

**Increasing Efficiency, Effectiveness and Interoperability  
for  
Utah's Public Safety Services**

**On Moving The Bureau of Emergency Medical Services  
To The Department of Public Safety**

**A Position Paper from Utah's Fire Service**

**September 8, 2005**

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## Executive Summary

One of the recommendations of Governor Huntsman's transition team was to move the Bureau of Emergency Medical Services (EMS) from the Department of Health to the Department of Public Safety. When this proposal was presented to the Fire Chiefs in the State it was met with support and even enthusiasm. In a recent address at a Public Officials Conference in Park City Governor Huntsman emphasized the need for interoperability, efficiency, and effectiveness among public service providers. Achieving this objective is our motivation for the proposed organizational change.

The need for such a change is evidenced by the recognition of seven significant issues. These issues are concerned with the following areas:

1. Service Delivery
2. Unity of Command at the State Level
3. Training, Certification, and Licensing
4. Data Collection, Records, Reporting, Statistics
5. State-wide Response Planning
6. Funding and Grants
7. Customer Service

A re-organization will always bring complications along with solutions. Consideration must also be given to as many potential complications as possible. The Department of Health has discussed two such concerns: (1) The need to ensure the quality of care in EMS through proper medical oversight, and (2) Funding issues related to grants that are administered by the Department of Health.

A review of the manner in which EMS is administered in other states has shown that there are two approaches predominating in this country. Housing EMS management in the Department of Health is very common. The concept of aligning Emergency Medical Services with all other First Responder agencies is the approach that is gaining acceptance around the country as more states and even the federal government grapple with the issues of improving homeland security.

After years of experience with and careful discussion of these issues, it is the considered position of the authors, as representatives of the Utah Fire Service, that the first response capability in Utah is best served by moving the Bureau of Emergency Medical Services from the Department of Health to be housed and administered in the Department of Public Safety. Only in this way can the goals of coordination and interoperability within the emergency services be achieved and result in increased efficiency and effectiveness.

## History and Background of the Proposal to Move the Bureau of EMS

As part of Governor Huntsman's post-election transition team, some members were charged with looking at the efficiency and effectiveness of State Government. They were to do this from two perspectives: (1) From the perspective of those who provide the various services, and (2) From the perspective of those who receive government services. From this effort, in particular, came the awareness that all first responders fell under the direction of the Department of Public Safety with the lone exception of the Emergency Medical Services.

On the subject of first responders, the transition team made five recommendations as follows:

1. Rename the Department of Public Safety to the Department of Homeland Security.
2. Elevate the level of the Fire Marshal's office within the Department of Homeland Security.
3. Move all fire-related agencies and activities under the Fire Marshal's office.
4. Move the Bureau of Emergency Medical Services to the Fire Marshal's office within the Department of Homeland Security.
5. Establish a coordinating council to be the Governor's Task Force on Homeland Security.

The opportunity to discuss moving the Bureau of EMS has been welcomed by Utah's Fire Service. This has been due to the many issues that have arisen, and in large measure left unresolved, over the years. This position paper has been prepared with the objective of clarifying the issues related to moving the administration of the Bureau of Emergency Medical Services from the Department of Health to the Department of Public Safety and making a recommendation related to this proposal.

## Issues Related to the Organizational Position of the Bureau of EMS

### *Issue 1. Service Delivery Issues*

If there is a substantive argument to move the Bureau of EMS to the Department of Public Safety, the area of service delivery ranks right at the top. In the early 1970s the fire service mission consisted primarily of providing fire prevention and protection to the community. The fire service role in EMS was then very limited. Today the fire service is continually being tasked to provide a number of specialized services and the largest area is that of EMS. Additional specialized response capabilities are also being required with the introduction of Homeland Security. These increases are making it more and more difficult to fund programs, and to plan and coordinate the efforts for training, coordination, communications, and response.

It is believed that by moving the Bureau of EMS to the Department of Public Safety some of the above stated concerns will begin to be addressed, including initiation of

long term planning and coordination of all emergency services. By making this move all functions now typically handled by the fire service will be administered and coordinated in one office at the state level.

The natural result will be to concentrate the focus of the emergency services on their core mission--to enhance efforts to prevent, prepare for, and respond to incidents, both locally and statewide. This will lead to improved communications and allow streamlined input into planning and coordination of multidisciplinary efforts. With a re-organization all emergency responders could work under one command structure. A unified oversight would also permit a more equitable distribution of funding.

The goal is for improved homeland security and day-to-day public safety due to improved funding, unified planning, enhanced communication and coordination of response to incidents and more efficient public-safety services. With a single state agency providing oversight we could expect better coordination and accountability in the management of all related programs and a more efficient use of tax dollars.

### *Issue 2. Unity of Command at the State Level/Management Issues*

Recently issues came to a head in New York City. In the city's efforts to implement the National Incident Management System (NIMS) and coordinate the complexities of providing and controlling the delivery of emergency services city wide; a turf war began between the fire and police department over who is in charge of hazardous materials incidents.

Could this happen in Utah? Is there role confusion among departments within state and local government that could lead to unity of command issues? To outside observers the answer is a definite yes. The potential for confusion exists in a system that requires local responders to answer to multiple state agencies with potentially competing interests.

In the world of incident command, this type of situation leads to a fractured management system, resulting in a break down in command and control of the incident. As local responders, we see the potential for a breakdown at the state level due to role confusion between departments that exercise a level of control over local responders.

Fire Chiefs in the State of Utah are asking state officials to re-examine the current situation of allowing two state government departments (Department of Public Safety and the Department of Health) with dissimilar missions both exercise regulatory responsibilities over emergency responders in local jurisdictions.

We are asking State officials to take a firm stance and knit the Bureau of Emergency Medical Services (BEMS) into the Department of Public Safety (DPS). This departure from a "business as usual" approach will provide for stronger communication and coordination between the state and local "first-responders". From a command and control perspective, the chain of command and lines of communication will be clarified, simplified, and streamlined.

The fire chiefs are also asking that DPS conduct a systematic evaluation of the Department's structure, policies and operations, in such a way as to recognize and place emphasis on the importance of the emergency services provided by local fire departments. Local firefighters are the true first responders. When one considers the consequences of a natural disaster or terrorist event, local firefighters will be one of the primary groups that provide the emergency medical, hazardous materials and specialized rescue functions.

Further, we encourage the state to adopt a state-wide incident management system that provides for unity of command (communication and coordination), that would not only allow for but facilitate the movement of resources within counties, regionally, as well as for a statewide response. This system would have ready application to a statewide approach to planning and preparation as well as for handling emergencies.

Incident management, in its simplest form, is nothing more than a process for identifying the problems that exist, developing strategies for each problem, and making tactical assignments to operational units. With this in mind one can readily see the advantages of consolidating all of the emergency management functions under DPS. DPS in partnership with local responders can then identify the problems, develop strategies for dealing with them, and implement tactical solutions. Communications and management control will be clarified and simplified by this approach.

When we look at this issue from an incident management perspective, one could view the State in the role of providing logistical and operational support to the local government branches that are delivering the critical services. The local "first responders" would be communicating and coordinating with a single point of contact. This concept supports an "all-hazard" approach to emergency response planning. Another way to look at it is the establishment of "one-stop-shopping" by restructuring at the State level, placing all of the emergency services functions under one umbrella.

### *Issue 3. Training, Certification/Re-certification, Licensing*

Nationally, both fire protection and law enforcement services receive training, direction and coordination from federal agencies, through the United States Fire Administration and the Department of Justice. Emergency Medical Services should enjoy this same benefit and efforts are being made to bring this to pass. Utah has the opportunity to achieve this same benefit now at a state level by moving the Bureau of EMS to the Department of Public Safety.

In the event of a local incident, police, fire, rescue, hazardous materials (hazmat) response units, and emergency medical services must all be able to work and communicate effectively together. The ability to do so would be greatly increased if certification, training and record-keeping systems were housed and administered by one state agency, leading to consistency in policies and procedures. Since these services daily respond to incidents together, they should logically be managed and

directed under a single state umbrella to ensure that duplication of requirements can be avoided and coordination during joint responses to emergencies can be enhanced.

The administration of the Bureau of EMS in a separate department from fire and law enforcement has led to duplication of efforts, inconsistencies in requirements, and problems for records management. For example, some hazmat training counts as EMS training and some EMS training counts for rescue training, but the opposite is not true and any such reciprocity is not consistent across the board. The Department of Health requirements differ from the requirements of the State Fire Marshal's office. Highway Patrol officers are certified as hazmat technicians under different rules than firefighters, as one example.

Another example is the certification of instructors. In the past, firefighters who were paramedics or EMTs, with certification as instructors by the Utah Fire and Rescue Academy, were not considered qualified by the Bureau of EMS to teach EMT classes. There is now a bridge training that covers specific requirements for both disciplines, but instructors used to have to be certified separately by both agencies in order to teach in both disciplines.

Likewise fire department training officers must maintain a Bureau of EMS training officer certification in order to submit official and approved EMS training data. As a solution, the Bureau of EMS has arbitrarily suggested that local fire departments use a part-time, Bureau of EMS-certified training officer rather than their own training personnel!

The federal government is encouraging implementation of the National Incident Management System (NIMS) in an effort to ensure responding agencies understand their respective roles, increase personnel safety, and create a more manageable environment for incident commanders. The fire service and law enforcement, under direction from their national training agencies have both adopted NIMS. EMS has been slower to come on board with a common incident management system (ICS). Moving EMS to the Department of Public Safety would facilitate use of a common ICS in Utah.

In many communities, ambulance service is provided by the fire department with good cooperation and coordination between the two services. However, in areas where ambulance service is not part of the fire department, the ability to interact effectively with police and fire services can and has been diminished. Currently the Bureau of EMS takes direction from the Department of Health and in the case of major emergencies, this puts them outside the incident management chain of command.

For example, when a tornado struck Salt Lake City in 1999, representatives from the Bureau of EMS activated the EOC at the State level, brought in ambulances and staged them, but the local incident commander did not know about it, and as a result, these ambulances were never actually used. The State level EOC activation was indeed a proper response and it was not a bad idea to bring those ambulances in, but the communication and coordination of resources must fit into the established command structure.

In the tornado incident, the availability of extra ambulances was irrelevant, because the incident commander was never made aware that those resources were available. If EMS is part of Homeland Security, then ambulance services and resources could more efficiently and effectively be built into the State system for proper interaction.

#### *Issue 4. Data collection, Records, Reporting, Statistics*

Currently, first responders in Utah are encouraged to submit emergency response data to two state agencies: the State Fire Marshal's Office and the Bureau of Emergency Medical Services. Failure to do so results in denial of Federal and State grant disbursements administered by those agencies. The formatting requirements for data submission are different for both agencies, even though much of the information is duplicated. This places a burden on first responder organizations to develop, maintain, and submit two data collection systems, one for each corresponding state agency.

As a result, the individual fire department also encounters greater difficulty in conducting its own data analysis because of the need to combine two datasets, one for EMS and one for fire, to generate organizational data analyses and a single unified reporting summary for its own use.

Current attempts to meet these data submission requirements have resulted in first responder organizations having to purchase over-the-counter software, many of which only partially meet their internal tracking needs, or to develop their own in-house data collection systems. Then, when the state agencies change their dataset requirements, either option can be costly to modify.

The entire process of complying with State required reporting requirements is time consuming and costly, yet for all that effort the statistical summary reports returned to individual departments from the state agencies are very basic and, many times, of questionable accuracy, making them impractical for use.

By combining the Bureau of EMS and the Fire Marshal's Office, the State could realize certain data collection efficiencies through the sharing of data server equipment, combining personnel to administer the reporting programs, and the need for fewer data subcommittee meetings. Local departments would benefit enormously if the State would then develop a single common data-reporting requirement that would meet the needs of both fire and EMS.

Organizations reporting to the State would benefit by submitting one report. This could result in many first responder organizations agreeing to develop or adopt a single records management system, driving economies of scale and enabling many smaller agencies to participate. A broader base of participation would result in better data analysis and the development of a better state emergency needs assessment. Organizations might save money by donating fewer personnel hours to data collection subcommittee meetings. All these efforts would hopefully restore credibility to the current State reporting system.

### *Issue 5. Statewide Response Planning*

The terms efficiency and effectiveness are synonymous when analyzing and describing the product of “achieving desired effects...and being productive without waste”. Closely related to these illuminating words is interoperability which means; “the ability of a system to work with or use the parts or equipment of another system.

Never before have these words meant more to Public Safety (Police, Fire, and Emergency Medical Services) than they do today, especially, since the life changing day of September 11, 2001. Those horrific events propelled us into an unprecedented need for planning and cooperation. Now, failure in these areas literally means the loss of life, liberty and the pursuit of happiness.

Not long ago, the Fire Chiefs in the Salt Lake Valley Fire Alliance realized that cooperation, joint planning and the dissolution of geopolitical borders was necessary to deliver efficient and effective fire and emergency medical services to our citizens. Furthermore, interoperability between fire and police departments was absolutely critical to a successful service delivery platform.

To accomplish this, response plans were developed, a resource move up system was designed to ensure that no area within the Salt Lake Valley was left unprotected even when a major incident occurred in one part of the valley (see appended Figure). Additionally, standardized training from the level of recruit firefighters to hazardous materials technicians has been implemented.

This type of cooperation can and should be continued and expanded to regional and statewide levels. The Department of Public Safety is the perfect platform to coordinate this effort. With police and fire already working under this umbrella, it is a natural fit for emergency medical services. After all, the emergency medical services in the state are delivered predominantly from established fire and /or police departments.

There is no doubt that police, fire, and EMS services cross each other’s paths on emergency scenes every day. To be successful in these disciplines, a common standard-setting and resource coordination point is essential. This will ensure interoperability with the end result being efficiency and effectiveness at all levels of Public Safety service delivery.

### *Issue 6. Funding and Grants*

With regard to the current grant system, there seems to be a legacy of stagnation. For many years the system has been, for the most part, a competitive jumble that pits agency against agency for the limited funds available in a given geographical region. There is very little emphasis by state representatives to bring a broader perspective to bear on the direction of current EMS practices. A formal regional or countywide needs assessment has never been done to gain an overall perspective of where each agency stands with regard to equipment, apparatus, training, etc. Neither is there time spent to look at a multi-year plan for that area.

Currently, the only stable piece in EMS grant funding is the "per capita" formula. In this category a monetary value is given to each certification level from basic EMT to Paramedic, then dollars are simply allocated to each department based on the number of members in a department corresponding to their certification levels. An agency or department can improve their per capita funding amount by increasing their members or by raising the certification levels.

Grant allocation models used in other state departments take a more modern planning approach to the distribution of funds among counties and municipalities. Let us take for instance the hazardous materials/homeland security grant system. This grant originates with the federal Department of Homeland Security and the monies are allocated among the states for final distribution.

The state has been broken down into eight regions for distribution purposes. Seven are geographic regions and one region has been specified for the bomb technician groups in the state. Each region has representatives who participate in planning and orchestrating efforts within their own region across all emergency services. They also involve the Local Emergency Planning Committees (LEPCs) within their geographical area.

The regions have their own budgeting subcommittees and they work together to decide on an allocation plan that enhances the abilities of all entities within their local areas, typically at the county level. Municipalities within the region and county can then further make plans to enhance their ability to respond to emergencies through equipment, apparatus, training, etc.

If the current EMS grant program adopted the regional approach similar to the homeland security grant, greater efficiency and effectiveness could be achieved. A better focus on results could be attained. A broader perspective could be applied to involve the other disciplines who also operate in this arena, ie. Fire, Law Enforcement, Emergency Management, Hospitals, Physicians, Elected Officials, State Planners, etc.

There is a certain amount of crossover among the emergency response agencies that provide these different, yet similar services. There are grant dollars that span the different disciplines included are under the Homeland Security umbrella. Combining multiple disciplines that participate at the local level would enable the state to broaden the overall homeland security priorities, providing a more effectively planned approach to service delivery.

Recommendations to improve the current grant funding model include:

1. Utilize a version of the regional approach in use by the hazardous materials regions within the state. This is a functional model unburdened by a long history of boundary disputes, rapid growth of the emergency medical system(s), or any conflicting interests.
2. Complete an EMS needs assessment within each county or region and update the assessment periodically.

3. Develop a multi-year plan for the expenditure of funds. Work toward a larger goal with a broader perspective in mind.
4. Incorporate an all-hazards approach to priorities under the homeland security umbrella.
5. Establish multi-disciplinary committees at the local level including EMS, Fire, Law Enforcement, Emergency Management, Hospitals, State Planners, Physicians, etc. to review and participate in the management of funds that will be utilized at the local level for EMS service delivery.
6. If current County EMS committees exist, then re-focus and re-educate the existing groups on the scope and mission of that group; i.e. Review local EMS delivery options and work together on funding priorities, instead of working against one another competitively for access to the limited funds.

#### *Issue 7. Customer Service Issues*

Emergency Medical Services Providers have a great deal on which to focus their attention in order to provide the most cost-effective and best quality service possible. The many facets which an EMS Provider must manage include: Supplies, Equipment, Ambulances, Training and Staff Development, Data Collection, Reports, Quality Assurance, Staffing, Recruitment, Medical Direction, Standards and Protocols, Committee meetings, Maintenance, Issues/Complaints Resolution, Public Education, Budgeting, Purchasing, Medical Billing, Compliance with Regulations, Research, etc.

On many of these items, the Bureau of Emergency Medical Services has not only taken a position, but has also set forth regulations, requirements, processes, and procedures. Given the comprehensiveness of the Bureau's oversight, it seems reasonable to expect that such requirements and processes should be readily accessible, easy to apply, and consistent throughout.

In practice, Fire Departments find they are often dealing with individuals who may be well versed in the requirements they are assigned to manage, yet have little or no understanding of how such requirements affect the service providers. It is difficult to find the right person with whom to discuss different concerns. Many have no experience with the Fire Service and the challenges of service delivery in that environment. Often it is difficult to gain access to the appropriate person within the Bureau.

It sometimes seems that the bureaucracy is more important than the service they are supposed to support. There have been occasions when the Bureau, by being in closer touch with how service is provided on the street and more in tune with the end-user implications of various procedures and rulings, could have been proactive and the champion of increased effectiveness and efficiency at the point of service delivery. Typically this has not happened and the Bureau has reflected the more studied approach to decision making inherent in the medical community rather than the practical approach to application native to the fire service.

#### *Issue 8. Possible Consequences of Moving the Bureau of EMS*

About a dozen Wasatch Front Fire Chiefs met on July 7, 2005 with Dr. Sundwall, Executive Director of the Department of Health, at his invitation. The topic of discussion centered primarily on the question of moving the Bureau of EMS to the Department of Public Safety. The views of the Fire Chiefs are presented in the above-listed Issues. Dr. Sundwall mentioned two primary concerns regarding this proposal that will be addressed here.

*Quality of Care.* Across the nation, Emergency Medical Services have typically been administered through some relationship with Health-related Agencies. The primary reason for this association has always been related to concerns for the quality of services delivered in the field by EMTs and Paramedics. By being closely affiliated with, and in many cases administered by Doctors it has seemed that service quality would be assured.

Utah State Rules governing the quality of care require that each provider agency retain the services of an "off-line" medical director who is certified by the state. The Medical Director is charged with primary responsibility for implementing a quality assurance program with their service provider.

The Medical Directors are typically practicing physicians, often at an emergency center. They will always be in touch with the latest information from the medical community and are in the best position to advance the use of new methods and treatments in the Emergency Medical Services field. This relationship would not change with an organizational move of the Bureau of EMS, hence under ongoing medical direction, quality of care should not suffer.

*Grant Funding.* Many of the grants that are used in EMS are funded or funneled through the Department of Health. This may be solely by virtue of past practice or required by statute. This fact doesn't need to impact the decision to move the Bureau at all. There is also no direct organizational link between fire or police departments and the agencies from which they receive federal grants. To the extent that a connection is needed for management of funds, establishing a process to that end would be a simple administrative decision.

## **Alternative Organizational Models**

Surveying the way states have organized the administration of their emergency medical services has shown that there are only a few variations currently in practice around the country. Another option, not currently under consideration in Utah, is to leave the Bureau of EMS in the Department of Health and create a command linkage between the Department of Health and the Incident Command Structure at any major incident.

The model currently followed by Utah seems to predominate. A review of literature indicates that in many states there is a significant push to re-organize, as we are proposing here in Utah. Even at the federal level there is discussion of moving EMS to Homeland Security from the Department of Transportation. There is an inescapable

logic to this proposal. The review of organizational models, though not comprehensive, implies that the model here proposed carries unassailable advantages over the existing organization.

## Summary and Recommendations

The objective, as defined by the Governor's transition team, is to increase efficiency and effectiveness; to improve communication and coordination for both the Bureau of Emergency Medical Services and the Fire Departments served by the Bureau.

Utah Fire Chiefs believe that moving the Bureau of Emergency Medical Services from the Department of Health to the Department of Homeland Security makes sense and is the right thing to do organizationally and operationally.

Making this change would have several desirable results:

1. The establishment of a coherent, unified chain of command extending from the State level to the Local level. This would be a natural consequence of placing a like discipline (first response for EMS) with other like disciplines (first responders in Fire, HazMat, Rescue),
2. Elimination of most, if not all, duplication of administrative requirements related to training, certification, record keeping, and reporting,
3. Enhancing coordination and correlation of daily service delivery,
4. Increase the potential for administrative cost savings by housing all first responder services under a unified management structure,
5. Increase the potential for Utah to have in place appropriate and effective homeland security planning and preparation, and
6. Facilitate the development of statewide resource typing and mutual/automatic aid under a comprehensive emergency response plan.

## Acknowledgements

The contents of this position paper are the results of a collaborative effort among representative fire chiefs along the Wasatch Front whose names are listed below. In a larger sense, this work is the culmination of many meetings, discussions, and emails over an extended period of time involving officers from virtually the entire Utah Fire Service as well as most other associated emergency response professionals.

Additionally, the position presented here has been influenced in no small measure by the clear need for enhanced coordination and communication among first responders and increased focus on homeland security that has been self-evident for the last four years. We therefore also acknowledge the substantial contributions of all those who have pioneered the way to greater homeland security.

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