls are received through the Town PSAP system and the remainder are direct calls to AMR.

### Staffing

AMR typically has three units, two paramedic and one EMT, unit staffed 24 hours a day out of the Duke Road station. That compliment is usually supplemented by two additional units staffed 12 hours a day from 10 am to 10 pm during the busiest times. In total, there are about 96 hours of ambulance units on duty in Cheektowaga every day. The employees stationed at Duke Road routinely work out of that station giving them familiarity with the community. AMR typically has 700 unit hours in the metro-Buffalo area each weekday and 600 hours on the weekend.

AMR, like most EMS agencies, has been in a constant struggle to maintain their staffing at appropriate levels. Their staffing was approaching a comfortable level for both EMT and paramedic when several municipal organizations began to hire away because of



their higher pay and benefits. Several employees are likely to leave or have left to Erie County EMS and Niagara County EMS.

## Training

AMR has a full range of EMS training offerings at the EMT level including offering several original EMT courses annually. They typically have an “Earn While You Learn” program for prospective EMTs to get paid to take the EMT class and be offered a position upon successful completion.

They also support existing employees to become paramedics through courses at Erie Community College. In 2022, 11 paramedics graduated and in 2023 18 students started the program.

AMR has an internet-based CME recertification program for EMTs and ALS providers. They make this program available for any of the fire departments in Cheektowaga.

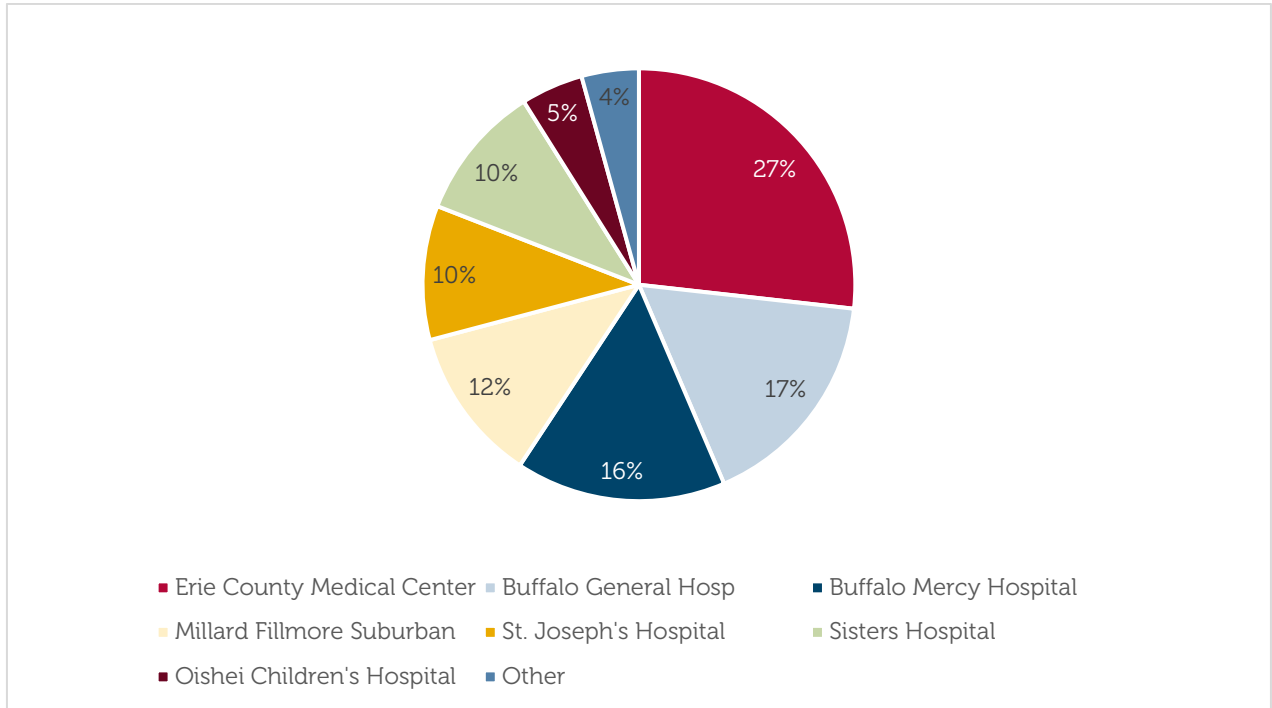
## Funding

AMR does not receive a subsidy from Cheektowaga. All of their services are supported by patient billings, mostly from transports. AMR transports about two-thirds of the calls it is dispatched to in Cheektowaga. More than three quarters of transports are billed to a government insurance program (Medicare, Medicaid, or their respective HMO providers). This is pertinent because these programs pay substantially less than commercial insurance providers.

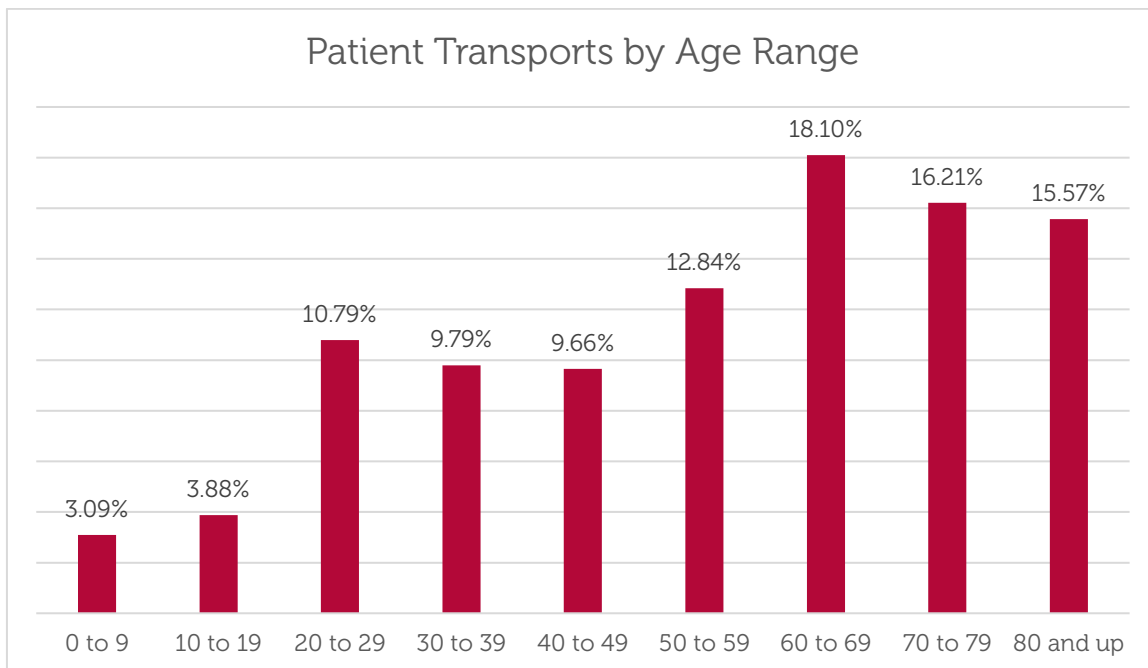
Transport Payor Mix	
Medicare/Medicare HMO	61.40%
Medicaid/Medicaid HMO	15%
Commercial /Commercial HMO	15%
Private Pay / No insurance	6.50%
Veterans Administration	2%
Facility /Institution Contract	0.10%

## Transport Details

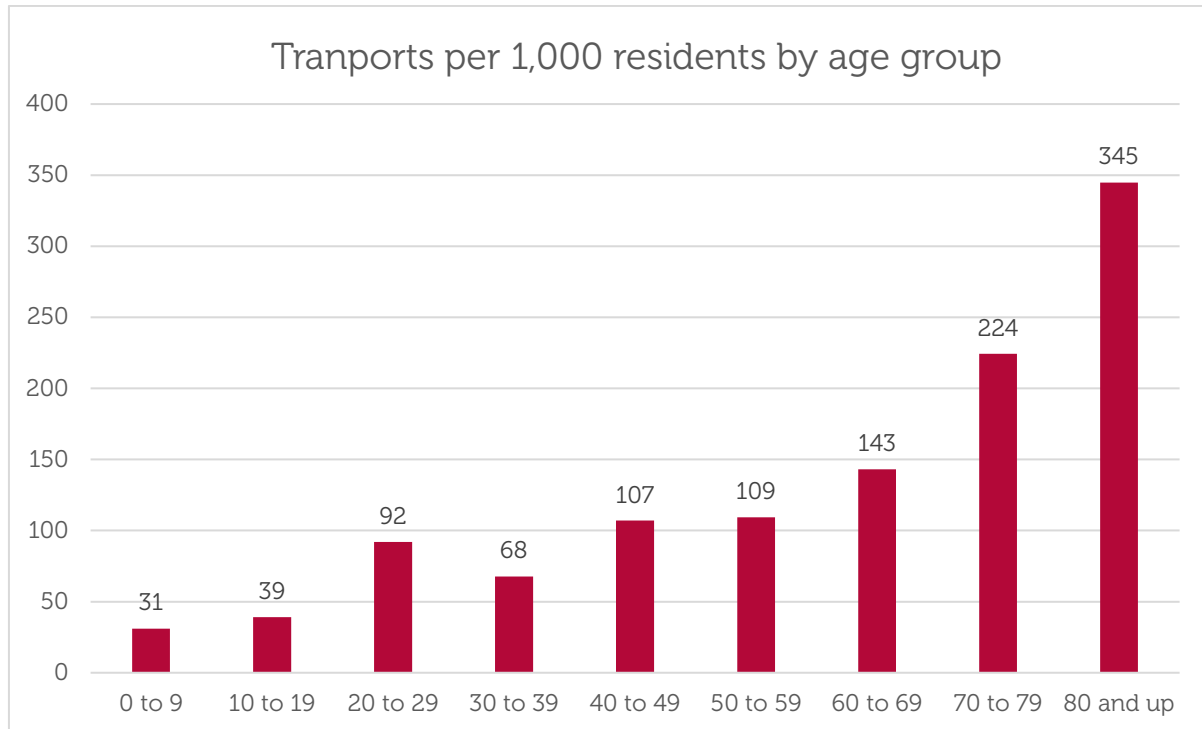
ECMC received the most patients transported by AMR from Cheektowaga in 2021 to Spring 2023, with 27% of transports.



The age group with the largest number of patient transports was those aged 60-69.



The age group with the largest number of transports per 1,000 residents was those aged 80 and up with 345 transports per 1,000 residents. This more than triple the number of transports per 1,000 residents of the whole town of 111 per 1,000.



## Areas for Change

AMR has indicated that they are open to a renewal of the contract and continue to serve the community as specified in the expired agreement.

Potential areas for improvement in the service in the community include establishing a better connection with the Cheektowaga Dispatch Center, better consistency on the EMD coding provided by the Cheektowaga Dispatch Center, and consistency on the calls that are ambulance only vs. those requiring a first response from the fire department.

## Communications System

The Cheektowaga Dispatch Center is the public answering point for all Cheektowaga emergency services. The dispatch center under the Administration Division of the Cheektowaga Police Department. The dispatch center has an authorized staff of twenty-seven dispatchers. The center is located at the Cheektowaga Police Department on Broadway Street. Currently, the Town of Cheektowaga Dispatch Center dispatches for ten different volunteer fire departments and the Cheektowaga Police Department. They also notify and make updates to AMR the contracted EMS provider to the Town. In, addition to dispatching duties, the public safety dispatchers (PSD's) also staff a counter to assist the public with many different tasks. They will take police reports so to keep police officers available for responses.

The call volume for the dispatch center has increased slightly over the last three years and has been impacted by natural disasters such as the blizzard in 2022.

Year	2020	2021	2022
Police	45,032	48,042	48,973
EMS & Fire	11,141	12,219	12,654

The Dispatch Center receives calls either directly when a caller uses a landline or VOIP phone in the Town or after a transfer from the Erie County Central Police Services if the call is made from a cellular phone. Exact percentages were not available, but the majority of calls for service are made by cellular phones and therefore are processed twice.

## Staffing

Full staff for the department is 27, but they often have open positions and can get as low as 23 on the staff. They work 8-hour shifts with a 4 days on, 2 days off rotation. The daytime shifts at 0700 to 1500 with a minimum of 5 on duty, the evening is 1500 to 2300 with a minimum of 5 on duty and the overnight (2300 to 0700) has a minimum staffing of 4. Each shift has an assigned supervisor that works weekdays.

The PSDs are part of a union and do a shift bid every six months based on seniority. When overtime is offered, it is typically either 4 or 8 hours. They can be mandated to fill a shift.

There is a regular churn among the dispatchers several leaving every year to take positions in law enforcement or the fire service. As an example, two hired to become CPD police officers in early 2023.

## Training

The training for the positions are completed inhouse. There is a two week classroom program followed by a six month field training program. Most employees have been certified in Emergency Medical Dispatching. That training is done at an outside center. About half of employees that are hired are not able to complete the six month probationary period.

The department does have a dedicated training officer.

## Funding

The dispatch center is funded through the police department budget.

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## Technology

The radio system in the Town is relatively new and robust. They operate on a UHF band for the police department and the fire departments. The computer aided dispatch system is about two years old and they are likely to participate on a new CAD system that is being developed by Erie County.

The dispatch center has back up agreements in case of failure with the Town of Lancaster and can operate out of the Erie County Training and Operations Center in the event of a long term failure.

There is no mechanism for communicating mass messages to the public through text or calling. The official social media accounts for the department are used to reach out to the public as needed. There is not GPS for either the ambulances or fire apparatus that can be tracked by the dispatch center. AMR does have its own GPS system.

## Areas for Change

The dispatch center would like to see a more streamlined process for dispatching the fire departments and to be able to communicate directly with the ambulances that are responding to calls in the Town.

## Bellevue Fire Company

The Bellevue Fire Company began just after World War II in 1947. It borders the Town of Lancaster and Village of Depew to the East and is just north of the South Line Fire District. Bellevue Fire Company responds to approximately 700 calls a year ranging from fire protection to EMS services, as it stands 80% of calls received require EMS assistance. Bellevue highlights a consistent group of core volunteers who contribute to the overall success of its operation.

Bellevue Fire company services are 100% volunteer and they operate under the jurisdiction of the Bellevue Fire District Board of Commissioners. The surrounding community offers generous financial support to the company outside of its standard budget.

Over the past several years, new commissioners have been elected. As of fall of 2023, four out of five commissioners are in their 1<sup>st</sup> term of office and one commissioner has been in office for several terms. Like most fire agencies with the Town of Cheektowaga, Bellevue uses the IAmResponding app to coordinate who is responding to a call. Bellevue ran into difficulty implementing electronic PCR's and continues to use paper forms until a solution can be developed.

Bellevue Fire operates at a BLS Capacity, carrying only NARCAN as a medication. Bellevue has a mutual aid agreement for both fire and EMS calls. If needed due to

manpower issues, mutual aid can be automatically dispatched as well as manually requested by the officer in charge of a call as necessary.

Bellevue FD leadership indicates that they feel the turnaround time to get anything done within the town is very slow and that things change at a snail's pace. They feel that the Town does not negotiate well with AMR and no one person takes the lead on following up with the collective concerns of the chiefs of the town fire districts.

## Staffing

The Bellevue staff consists of:

- 38 Members
  - 22 Basic Exterior Firefighters
  - 16- Interior Firefighters
  - 6 EMTs

Membership has been stable. However, about half of the general membership is aging and not as active. Members that do show up frequently and want to be involved are happy and vibrant. Bellevue does not use shifts and members respond when they can. Members are afforded the ability to earn LOSAP points for their activity. There is concern about its effectiveness due to its low benefit payout.

## Training

Regarding EMS, Bellevue membership often participates in regular recertifications as needed. They can use the local Red Cross for CPR. EMTs participate in CME refreshers online. Routine fire/EMS training and drills are conducted by officers.

## Funding

Leadership indicated that their approach to their budget is to strictly ensure that all expenditures are in alignment to what their department plan was initially. Other money received includes grants that they apply for.

Bellevue receives lots of good community support via residential fund drives, virtual raffles and by selling plates of food.

## Areas for Change

Bellevue does not anticipate significant change moving forward. However, if there was support developed, they would like to see Town assistance to improve EMS services including:

- Streamlining the mutual-aid process, if AMR cannot tend to a call, AMR should request neighboring agencies.. In addition, Dispatch or Bellevue having the ability to directly request mutual aid from ambulances (LVAC, Twin City, etc.) outside of the Town would be a benefit;
- Ensuring that AMR keeps their rigs within the Town; and
- A possibly a Municipal-Based EMS System.

## Cleveland Hill Fire Department

Cleveland Hill has been in operation since 1934 and they have been at their current location for about 75 years, although the station has had additions over the years. The district is located in the northwest corner of the Town with borders with the Town of Amherst and the City of Buffalo. The airport is their eastern border.

The department has undergone several changes since COVID with a reduction in the number of members and challenges keeping them all active. There was a reduction in the number of chief positions and the apparatus fleet was reduced from three engines to two. The district is considering building a new fire station, but the space needs and costs might be difficult to sell to the residents.

The department is recognized by the DOH as a BLSFR program. They have Narcan, epinephrine check and inject program, albuterol and aspirin.

### Staffing

Membership at Cleveland Hill consist of 43 members, there are:

- 29 Interior Firefighters
- 8 Exterior Firefighters
- 19 EMTs (All line officers are EMTs)

Membership declined slightly during COVID, but numbers have leveled off in the last year. The rolls are getting more diverse

Benefits to volunteering include:

- LOSAP
- Free Uniforms and Training
- Per Call Incentives
- Property Tax Abatement.

### Training

Cleveland Hill membership participates in regular EMS recertifications as needed. They use AMR for the CME program.

## Funding

The majority of the funding is through the property tax for the fire district. The department has not recently pursued any grants. They have conducted fundraisers such as the chicken barbecues in the past. There is also an annual fund drive through a mailing and a spring raffle.

## Areas for Change

The district is considering moving toward EMS only members, similar to those adopted at other districts in the Town. Those in the meeting were open to the consideration of consolidation, but don't see momentum toward it at this time. There was some significant resistance to the last major change in the department when they reduced the number of engines from 3 to 2.

## Doyle Hose Company#1

Doyle # 1, the second oldest department in the Town of Cheektowaga has been operating since 1904. In 1959 the department bought their current station in which they've operated from since. Members cover a 2.5 square mile district located in the Southwest Corner of the Town, bordering the Town of West Seneca to the south and the City of Buffalo to the West.

Doyle # 1 works in tandem with its counterpart Doyle #2. Volunteers from both stations respond to the same calls within their district, this has created a closeknit partnership between the agencies. For example, both departments share a vibrant Junior Firefighter program for youth ages 13-18. Doyle #1 noted that EMS calls are growing increasingly every year and expressed a need to expand to better serve their residents. Thus, the Doyle Fire District Board of Fire Commissioners have submitted an offer to purchase an old orphanage property located at 2600 William Street in the central part of the fire district to house both Doyle 1 and 2. In September 2023, a vote approved this purchase.

Currently, the Doyle #1 apparatus consist of an engine, a quint and an EMS SUV.

Stated previously, Doyle #1 and #2 works together regularly:

- They share the same Board of Fire Commissioners;
- They collaborate on their Junior Firefighter program; and,
- They respond to calls together.



When a call is received, members receive a page indicating to come to the station. They then go to their station, to roll out in vehicles. Doyle #1 uses MEDs via AMR to conduct PCRs and intends to switch over to ImageTrend when AMR does so. Doyle #1 operates under the direction of the Fire Board of Commissioners and Dr. Andrew Poreda, their medical director. Notably, leadership supports Dr. Poreda and raved on his engagement with the department.

## Staffing

Membership at Doyle #1 consist of 45 members, there are:

- 25 Interior Firefighters
- 17 Exterior Firefighters
- 28 EMTs, 3 CFR & 1 Paramedic
- 3 of the members are EMS only and do not participate in firematic training or responses.

Membership was described as stable; Doyle #1 is able to reach their goals and maintain a consistent call volume. Here, a core group of young, motivated volunteers heighten their performance metrics. Benefits to volunteering include:

- LOSAP starting at age 62
- Free Uniforms and Training
- Property Tax Abatement.

## Training

Day-to-day training is handled by Department line officers on a regular basis. Doyle#1 uses the 100% Online CME Program through AMR so that members can complete EMS training at their convenience. A noted benefit to retention rates.

## Funding

Leadership indicated that the Department has no current funding issues. Its main source of income derives from the Fire District Tax. Doyle #1 gets 60% of the Fire District tax while Doyle #2 gets 40% of the tax. No other stream of income was noted; however, leadership indicates that apparatus costs have increased, and they do not pursue outside grants.

## Areas for Change

To improve the delivery of EMS within the Town, Doyle#1 leadership would like to see the Town do a better job in holding AMR accountable for their response times. A concern presented by leadership is AMR response times. Due to the increased call volumes throughout the town, AMR is stretched thin in resources and takes longer than normal to respond to calls made within their district.

## Doyle Hose Company #2

In response to a significant growth in residents in the Southwest of the Town, Doyle #2 was founded in 1924. The company operates at the BLS level, and members cover the 2.5 square mile district located in the Southwest Corner of the Town, bordering the Town of West Seneca to the south and the City of Buffalo to the west along with their brother department, Doyle #1.

Doyle #2 works in tandem with its counterpart Doyle #1. Volunteers from both stations respond to the same calls within their district, this has created a closeknit partnership between the agencies. For example, both departments share a vibrant Junior Firefighter program for youth ages 13-18. Considering their partnership with Doyle #1 and the increase in calls, the Doyle Fire District Board of Fire Commissioners have submitted an offer to purchase an old orphanage property located at 2600 William Street in the central part of the fire district to house both Doyle 1 and 2. In September 2023, a vote took place to approve this purchase.

Doyle Apparatus consist of an engine, a rescue pumper, an EMS SUV, a utility vehicle and three chief officer vehicles.

As noted Doyle #2 works in tandem with its counterpart Doyle #1. Volunteers from both stations respond to the same calls within their district. They use IAmResponding to indicate that they are responding to a call.

## Staffing

Membership at Doyle #2 consist of 45 members, there are:

- 22 Interior Firefighters
- 23 Exterior Firefighters
- 12 Certified First Responders
- 4 are EMS only and do not participate in firematic training or responses.

Membership at Doyle #2 has been a reported challenge that they are facing. Although they have a group of dedicated staff, some members have low response rates or don't respond to calls. Considering the constant increase in call volume, this could eventually lead to burn out amongst its active members.

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Member benefits include:

- LOSAP starting at age 62
- Free Uniforms and Training
- Property Tax Abatement.

## Training

Day-to-day training is handled by Department line officers on a regular basis. Doyle #2 uses the 100% Online CME Program through AMR so that members can complete training at their leisure which is thought to be a benefit to retention rates.

## Funding

Doyle #2's main source of income comes from the Fire District Tax. Doyle #2 gets 40% of the Fire District tax while Doyle #1 gets 60% of the tax. No other stream of income was noted; however, leadership indicates that apparatus costs have increased, and they do not pursue outside grants.

## Areas for Change

To improve the delivery of EMS within the Town, Doyle #2 leadership would like to see the Town do a better job in holding AMR accountable for their response times.

# Forks Fire Department

The Forks Fire Department operates out of two stations in the center of the Town. They are bordered by the Village of Depew, Bellevue, Doyle, Sloan, Walden and U-Crest Fire Departments. About 90 percent of the properties in the district are commercial in nature. There are only 700 houses in the district. The department operates two engines, both acquired in 2019, and a 85' foot ladder truck. They also have two light rescue trucks that are used for BLS first response.

## Staffing

The department has 24 members on the books. Only about 15 are active and fully qualified members. The number of members has dropped in recent years, mostly as former members age out of being active firefighters. About half of the members live outside, but near to the district.

There are 9 EMTs on the active rosters, which typically leads to having a sufficient response for EMS calls.

## Training

The EMTs in the department use the CME recertification program through AMR. The department has an in-house training program for AED and CPR that is credentialed through the AHA.

## Funding

The department is funded almost exclusively through the fire district taxes. There are some small food based fund raisers and they do accept direct donations, but this is not relied on to support operations.

## Areas for Change

. The leadership believes that there will be a switch to some sort of paid fire response in the relatively near future because there is increasing difficulty in getting an adequate response. There is also a view that there needs to be better oversight of AMR and competition so that their responsiveness improves. There was mention that there is friction in the relationship with AMR and that the friction became worse after the poor response during the blizzard in 2022.

## Hy-View Fire Company

Hy-View Fire Company, services the Northeast corner of the Town of Cheektowaga and has been doing so since 1959. Their current station was built in 1966. Hy-View responds to calls within its 3 square mile district including BLS first response. They also respond to serious incidents at the Buffalo Airport. The Fire District, borders the Town of Lancaster to the east, Village of Depew to the south, U-Crest and the Buffalo Airport to the west and the Town of Amherst to its north.

Manpower was a reported strength to Hy-View. They also state they have high quality equipment and lots of training. Leadership reported that as a strength in their overall response rate. A concern that was noted is a generational difference between the older members and younger members. A goal for the department is navigating how they can overcome differences and become one cohesive unit.

The apparatus Hy—View operates with consists of:

- 2 Engines
- 1 Ladder
- 1 Light Rescue
- 1 ATV
  - During the 2022 Winter Storm, the Hy-View ATV was responsible for 70 rescues.

Hy-View EMS provides EMS services at a BLS capacity, carrying NARCAN and oxygen to serve as supplemental medications, if needed. When a call is directed in Hy-View, members respond via Voice pagers or IAmResponding to indicate if they are responding to a call. If Hy-View fails to meet its minimal staffing requirement to go on a call, they then tone AMR to respond to the call. None of the apparatus contained at Hy-View is Wi-Fi compatible thus they use no charting software when they take calls, members fill out paper PCR forms if necessary for each call.

Leadership suggested that their elected Board of Fire Commissioners do not understand the issues that EMS experiences and as a result, EMS receives very little support. Regarding the town board, they rarely interact with them as well and feels as if the Town Board liaison is not knowledgeable to what EMS does.

Dr. Kaori Tanaka, DO serves as the medical director for Hy-View. Although there were no complaints about their relationship, Hy-View stated that they would like for all Fire districts in the town to go under the direction of a singular Medical Director. Regarding mutual aid, Hy-View works most often with AMR, Cleveland Hill and U-Crest, all of which have described their relationship as going well.

## Staffing

Membership at Hy-View consists of:

- 35 Members
  - 7 EMTs
  - 28 First Aid/CPR/AED

As stated earlier, manpower is currently a strength for Hy-View Fire. However, they are currently considering potentially adding Career staff for the agency and exploring the idea of having volunteer shifts

Volunteers receive typical benefits such as free uniforms, 24-hour access to facilities, \$200 tax abatement and LOSAP. For Hy-View, members can collect LOSAP at the age of 58. Leadership commented that LOSAP has ruined the spirit of volunteering, it has turned members to volunteer solely for points. In response to staffing shortages experienced elsewhere and EMS issues going on within the Town, leadership feels that Fire Districts will have to look to consolidate to ease the burden of EMS troubles.

## Training

For EMS, Hy-View EMTs maintain their training and certifications through traditional refresher courses. The rest of firefighters get their First Aid/CPR/AED trainings through the American Heart Association.

## Funding

The main driver of income comes from the fire district tax. The community supports the fire stations well, they show this support through fund drives orchestrated by the Hy-View Fire Department.

## Areas for Change

Hy-View has recognized that older members do not want change. Described as a “kingdom mindset”, members can be tied up more into identity than bettering the providing of services. Leadership was happy that a study is being conducted and noted the following areas for change within the Town:

- Reduce number of Fire Districts
  - 10 Districts with 50 Commissioners for one town is too much and creates fiefdoms, but no one wants to be first
- Better enforcement of contract with AMR
- Consider a town wide EMS system - not the county's new system

## Pine Hill Hose Company

### Current Agency Status

The Pine Hill Hose Company #5 was established in 1927 as a Fire Department and later picked up Emergency Medical Services (EMS) as part of its operation. The department borders the City of Buffalo to the west, as well as Walden (south), U-Crest (east) and Cleveland Hill(north). It covers a one-square mile district. Pine Hill responds to a reported 35 calls per month ranging from EMS, Motor Vehicle Accidents, Fires and Mutual-aid assistance.

The department is staffed solely by volunteers who respond to the station when a call is received. Chiefs can respond to a scene with department vehicle. Pine Hill responds to BLS calls with their apparatus or Fly Cars. Recently, the leadership has decided that the department will be going on board with using the IAmResponding software to know which volunteers are responding to calls. According to the Chief, 95% of calls received are EMS related. At the time of the interview, Pine Hill was anticipating a switch in their PCR software from MEDs to ImageTrend, to coincide with the switch that AMR is making effective 2024.

The Pine Hill Fire Department leadership reports that they are very close with the Board of Commissioners. The President & EMS Captain of the Pine Hill Department attends the Board of Commissioners meetings and relays pertinent information to the

department quickly and efficiently. When a call is received members coordinate through text to see who can meet at the station in order to rollout any apparatus. For EMS calls, one EMT and a driver need to be present. Chiefs take their fly cars home, and if they receive a call if available, they respond straight to the scene without going to the station.

On scene, volunteers are required to file PCR's, however, the current apparatus at Pine Hill does not have Wi-Fi capability resulting in paper PCR's. Members are allowed to either fill out the PCR on a scene or they can fill them out when they return to the station. This results in PCR's sometimes not being completed. Moving forward, when AMR makes the switch to using ImageTrend for their PCR's, Pine Hill will look to complete them digitally.

Pine Hill received mutual-aid request about 1-2 times per month from other departments within the Town of Cheektowaga. They also request mutual-aid solely within the Town and although they border Buffalo to the west, they have not requested mutual-aid from the City of Buffalo.

## Staffing

At the time of the interview, core staff at Pine Hill reportedly were struggling with burnout. Feel that they don't have enough EMTs to maintain a successful operation, but a core group of staff respond to most calls to meet the needs.

At minimum, volunteers are supposed to complete 16 hours of duty monthly and to receive their LOSAP pension, they must respond to at least 10% of calls received. Under their medical director, Dr. Andrew Poreda they have increased performance capabilities such as albuterol, epinephrine, NARCAN and other expanded scope of care items.

## Training

Leadership would like to see higher standards upheld regarding the minimum level of training in EMS. They spoke of volunteers picking their individuals pathways for Fire or EMS. Adhering to training requirements was indicated as a challenge. First, the EMT classes that their volunteers attend are all in person with no hybrid option. This could present as a barrier for EMTs with other time commitments. Secondly, they struggle to get people into Basic Exterior Firefighter Operator or Interior Firefighter operator status. On the other hand, the online CME program is a reported success within the department, its online model of training gives the flexibility to volunteers to take the class at their own leisure.

## Funding

Most funding received comes from property taxes levied on properties within the district. In addition, Pine Hill feels supported by its local community in their efforts to serve. Community support is consistent and is shown through its participation at departmental events. Annually, Pine Hill conducts meat raffles and chicken barbecue fundraisers to raise additional funds toward their operation.

## Areas for Change

Pine Hill noted several areas for additional assistance, that would improve the delivery of EMS services within the Town.

- More education and higher training requirements are needed in order to call themselves Emergency Medical Services, including a CFR minimal requirement for EMS volunteers.
- A better medical director who is paid sufficiently and is vocal in holding the department accountable for training requirements, operation, general questions, etc.
- Volunteer expectations should be at a different level than paid services. You can only expect so much work from someone who volunteers their time.
- Rather than creating an municipal EMS system, they would prefer it if the town invested more resources into training and finding staff to help AMR fill the void.
- A concern brought up by the interviewees, staffing for the Ambulance service for the Town of Cheektowaga. It echoed the sentiment that if paid companies like AMR are struggling to find staff, how does the town think it is going to find staff if it goes that route? Even with appropriate staff, there will still be a problem with ambulances' ability to turn around patients at hospitals due to their decreased staffing.



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# Rescue Hose Company # 1

Known as the oldest Fire Department in town, the Rescue Hose Company #1 has been serving residents of Cheektowaga since 1903. The company serves the Walden Fire District which is a heavily residential district that borders the city of Buffalo, Sloan, U-Crest, Forks and Pine Hill. About half of its residents own their home and the remaining half rent units. Rescue provides EMS care at the BLSFR level and carries NARCAN in their apparatus. On average, Rescue responds to approximately 650 calls per year, 75% of calls being EMS, which makes them busy. The Rescue apparatus includes:

- 1 Engine
- 1 Quint
- 1 EMS SUV
- 1 Gator
- 3 chiefs vehicles.

## Staffing

The Rescue Hose Company has had about 30 members of a long period of time. The personnel include:

- 16 Interior Firefighters
- 12 Exterior Firefighters
- 7 EMTs
- 1 Paramedic

All members with minimal hours can qualify for LOSAP points to be collected starting at age 62 with a maximum monthly payment of \$800. Volunteers can also get a property tax abatement or \$200 tax deduction for their service. Uniforms are free.

## Training

Rescue uses the traditional in-person CME Program for EMTs to recertify. In house, one of their members is a NYS Certified Instructor Coordinator and ensures that members are up to date with the training and certifications.

## Funding

Funding to Rescue primarily comes in the form of the Walden Fire District tax. They also were involved in the SAFER Grant and Recruit NY, but leadership reported no added benefit from participating in those programs.

## Areas for Change

Areas noted for Town Assistance include:

- Educating residents that they are volunteer and encouraging support
- Adjusting the Mutual-Aid rules so that AMR does not decide who to request mutual aid from giving that power to local departments.

# Village of Sloan Fire Department

## Current Agency Status

Sloan Active Hose Company #1 was established in 1909 as a Village Fire Department. The Village of Sloan is a one square mile village located in the southwest portion of the Town, bordering Walden to its north, Forks to the east and Doyle to the south.

Given that Sloan is a village owned Fire department, they operate differently compared to districts in the Town of Cheektowaga proper. Members of the agency are required to live within 1 mile of the Village's borders. It is reported members feel as if they are an integral part of the community. Governed by the Village board, the Chief of Sloan serves as a direct liaison to those elected leaders. Additionally, the Chief of Sloan also serves as the acting Chair of the EMS Board. Sloan Active Hose has an annual \$70,000 budget for its apparatus and is composed of just under 30 active members.

Sloan's apparatus consists of:

- 2 Engines
- 1 Light Rescue
- 1 Primary EMS vehicle

Calls for Sloan are predominantly EMS, with an average of 350 calls per year and an estimated least 90% of calls received are EMS related. All EMS services are provided at a BLS capacity and Sloan uses all EMT medications (aspirin, epinephrine, NARCAN, Albuterol, etc). On calls, members use the Meds charting software to document patient care reports. If Sloan fails to meet its minimum staffing requirement to go on a call, they then request AMR to respond to the call.

Sloan has been able to receive financial support as needed, prepare for the future, and purchase new equipment when necessary. The department leadership attributes this

to the close knit relationship between the department, the community and its elected leaders.

## Staffing

Membership at Sloan consists of 26-29 members. 20 of them are EMTs. For incoming members, it is mandatory to obtain their EMT certification.

Benefits for volunteers include:

- LOSAP program starting at age 65
- Property Tax Abatement
- Free Trainings
- Free Uniforms

## Training

Sloan conducts drills once a month to serve as refreshers for members. For members to maintain their CFR and EMT status, they complete training through the online CME program.

## Funding

Stated previously, Sloan operates with a \$70,000 annual budget. This was reported as an improvement compared to previous years and allows the department to cover expenses and make operational purchases as needed. Due to long-term financial planning by the Village board, they feel as if they are in a good place financially as we move into the future. Sloan does apply for grants for apparatus and recruiting. Most recently that received the SAFER grant for recruitment/retention and the FASNY Recruit NY grant however, leadership was unsure of the grants' success and its long-term benefit to the agency. Other sources of revenue include an Annual Fund Drive, Social Events, and renting agency spaces to community organizations.

The Village is also responsible for the large capital expenses for the fire department such as the station and the apparatus

## Areas for Change

Sloan reported no area for change within the Town.

## South Line Volunteer Fire Company

Incorporated in 1947, the South Line Volunteer Fire Company has been serving the people of Cheektowaga for more than 70 years. South Line is the only fire department to operate an ambulance in Cheektowaga. They have operated an ambulance at the Advanced EMT level since 1998, but AMR typically handles requests for EMS transport.

South Line is a 3.5 square mile district located at the southern end of the Town. It is a heavy residential district, leadership estimates that 40% of the Town's population is in South Line and that number is increasing. On average, they respond to about 1200-1500 calls per year, of which 85% of calls are EMS related. Membership was described as going well, South Line has 76 volunteers currently on roster. There are no paid staff at South Line, volunteers can qualify for LOSAP and receive a Property Tax abatement or \$200 tax deduction depending on hours worked.

At the time of the interview, South Line disclosed that they are looking to apply to bill for service to offset their tax burden and start a time-based crew to staff the station at hours where volunteers least respond. The South Line Apparatus includes three engines, a heavy rescue, a ladder and two type III ALS ambulances.

When a call is received, crews receive a page indicating that they need to respond to a call. AEMTs are allowed to use company fly cars to get to scenes quicker. On the scene, volunteers use the MEDs software through AMR to complete their PCRs.

In order to prevent staff burn out, South Line volunteers only cover calls within their fire district. For ALS EMS calls within the South Line district, both AMR and South Line respond. South Line will give mutual aid to the rest of the Town only when AMR is unable to respond to a call or AMR does not send the appropriate vehicle to a scene (such as an BLS rig for an ALS call). South Line transports to all hospitals in Erie County.

### Staffing

South Line staff consists of 76 total volunteers, this includes:

- 29 Interior Fire Fighters
- 47 Basic Exterior Fire Fighters
- 19 AEMTs
- 25 Basic EMTs
- 4 Paramedic
- 10 Fire police (Non-EMT)
- 6 Conditional Interior Fire Fighters

Membership and manpower are strengths of the South Line Fire Company. Leadership reports that burnout does not exist amongst their volunteer population and the dedication of their membership attributes to the total success of the company. They believe that they have made EMS cool by making it required, members want to be there and want to be involved. For example, to incentivize members, volunteers who are AEMT or higher have 24-hour access to company fly cars.

At the time of the interview, South Line was in the process of establishing their Time-Base Duty crew who will receive LOSAP points for increased activity and cover the station. To offset the staff shortage during the workday, crews will provide coverage during the day, evenings and overnight. If this program is successful, they will start using bunk facilities to allow volunteers to sleep at the station. Other incentives for membership include an annual banquet, a Christmas holiday party and tax incentives.

## Training

South Line uses an online CME program so that members can regularly recertify at their own pace. They also do training using EMS1 Academy through AMR. Every Wednesday, officers host drills twice on Wednesday for membership to practice and develop their skills.

## Funding

The primary source of income comes from the fire district tax, given that South Line encapsulates the most residents in the Town, this tax dominates their budget. In efforts to recruit more members, South Line received the FEMA reimbursement grant for the SAFER program. They also solicit grants from the NYS Assembly. South Line is on board with billing for service and is currently navigating 3<sup>rd</sup> party vendors to assist with this process. Although they can cover their ambulances within their budget now, they noted that billing for service will add to their revenue. They will be able to bill for service without decreasing the tax base. Tax based revenue will be used to cover co-pays, that is no more, therefore South Line noted that they can waive co-pays but not deductibles.

Support from South Line residents was described as “Awesome”. The company hosts: Social Events, Picnics, Parties, etc. inviting the community to come and learn about the Fire company. In addition, they host a series of fundraisers to supply their finances.

## Areas for Change

To improve the delivery of EMS within the Town, South Line leadership noted these areas of growth or change:

- Expedite the speed of turning people through at hospitals
- Town needs a Medical Director for its EMD program
- Start a Town Municipal EMS Service
- Make EMS fun and appealing to the public
- The town needs more ambulances
- Ensure that AMR decreases response times
- Regarding AMR, leadership feels that the capacity of AMR has decreased but their requirements of coverage have increase, they highlight that 50% of AMR ambulances required are not in Cheektowaga during the day. AMR has amended the initial contract and now must respond to a call within 8 minutes.

## U-Crest Fire Department

The U-Crest Fire Department was established in 1924 and serves the central portion of the Town. The area is about 2.5 square miles and wraps around the south and east sides of the Buffalo-Niagara International Airport. The district includes a mix of commercial and residential properties as well as stretches of the NYS Thruway and the NY 33 Expressway. The department is dispatched to about 4 calls per day on average.

The department typically uses IAMRESPONDING to help track who is available to respond to calls and to ensure that there is an appropriate response of firefighters and officers.

### Staffing

U-Crest fire department's staff consists of 47 active members.

- About 40 are interior firefighters
- 7 are certified EMTs
- All of the fire fighters have CPR/AED and first aid training

About two-thirds of members of the department are very active, with the remainder meeting just the minimum standards. Overall, the number of firefighters is up a little in the last few years since COVID. However, retention can be an issue. For example, they had 21 new members in the previous 12 months, but only about half remain active with the department. There are significant number of members that are under age 40,

### Training

Typically training for the department consists of three drills per month. Members must attend a minimum of one training per month. The training is focused on firematic skills, but there are occasional EMS trainings. All members are trained to be familiar with EMS equipment and common EMS procedures.

## Funding

U Crest is a fire district and the property tax associated with that district is the primary source of funding for the department. The district recently had a grant to help with recruitment that offered scholarships for qualified members. However, the grant has expired. The department has remained up to date on their capital needs and their equipment.

## Areas for Change

To improve the operations of EMS in the community, the members of U-Crest had suggestions including:

- Improve communication with AMR – for example reports on their responses indicate only that “they are compliant” rather than providing specific details
- There is a sense that AMR rarely backfills it crews when they have a transport so that regularly there aren’t crews in the Town.
- The use of the EMD process helps to ensure that the department is sent on the most appropriate calls for service and that this practice should be maintained.
- The current use of the EMS Board to oversee the contract has not recently been effective in improving service delivery from AMR.

# Benchmark Communities

As part of the study as a point of information, CGR contacted two Towns in New York State that have Municipal Operating Certificates (CON's) and provide EMS to their residents but in different formats. CGR also gathered information on several other Towns that are similar in size to Cheektowaga to benchmark their EMS services. No two EMS systems are the exact same, they are similar but never the exact same. This is determined by many factors including demographics of the community, geographical locations, call volumes and distance to receiving hospitals. Tradition can also play a large impact, particularly about whether volunteer fire departments were ever involved in EMS transport.

Below is a summary of the review:

Town	Cheektowaga	Amherst	Colonie	Greece	Tonawanda	Webster
County Location	Erie	Erie	Albany	Monroe	Erie	Monroe
Population	88,866	130,554	85,590	95,334	71,736	45,335
Square Miles	29.5	53.2	57	47.5	18.7	35
Population per Sq. Mile	3,012	2,454	1,501	2007	3,829	1,295
EMS Requests 2022	10,000	9,000	13,000	n/a	N/A	4,800
Year Service Began	N/A	N/A	1989	1997	N/A	2017
Type of Service	Contracted (AMR)	Contracted (Twin City)	Municipal	Contracted (Monroe)	Municipal/ Contracted (Twin City)	Contracted (WEMS)
Number of EMS Stations	1	N/A	4	N/A	N/A	1
Level of Care	Paramedic	Paramedic	Paramedic	Paramedic	Paramedic	EMT
Number of Ambulances	N/A	N/A	13	N/A	N/A	5
Number of Flycars	N/A	N/A	6	N/A	N/A	5 Paramedic
Dispatch Center	Town Dispatch	Town Dispatch	Town Dispatch	County 911	Town Dispatch	County 911
Fee for Service	Yes	Yes	Yes	Yes	Yes	Yes
Billing Service	Corporate	Internal	Internal	Internal	Internal	Outsourced
Municipal Funding	No	No	Yes	No	No	No
Number of Fire Departments	10	10	12	5	7	2



## **Town of Amherst:**

The Town of Amherst contracts with Twin City Ambulance for ALS/BLS services. This service was started with an RFP for services. The Town has contracted for services since at least the early 1990s. Twin City Ambulances has been in business since 1955, and their headquarters is located in the Town of Amherst. In addition they have substations in other locations in Erie County.

Twin City has a NYS Ambulance Operating Certificate (CON) for all of Erie and Niagara Counties. Their current fleet consists of 40 ambulances and 6 flycars. In addition to Amherst, they serve the Town of Tonawanda, the City of North Tonawanda and a number of fire districts in Niagara County.

Twin City provides ALS/BLS ambulance service to the Town under a contract with fee for service as the only revenue source and no municipal subsidy. As part of the agreement, Twin City provides regular reports to the Town.

## **Town of Colonie:**

The Town of Colonie has been providing EMS for 34 years, an EMS study was conducted in 1986 by an outside consultant subsequent to that report, a local task force was developed and after further review made recommendations to the Town Board. In January, 1989 a decision was made to develop a town run municipal ambulance service. This was not an overnight project. It was done in phases and took approximately two years to complete.

Prior to the Town providing EMS, there were six agencies providing service in the Town, three fire districts and three not for profit agencies. Daytime coverage was becoming an issue.

In August, 1989, with an EMS Director and 12 employees, Colonie EMS began service with ALS Flycar service to the Town, this was expanded to daytime ambulance coverage and slowly over two years complete 24/7 operation.

In 1993, an expansion to the Town Public Safety Building now housed EMS, 911 Center, Police Department and Courts. The Town purchased a fire station from one of the fire districts and it is still utilized today. In addition, two other stations are "joint" Fire/EMS stations with two fire districts. Three other fire districts allow units to be stationed for high demand hours (8 and 12 hour shifts).

This gives a total of 7 stations for EMS to respond from. A minimum of four ALS ambulances are on duty 24/7. These are supplemented by three more ambulances for peak hours, two ambulances are 8 hour units and the third is a 12 hour unit.

The fee for service covers annual operating expenses for most functions; the Town of Colonie through the general fund pays for the employees' health care and NYS retirement costs.

## **Town of Greece:**

The Town of Greece over the past 50 years has had a variety of agencies provide ambulance.

There are four Fire Districts in the Town, two of them Barnard and Lakeshore at one time provided ambulance. The other two Fire Districts North Greece and Ridge Road had ambulance service provided by Greece Volunteer Ambulance a non-profit agency that was formed in 1959.

Around 1980, the Lakeshore Fire District decided to no longer provide ambulance service and Greece Volunteer Ambulance took over that territory. Greece Volunteer Ambulance now provided service in three of the four fire districts.

In 2005, the Ridge Road Fire District was completing the Commission of Fire Accreditation process, the Fire District put out an RFP for Ambulance Service as part of the accreditation process. Three vendors submitted bids and Monroe Ambulance was the selected provider. Around the same time frame, the Barnard Fire District decided to discontinue ambulance service and also contracted with Monroe Ambulance.

Greece Volunteer Ambulance continued to provide service to the North Greece and Lakeshore Fire Districts.

In 2019, Greece Volunteer Ambulance merged with CHS Mobile Healthcare. CHS is an organization formed from three ambulance services from the southwest portion of Monroe County that combined in 2014. In 2017, a fourth agency from northwest Livingston County also joined this consortium.

In late 2019, a lawsuit was filed by CHS Mobile Healthcare against the North Greece Fire District after an RFP process for ambulance services. Three agencies had submitted bids and Monroe Ambulance was the selected vendor. The lawsuit and appeal took approximately one year and the Appellate Division of NYS Supreme Court ruled in favor of North Greece Fire District and Monroe Ambulance.

One major difference in the Town of Greece for this comparison, the four Fire Districts employ approximately 150 career firefighters, including four career fire chiefs.

Three of the Fire Districts are BLS-FR agencies (Lake Shore, North Greece, and Ridge Road), while the Barnard Fire District is an ALS-FR agency of the 29 career staff, and 16 are paramedics.

Monroe Ambulance contracts with each Fire District separately; there is no contract with the Town of Greece. Fee for service is the only revenue source and there is no municipal subsidy.

Monroe Ambulance has been in business since 1975.

Monroe Ambulance has a NYS Ambulance Operating Certificate (CON) for all of Monroe County and the eastern half of Orleans County. Their current fleet consists of 27 ambulances and 8 flycars.

## **Town of Tonawanda**

The Town of Tonawanda provides ALS-FR (Paramedic) flycar service to their residents. The Town Paramedic Unit was developed in 1974 and went into service in August, 1975. The Paramedics are based through the police department and also serve the Village of Kenmore inside the Town.

The Town contracts with Twin City Ambulance for BLS services to transport patients with Tonawanda Paramedics. If Tonawanda Paramedics are not available, then Twin city provides ALS /BLS services as needed. The transport service was started with an RFP for services. Twin City Ambulances has been in business since 1955, and their headquarters is located in the Town of Amherst. In addition they have a substation in Tonawanda and other locations in Erie County.

Twin City has a NYS Ambulance Operating Certificate (CON) for all of Erie and Niagara Counties. Their current fleet consists of 40 ambulances and 6 flycars.

Twin City provides ALS/BLS ambulance service to the Town under a contract with fee for service as the only revenue source and no municipal subsidy.

## **Town of Webster:**

The Town of Webster (WEMS) has provided EMS services from October, 2016 to March 2024 when the Town chose to contract with a non-profit ambulance based in an adjacent town because of financial problems at their primary vendor, Northeast Quadrant Advanced Life Support.

Historically, the Town had been serviced by two fire department based ambulance agencies. One of the agencies Union Hill Fire Department was located in Wayne County, but at the Monroe-Wayne County Line. This agency covered the eastern half of the Town. The western portion of the Town was serviced by the West Webster Fire District.

The Town determined that in the eastern portion of the town, the provision of EMS was not being properly fulfilled. The Town contracted with an EMS provider to provide the ambulance under the Town's municipal operating certificate. In 2018, the Town after two years of providing applied to convert their "muni-con" to a permanent ambulance operating certificate. This was not without opposition, and after an appeal process to the NYS EMS Council, the Town was approved for a permanent ambulance operating certificate.

In December, 2020, the West Webster Fire District decided to cease ambulance operations on the west side of the Town. WEMS now expanded service to the entire Town.

WEMS was a basic life support agency, ALS was provided by the Northeast Quadrant Advanced Life Support (NEQ). NEQ has supplied ALS services in the Town of Webster since 1988. There were two agencies providing the ALS and BLS services to the Town, but they were managed by NEQ.

A minimum of two BLS ambulances were on duty 24/7. This was supplemented by one additional BLS ambulances for peak hours. ALS staffing was two ALS unit 16 hours daily and one ALS unit on the overnight shift (10PM to 6AM).

The town did not incur any upfront capital startup costs; NEQ provided the initial four ambulances and required supplies to begin the service. WEMS did not any on-going municipal support from the Town either through an Ambulance District or general fund. NEQ does received an annual stipend of \$50,000.00 from the Town's general fund.

## Other Options for Municipal EMS

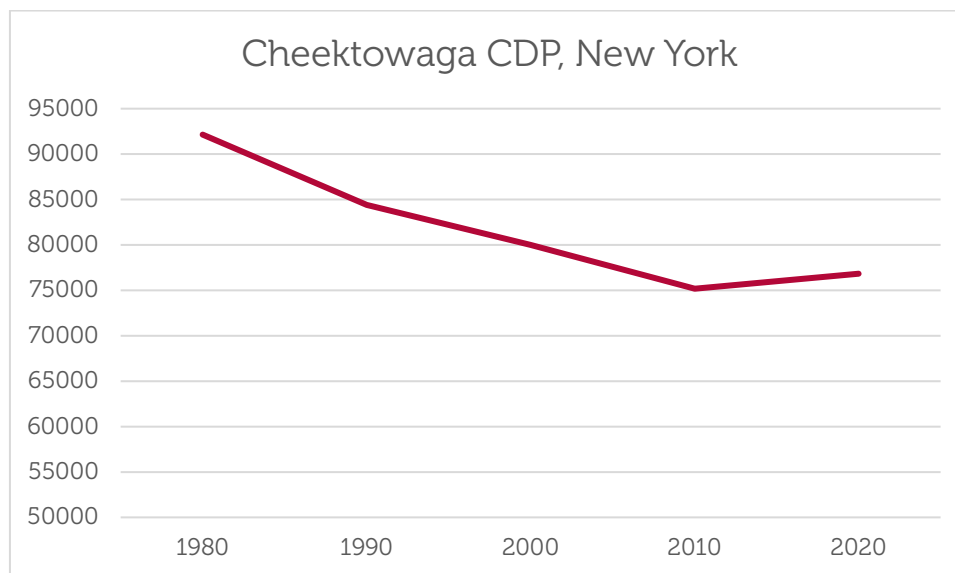
There are other municipalities in the Western portion of New York State that are providing municipal EMS services including but not limited to:

- Erie County;
- Livingston County;
- Niagara County;
- Wayne County;
- City of Auburn;
- City of Lockport; and
- Village of Medina;

These municipalities could be looked at for further information, if the Town of Cheektowaga decides that municipal is an option.

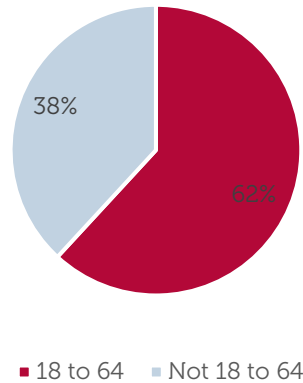
## Demographic Trend

The Town of Cheektowaga is located in the north-central part of Erie County bordering the city of Buffalo on its western border. According to the 2020 Census it has a population of 89,877 however, this includes the Village of Sloan and half of the Village of Depew, both located within the town's perimeter. The tables below will refer to the Census Designated Population (CDP) which measures the Town's population excluding the village population totals. In 2020, the Town of Cheektowaga's CDP population was 76,829 a 2.1% increase from 2010 and the first increase on a Decennial Census since 1970.



With a growing population, the number of EMS calls are likely to increase posing a greater need for EMS agencies to meet their demand. In Cheektowaga, although more than 60% of residents are between the ages of 18 and 64, many fire districts struggle to find volunteers which diminishes volunteer agencies response frequencies which likely increases the burden on AMR and decreases patient satisfaction.

Share of Residents at Prime Volunteer Ages  
2018-22



Decennial Census	Cheektowaga CDP	Sloan Village
Total population (2020)	76,829	3,775
Hispanic or Latino	3,161	189
Not Hispanic or Latino:	73,668	3,586
Population of one race:	71,051	3,425
White alone	57,386	3,045
Black or African American alone	10,281	296
American Indian and Alaska Native alone	144	16
Asian alone	3,015	54
Native Hawaiian and Other Pacific Islander alone	15	0
Some Other Race alone	210	14
% White	80.8%	88.9%
Housing Units	36,759	1,827
Occupied	34,789	1,684
Vacant	1,970	143
<i>Source: 2020 Decennial Census</i>		

ACS 2018-22	Cheektowaga CDP	Sloan Village
Total population (2018-22)	76,483	3,762
Male	36,922	1,917
Female	39,561	1,845
Under 5 years	3,654	162
Under 18 years	13,862	646
18 years and over	62,621	3,116
18 to 64 years	47,312	2,518
65 years and over	15,309	598
Percent 65 and older	20%	15.90%
75 years and over	7,437	140
Percent 75 years and older	9.70%	3.70%
85 years and over	2,281	80
Percent 85 years and older	3%	2.10%
Median age (years)	39.2	43.1
Median Household Income	64066	65717
% in Poverty	8.8%	14.9%
Old-age dependency ratio	32.4	23.7
Child dependency ratio	29.3	25.7
<i>Source: ACS 5-year</i>		

## Appendix A: Calls for Service

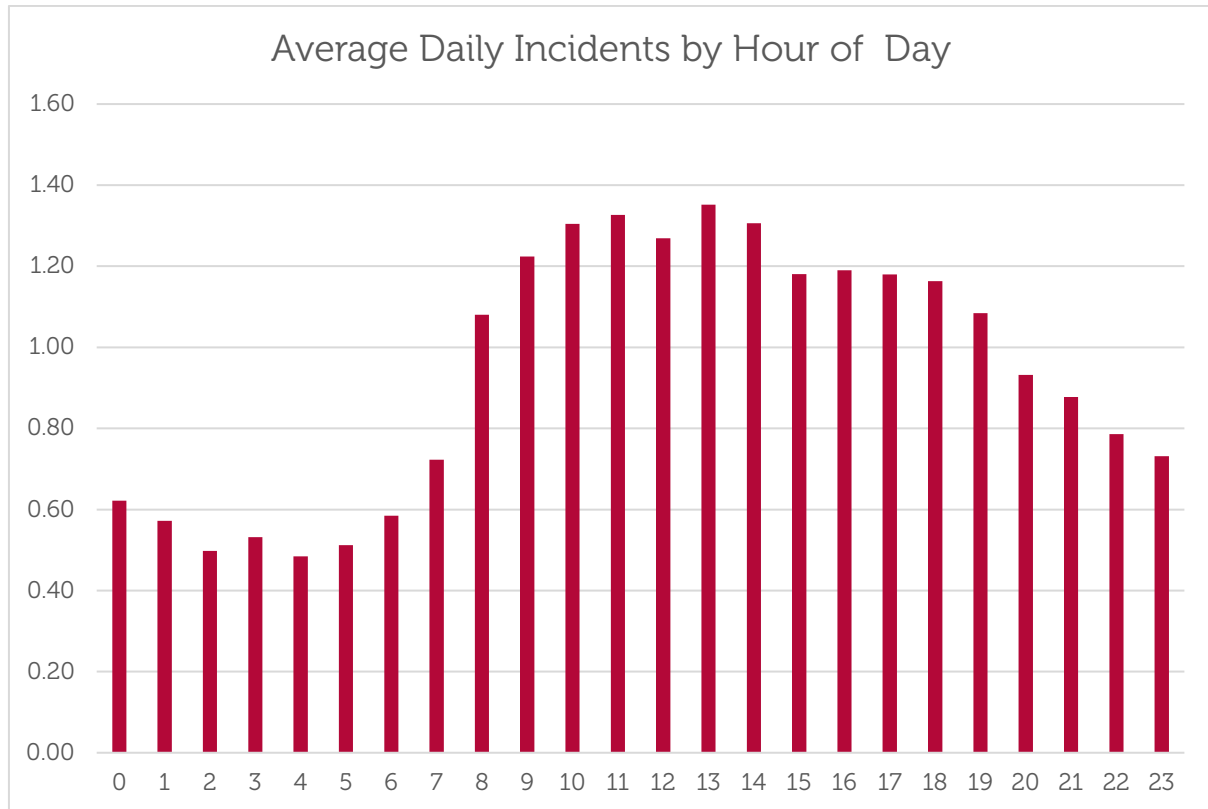
Calls for service are the fundamental reason for emergency services to exist. The information on the following pages was provided by the Cheektowaga 911 Center. The data is from January 1, 2021 to June 30, 2023. Included in the profiles are the individual responses by each department to a call for service. For many of the incidents, there were multiple responses. As an example, for a serious medical emergency incident (such as trouble breathing or cardiac arrest) would have a response from AMR and also from the fire department. While this project is focused on emergency medical services, the data for fire departments includes their responses for fire and rescue incidents. We have included those in our report to give a sense of the full demand for services on the fire departments.

There are about 22.5 incidents per day that involve an EMS or fire response in the Town. There is minimal variation in the call volume over the course of the year. Although, the blizzard in December 2022 led to a substantial jump in the number of incidents.

Calls by Month	2021	Daily Avg	2022	Daily Avg	2023*	Daily Avg
January	649	20.9	731	23.6	568	18.3
February	625	22.3	619	22.1	603	21.5
March	717	23.1	574	18.5	632	20.4
April	705	23.5	624	20.8	528	17.6
May	748	24.1	630	20.3	671	21.6
June	723	24.1	612	20.4	674	22.5
July	852	27.5	682	22.0		
August	750	24.2	632	20.4		
September	710	23.7	632	21.1		
October	724	23.4	632	20.4		
November	683	22.8	711	23.7		
December	732	23.6	1160	37.4		
Total	8618		8239		3676	

While there is minimal variation in the calls by day of the week, there is marked variation by time of day. The busiest hours of the day (8:00 am to 6:00 pm) are all about twice as busy as the slowest hours of the day (midnight to 7:00 am).





Calls are typically received either first through the County's Central Police Services E-911, a direct phone call to Cheektowaga or over the radio. Nearly 60% are received by the County first and these are typically cellular phone calls.

Call Method	2021	2022	2023*	Sum	Share
E-911 to County	5,182	4,729	2,243	12,154	59.2%
IN PERSON	33	42	10	85	0.4%
ON VIEW	25	23	13	61	0.3%
OTHER	10	39	6	55	0.3%
OTHER POLICE	21	4	1	26	0.1%
PHONE to Cheektowaga	3,017	3,127	1,301	7,445	36.3%
RADIO	330	275	102	707	3.4%
<b>Total (*2023 thru 6/30)</b>	<b>8,618</b>	<b>8,239</b>	<b>3,676</b>	<b>20,533</b>	

The types of incidents in the Town are heavily weighted toward EMS responses. Nearly three quarters of the incidents analyzed were related to an EMS response.

Type	2021	2022	2023*	Total	Share
EMS	6,630	5,825	2,729	15,184	74%
FIRE	1,969	2,228	935	5,132	25%
BOTH	18	163	12	193	1%
PD	1	23		24	0%

Total (*2023 thru 6/30)	8,618	8,239	3,676	20,533	
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Descriptions	2021	2022	2023		
EMS AMBULANCE ONLY	4,855	3,624	1,682	10,161	49.5%
EMS ASSIST	843	813	419	2,075	10.1%
FIRE ALARM ACTIVATION	696	749	343	1,788	8.7%
MUTUAL AID/ASSIST OTHER	471	483	216	1,170	5.7%
FIRE CO-DETECTOR	226	296	97	619	3.0%
EMS BREATHING PROBLEMS	140	250	127	517	2.5%
FIRE OTHER	168	183	75	426	2.1%
EMS MEDICAL ALARM ACTIVATION	137	176	79	392	1.9%
EMS FALL INJURY	156	171	49	376	1.8%
EMS CARDIAC PROBLEMS	92	146	85	323	1.6%
FIRE CHEMICAL - HAZARD	84	127	49	260	1.3%
EMS MVA	88	108	60	256	1.2%
EMS UNRESPONSIVE	72	110	47	229	1.1%
RESCUE	18	160	12	190	0.9%
EMS SEIZURE	45	77	37	159	0.8%
FIRE OTHER SERVICE CALLS	47	100	21	168	0.8%
FIRE GRASS	62	46	45	153	0.7%
FIRE RESIDENTIAL	40	56	31	127	0.6%
FIRE VEHICLE	58	42	13	113	0.6%
EMS MEDICATION VERIFICATION	30	54	19	103	0.5%
EMS SICK PERSON	25	49	21	95	0.5%
EMS SYNCOPE	40	46	26	112	0.5%
EMS DIABETIC PROBLEM	21	41	15	77	0.4%
FIRE COMMUNITY SERVICE	28	53	3	84	0.4%
EMS HEMORRHAGE/LACERATION	21	35	10	66	0.3%
FIRE OTHER RESCUE	17	28	9	54	0.3%
FIRE- WIRE DOWN	33	22	13	68	0.3%
EMS ABDOMINAL PAIN	3	19	14	36	0.2%
EMS OVERDOSE	15	14	9	38	0.2%
EMS STROKE/CVA	10	21	12	43	0.2%
ASSIST PERSONS (EMS,OTHER)	1	11		12	0.1%
EMS ALLERGIC REACTION	8	11	3	22	0.1%
EMS CHILDBIRTH/COMPLICATIONS	4	7	2	13	0.1%
EMS CHOKING	8	10	4	22	0.1%

Descriptions	2021	2022	2023		
EMS FRACTURE	8	8	1	17	0.1%
EMS MVA EXTRICATION	1	8	2	11	0.1%
FIRE CHEMICAL - SPILL	5	6	5	16	0.1%
FIRE COMMERCIAL	4	10	4	18	0.1%
FIRE GOOD INTENT CALL	12	10	5	27	0.1%
FIRE MVA FLUID SPILL	7	3	1	11	0.1%
FIRE TRASH	7	5	3	15	0.1%
MOTORIST BROKE DOWN		23		23	0.1%
ALARM RINGING			1	1	0.0%
ALERT 1 (MINOR TROUBLE)		1		1	0.0%
ALERT 2 (MAJOR TROUBLE)		3		3	0.0%
ALERT 3 (CRASH)		1		1	0.0%
ASSIST PERSON(S) TO HOSPITAL		1		1	0.0%
EMS ANIMAL BITE	1	1		2	0.0%
EMS BACK PAIN	2	5	1	8	0.0%
EMS BURN INJURY	1	1		2	0.0%
EMS POLICE RELATED	2	3	3	8	0.0%
FALSELY REPORTING	1			1	0.0%
FIRE CHIMNEY	1	1		2	0.0%
FIRE FALSE ALARM	1			1	0.0%
FIRE STORE			1	1	0.0%
FIRE WORKING STRUCTURAL FIRES		2		2	0.0%
INJURY ACCIDENT			1	1	0.0%
MENTAL			1	1	0.0%
OPEN BURNING		1		1	0.0%
PDO ACCIDENT	1	1		2	0.0%
SUICIDE OR ATTEMPT	1			1	0.0%
SUICIDE OR ATTEMPT	1			1	0.0%
WELFARE CHECK		5		5	0.0%
WELFARE CHECK		5		5	0.0%
WIRE DOWN REF>UTILITY	1	2		3	0.0%
WIRE DOWN REF>UTILITY	1	2		3	0.0%
Total (*2023 thru 6/30)	8,620	8,246	3,676	20,542	

AMR has by far the most responses to EMS calls in the Town, responding to almost six times the next busiest agency.

Department	2021	2022	2023*	Total	
AMR	8,087	7,117	3,424	18,628	48%
BELLEVUE	578	751	349	1,678	4%
CLEVELAND HILL	975	1,045	481	2,501	6%
DIASTER COORD	38	50	19	107	0%
DOYLE	931	1,015	477	2,423	6%
FORKS	484	605	242	1,331	3%
HY-VIEW	678	720	286	1,684	4%
MUTUAL AID	145	253	46	444	1%
PINE HILL	502	572	278	1,352	4%
RESCUE	567	658	315	1,540	4%
SLOAN	309	413	198	920	2%
SOUTH LINE	1,074	1,286	587	2,947	8%
U-CREST	1,107	1,323	638	3,068	8%
Total (*2023 thru 6/30)	15,475	15,808	7,340	38,623	

Response times are a commonly used measurement of system performance. We looked at several response intervals as part of the project. We evaluated the 50<sup>th</sup> percentile (or median) and the 90<sup>th</sup> percentile (90 percent of calls had a shorter time interval). There is no national standard for any time interval. There are recommendations established by several professional bodies, but the typically a community chooses its own standards such as through its contracts. Also, faster response times are not always necessary. For example, there are many routine medical complaints that are already under care by a medical practitioner that don't need a rapid response to the scene and using lights and sirens puts other people at risk.

We evaluated the times for 2022. We filtered out incidents when times were not recorded to the necessary fields and when there excessive time intervals indicating that radio transmission may not have been heard or recorded. More than 95% of incidents had appropriate data to be included in the analysis.

**Processing Time** is the time from when the 911 Center receives a call on an incident to the time that the responses are requested. During this time interval, the 911 Center is verifying the location of the call, the contact information of the caller, gathering information on the nature of the call, determining the type of response and requesting the response. They are aided in this process by a computer program. The median processing time for all incidents was 2.7 minutes. 90 percent of calls were handled in under 6.9 minutes.

**Travel Time** is the time from when a response is requested until the unit is on scene. This is the element of the response that is under control of the agency. In the dispatch software, the first time that a unit arrived on scene is used for all units responding to that incident regardless of whether it is with that agency. For example, if both AMR and a fire department are responding to a call, when the dispatch center records the first unit arriving on a scene, it is used for all units responding to the incident. For the Town as a whole, the median travel time was 6.5 minutes and the 90<sup>th</sup> percentile was 17.3 minutes.

The **Response Time** reported in the tables below is considered from the caller's perspective. It is the time from when the dispatcher receives the call to the time a unit arrives on scene. This is Processing Time plus Travel Time. The median response time for the period was 9.7 minutes and the 90<sup>th</sup> percentile was 23.9 minutes.

The final time interval considered is the reported **Time on Task**. This is the interval from when an incident is reported to the time that all units are back in service. The median recorded time on task is 27.1 minutes and the 90<sup>th</sup> percentile is 81.5 minutes. Events that result in a patient transport would usually have the longest time on task.

	Travel Time (2022)		Response Time (2022)		Time on Task (2022)	
	50th Percentile	90th Percentile	50th Percentile	90th Percentile	50th Percentile	90th Percentile
AMR	6.2 mins	16.9 mins	9.5 mins	23.7 mins	28.5 mins	78.1 mins
BELLEVUE	5.9 mins	9.8 mins	8.3 mins	12.7 mins	19.7 mins	36.9 mins
CLEVELAND HILL	5.7 mins	10.3 mins	8.1 mins	13.2 mins	23.7 mins	46.2 mins
DOYLE	3.9 mins	8 mins	6.3 mins	10.7 mins	22.1 mins	39.7 mins
FORKS	4.9 mins	8.5 mins	7.2 mins	10.7 mins	19.2 mins	46 mins
HY-VIEW	3.9 mins	7.4 mins	6.1 mins	10.1 mins	19.8 mins	43 mins
PINE HILL	6.4 mins	10.8 mins	8.7 mins	13.2 mins	22 mins	46.3 mins
RESCUE	5.3 mins	9.7 mins	7.6 mins	12.2 mins	21.8 mins	49.5 mins
SLOAN	2.5 mins	5.7 mins	4.8 mins	8 mins	25 mins	57.8 mins
SOUTH LINE	3.7 mins	6.9 mins	5.9 mins	9.5 mins	24.3 mins	48 mins
U-CREST	4.3 mins	8.5 mins	6.5 mins	11.2 mins	18.9 mins	40.6 mins

## Summary of Calls Dispatched 1/1/2021 to 6/30/2023

	AMR	BELLEVUE	CLEVELAND HILL	DOYLE	FORKS	HY-VIEW	PINE HILL	RESCUE	SLOAN	SOUTH LINE	U-CREST	Other	Grand Total	Percent
EMS AMBULANCE ONLY	10164	1	2	3	4	1	2			4	2		10189	26%
EMS BREATHING PROBLEMS	1535	183	302	331	70	136	160	192	120	282	265		3611	9%
EMS ASSIST	254	264	366	342	57	288	132	96	119	396	314		2668	7%
EMS CARDIAC PROBLEMS	1116	126	207	202	78	107	106	116	56	221	207		2567	7%
EMS FALL INJURY	1073	148	181	199	102	135	65	79	49	273	204		2530	7%
EMS UNRESPONSIVE	887	122	160	151	60	62	73	69	68	179	168	1	2017	5%
FIRE ALARM ACTIVATION	1	164	183	192	276	88	114	195	34	183	423	16	1900	5%
MUTUAL AID/ASSIST OTHER	15	105	86	72	120	332	152	191	138	315	188	22	1896	5%
EMS MEDICAL ALARM ACTIVATION	595	149	108	150	36	111	95	36	34	160	91		1581	4%
EMS MVA	514	32	87	124	102	30	64	75	13	77	177		1305	3%
EMS SEIZURE	461	37	82	66	56	37	57	62	36	72	111		1090	3%
FIRE CO-DETECTOR	103	50	138	81	30	59	46	55	26	136	112	1	846	2%
EMS SYNCOPE	345	33	52	39	56	26	21	50	20	62	97		812	2%
EMS SICK PERSON	291	39	68	48	21	23	27	21	25	67	45		683	2%
EMS DIABETIC PROBLEM	235	15	43	39	14	25	33	18	16	70	37		549	1%
FIRE OTHER	9	26	56	58	26	22	40	47	20	92	61	3	465	1%
EMS HEMORRHAGE/LACERATION	168	21	23	37	6	23	17	15	5	44	37		400	1%
EMS OVERDOSE	147	15	26	22	13	14	7	18	19	19	29		332	1%
EMS STROKE/CVA	128	12	29	25	8	13	9	10	10	31	25		305	1%
EMS ABDOMINAL PAIN	133	18	23	19	5	4	14	14	8	28	31		299	1%
FIRE CHEMICAL - HAZARD	11	15	40	31	22	13	24	22	15	40	57	1	294	1%
FIRE RESIDENTIAL	30	11	23	14	5	12	18	22	10	36	28	16	227	1%
RESCUE	13	12	24	28	51	14	8	15	6	18	37		226	1%
ALERT 2 (MAJOR TROUBLE)	1		47		12	46					46	36	188	0%
EMS ALLERGIC REACTION	79	12	10	10	7	3	7	8	14	16	16		184	0%
ALL OTHER COMPLAINTS	320	68	135	140	94	60	61	114	59	126	260	11	1459	4%
Total (*2023 thru 6/30)	18628	1678	2501	2423	1331	1684	1352	1540	920	2947	3068	107	38623	

Share of Total Calls

48% 4% 6% 6% 3% 4% 4% 4% 2% 8% 8% 0%

## American Medical Response

The calls included below are those received by the Cheektowaga 911 Center and then AMR was requested. AMR also responds to direct calls in the Town.

Incidents by Hour	2021	2022	2023*	Avg Month
Overnight 00:00-03:59	822	710	305	61.23
Early Morning 04:00-07:59	793	694	352	61.30
Morning 08:00-11:59	1,538	1,446	720	123.47
Afternoon 12:00-15:59	1,732	1,523	788	134.77
Evening 16:00-19:59	1,850	1,570	725	138.17
Night 20:00-23:59	1,352	1,174	534	102.00
Total (*2023 thru 6/30)	8,087	7,117	3,424	

Calls by Month	2021	2022	2023*
January	717	665	597
February	604	530	525
March	704	567	585
April	664	597	512
May	708	602	594
June	675	513	611
July	725	632	
August	738	626	
September	669	570	
October	615	625	
November	627	586	
December	641	604	
Total (*2023 thru 6/30)	8,087	7,117	3,424

There is some concern about the accuracy of the data for AMR's responses. The data is recorded when a dispatcher hears the AMR unit report they are on scene over AMR's radio frequency or when a law enforcement or fire unit reports that an ambulance has arrived. Additionally, AMR does choose to respond to low priority calls without lights and sirens which leads to longer response times. Additionally, time on task is not directly reported to the 911 center.

	Travel Time (2022)		Response Time (2022)		Time on Task (2022)	
	50th Percentile	90th Percentile	50th Percentile	90th Percentile	50th Percentile	90th Percentile
Overnight 00:00-03:59	7.9 mins	17.8 mins	11.6 mins	23.3 mins	28 mins	57.2 mins
Early Morning 04:00-07:59	7.8 mins	16.5 mins	11.4 mins	22.8 mins	29.8 mins	77.7 mins
Morning 08:00-11:59	6.6 mins	18.2 mins	10.2 mins	24.8 mins	30.8 mins	93.3 mins
Afternoon 12:00-15:59	5.7 mins	17.1 mins	8.4 mins	25.6 mins	29.6 mins	86 mins
Evening 16:00-19:59	5.2 mins	16.5 mins	8.1 mins	23.1 mins	27.7 mins	73.3 mins
Night 20:00-23:59	5.3 mins	14.7 mins	8.1 mins	21 mins	26 mins	55.6 mins
Overall	6.2 mins	16.9 mins	9.5 mins	23.7 mins	28.5 mins	78.1 mins

Description	2021	2022	2023*	Sum	Share
EMS AMBULANCE ONLY	4,855	3,624	1,685	10,164	55%
EMS BREATHING PROBLEMS	500	660	375	1,535	8%
EMS CARDIAC PROBLEMS	396	472	248	1,116	6%
EMS FALL INJURY	481	445	147	1,073	6%
EMS UNRESPONSIVE	334	378	175	887	5%
EMS MEDICAL ALARM ACTIVATION	230	209	156	595	3%
EMS MVA	208	215	91	514	3%
EMS SEIZURE	191	182	88	461	2%
EMS SICK PERSON	98	121	72	291	2%
EMS SYNCOPE	158	122	65	345	2%
EMS ABDOMINAL PAIN	44	53	36	133	1%
EMS ASSIST	115	91	48	254	1%
EMS DIABETIC PROBLEM	94	86	55	235	1%
EMS HEMORRHAGE/LACERATION	77	62	29	168	1%
EMS MEDICATION VERIFICATION	30	54	19	103	1%
EMS OVERDOSE	60	59	28	147	1%
EMS STROKE/CVA	42	65	21	128	1%
FIRE CO-DETECTOR	35	48	20	103	1%
ALERT 2 (MAJOR TROUBLE)		1		1	0%
ASSIST PERSONS (EMS, OTHER)		1		1	0%
EMS ALLERGIC REACTION	25	40	14	79	0%
EMS ANIMAL BITE		2	4	6	0%
EMS BACK PAIN	5	10	7	22	0%
EMS BURN INJURY	3	3		6	0%
EMS CHILDBIRTH/COMPLICATIONS	12	24	10	46	0%



Description	2021	2022	2023*	Sum	Share
EMS CHOKING	31	20	7	58	0%
EMS DROWING/WATER INCIDENT	1			1	0%
EMS EYE INJURY		1	1	2	0%
EMS FRACTURE	10	16	3	29	0%
EMS MVA EXTRICATION	10	3	1	14	0%
EMS POLICE RELATED	1	4	7	12	0%
FIRE ALARM ACTIVATION	1			1	0%
FIRE CHEMICAL - HAZARD	6	3	2	11	0%
FIRE CHEMICAL - SPILL		1		1	0%
FIRE COMMERCIAL	1	2		3	0%
FIRE COMMUNITY SERVICE		1		1	0%
FIRE MVA FLUID SPILL	1			1	0%
FIRE OTHER	3	5	1	9	0%
FIRE OTHER RESCUE		6		6	0%
FIRE OTHER SERVICE CALLS		2		2	0%
FIRE RESIDENTIAL	17	11	2	30	0%
FIRE VEHICLE		2		2	0%
FIRE WORKING STRUCTURAL FIRES	1			1	0%
INDUSTRIAL ACCIDENT			1	1	0%
MENTAL			1	1	0%
MUTUAL AID/ASSIST OTHER	5	7	3	15	0%
RESCUE	5	6	2	13	0%
SUICIDE OR ATTEMPT	1			1	0%
Total (*2023 thru 6/30)	8,087	7,117	3,424	18,628	

## Bellevue

Incidents by Hour	2021	2022	2023*	Avg Month
Overnight 00:00-03:59	57	58	32	4.90
Early Morning 04:00-07:59	62	68	44	5.80
Morning 08:00-11:59	132	163	73	12.27
Afternoon 12:00-15:59	117	194	77	12.93
Evening 16:00-19:59	130	141	60	11.03
Night 20:00-23:59	80	127	63	9.00
Total (*2023 thru 6/30)	578	751	349	

Calls by Month	2021	2022	2023*
January	34	60	55
February	41	53	72
March	48	47	58
April	45	59	48
May	45	56	67
June	60	56	49
July	58	57	
August	53	65	
September	57	61	
October	45	62	
November	43	75	
December	49	100	
Total (*2023 thru 6/30)	578	751	349

	Travel Time (2022)		Response Time (2022)		Time on Task (2022)	
	50th Percentile	90th Percentile	50th Percentile	90th Percentile	50th Percentile	90th Percentile
Overnight 00:00-03:59	8.4 mins	11.9 mins	10.9 mins	14.8 mins	23.2 mins	46.7 mins
Early Morning 04:00-07:59	6.7 mins	10.4 mins	9.5 mins	12.6 mins	18.6 mins	44.4 mins
Morning 08:00-11:59	5.9 mins	9.9 mins	8.7 mins	13.3 mins	18.4 mins	34 mins
Afternoon 12:00-15:59	5.7 mins	9 mins	8 mins	11.8 mins	19.3 mins	36.5 mins
Evening 16:00-19:59	5.6 mins	8.9 mins	7.4 mins	11.4 mins	20.5 mins	38.4 mins
Night 20:00-23:59	5 mins	8.7 mins	7.7 mins	10.7 mins	19 mins	30.1 mins
Overall	5.9 mins	9.8 mins	8.3 mins	12.7 mins	19.7 mins	36.9 mins

## Cleveland Hill

Incidents by Hour	2021	2022	2023*	Avg Month
Overnight 00:00-03:59	82	80	40	6.73
Early Morning 04:00-07:59	87	113	45	8.17
Morning 08:00-11:59	199	209	79	16.23
Afternoon 12:00-15:59	230	253	110	19.77
Evening 16:00-19:59	215	229	126	19.00
Night 20:00-23:59	162	161	81	13.47
Total (*2023 thru 6/30)	975	1,045	481	

Calls by Month	2021	2022	2023*
January	71	101	85
February	75	55	72
March	82	67	79
April	77	81	65
May	85	77	89
June	99	60	91
July	85	77	
August	82	77	
September	69	82	
October	71	92	
November	93	93	
December	86	183	
Total (*2023 thru 6/30)	975	1,045	481

	Travel Time (2022)		Response Time (2022)		Time on Task (2022)	
	50th Percentile	90th Percentile	50th Percentile	90th Percentile	50th Percentile	90th Percentile
Overnight 00:00-03:59	7 mins	11.6 mins	9.5 mins	14.4 mins	29 mins	56.5 mins
Early Morning 04:00-07:59	8 mins	12.3 mins	10.3 mins	14.7 mins	25.1 mins	38.6 mins
Morning 08:00-11:59	6 mins	10.3 mins	8.6 mins	13.3 mins	21.4 mins	39.3 mins
Afternoon 12:00-15:59	5.8 mins	12 mins	8.1 mins	15.4 mins	23.5 mins	62.4 mins
Evening 16:00-19:59	4.7 mins	8.1 mins	6.7 mins	10.4 mins	23.6 mins	52.8 mins
Night 20:00-23:59	4.3 mins	7.6 mins	7 mins	9.9 mins	24.2 mins	37.6 mins
Overall	5.7 mins	10.3 mins	8.1 mins	13.2 mins	23.7 mins	46.2 mins

Description	2021	2022	2023*	Sum	Share
EMS ASSIST	170	130	66	366	15%
EMS BREATHING PROBLEMS	95	140	67	302	12%
EMS CARDIAC PROBLEMS	82	79	46	207	8%
EMS FALL INJURY	81	74	26	181	7%
FIRE ALARM ACTIVATION	76	62	45	183	7%
EMS UNRESPONSIVE	67	70	23	160	6%
FIRE CO-DETECTOR	45	66	27	138	6%
EMS MEDICAL ALARM ACTIVATION	51	37	20	108	4%
EMS MVA	29	40	18	87	3%
EMS SEIZURE	36	31	15	82	3%
EMS SICK PERSON	20	33	15	68	3%
MUTUAL AID/ASSIST OTHER	35	37	14	86	3%
ALERT 2 (MAJOR TROUBLE)	12	23	12	47	2%
EMS DIABETIC PROBLEM	19	17	7	43	2%
EMS SYNCOPE	29	13	10	52	2%
FIRE CHEMICAL - HAZARD	16	15	9	40	2%
FIRE OTHER	20	25	11	56	2%
EMS ABDOMINAL PAIN	4	8	11	23	1%
EMS CHOKING	8	2	3	13	1%
EMS HEMORRHAGE/LACERATION	10	11	2	23	1%
EMS OVERDOSE	13	6	7	26	1%
EMS STROKE/CVA	7	16	6	29	1%
FIRE OTHER RESCUE	1	9	3	13	1%
FIRE OTHER SERVICE CALLS	3	21	4	28	1%
FIRE RESIDENTIAL	9	10	4	23	1%
FIRE VEHICLE	8	6		14	1%
RESCUE	1	23		24	1%
ASSIST PERSONS (EMS,OTHER)		5		5	0%
EMS ALLERGIC REACTION	3	5	2	10	0%
EMS AMBULANCE ONLY	1	1		2	0%
EMS ANIMAL BITE	1		1	2	0%
EMS BACK PAIN	4	4	1	9	0%
EMS CHILDBIRTH/COMPLICATIONS	2	2		4	0%
EMS FRACTURE	4	1		5	0%
EMS MVA EXTRICATION	2	1	1	4	0%
EMS POLICE RELATED		1		1	0%
FIRE CHEMICAL - SPILL		1		1	0%
FIRE COMMERCIAL		1	1	2	0%
FIRE COMMUNITY SERVICE	2	7		9	0%

Description	2021	2022	2023*	Sum	Share
FIRE FALSE ALARM	1			1	0%
FIRE GOOD INTENT CALL	3	2	1	6	0%
FIRE GRASS		5	1	6	0%
FIRE TRASH	1			1	0%
FIRE- WIRE DOWN	4	4	1	9	0%
INJURY ACCIDENT			1	1	0%
MOTORIST BROKE DOWN		1		1	0%
Total (*2023 thru 6/30)	975	1,045	481	2,501	

## Doyle

Incidents by Hour	2021	2022	2023*	Avg Month
Overnight 00:00-03:59	76	57	54	6.23
Early Morning 04:00-07:59	89	98	56	8.10
Morning 08:00-11:59	212	194	92	16.60
Afternoon 12:00-15:59	223	241	99	18.77
Evening 16:00-19:59	198	244	110	18.40
Night 20:00-23:59	133	181	66	12.67
Total (*2023 thru 6/30)	931	1,015	477	

Calls by Month	2021	2022	2023*
January	69	81	82
February	66	84	92
March	71	81	61
April	66	63	84
May	75	72	78
June	91	81	80
July	74	77	
August	80	79	
September	68	78	
October	101	81	
November	80	95	
December	90	143	
Total (*2023 thru 6/30)	931	1,015	477

	Travel Time (2022)		Response Time (2022)		Time on Task (2022)	
	50th Percentile	90th Percentile	50th Percentile	90th Percentile	50th Percentile	90th Percentile
Overnight 00:00-03:59	6.4 mins	12 mins	9.3 mins	17.7 mins	24.3 mins	56.6 mins
Early Morning 04:00-07:59	6.8 mins	11.9 mins	9.4 mins	14.3 mins	23.5 mins	47.6 mins
Morning 08:00-11:59	4.8 mins	8.5 mins	6.9 mins	11.3 mins	20.8 mins	35.9 mins
Afternoon 12:00-15:59	3.6 mins	7.2 mins	5.9 mins	9.9 mins	22.2 mins	39.5 mins
Evening 16:00-19:59	3.3 mins	6 mins	5.6 mins	8.9 mins	22 mins	37.2 mins
Night 20:00-23:59	3.3 mins	5.9 mins	5.8 mins	8.5 mins	21.9 mins	39 mins
Overall	3.9 mins	8 mins	6.3 mins	10.7 mins	22.1 mins	39.7 mins

Description	2021	2022	2023*	Sum	Share
EMS ASSIST	158	122	62	342	14%
EMS BREATHING PROBLEMS	108	138	85	331	14%
EMS CARDIAC PROBLEMS	77	83	42	202	8%
EMS FALL INJURY	87	82	30	199	8%
FIRE ALARM ACTIVATION	73	87	32	192	8%
EMS MEDICAL ALARM ACTIVATION	58	57	35	150	6%
EMS UNRESPONSIVE	57	54	40	151	6%
EMS MVA	50	55	19	124	5%
EMS SEIZURE	22	25	19	66	3%
FIRE CO-DETECTOR	30	45	6	81	3%
MUTUAL AID/ASSIST OTHER	36	27	9	72	3%
EMS DIABETIC PROBLEM	15	16	8	39	2%
EMS HEMORRHAGE/LACERATION	17	17	3	37	2%
EMS SICK PERSON	11	21	16	48	2%
EMS SYNCOPE	17	16	6	39	2%
FIRE OTHER	23	25	10	58	2%
EMS ABDOMINAL PAIN	3	11	5	19	1%
EMS OVERDOSE	8	9	5	22	1%
EMS STROKE/CVA	7	13	5	25	1%
FIRE CHEMICAL - HAZARD	10	13	8	31	1%
FIRE COMMUNITY SERVICE	7	11	1	19	1%
FIRE OTHER SERVICE CALLS	11	18	1	30	1%
FIRE RESIDENTIAL	7	5	2	14	1%
FIRE VEHICLE	10	8	2	20	1%
RESCUE	2	19	7	28	1%
ASSIST PERSONS (EMS,OTHER)		1		1	0%
EMS ALLERGIC REACTION	1	7	2	10	0%
EMS AMBULANCE ONLY	1	1	1	3	0%
EMS ANIMAL BITE		1	2	3	0%
EMS BACK PAIN	1	3		4	0%
EMS BURN INJURY		1		1	0%
EMS CHILDBIRTH/COMPLICATIONS	2	3	1	6	0%
EMS CHOKING	4	3		7	0%
EMS EYE INJURY			1	1	0%
EMS FRACTURE	3	4	1	8	0%
EMS MVA EXTRICATION	1			1	0%
EMS POLICE RELATED			2	2	0%
FIRE CHEMICAL - SPILL	2			2	0%
FIRE COMMERCIAL		2		2	0%

Description	2021	2022	2023*	Sum	Share
FIRE GOOD INTENT CALL			1	1	0%
FIRE GRASS	4	1	3	8	0%
FIRE OTHER RESCUE	2	3	2	7	0%
FIRE TRASH	2	1		3	0%
FIRE- WIRE DOWN	4	2	2	8	0%
INDUSTRIAL ACCIDENT			1	1	0%
MOTORIST BROKE DOWN		4		4	0%
WIRE DOWN REF>UTILITY		1		1	0%
Total (*2023 thru 6/30)	931	1,015	477	2423	



## Forks

Incidents by Hour	2021	2022	2023*	Avg Month
Overnight 00:00-03:59	38	32	15	2.83
Early Morning 04:00-07:59	47	48	21	3.87
Morning 08:00-11:59	112	168	65	11.50
Afternoon 12:00-15:59	123	165	64	11.73
Evening 16:00-19:59	122	130	43	9.83
Night 20:00-23:59	42	62	34	4.60
Total (*2023 thru 6/30)	484	605	242	

Calls by Month	2021	2022	2023*
January	32	39	35
February	42	29	47
March	39	39	38
April	36	40	32
May	36	43	46
June	34	34	44
July	53	51	
August	47	48	
September	47	42	
October	34	45	
November	37	53	
December	47	142	
Total (*2023 thru 6/30)	484	605	242

	Travel Time (2022)		Response Time (2022)		Time on Task (2022)	
	50th Percentile	90th Percentile	50th Percentile	90th Percentile	50th Percentile	90th Percentile
Overnight 00:00-03:59	6.3 mins	7.7 mins	8.6 mins	11.5 mins	18.8 mins	45.2 mins
Early Morning 04:00-07:59	6.2 mins	9.6 mins	8.5 mins	12.1 mins	20 mins	39.7 mins
Morning 08:00-11:59	4.4 mins	7.5 mins	6.9 mins	10 mins	17.9 mins	32.8 mins
Afternoon 12:00-15:59	4.9 mins	9 mins	7.1 mins	11.6 mins	21.8 mins	57.2 mins
Evening 16:00-19:59	5 mins	8.5 mins	7.2 mins	10.6 mins	19 mins	47.9 mins
Night 20:00-23:59	4.2 mins	7 mins	6.6 mins	8.7 mins	18 mins	42.6 mins
Overall	4.9 mins	8.5 mins	7.2 mins	10.7 mins	19.2 mins	46 mins

Description	2021	2022	2023*	Sum	Share
FIRE ALARM ACTIVATION	110	116	50	276	21%
MUTUAL AID/ASSIST OTHER	59	46	15	120	9%
EMS FALL INJURY	40	44	18	102	8%
EMS MVA	25	56	21	102	8%
EMS CARDIAC PROBLEMS	21	41	16	78	6%
EMS BREATHING PROBLEMS	26	28	16	70	5%
EMS UNRESPONSIVE	19	25	16	60	5%
EMS ASSIST	18	22	17	57	4%
EMS SEIZURE	27	20	9	56	4%
EMS SYNCOPE	18	27	11	56	4%
RESCUE	4	46	1	51	4%
EMS MEDICAL ALARM ACTIVATION	7	14	15	36	3%
EMS SICK PERSON	6	14	1	21	2%
FIRE CHEMICAL - HAZARD	7	13	2	22	2%
FIRE CO-DETECTOR	5	13	12	30	2%
FIRE GRASS	14	4	5	23	2%
FIRE OTHER	16	9	1	26	2%
ALERT 2 (MAJOR TROUBLE)	4	6	2	12	1%
EMS ALLERGIC REACTION	1	5	1	7	1%
EMS DIABETIC PROBLEM	6	8		14	1%
EMS OVERDOSE	7	4	2	13	1%
EMS STROKE/CVA	3	5		8	1%
FIRE OTHER SERVICE CALLS	3	2	2	7	1%
FIRE VEHICLE	8	9	2	19	1%
FIRE- WIRE DOWN	7	3	2	12	1%
EMS ABDOMINAL PAIN	3	2		5	0%
EMS AMBULANCE ONLY	1		3	4	0%
EMS CHILDBIRTH/COMPLICATIONS	1	2		3	0%
EMS CHOKING	1	1		2	0%
EMS FRACTURE	3	3		6	0%
EMS HEMORRHAGE/LACERATION	2	3	1	6	0%
EMS MVA EXTRICATION		4		4	0%
FIRE CHEMICAL - SPILL	3			3	0%
FIRE COMMERCIAL	1	4		5	0%
FIRE COMMUNITY SERVICE	2	1		3	0%
FIRE MVA FLUID SPILL	1			1	0%
FIRE OTHER RESCUE	2			2	0%
FIRE RESIDENTIAL	3	1	1	5	0%
FIRE TRASH		1		1	0%

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Description	2021	2022	2023*	Sum	Share
MOTORIST BROKE DOWN		1		1	0%
PDO ACCIDENT		1		1	0%
WELFARE CHECK		1		1	0%
Total (*2023 thru 6/30)	484	605	242	1331	

## Hy-View

Incidents by Hour	2021	2022	2023 *	Avg Month
Overnight 00:00-03:59	56	55	16	4.23
Early Morning 04:00-07:59	79	68	37	6.13
Morning 08:00-11:59	170	153	70	13.10
Afternoon 12:00-15:59	166	186	65	13.90
Evening 16:00-19:59	130	151	58	11.30
Night 20:00-23:59	77	107	40	7.47
Total	678	720	286	

Calls by Month	2021	2022	2023*
January	48	62	47
February	46	46	43
March	67	69	55
April	49	64	55
May	53	64	39
June	62	44	47
July	71	41	
August	48	48	
September	58	60	
October	45	60	
November	53	68	
December	78	94	
Total (*2023 thru 6/30)	678	720	286

	Travel Time (2022)		Response Time (2022)		Time on Task (2022)	
	50th Percentile	90th Percentile	50th Percentile	90th Percentile	50th Percentile	90th Percentile
Overnight 00:00-03:59	5.5 mins	8.2 mins	7.8 mins	11.7 mins	20.4 mins	61.9 mins
Early Morning 04:00-07:59	4.3 mins	9 mins	7 mins	11.1 mins	19.8 mins	43.2 mins
Morning 08:00-11:59	3.6 mins	5.9 mins	5.8 mins	8.1 mins	18.8 mins	38.2 mins
Afternoon 12:00-15:59	3.8 mins	8 mins	6 mins	10.5 mins	18.6 mins	52.7 mins
Evening 16:00-19:59	3.8 mins	6.2 mins	5.9 mins	8.6 mins	20.8 mins	45.3 mins
Night 20:00-23:59	4 mins	7.4 mins	6.2 mins	9.8 mins	20.8 mins	41.8 mins
Overall	3.9 mins	7.4 mins	6.1 mins	10.1 mins	19.8 mins	43 mins

Description	2021	2022	2023*	Sum	Share
MUTUAL AID/ASSIST OTHER	132	139	61	332	20%
EMS ASSIST	128	123	37	288	17%
EMS BREATHING PROBLEMS	50	65	21	136	8%
EMS FALL INJURY	62	54	19	135	8%
EMS MEDICAL ALARM ACTIVATION	61	36	14	111	7%
EMS CARDIAC PROBLEMS	38	46	23	107	6%
FIRE ALARM ACTIVATION	28	45	15	88	5%
EMS UNRESPONSIVE	27	26	9	62	4%
FIRE CO-DETECTOR	25	28	6	59	4%
ALERT 2 (MAJOR TROUBLE)	12	23	11	46	3%
EMS MVA	13	10	7	30	2%
EMS SEIZURE	9	15	13	37	2%
EMS SYNCOPE	11	7	8	26	2%
EMS DIABETIC PROBLEM	11	9	5	25	1%
EMS HEMORRHAGE/LACERATION	15	5	3	23	1%
EMS OVERDOSE	3	7	4	14	1%
EMS SICK PERSON	11	8	4	23	1%
EMS STROKE/CVA	5	4	4	13	1%
FIRE CHEMICAL - HAZARD	4	8	1	13	1%
FIRE OTHER	7	10	5	22	1%
FIRE OTHER SERVICE CALLS	2	8	1	11	1%
FIRE RESIDENTIAL	5	2	5	12	1%
RESCUE	1	13		14	1%
ASSIST PERSONS (EMS,OTHER)		1		1	0%
EMS ABDOMINAL PAIN		3	1	4	0%
EMS ALLERGIC REACTION		3		3	0%
EMS AMBULANCE ONLY		1		1	0%
EMS BACK PAIN		1	2	3	0%
EMS CHILDBIRTH/COMPLICATIONS	1	2	1	4	0%
EMS CHOKING	6			6	0%
EMS FRACTURE		1		1	0%
EMS MVA EXTRICATION	1	1		2	0%
FIRE CHEMICAL - SPILL		1		1	0%
FIRE COMMUNITY SERVICE		1		1	0%
FIRE GOOD INTENT CALL		1		1	0%
FIRE GRASS	4		3	7	0%
FIRE MVA FLUID SPILL	1			1	0%
FIRE OTHER RESCUE		5	1	6	0%
FIRE TRASH	1		1	2	0%

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Description	2021	2022	2023*	Sum	Share
FIRE VEHICLE	3	4		7	0%
FIRE- WIRE DOWN	1	1	1	3	0%
MOTORIST BROKE DOWN		3		3	0%
Total (*2023 thru 6/30)	678	720	286	1684	

## Pine Hill

Incidents by Hour	2021	2022	2023*	Avg Month
Overnight 00:00-03:59	26	29	22	2.57
Early Morning 04:00-07:59	43	47	31	4.03
Morning 08:00-11:59	105	135	59	9.97
Afternoon 12:00-15:59	141	145	66	11.73
Evening 16:00-19:59	112	122	61	9.83
Night 20:00-23:59	75	94	39	6.93
Total (*2023 thru 6/30)	502	572	278	

Calls by Month	2021	2022	2023*
January	47	52	57
February	27	40	36
March	35	41	38
April	31	30	50
May	46	38	46
June	37	37	51
July	51	66	
August	49	56	
September	36	48	
October	40	32	
November	42	60	
December	61	72	
Total (*2023 thru 6/30)	502	572	278

	Travel Time (2022)		Response Time (2022)		Time on Task (2022)	
	50th Percentile	90th Percentile	50th Percentile	90th Percentile	50th Percentile	90th Percentile
Overnight 00:00-03:59	9.4 mins	14.7 mins	11.8 mins	17.4 mins	28.1 mins	67.2 mins
Early Morning 04:00-07:59	7.6 mins	12.5 mins	10.1 mins	15.3 mins	21.7 mins	51 mins
Morning 08:00-11:59	6.8 mins	10.9 mins	9.3 mins	13.5 mins	22 mins	46.2 mins
Afternoon 12:00-15:59	6.6 mins	10.2 mins	8.7 mins	12.1 mins	22 mins	46.3 mins
Evening 16:00-19:59	6 mins	8.6 mins	8.1 mins	11.1 mins	21.9 mins	44.1 mins
Night 20:00-23:59	5.2 mins	8.8 mins	7.5 mins	11.6 mins	21.3 mins	31.4 mins
Overall	6.4 mins	10.8 mins	8.7 mins	13.2 mins	22 mins	46.3 mins

Description	2021	2022	2023*	Sum	Share
EMS BREATHING PROBLEMS	46	66	48	160	12%
MUTUAL AID/ASSIST OTHER	66	52	34	152	11%
EMS ASSIST	59	50	23	132	10%
EMS CARDIAC PROBLEMS	30	48	28	106	8%
FIRE ALARM ACTIVATION	48	45	21	114	8%
EMS MEDICAL ALARM ACTIVATION	32	46	17	95	7%
EMS FALL INJURY	28	28	9	65	5%
EMS MVA	30	27	7	64	5%
EMS UNRESPONSIVE	26	37	10	73	5%
EMS SEIZURE	20	26	11	57	4%
FIRE CO-DETECTOR	19	18	9	46	3%
FIRE OTHER	14	17	9	40	3%
EMS DIABETIC PROBLEM	12	14	7	33	2%
EMS SICK PERSON	7	12	8	27	2%
EMS SYNCOPE	10	7	4	21	2%
FIRE CHEMICAL - HAZARD	6	12	6	24	2%
EMS ABDOMINAL PAIN	3	6	5	14	1%
EMS ALLERGIC REACTION	3	2	2	7	1%
EMS HEMORRHAGE/LACERATION	5	8	4	17	1%
EMS OVERDOSE	1	5	1	7	1%
EMS STROKE/CVA	2	7		9	1%
FIRE RESIDENTIAL	10	5	3	18	1%
FIRE VEHICLE	6	5	2	13	1%
RESCUE	2	6		8	1%
ASSIST PERSONS (EMS,OTHER)		2		2	0%
EMS AMBULANCE ONLY		1	1	2	0%
EMS ANIMAL BITE		1	1	2	0%
EMS BACK PAIN		1	1	2	0%
EMS BURN INJURY	1			1	0%
EMS CHILDBIRTH/COMPLICATIONS	1	4	1	6	0%
EMS CHOKING	1	1		2	0%
EMS FRACTURE	2	1		3	0%
EMS MVA EXTRICATION	1			1	0%
EMS POLICE RELATED	1		2	3	0%
FIRE CHEMICAL - SPILL	1			1	0%
FIRE CHIMNEY		1		1	0%
FIRE COMMERCIAL	1			1	0%
FIRE COMMUNITY SERVICE		2		2	0%
FIRE GOOD INTENT CALL			1	1	0%



Description	2021	2022	2023*	Sum	Share
FIRE GRASS		2		2	0%
FIRE MVA FLUID SPILL	1			1	0%
FIRE OTHER RESCUE		4		4	0%
FIRE OTHER SERVICE CALLS	4		2	6	0%
FIRE TRASH	1	1		2	0%
FIRE- WIRE DOWN	2		1	3	0%
OPEN BURNING		1		1	0%
WIRE DOWN REF>UTILITY		1		1	0%
Total (*2023 thru 6/30)	502	572	278	1352	

## Rescue

Incidents by Hour	2021	2022	2023*	Avg Month
Overnight 00:00-03:59	44	52	34	4.33
Early Morning 04:00-07:59	54	69	29	5.07
Morning 08:00-11:59	118	130	60	10.27
Afternoon 12:00-15:59	153	157	68	12.60
Evening 16:00-19:59	125	151	76	11.73
Night 20:00-23:59	73	99	48	7.33
Total (*2023 thru 6/30)	567	658	315	

Calls by Month	2021	2022	2023*
January	45	46	48
February	39	45	44
March	37	40	58
April	43	42	50
May	63	47	59
June	42	41	56
July	56	54	
August	59	66	
September	43	59	
October	41	73	
November	40	66	
December	59	79	
Total (*2023 thru 6/30)	567	658	315

	Travel Time (2022)		Response Time (2022)		Time on Task (2022)	
	50th Percentile	90th Percentile	50th Percentile	90th Percentile	50th Percentile	90th Percentile
Overnight 00:00-03:59	6.7 mins	12.7 mins	9.6 mins	15.3 mins	22.2 mins	52.5 mins
Early Morning 04:00-07:59	7.3 mins	11.1 mins	9.5 mins	14 mins	21.2 mins	37.4 mins
Morning 08:00-11:59	4.7 mins	9 mins	7.1 mins	11 mins	20.1 mins	48.7 mins
Afternoon 12:00-15:59	5.1 mins	10 mins	7.5 mins	12.5 mins	22.4 mins	55.8 mins
Evening 16:00-19:59	4.8 mins	8.3 mins	6.9 mins	11 mins	23.2 mins	53.5 mins
Night 20:00-23:59	5.5 mins	8.6 mins	7.4 mins	10.4 mins	21.4 mins	45.1 mins
Overall	5.3 mins	9.7 mins	7.6 mins	12.2 mins	21.8 mins	49.5 mins

Description	2021	2022	2023*	Sum	Share
FIRE ALARM ACTIVATION	84	75	36	195	13%
EMS BREATHING PROBLEMS	49	88	55	192	12%
MUTUAL AID/ASSIST OTHER	84	81	26	191	12%
EMS CARDIAC PROBLEMS	30	51	35	116	8%
EMS ASSIST	33	31	32	96	6%
EMS FALL INJURY	32	36	11	79	5%
EMS MVA	29	35	11	75	5%
EMS SEIZURE	28	24	10	62	4%
EMS UNRESPONSIVE	27	31	11	69	4%
FIRE CO-DETECTOR	22	26	7	55	4%
EMS SYNCOPE	20	21	9	50	3%
FIRE GRASS	22	16	11	49	3%
FIRE OTHER	17	22	8	47	3%
EMS MEDICAL ALARM ACTIVATION	19	8	9	36	2%
EMS ABDOMINAL PAIN	2	9	3	14	1%
EMS ALLERGIC REACTION	1	4	3	8	1%
EMS CHILDBIRTH/COMPLICATIONS	3	3	2	8	1%
EMS DIABETIC PROBLEM	6	10	2	18	1%
EMS HEMORRHAGE/LACERATION	5	7	3	15	1%
EMS OVERDOSE	7	8	3	18	1%
EMS SICK PERSON	11	4	6	21	1%
EMS STROKE/CVA	3	6	1	10	1%
FIRE CHEMICAL - HAZARD	3	9	10	22	1%
FIRE OTHER SERVICE CALLS	4	7	1	12	1%
FIRE RESIDENTIAL	8	11	3	22	1%
FIRE VEHICLE	5	2	1	8	1%
RESCUE	1	13	1	15	1%
EMS BACK PAIN			1	1	0%
EMS BURN INJURY		1		1	0%
EMS CHOKING	2	5		7	0%
EMS FRACTURE		3		3	0%
EMS MVA EXTRICATION	1			1	0%
EMS POLICE RELATED	1	1	2	4	0%
FIRE CHEMICAL - SPILL			1	1	0%
FIRE COMMERCIAL	1	1		2	0%
FIRE GOOD INTENT CALL	4			4	0%
FIRE MVA FLUID SPILL	1	1		2	0%
FIRE OTHER RESCUE	1	2	1	4	0%
FIRE- WIRE DOWN	1	1		2	0%

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FIRE WORKING STRUCTURAL FIRES		1		1	0%
MOTORIST BROKE DOWN		4		4	0%
Total (*2023 thru 6/30)	567	658	315	1540	

## Sloan

Incidents by Hour	2021	2022	2023*	Avg Month
Overnight 00:00-03:59	25	32	16	2.43
Early Morning 04:00-07:59	30	38	26	3.13
Morning 08:00-11:59	65	82	33	6.00
Afternoon 12:00-15:59	82	98	50	7.67
Evening 16:00-19:59	69	87	32	6.27
Night 20:00-23:59	38	76	41	5.17
Total (*2023 thru 6/30)	309	413	198	

Calls by Month	2021	2022	2023*
January	24	40	28
February	20	37	34
March	26	31	33
April	23	20	27
May	35	36	41
June	17	31	35
July	30	33	
August	22	30	
September	28	35	
October	23	38	
November	28	36	
December	33	46	
Total (*2023 thru 6/30)	309	413	198

	Travel Time (2022)		Response Time (2022)		Time on Task (2022)	
	50th Percentile	90th Percentile	50th Percentile	90th Percentile	50th Percentile	90th Percentile
Overnight 00:00-03:59	3.2 mins	5.2 mins	5.4 mins	7.8 mins	22.6 mins	61.7 mins
Early Morning 04:00-07:59	3.1 mins	6.4 mins	5 mins	8.5 mins	23.1 mins	35.2 mins
Morning 08:00-11:59	2.5 mins	4.4 mins	4.8 mins	7.5 mins	23.7 mins	44.5 mins
Afternoon 12:00-15:59	2.5 mins	6.8 mins	4.9 mins	8.2 mins	28.3 mins	60.7 mins
Evening 16:00-19:59	2.4 mins	4.9 mins	4.5 mins	7.1 mins	28.9 mins	64.5 mins
Night 20:00-23:59	2.5 mins	6 mins	4.8 mins	7.7 mins	25.7 mins	52 mins
Overall	2.5 mins	5.7 mins	4.8 mins	8 mins	25 mins	57.8 mins

Description	2021	2022	2023*	Sum	Share
MUTUAL AID/ASSIST OTHER	48	63	27	138	15%
EMS ASSIST	39	49	31	119	13%
EMS BREATHING PROBLEMS	31	61	28	120	13%
EMS UNRESPONSIVE	17	35	16	68	7%
EMS CARDIAC PROBLEMS	12	29	15	56	6%
EMS FALL INJURY	18	24	7	49	5%
EMS MEDICAL ALARM ACTIVATION	14	11	9	34	4%
EMS SEIZURE	18	12	6	36	4%
FIRE ALARM ACTIVATION	12	18	4	34	4%
EMS SICK PERSON	8	10	7	25	3%
FIRE CO-DETECTOR	8	11	7	26	3%
EMS ALLERGIC REACTION	10	3	1	14	2%
EMS DIABETIC PROBLEM	3	5	8	16	2%
EMS OVERDOSE	10	6	3	19	2%
EMS SYNCOPE	8	7	5	20	2%
FIRE CHEMICAL - HAZARD	4	9	2	15	2%
FIRE OTHER	9	6	5	20	2%
EMS ABDOMINAL PAIN	4	2	2	8	1%
EMS CHILDBIRTH/COMPLICATIONS	1	3	2	6	1%
EMS CHOKING	3	3	1	7	1%
EMS HEMORRHAGE/LACERATION	3	2		5	1%
EMS MVA	6	5	2	13	1%
EMS STROKE/CVA	1	8	1	10	1%
FIRE OTHER SERVICE CALLS	4	4		8	1%
FIRE RESIDENTIAL	4	2	4	10	1%
FIRE VEHICLE	4	1	1	6	1%
RESCUE	1	4	1	6	1%
EMS BACK PAIN	1	1	1	3	0%
EMS BURN INJURY	1			1	0%
EMS EYE INJURY		1		1	0%
EMS FRACTURE	1	2		3	0%
EMS MVA EXTRICATION	1	1		2	0%
EMS POLICE RELATED		3	1	4	0%
FIRE COMMERCIAL		1		1	0%
FIRE COMMUNITY SERVICE	2	2		4	0%
FIRE GOOD INTENT CALL	1	1		2	0%
FIRE GRASS	1			1	0%
FIRE OTHER RESCUE		3		3	0%
FIRE TRASH			1	1	0%

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Description	2021	2022	2023*	Sum	Share
FIRE- WIRE DOWN		4		4	0%
MOTORIST BROKE DOWN		1		1	0%
WIRE DOWN REF>UTILITY	1			1	0%
Total (*2023 thru 6/30)	309	413	198	920	

## South Line

Incidents by Hour	2021	2022	2023*	Avg Month
Overnight 00:00-03:59	91	101	50	8.07
Early Morning 04:00-07:59	115	114	63	9.73
Morning 08:00-11:59	273	302	122	23.23
Afternoon 12:00-15:59	235	293	144	22.40
Evening 16:00-19:59	225	284	132	21.37
Night 20:00-23:59	135	192	76	13.43
Total (*2023 thru 6/30)	1,074	1,286	587	

Calls by Month	2021	2022	2023*
January	93	122	99
February	82	98	92
March	74	91	98
April	73	109	95
May	89	86	112
June	89	94	91
July	98	115	
August	97	89	
September	92	90	
October	102	98	
November	79	130	
December	106	164	
Total (*2023 thru 6/30)	1,074	1,286	587

	Travel Time (2022)		Response Time (2022)		Time on Task (2022)	
	50th Percentile	90th Percentile	50th Percentile	90th Percentile	50th Percentile	90th Percentile
Overnight 00:00-03:59	5.1 mins	8.7 mins	7.6 mins	11.5 mins	27.5 mins	49.8 mins
Early Morning 04:00-07:59	4.8 mins	7.5 mins	7.3 mins	10.4 mins	25.8 mins	55.1 mins
Morning 08:00-11:59	3.6 mins	6.5 mins	5.9 mins	9.1 mins	23.3 mins	40.4 mins
Afternoon 12:00-15:59	3.2 mins	6.5 mins	5.4 mins	8.8 mins	24.6 mins	51.3 mins
Evening 16:00-19:59	3.4 mins	6.3 mins	5.6 mins	8.8 mins	25.1 mins	47.6 mins
Night 20:00-23:59	3.8 mins	6.4 mins	5.8 mins	8.6 mins	22.6 mins	40.3 mins
Overall	3.7 mins	6.9 mins	5.9 mins	9.5 mins	24.3 mins	48 mins



Description	2021	2022	2023*	Sum	Share
EMS ASSIST	153	166	77	396	13%
MUTUAL AID/ASSIST OTHER	120	128	67	315	11%
EMS BREATHING PROBLEMS	95	123	64	282	10%
EMS FALL INJURY	113	127	33	273	9%
EMS CARDIAC PROBLEMS	77	91	53	221	7%
EMS UNRESPONSIVE	66	80	33	179	6%
FIRE ALARM ACTIVATION	66	84	33	183	6%
EMS MEDICAL ALARM ACTIVATION	44	76	40	160	5%
FIRE CO-DETECTOR	58	60	18	136	5%
EMS MVA	30	29	18	77	3%
FIRE OTHER	38	39	15	92	3%
EMS DIABETIC PROBLEM	23	29	18	70	2%
EMS SEIZURE	20	39	13	72	2%
EMS SICK PERSON	20	30	17	67	2%
EMS SYNCOPE	30	21	11	62	2%
EMS ABDOMINAL PAIN	10	12	6	28	1%
EMS ALLERGIC REACTION	5	9	2	16	1%
EMS CHOKING	8	9	1	18	1%
EMS HEMORRHAGE/LACERATION	14	18	12	44	1%
EMS OVERDOSE	5	12	2	19	1%
EMS STROKE/CVA	15	12	4	31	1%
FIRE CHEMICAL - HAZARD	14	18	8	40	1%
FIRE GRASS	5	7	6	18	1%
FIRE OTHER SERVICE CALLS	6	13	5	24	1%
FIRE RESIDENTIAL	11	13	12	36	1%
RESCUE	7	9	2	18	1%
EMS AMBULANCE ONLY	1	2	1	4	0%
EMS ANIMAL BITE		1		1	0%
EMS BACK PAIN		1		1	0%
EMS BURN INJURY		1		1	0%
EMS CHILDBIRTH/COMPLICATIONS		5	4	9	0%
EMS FRACTURE	1	2	2	5	0%
EMS MVA EXTRICATION	1		1	2	0%
EMS POLICE RELATED		2	2	4	0%
FALSELY REPORTING	1			1	0%
FIRE CHEMICAL - SPILL		1		1	0%
FIRE COMMERCIAL	1	1	1	3	0%
FIRE COMMUNITY SERVICE	1	4		5	0%
FIRE GOOD INTENT CALL	1	2		3	0%

Description	2021	2022	2023*	Sum	Share
FIRE OTHER RESCUE	3	1		4	0%
FIRE STORE			1	1	0%
FIRE TRASH	1			1	0%
FIRE VEHICLE	5	4	1	10	0%
FIRE- WIRE DOWN	5	4	4	13	0%
WELFARE CHECK		1		1	0%
<b>Total (*2023 thru 6/30)</b>	1,074	1,286	587	2947	

## U-Crest

Incidents by Hour	2021	2022	2023*	Avg Month
Overnight 00:00-03:59	68	103	38	6.97
Early Morning 04:00-07:59	105	114	53	9.07
Morning 08:00-11:59	225	246	121	19.73
Afternoon 12:00-15:59	292	353	153	26.60
Evening 16:00-19:59	249	323	168	24.67
Night 20:00-23:59	168	184	105	15.23
Total (*2023 thru 6/30)	1,107	1,323	638	

Calls by Month	2021	2022	2023*
January	72	111	100
February	59	95	104
March	90	96	109
April	94	86	96
May	78	94	113
June	107	87	116
July	96	100	
August	122	124	
September	91	106	
October	101	108	
November	90	119	
December	107	197	
Total (*2023 thru 6/30)	1,107	1,323	638

	Travel Time (2022)		Response Time (2022)		Time on Task (2022)	
	50th Percentile	90th Percentile	50th Percentile	90th Percentile	50th Percentile	90th Percentile
Overnight 00:00-03:59	5.7 mins	9 mins	8.3 mins	12 mins	21.1 mins	46.9 mins
Early Morning 04:00-07:59	6.9 mins	12.4 mins	9.2 mins	14.4 mins	21 mins	43.7 mins
Morning 08:00-11:59	5.2 mins	8.6 mins	7.7 mins	11.2 mins	19.1 mins	41.5 mins
Afternoon 12:00-15:59	4.3 mins	9.2 mins	6.5 mins	11.6 mins	18.3 mins	38.1 mins
Evening 16:00-19:59	3.3 mins	6.8 mins	5.4 mins	9.5 mins	19.1 mins	48.3 mins
Night 20:00-23:59	3.6 mins	7.1 mins	5.7 mins	9.2 mins	17.8 mins	29 mins
Overall	4.3 mins	8.5 mins	6.5 mins	11.2 mins	18.9 mins	40.6 mins

Description	2021	2022	2023*	Sum	Share
FIRE ALARM ACTIVATION	160	180	83	423	14%
EMS ASSIST	123	124	67	314	10%
EMS BREATHING PROBLEMS	82	116	67	265	9%
EMS CARDIAC PROBLEMS	70	94	43	207	7%
EMS FALL INJURY	91	82	31	204	7%
EMS MVA	72	59	46	177	6%
MUTUAL AID/ASSIST OTHER	74	79	35	188	6%
EMS UNRESPONSIVE	62	71	35	168	5%
EMS SEIZURE	41	45	25	111	4%
FIRE CO-DETECTOR	38	54	20	112	4%
EMS MEDICAL ALARM ACTIVATION	22	45	24	91	3%
EMS SYNCOPE	41	34	22	97	3%
FIRE CHEMICAL - HAZARD	23	31	3	57	2%
FIRE OTHER	24	28	9	61	2%
ALERT 2 (MAJOR TROUBLE)	12	22	12	46	1%
EMS ABDOMINAL PAIN	10	13	8	31	1%
EMS ALLERGIC REACTION	5	7	4	16	1%
EMS DIABETIC PROBLEM	12	15	10	37	1%
EMS HEMORRHAGE/LACERATION	12	16	9	37	1%
EMS OVERDOSE	10	11	8	29	1%
EMS SICK PERSON	13	20	12	45	1%
EMS STROKE/CVA	6	12	7	25	1%
FIRE COMMUNITY SERVICE	15	23	2	40	1%
FIRE GRASS	11	13	16	40	1%
FIRE OTHER RESCUE	8	7	3	18	1%
FIRE OTHER SERVICE CALLS	8	18	3	29	1%
FIRE RESIDENTIAL	8	13	7	28	1%
FIRE VEHICLE	10	10	3	23	1%
RESCUE	3	32	2	37	1%
ALARM RINGING			1	1	0%
ALERT 3 (CRASH)		1		1	0%
ASSIST PERSON(S) TO HOSPITAL		1		1	0%
ASSIST PERSONS (EMS,OTHER)	1	2		3	0%
EMS AMBULANCE ONLY	1	1		2	0%
EMS BACK PAIN	1	2	2	5	0%
EMS BURN INJURY	2	1		3	0%
EMS CHILDBIRTH/COMPLICATIONS	6	5		11	0%
EMS CHOKING	4	4	4	12	0%
EMS DROWING/WATER INCIDENT	1			1	0%

Description	2021	2022	2023*	Sum	Share
EMS FRACTURE	2	7	1	10	0%
EMS MVA EXTRICATION	3	3	1	7	0%
EMS POLICE RELATED	1	1	1	3	0%
FIRE CHEMICAL - SPILL		3	4	7	0%
FIRE CHIMNEY	1			1	0%
FIRE COMMERCIAL	1	4	1	6	0%
FIRE GOOD INTENT CALL	2	2	1	5	0%
FIRE MVA FLUID SPILL	4	2	1	7	0%
FIRE TRASH	1	2	1	4	0%
FIRE- WIRE DOWN	9	2	4	15	0%
FIRE WORKING STRUCTURAL FIRES	1	1		2	0%
MOTORIST BROKE DOWN		4		4	0%
WELFARE CHECK		1		1	0%
Total (*2023 thru 6/30)	1,107	1,323	638	3068	

## Appendix B: Glossary

**ALS vs. BLS** – EMS medical care is divided into the categories of Basic Life Support (BLS) and Advanced Life Support (ALS) care. Typically, BLS involves techniques providing a more basic level of care, such as treating injuries from a fall, while ALS involves more advanced techniques and a higher level of training, such as dealing with and administering medicines to heart attack and stroke victims. BLS care is often more readily available, as more EMS responders are trained to the BLS level. ALS care may require specialists like paramedics, who are in shorter supply. A well-functioning EMS system should have a good mix of ALS and BLS providers readily available.

**Advanced Life Support (ALS)** - The use of specialized equipment such as cardiac monitors, defibrillators, intravenous fluids, drug infusion, and endotracheal intubation to stabilize a patient's condition.<sup>7</sup> ALS typically needs a higher level of complex care, administered by more highly trained specialists such as paramedics, than BLS does.

**ALS intercept** - An intercept is an authorized and staffed ALS unit, dispatched by request or protocol, meeting a BLS unit while it is *en route* to the nearest appropriate hospital in order to provide advanced care. A BLS unit assesses the patient, determines the need for and requests ALS.

**Advanced EMT (AEMT)** – An AEMT, EMT-A, or EMT Advanced, is a step below a paramedic in certification and is able to use more complex techniques and equipment than (Basic) EMTs. They often assist paramedics by suctioning and intubated patients and preparing IVs.

**Automatic Aid** – is aid from one or more neighboring departments at the time of dispatch based on a pre-set criteria. An example is multiple fire departments being dispatched at the time of call for a reported structure fire.

**Automated External Defibrillator (AED)** - Portable battery-powered devices that recognize life-threatening cardiac arrhythmias (irregular heartbeats) and delivers an electric shock to re-establish a regular heartbeat.

**Basic Life Support (BLS)** - A level of medical care which is used for victims of life-threatening illnesses or injuries until they can be given full medical care at a hospital. It can be provided by trained medical personnel, including emergency medical technicians, paramedics, and by qualified bystanders.

**BLSFR (Basic Life Support First Response)** – An agency that responds to provide BLS care. To meet this standard, agencies must carry certain equipment, maintain certified responders and have an agreement with a transporting agency.

**Certified First Responder (CFR)** – A medical provider trained and certified in providing initial lifesaving care for medical and traumatic emergencies. This is the New York State version of the Emergency Medical Responder program. This curriculum is about 50 hours long.

**Certified Instructor Coordinator (CiC)** – Anyone supplying EMS training must be certified by NYS to do so, as a CiC.

**Certificate Of Need (CON)** –A group wishing to operate an ambulance has to prove to their state health authority that there is a need for it in their area before they get an operating certificate. As NYS defines the process: *"Certificate of Need (CON) is a process defined in NY State Public Health Law Article 30, section 3005, whereby an entity wishing to operate an ambulance service makes application to its local Regional EMS Council (REMSCO) for a determination of public need, prior to NYS DOH BEMS granting of a certificate of operating authority."*

**Community Paramedicine** –A movement to extend EMS care into the community for non-emergency situations to improve patient outcomes and reduce hospitalizations and other healthcare utilization. There are multiple pilot programs underway, but as yet no standard definition or New York State certification for this type of care.

**Continuing Medical Education (CME)** – Becoming a licensed medical provider typically involves taking a certification exam. Providers must be periodically re-certified to keep their medical licenses. CME is a training shortcut that allow an EMT/AEMT who is in "continuous practice," who has "demonstrated competence in applicable behavioral and performance objectives," and who has "demonstrated completion of appropriate continuing education," to renew their certification "without requiring the completion of a written examination."

**Critical Care EMTs (CC/AEMT-CC)** – Advanced EMT–Critical Care is a former EMS certification that was unique to New York State. AEMT-CCs are ALS providers who are a level above Advanced EMTs, but below Paramedics in training and their scope of practice (authorization to perform certain types of care). NYS phased out new AEMT-CC training in 2018. Currently existing AEMT-CCs are allowed to continue maintain their certification via CME.

**Emergency Medical Dispatch:** A formal procedure used by a 911 call taker to categorize the medical emergency using a script of questions. This procedure allows EMS agencies to determine what resources to send and the urgency of the call.

**Emergency Medical Services (EMS):** A group of governmental and private agencies that provide emergency care, usually to persons outside of healthcare facilities; EMS personnel generally include paramedics, EMTs first responders and other ambulance crew. It is generally regulated by the Department of Health.

**Emergency Medical Technician (EMT)** - A person who is trained and certified to provide basic life support and certain other noninvasive prehospital medical procedures EMTs have greater than 150 hours of initial training. EMT-Basic is the most basic level. These staff are sometimes referred to as "basics".

**Fly Car**– A non-transporting vehicle dispatched by EMS to quickly assess situations or respond to non-serious injuries. Treatment is usually on the scene and if the patient needs transport to a hospital an ambulance will be called. The use of Flycars was developed to more efficiently distribute resources based on first-responder certification levels and reduce the costly dependence on using ambulances for every call.

**Mutual Aid** is the exchange of aid between departments based on the request of an agency commander at the time of the incident. This can include the request of special resources such as rapid intervention teams, aerial devices or water supply.

**Operating Certificate** - A formal authorization from the State for an EMS agency to serve a particular area. Agencies can be found deficient if they are operating outside of their area without permission/authorization.

**Paramedic** - Persons trained and certified to provide ALS-level care. They effectively bring the first 20 minutes of emergency department treatment wherever they respond. Paramedics have greater than 1000 hours of initial training. Paramedics are sometimes simply referred to as "medics" in the EMS field.

**Public Safety Answering Point (PSAP)** - sometimes called public-safety access point, is a call center where emergency/non-emergency calls (like police, fire brigade, ambulance) initiated by any landline, mobile or Voice Over Internet Protocol ("VOIP") subscriber is terminated.



## Appendix C: Presentation to Town Board from February 2024



Promising Solutions

Government & Education | Economics & Public Finance | Health & Human Services | Nonprofits & Communities

# Emergency Medical Services in Cheektowaga

## Current Conditions and Initial Options for the Future

Presented 2/12/24 and 2/13/24



1915-2023

**108**  
*Years*

# Outline

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- **Project Background**
- **Key Findings**
  - Communications
  - Ambulance Service
  - First Response
- **Recommendations**
  - Near Term
  - Long Range
- **Next Steps**

# EMS Operating Environment

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- In New York, EMS is not an essential service. There is no legal obligation for a county, town, village or fire district to provide EMS
- The NYS Department of Health – Bureau of EMS regulates ambulance operations including through regional EMS councils and medical advisory committees
- Town has Chapter 52 of Town Code that provides for specific oversight and regulation of EMS
- For more than 30 years, there has been a contract between the Town and an ambulance service
- Fire Departments have been providing EMS first response for many years

# Background

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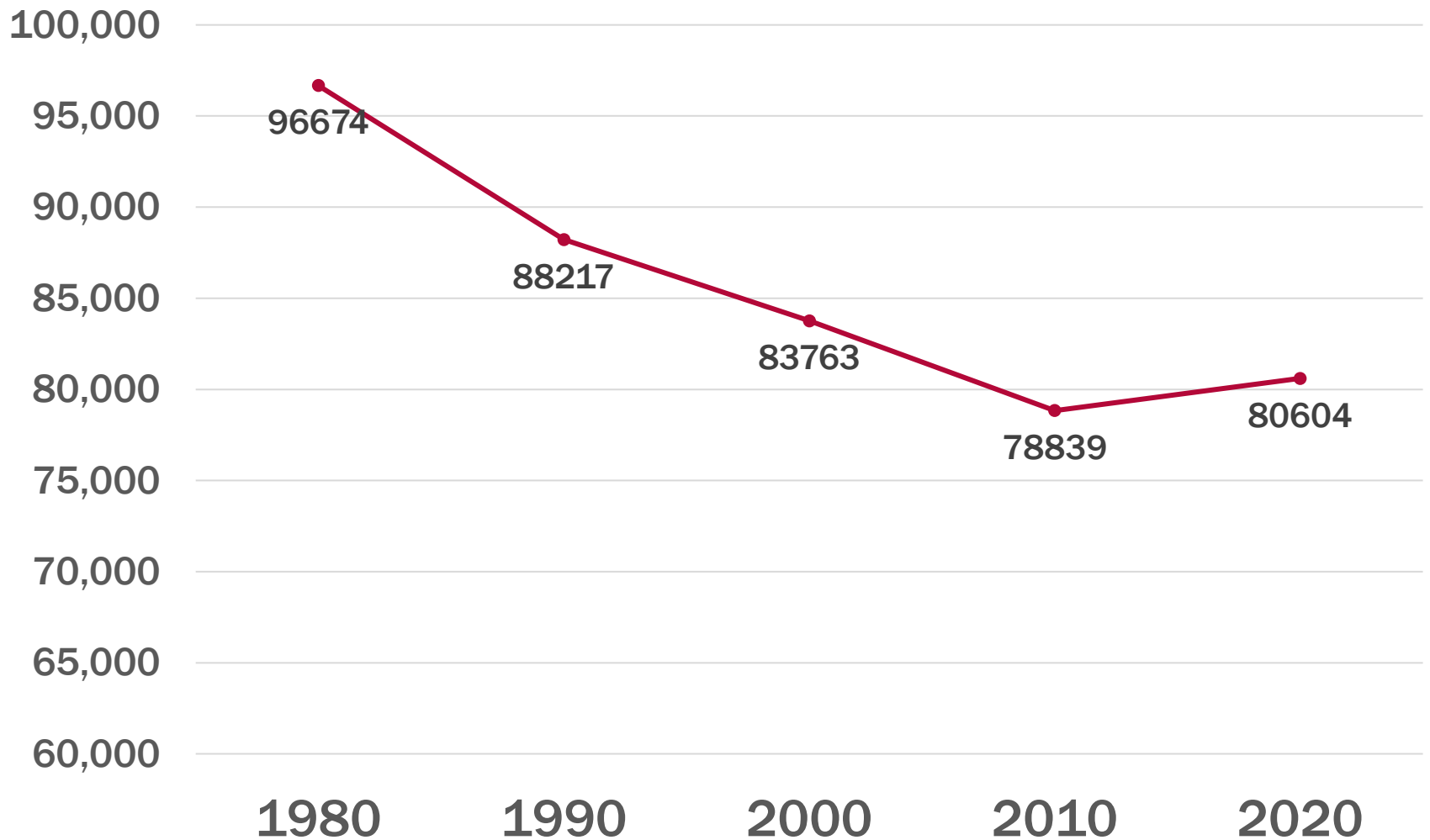
- CGR was engaged in mid- 2023 to conduct a comprehensive evaluation of the EMS system
- Interviews and site visits with
  - Each fire district/department;
  - AMR;
  - Cheektowaga Dispatch;
  - County and State Officials;
  - Medical Directors;
  - Other EMS agencies for comparisons;
- Gathered data on calls for service from 911 center and AMR
- Each department answered a questionnaire regarding their department

# Model EMS System

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- The right resources respond promptly to medical emergencies and injuries to provide high quality treatment and timely transport to an appropriate medical facility.
- EMS Functions
  - Detection
  - Reporting
  - Response
  - On-Scene Care
  - Care in Transit
  - Transfer to Definitive Care
- No “National Standard” for EMS

# Population in Town (excluding Depew)



# Overview of EMS System

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## 911

- Cell phone calls answered by Central Police Services, then transferred
- Landline or 7-digit calls answered by Cheektowaga

Information gathered using EMD or abbreviated processes

## Resources sent

- Fire Department First Response to assist only and most serious events
- AMR Ambulance to all but assist only
- Law enforcement sent to mental health events

Tax dollars pay for communications and first response.

Transport is fee for service.

Patient is treated and transported OR assisted and left at location



# Cheektowaga Dispatch Center

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- Civilian Employees of Police Department
- Full staff of 27, recently as low as 23
- Answer & dispatch 60,000+ calls each year
  - 80% of calls are for law enforcement
- 5 on duty 7 am to 11 pm, 4 on duty overnights
- Answer 911 landline calls directly and receive cell phone transfers
- All staff are trained in emergency medical dispatching
- Smaller share of staff have direct experience in public safety field than in past

# American Medical Response

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- AMR and its predecessors have had agreement w/ Town since about 1990
- Most recent agreement expired in mid-2023, but service continues
- Between 850 and 1,100 calls in Town per month including interfacility work and private calls.
- 80% come through CPD, 2/3rds are transports
- Days/Eves: 3 paramedic and 2 EMT units (plus a 4<sup>th</sup> paramedic unit 4 days a week)
- Overnights: 2 paramedic and 1 EMT unit
- Resources are shared with neighboring communities as needed. 700 unit hours scheduled daily in Erie County and Buffalo about 14% in Cheektowaga

# Fire Departments Profiles

Department	Membership	EMS Staff	Notes:
Bellevue	48	6 EMTs	
Cleveland Hill	43	19 EMTs	Looking at EMS only members
Doyle # 1	45	30 CFR and EMTs	Operate jointly with Doyle 2
Doyle # 2	45	12 CFR	Operate jointly with Doyle 1
Forks	24	9 EMTs	Considering stopping EMS
Hy-view	35	7 EMTs	
Pine Hill	20	8 EMTs and 1 Paramedic	BLS FR Only
Rescue	30	7 EMTs, 1 Paramedic	
Sloan, Village	28	20 EMTs	
South Line	76	25 EMT/ 19 AEMT/ 4 Paramedic	Operate two ambulances. Exploring billing for service
U-Crest	47	7 EMTs	
Total	441	163 all levels	



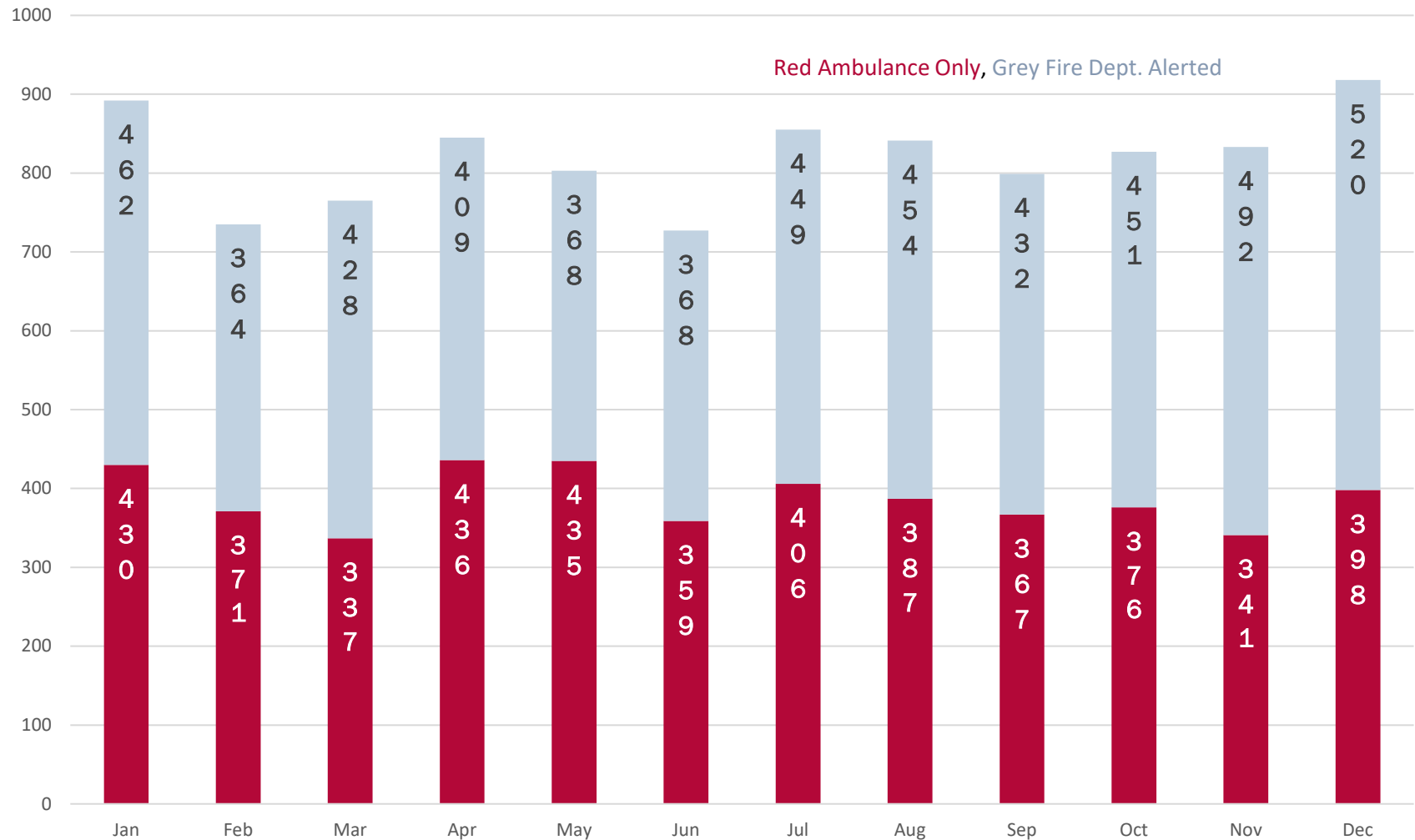
# Fire Service Areas



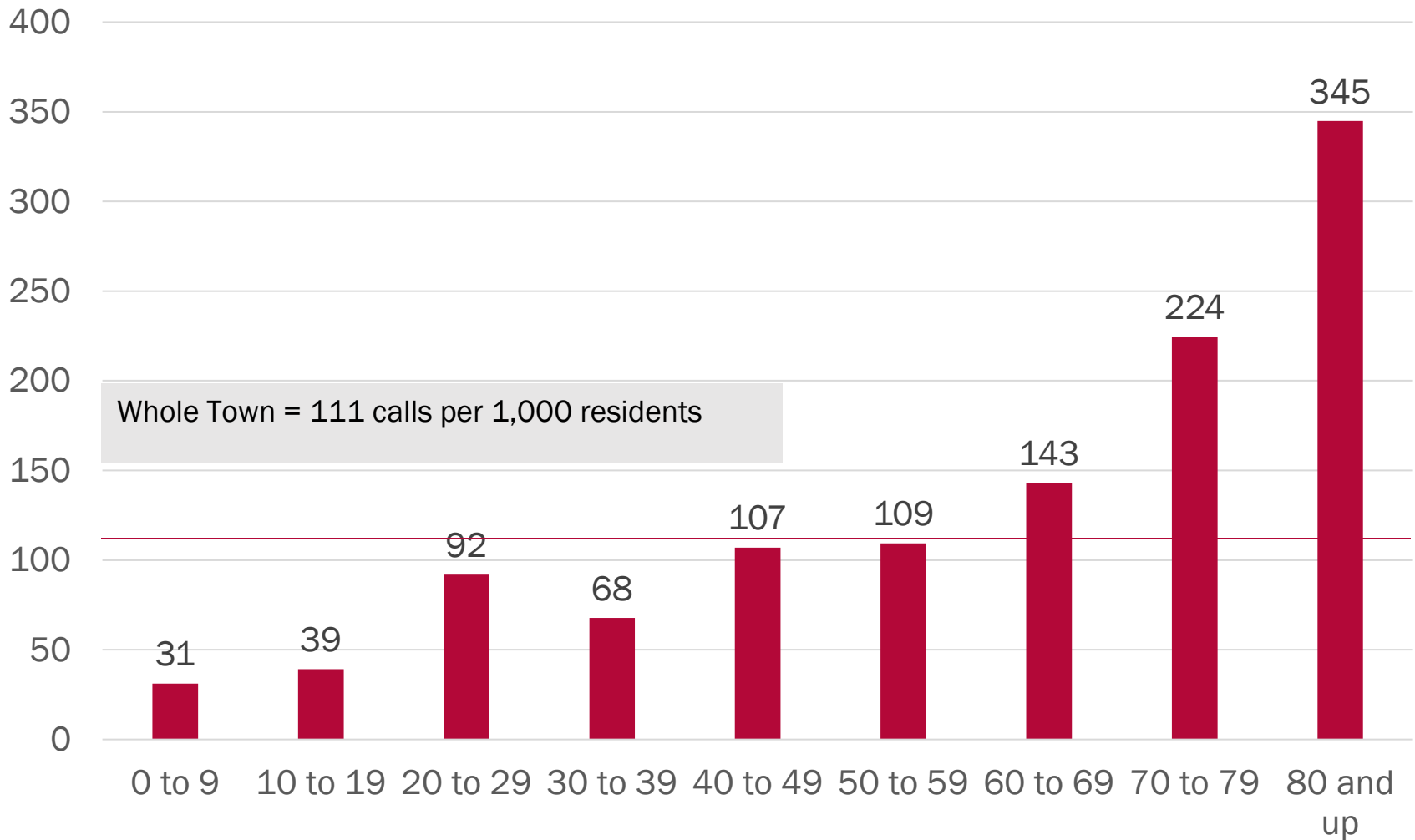
# EMS & Fire Calls for Service in Town by CPD

	2021	Per Day	2022	Per Day	2023 thru June	Per Day	Grand Total	
AMR	8087	22.16	7117	19.50	3424	18.81	18628	20.43
Bellevue	578	1.58	751	2.06	349	1.92	1678	1.84
Cleveland Hill	975	2.67	1045	2.86	481	2.64	2501	2.74
Doyle	931	2.55	1015	2.78	477	2.62	2423	2.66
Forks	484	1.33	605	1.66	242	1.33	1331	1.46
Hy-view	678	1.86	720	1.97	286	1.57	1684	1.85
Pine Hill	502	1.38	572	1.57	278	1.53	1352	1.48
Rescue	567	1.55	658	1.80	315	1.73	1540	1.69
Sloan	309	0.85	413	1.13	198	1.09	920	1.01
South Line	1074	2.94	1286	3.52	587	3.23	2947	3.23
U-Crest	1107	3.03	1323	3.62	638	3.51	3068	3.36
Mutual Aid	145	0.40	253	0.69	46	0.25	444	0.49
Disaster Coord	38	0.10	50	0.14	19	0.10	107	0.12
Grand Total	15475	42.40	15808	43.31	7340	40.33	38623	42.35

# AMR Responses 2022 (9840 total/27 per day)

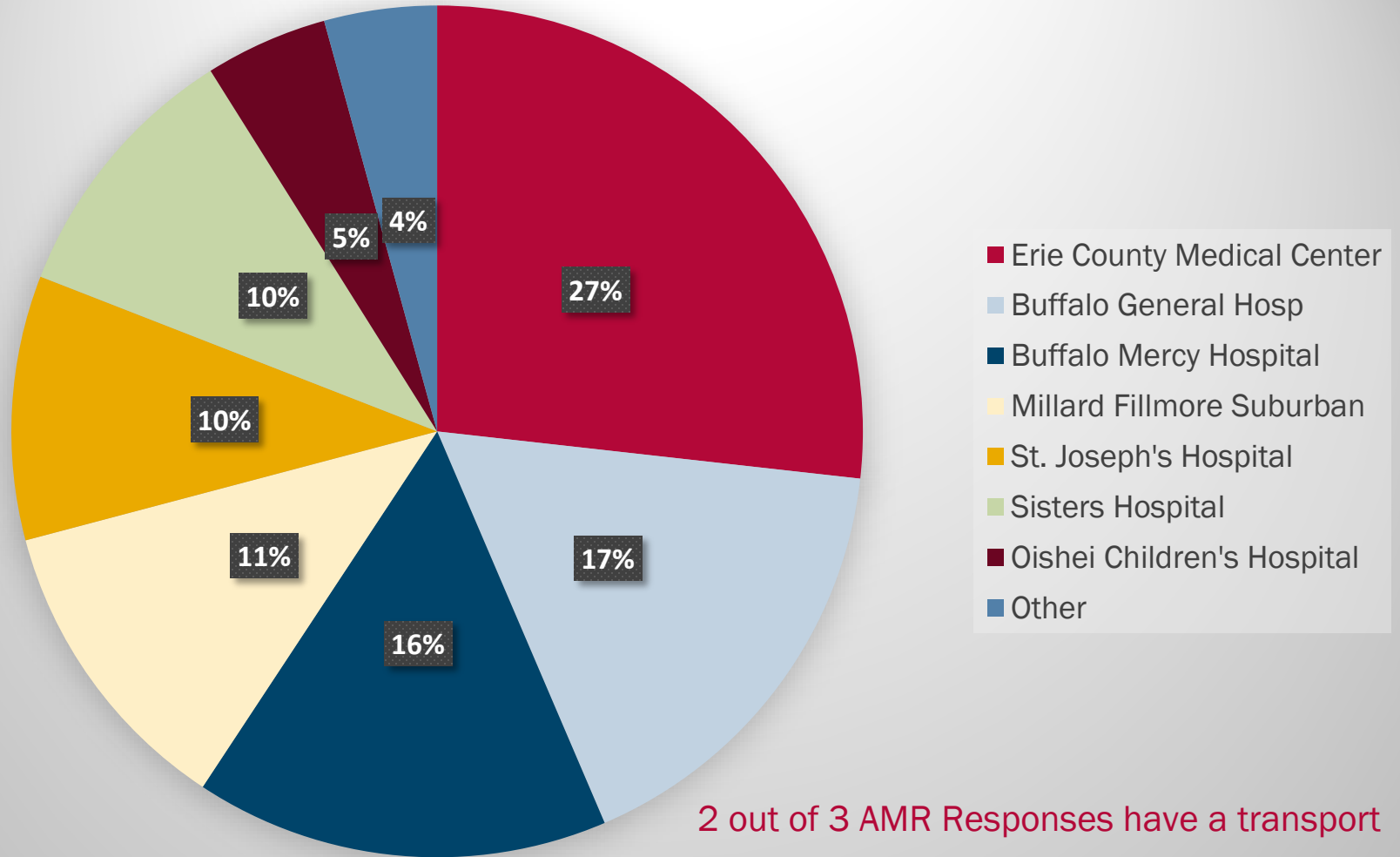


# Calls per 1,000 residents by age group





# Transport Destinations





# Key Findings

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Communication system and processes are adequate but could be improved.

Ambulance transport is mostly solid, but there are gaps, and the contract seems to favor AMR.

AMR handles 6 times as many calls as the busiest FD (U-Crest). More than half of AMR's calls are Ambulance Only (55%)

EMS Assist Calls account for 7% of calls in town (2668) and 85% (2616) of those do not have AMR responding.

There is no adequate back up for AMR, although new Erie County EMS might have that ability.

Ten separate BLS first response systems – each fire district responds differently and has different levels of care.

Over 400 volunteer FFs and 120 certified EMS providers

Concern that EMS call volume will wear on volunteers

EMS workforce is thin in area and it's a very competitive environment

Distrust apparent from some fire departments toward AMR

# Immediate Opportunities: Communication Center

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- EMD Screening **ALL** calls
  - Establish categories for FD only response and Ambulance only response;
- Enhance training for dispatchers to meet NYS dispatch guidelines
  - Initial training of 200 hours
  - Continuous training to maintain proficiency (20 Hours Annually)
  - CPR and AED training for dispatchers
  - Ride along experience for dispatchers
- Medical Director for EMD process
- Quality Assurance Process

# Immediate Opportunities: American Medical Response Contract

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- Balance incentives and penalties to benefit Town
- Examples:
  - AMR needs to cover at least 98% of calls each month
  - Set response time goals at fractile (Echo and Delta calls 600 sec. 90%)
  - Provide monthly performance report (exceptions and mutual aid)
  - Clinical performance report (AHA Mission, NYS CARES Reporting)
  - Direct radio communication with responding units with Cheektowaga Dispatch
  - CAD system or phone tie in for calls to AMR
- Subsidy of up to \$500,000 a year based on number of calls they meet targets. Basis is \$50 per call.
- Designate a single point of contact for Town & AMR

# Immediate Opportunities: Town

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- Engage a medical director to support fire companies
- Single person to oversee EMS in Town
- Disaster Planning and Training Opportunities
  - Blizzard Response
  - Rescue Task Force (Active Shooter)
  - Mass Casualty Incidents (Airport, Train, Thruway)
- Update Chapter 52 of Town Code

# Immediate Opportunities: Fire Service

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- Establish Minimum of CFR on Unit to Respond
- Do Not Respond to urgent care or medical facilities unless “Echo” calls
- Only respond to more serious EMS calls unless a delayed response
- Consistent criteria for dispatch for all Fire Agencies at all times
- If home agency is not readily available, use a mutual aid BLS-FR process
- Consider having EMS SUVs to be taken home
- Limit Lights and Sirens Response to Serious Calls

# Future Consideration:

## BLS First Response Service

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- Mix of Town and Fire District Support
- Initial – 1 or 2 units with 2 EMT/CFR staff
- Sent to EMS calls in lieu of fire service at certain times of day
- Assist ambulance on scenes and handle “lift assist only”
- Cover districts that do not want to provide EMS or struggle at certain times of day
- Full time EMT about \$65,000 each. Consider a minimum of 4 FTE to start program.
- Could be operated under fire service umbrella or Town
- Unlikely to have significant revenue to offset costs

# Future Consideration:

## Town Operated Ambulance (1 of 2)

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- EMS Operating certificate in 30 days, but long lead time for entire operation;
- Plan on 18 to 24 months from decision to implement;
- Supply chain issues with acquiring ambulances (18-24 months)
- Ambulances cost \$300k fully equipped this would include :
  - Full complement of ALS equipment;
  - Power gurney;
  - Power loading system;
- Locations for ambulances to be housed

# Future Consideration:

## Town Operated Ambulance (2 of 2)

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- Plan on 8,000 to 10,000 calls per year;
- 3 to 6 staffed ambulances (fleet of 5 to 9)
- Each ambulance needs 8 FTE
  - \$64k to \$70k for EMT;
  - \$81k to \$90k for Paramedic;
  - This includes benefits and NYS Pension costs;
- Estimate \$425 to \$450 per transport; (Depends greatly on payer mix);
- 5,200 TR = \$2.2M in estimated revenue
- Need ongoing municipal support of \$1.5M to \$2.0M



# Future Considerations: Other Ambulance Options

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- Contract with Erie County for Service
  - Not clear if County will compete with AMR
  - Their costs and revenue will be similar to Town
- Municipal Operating Certificate and Solicit RFP
  - Opens competition for contract to Mercy EMS and partnership with Catholic Health (if they enter EMS)
- Partnership with Non-Profit Organization
  - For example, Lancaster Ambulance or establish new one based on Southline Fire's Ambulance
  - Non-profits have marginally lower costs than municipal services
  - Could work under a Town Operating Certificate under cooperation with new non-profit

# Future Considerations: Vitality of BLS FR

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- Invest in CFR training for fire departments including Junior FFs or Explorers at age 16
- Reduce barriers for BLS FR operations for FDs
- Consider a single BLS FR agency for town supported by fire departments
- Support EMT training at high schools

# Next Steps

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- Consider adoption of Immediate Opportunities
  - Improve dispatch processes and support their operation
  - AMR Contract renewal with additional requirements and subsidy in future years
  - Seek medical direction for fire departments and EMS process
  - Designate single person in Town to be responsible for AMR relationship
  - Establish CFR as minimum to respond
  - Focus BLS FR to most impactful situations
- Task Town and Fire Service representatives to address other opportunities
- Final Report includes topics presented plus more detailed implementation steps based on feedback

# Questions?

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