THE CITY OF NEW YORK
INDEPENDENT BUDGET OFFICE
110 WILLIAM STREET, 14TH FLOOR
NEW YORK, NEW YORK 10038
(212) 442-0632 • FAX (212) 442-0350 •EMAIL: iboenews@ibo.nyc.ny.us
http://www.ibo.nyc.ny.us

Testimony of the New York City Independent Budget Office to the City Council Committee on Fire and Criminal Justice Services February 23, 2016

Good afternoon. My name is Bernard O'Brien and I am a senior budget and policy analyst at the New York City Independent Budget Office.

Thank you for the opportunity to testify at today's hearing concerning Intro 135, which would supplement existing Fire Department (FDNY) reporting requirements by mandating that the agency disaggregate average Emergency Medical Service (EMS) response time statistics according to the seriousness or "segment" used to classify medical emergencies.

While the additional information that would be required under Intro 135 would add an important dimension to the current set of EMS performance metrics, IBO would like to suggest some additional reporting requirements the committee might consider.

First, requiring that the FDNY report not only statistical measures of central tendency such as average response time but also measures pertaining to the distribution of response times would allow oversight bodies and the public to see how frequently medical emergencies require an inordinately long period of time before arrival of ambulance or firefighter personnel.

Consider the following from a 2013 IBO report that focused on the subset of life-threatening (Segment 1-3) medical emergencies that warrant a response by paramedic personnel onboard Advanced Life Support (ALS) ambulances. About 20 percent or roughly 300,000 medical emergencies annually are categorized by FDNY dispatchers as ALS-level incidents that call for a response by paramedics.

Based on our examination of incident-level data from 1999 through 2011, we found that the median response time associated with paramedic response to ALS-level incidents had improved from 7.9 minutes in 1999 to 6.5 minutes in 2011. However, our analysis also revealed that in 2011 there were about 54,000 ALS-level medical emergencies where paramedics did not arrive for at least 10 minutes. Moreover, in a little over 20,000 of these emergencies, the response by paramedics took over 15 minutes. The point to be stressed here is that monitoring only average or median response time

statistics limits the ability of elected officials and the public to track the number of times in which the response was much longer (or shorter) than the mean or median response.

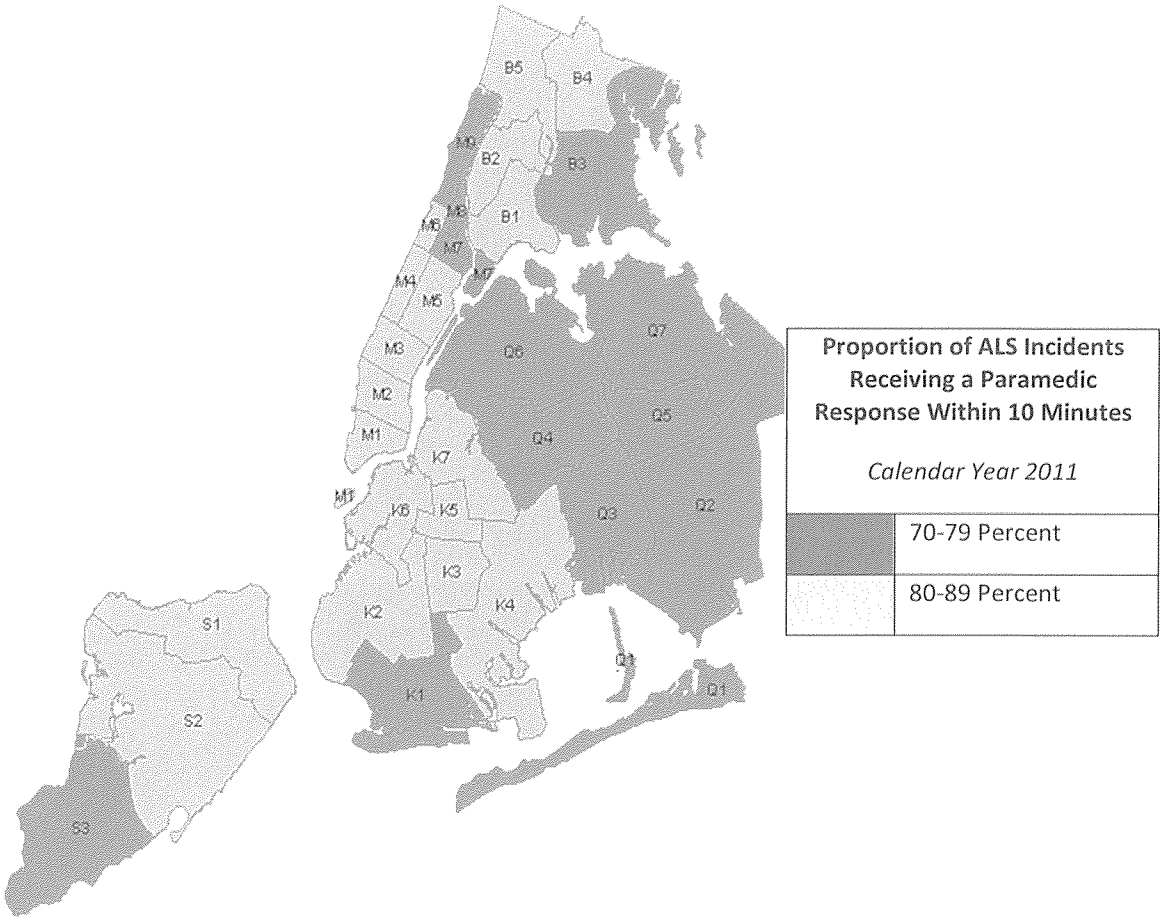
It should be noted that until 2007 the Mayor's Management Report (MMR) provided several EMS-related statistics that are no longer presented. Among the statistics dropped was the share of medical emergencies that were responded to by ambulance personnel in less than 6 minutes, less than 10 minutes, or less than 20 minutes.

For example, in 2007 the average response time associated with ambulance response to nearly 441,000 life-threatening medical emergencies was 6.6 minutes. There was also an indicator in the 2007 MMR reflecting the fact that 88 percent of these emergencies received an ambulance response within 10 minutes, which of course allowed the reader to conclude that almost 53,000 (or 12 percent) of life-threatening medical emergencies in 2007 did not receive an ambulance response within 10 minutes.

Given the importance of the information on the distribution of response times, IBO suggests that the City Council consider amending Intro 135 to include such reporting.

I would now like to turn briefly to reporting by geography. The fire department is currently required to report both fire and EMS response time statistics disaggregated at the borough level. However, given the size and diversity of the city's five boroughs, intra-borough variations may be masked when reporting takes place only at the borough-wide level.

Attached to my written testimony is a map adapted from IBO's June 2013 report. This particular map presents response time data from calendar year 2011 for each of 31 EMS dispatch areas across the city. The map shows the variations within boroughs in the share of Advanced Life Support medical emergencies that received a paramedic response within 10 minutes. One can see that except for Queens, which had a uniformly lower rate for meeting the performance goal of 10 minutes response, there was intra-borough variation across the rest of the city.



Therefore, in mandating the reporting of additional response time measures associated with medical emergencies, the Council may want to also consider requiring that such measures be disaggregated by EMS dispatch area or perhaps at the community district level rather than only borough-wide.

As a model for performance reporting that combines geographic and distributional statistics you might wish to look to Local Law 89 of 1991, which requires the New York City Police Department (NYPD) to regularly provide the City Council with response time statistics pertaining to all crime in progress radio runs within each of the city's 77 police precincts. The NYPD is required to report not only average response time figures disaggregated at the precinct level but also the proportion of reported crime-in-progress incidents in which the first arriving NYPD unit responded within 10 minutes, 20 minutes, 30 minutes, an hour, or more than an hour, respectively.

Thank you again for allowing the IBO to provide testimony at today's hearing, and I would be happy to answer any questions you might have.

February 23, 2016
Testimony of James Leonard, Chief of Department, FDNY
EMS Response Time Hearing for the NYC Council Fire and Criminal Justice Committee

Good afternoon Chairwoman Crowley and all Council Members present. Thank you for the opportunity to speak with you today about EMS response times. I am the Chief of Department, FDNY and I am joined this afternoon by Chief of EMS James Booth, Deputy Commissioner for Strategic Initiatives Edward Dolan, and Chief Medical Director Dr. Glenn Asaeda.

2015 was a strong year for FDNY Emergency Medical Service. With increased funding from the Mayor, we were able to obtain the resources necessary to provide the best possible service to the People of New York. We are constantly striving to improve, and we continue to conceive of and implement innovative strategies in order to create a smarter, more effective EMS and, ultimately, to save more lives in our communities. We experienced significant increases in call volume in neighborhoods across the city and were tasked with maintaining an ever-expanding workload. In particular, we saw a drastic increase in the number Segment 1-3 calls – our highest priority calls. In the busiest year ever for EMS, our members rose to meet the challenge.

In FY2015, we received 526,904 calls for life threatening incidents. Compared to the previous fiscal year, this represents a **14.2** percent increase in life threatening incident calls. The total number of calls received, including life threatening and non-life threatening calls, was 1,395,570. Compared to the previous fiscal year, this represents a **5.5** percent increase in total incidents. Each of these figures represents the highest number of calls that we've ever received in a year, continuing an upward trend over the last several years. To give you some historical context, in FY2011, we received 468,791 life threatening calls and 1,263,345 total calls. That represents a **12.4** percent increase in life-threatening calls and a **10.5** percent increase in total calls since 2011. We have learned that we must be prepared for another record-breaking year every year.

In calendar year 2015, we received 566,210 calls for life threatening incidents. Compared to the previous year, this represents a **17.1** percent increase in life threatening incident calls. The total number of calls received, including life threatening and non-life threatening incidents, was 1,435,315. Compared to the previous year, this represents a **6.1** percent increase in total incidents. Each of these figures represents the highest number of calls that we've ever received in a year, continuing an upward trend over the last several years. To give you some historical context, in 2010, we received 465,284 life-threatening calls and 1,261,993 total calls. That represents a **21.7** percent increase in life-threatening calls and a **13.7** percent increase in total calls in the last five years.

We are appreciative that the Mayor's budget has reflected this reality. The Mayor's budget for FY2016 included unprecedented levels of funding for EMS. It represented the most support any Mayor has given to FDNY for medical response since FDNY and NYC EMS merged in 1996.

Of course, even after receiving funding, it takes time to implement initiatives. We use the increased funding to hire, train, and deploy additional resources, which leads to improved execution at the street level. In addition, we request increased funding in stages because we are limited in the pace at which we can add personnel by factors such as training, human resources, and Bureau of Health Services capacity. With the additional funding received in 2015, we were able to add 45 additional tours. Most of these tours were placed in the Bronx, which had experienced a 16.1% increase in life-threatening calls, and a 6.4% increase in overall calls over the previous fiscal year. We also added a smaller number of these additional tours to each of the other four boroughs as well.

Through the use of modeling to assess what the response times would have been without the additional units, we can calculate the tangible impact that these additional tours had on response times. Using the additional mayoral funding to place additional tours in strategic locations, we were able to save 00:09 seconds on average citywide in 2015. In the Bronx, where the majority of tours were placed, the savings on travel times was 00:14 seconds. Both scenarios were calculated based on the criteria of the difference made when comparing "First unit assigned to OnScene on All Segment 1-3 Calls." By putting additional tours on the street, we were able to better serve the community.

In addition to replacing tours that were previously covered by voluntary hospitals, we use data analysis of factors such as areas of need, availability, and geographical travel time, to place additional tours in strategic locations throughout the City in order to maximize our efficiencies and improve response times. An example of this is the Department's plan to place three new Basic Life Support (BLS) tours and three new Advanced Life Support (ALS) tours on Rikers Island. Previously, ambulances responding to Rikers often took long periods of time due to the geographic isolation of the island, and this had a ripple effect as ambulances were unavailable for new calls. Under the new system, patients from Rikers Island will be transported to the most appropriate medical facility with a reduced impact on surrounding areas. By operating dedicated tours for Rikers Island, the Department will reduce response times in western Queens, which is an area of the City currently experiencing higher response times. Additionally, the new tours will allow stable transports to travel from Rikers to Bellevue Hospital directly, easing the burden on Elmhurst Hospital, which recently has experienced overcrowding.

In FY15, our End-to-End combined response time to life-threatening medical emergencies by ambulance and fire units was 8:52. Our End-to-End average response time to life-threatening medical emergencies by ambulance units was 9:16. That represents a decrease of 15 seconds from 9:31 from the previous year. Our End-to-End average response time to life-threatening

medical emergencies by fire units was 7:43. This was an increase from the previous year, which was 7:02.

You can see from the numbers that, despite a significant increase in call volume, our ambulance unit response time decreased. Using increased funding from the Mayor, we were able to make changes to keep pace with the growing workload. As we purchased additional vehicles and assets, and trained and graduated incoming EMTs and Paramedics, we saw the direct impact of this increased funding. As we reached the stage where could begin to deploy those additional resources out on the streets, response times decreased. The increase in response time for fire units comes as the workload on fire units has increased. Last year, fire units made a greater number of overall incidents, experiencing a 9% increase from FY2014 to FY2015. Fire units also responded to a greater number of medical emergencies, experiencing a 12% increase from FY2014 to FY2015. That's an additional 27,138 medical emergencies.

In addition to the resources that we have devoted to our regular EMS operations, we are excited about innovations that we have undertaken to improve our operations and to continue streamlining and maximizing efficiencies in response times. In particular, I would like to highlight three developments:

- **EMS Fly Car pilot program in the Bronx**
    - Later this spring, FDNY will be rolling out in a pilot area in the Bronx a new development model to reduce Advanced Life Support (ALS) response time by operating non-transporting ALS fly cars. We will redeploy paramedics from ALS ambulances to EMS non-transporting condition cars. This arrangement will include the efficiency of having one transport-capable vehicle (a BLS ambulance) and one non-transport capable vehicle (a fly car) to provide the same level of care that under the current system would require two ambulances. The fly car pilot program will increase ALS ambulance availability and is therefore expected to reduce response times to life threatening calls in the pilot area. We expect this change to decrease response time for all Segment 1-3 (priority) calls in the pilot area by as much as 23 seconds. The reduction in ALS ambulance tours will be offset by a corresponding increase in Basic Life Support (BLS) ambulance tours. This pilot program is funded for six months. At the conclusion of the program, we will study the results and, if it has a demonstrably positive impact on response times as we expect, we will consider extending and expanding the program.

- **EMS Tactical Response pilot program in the Bronx**
    - FDNY has received funding for and will be adding ten additional Basic Life Support (BLS) tours in the Bronx. We will organize and deploy these ten BLS tours – which are 8 hours each –as tactical response groups. These ambulances will be deployed in neighborhoods that are experiencing the heaviest call volume. We expect this initiative to decrease response times for Segment 1-3

(priority) calls in the pilot area by as much as 11 seconds. At the conclusion of the program, we will study the results and, if it has a demonstrably positive impact on response times as we expect, we will consider extending and expanding the program.

- **Study of Infrastructure at Fort Totten**
  - The EMS Training Academy at Fort Totten is an important resource for training new recruits and for maintaining the highest level of training and certifications of our EMS workforce through Continuing Medical Education programs. The City is currently conducting a study of infrastructure at Fort Totten, including the Training Academy. The results of this study will aid our efforts to plan expansion of our graduating classes and improve infrastructure at the Training Academy. With new resources, we hope to make improvements in the future.

Funding for the EMS Tactical Response pilot program and the Fly Car pilot program comes via additional funding in the Mayor's Preliminary Budget of $1.9M in FY16 and $1.4M in FY17. Through such innovations, we are executing faster and smarter ways to conduct Emergency Medical Services.

I'd like to briefly address the legislation proposed in Intro 135, which would require the Department to submit reports to the Mayor and the Council of average response time to medical emergencies, disaggregated by Segments 1 through 9. We currently report on response times for Segments 1 through 3, which are life-threatening incidents. We do not currently report on response times for Segments 4 through 9, which are not life-threatening incidents.

We do not believe it is the best use of our resources to prioritize response times to non-life threatening injuries. Segments 1-3 are high-risk medical complaints that are life threatening and potentially life threatening that are time sensitive for achieving the best outcomes. This category would include cardiac arrest, choking, difficulty breathing, and cardiac chest pain to name a few. Segments 4-9 are lower risk medical complaints that are not as time sensitive as Segments 1-3. This category would include examples such as patients with minor sickness, minor injuries, minor burns, abdominal pain, motor vehicle accidents with non-life threatening injuries, and stat (hospital-to-hospital) transfers.

It is essential for us to accurately identify which calls should be classified in Segments 1-3 and which should not. To enhance this process, we received funding last year to add 149 new dispatchers to ensure that calls are processed properly. We are also readying a new computerized triage system that will help dispatchers better classify calls. As with other areas of medical response, in the dispatching phase, we continue to improve through innovation.

Segments 4-9 can be safely dispatched in a less timely manner without affecting the outcome of the response. To give you an idea of how response times differ in this category of calls, for Segment 7-9 responses, our ambulances do not utilize lights and sirens while responding to the call nor while they are transporting the patient to the hospital. In order to respond to life threatening emergencies in a timely manner, it is imperative that that we prioritize our response and ensure that appropriate resources are available. In the NYC 911 system – the busiest in the country – the capacity to manage changes in demand for services frequently fluctuates on an hourly basis. We would not want to compromise our mission of public safety by placing the same kind of emphasis on responding to stable patients that we do on responding to patients with life-threatening injuries. Instead, we are working on new and innovative approaches to improve the way we provide treatment for non-life threatening incidents. We are still in the exploratory phase, but we believe that there are many benefits to alternative transport and alternative destination procedures that would improve the way we serve all types of patients.

We agree with our partners in the unions and with Councilmember Crowley that EMS needs continued additional funding and that response times should improve. With Councilmember Crowley's support, we are focused on these challenges. For the first time in 20 years, New York City has a Mayor supporting us with an historic investment of resources, and that investment continues to make a difference.

In 2016 and going forward, the men and women of the FDNY look forward to continuing our tradition of providing exceptional service to all New Yorkers in every neighborhood. We thank this Committee and the entire City Council for their ongoing support. I would be happy to take your questions at this time.

The Uniformed EMT's, Paramedics and Inspectors – F.D.N.Y.

Local 2507, District Council 37, AFSCME, AFL-CIO
47-09 30th Street, Suite 300, Long Island City, New York 11101
(718) 371-0310 • Fax: (718) 371-0318

Testimony of Israel Miranda

President of The Uniformed EMT's Paramedics & Inspectors Union – F.D.N.Y Local 2507

Fire and Criminal Justice Committee

February 23, 2016

Good morning Committee Chair Crowley and all of the distinguished committee members of the Fire and Criminal Justice committee.

I thank you for the opportunity to testify before you today. My name is Israel Miranda. I am the President of The Uniformed EMT's, Paramedics and Inspectors of the F.D.N.Y representing the 4,000 members of Emergency Medical Command. The members of the EMS Command are the first line of defense when responding to natural disasters and terrorist attacks. Besides these responsibilities, they also respond to an average of 4,000 emergency (911) calls a day. The men and women of the EMS Command are the most highly trained professional group in pre-hospital care providers in the nation. It was reported over a year ago that we had responded to about 1.6 million emergency calls, but as New York City expands in population and visitors, so does our call volume. We are expected to respond to at least 1.7 million emergency calls this year.

The purpose of my testimony today is not to level harsh criticism of our current City Administration or our current Fire Administration. The problems we currently face were masked and neglected by the previous City Hall Administration and our prior Fire Department leadership.

We all understand that early pre-hospital intervention will decrease mortality in many different areas. The "Vision Zero" initiative is enhanced by a rapid response to critically injured pedestrians as early intervention negates the death spiral suffered by major trauma victims. Rapid response and early intervention will decrease cardiac mortality as life saving drugs, when administered early, save lives and enhance quality of life after the incident. Rapid response and early intervention to gunshots and stabbings also makes a difference in survival rates as it prevents assault victims from becoming homicide statistics. The members of the FDNY EMS Command take their vital mission very seriously, which is why we implore you to help us save lives.

The Union is grateful to our current City Hall Administration for recognizing the need to increase our future budget resources to provide for more F.D.N.Y ambulances and personnel. Our current Fire Commissioner and Administration have worked tirelessly with the Union to identify several productivity initiatives to enhance the delivery of pre-hospital services. We look forward to continuing to work with them to achieve our common mission.

In Closing: We need the City Councils help to continue to provide the best pre-hospital care to our citizens and visitors. This can only be achieved by expanding our FDNY EMS Command resources. This is the only true way to

bring down response times while maintaining the high quality of care that our citizens and visitors deserve. We need more F.D.N.Y ambulances and we need more F.D.N.Y personnel. We need your help! We need your help!

Respectfully,

Israel Miranda

UNIFORMED EMERGENCY MEDICAL SERVICE OFFICERS UNION, FDNY

Local 3621, DC 37, AFSCME, NYSPEC, EMSLA, AFL-CIO

Testimony of Vincent Variale

President of The Uniformed EMS Officers Union – F.D.N.Y Local 3621

Fire and Criminal Justice Committee

47-09 30th Street, Suite 300, L.I.C., N.Y. 11101 • Tel: (718) 371-0315 • Fax: (718) 371-6051 • www.uemso.com

Good Afternoon, Chair Woman Elizabeth Crowley and distinguished members of the City Council. My name is Vincent Variale. I am president of Local 3621, The Uniformed EMS Officers Union representing 500 EMS Lieutenants and Captains of the New York City Fire Department EMS Command. I thank you for the opportunity to testify.

The EMS Bureau of the FDNY has an abundance of programs and contingency plans to address many emergency scenarios. However, the ability to adequately implement these contingencies has historically been severely lacking.

In the recent budget the Mayor has provided support for EMS pilot programs and modest increases to headcount and number of ambulances in the field.
While the support is appreciated it falls short of the funding required to reduce response times to an acceptable level. Only the appropriate staffing level would make it possible to achieve the goal of improving the span of control and reducing response times.
The Advanced Paramedic Response Unit (APRU) or "Fly Car" is an example of a program that could provide a reduction in response time and improve the delivery of pre-hospital medical care to the public.

This year marks the twentieth anniversary of the EMS merger into the FDNY.
I sincerely appreciate the support and leadership provided by Mayor de Blasio, Commissioner Daniel Nigro and Chief of Department James Leonard. They demonstrate a genuine concern for the issues that would improve the quality of life for EMS personnel and the services provided to the people of this City. However, prior to their arrival there were many years of neglect and that negatively impacts the service even today. One issue that has received virtually no improvement is the implementation of a genuine career ladder including civil service exams.

When EMS worked under the Health and Hospital Corporation there were many job opportunities for members interested in the science of emergency medicine. We had a civil service exam for Lieutenant and Captain. Today we have one civil service exam for Lieutenant and a make believe promotion to Firefighter.

In EMS the rank of Lieutenant is the first and only civil service rank. All other EMS officer titles such as Captain, Deputy Chief and Division Chief are chosen by the "good old boys club". There is no competency exam or civil service protection for these titles. Therefore, these officers have their decision making ability impaired by fear of reprisal or retaliation. The constant trepidation is good incentive to maintain the status quo, even if maintaining the status quo endangers the lives of EMS providers and the public.

The resolution to correct the systemic institutionalized command failures left over from the previous administration is to establish civil service testing for all ranks in FDNY EMS. This will insure that only the most qualified personal are promoted to positions of authority and then their decisions can be based on a given situation and not the hope of a promotion.

The promulgation of civil service exam will provide a clearly delineated command structure from incident command scene to overall command operations which will insure a safer city through an efficient and competent EMS Command.
Thank you.

Respectfully Submitted,

Vincent Variale

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Name: Vincent Variale Pres. of L.3621

Address: 4709 30th st. LIC, N.Y. 11101

I represent: Uniformed EMS Officers Union

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Address: 47-09 30st

I represent: Uniformed EMTs + Paramedics

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(PLEASE PRINT)

Name: Bernard O'Brien, Vice Pres. of L.3621

Address: 47-09 30th st LIC, N.Y. 11101

I represent: Independent Brotherhood of Public Union

Address: _____

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