

Town of Princeton

Advanced Life Support Ambulance Service Study Committee

Final Report

December 2007

Committee

William Dino, Paramedic

Jon Fudeman

Jerry Gannelli, Advisory Board

Jon Hojnoski, Medical Director

Raymond LaPorte, Fire Chief

Anne Littlefield, Chair

Stan Moss

Dennis Rindone, Town Administrator

Bob Sauer, Vice Chair

Charles Schmohl, Police Chief

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CHARGE TO THE COMMITTEE

In October 2006 the Princeton Board of Selectmen appointed a committee to review the current status of the town's Advanced Life Support (ALS) Ambulance Service and make recommendations for its improvement. The official charge to the committee was as follows:

***Purpose:** To review and recommend to the Princeton Board of Selectman the current state of and the future needs for Advance Life Support Ambulance Services within the Town of Princeton.*

***Composition:** The Board of Selectmen will appoint an Advisory Board member, the Police Chief, the Fire Chief, a Paramedic, a member of the medical community, and four citizens-at-large.*

***Charge:** The committee of nine people, with the Chairman appointed by the Princeton Board of Selectmen are asked to review the status of Advance Life Support Ambulance Service in Princeton to include, but not limited to, an analysis of ambulance usage for the last three to five years, revenues and payments for services rendered, costs of both capital and operations, coverage patterns, response times and tax payer costs. The committee will undertake a thorough review of ambulance administrative activity including current accounting practices, procedures and policies. In addition the committee should review any and all state regulations and recommendations that impact the delivery of ALS service within the community. The committee will also project future ALS needs, and make recommendations to the Board of Selectmen on methods of meeting those needs. Recommendations should be made only after careful consideration of all available providers including private and municipally supported services.*

The Board respectfully requests that an interim written report be made at a public meeting in early 2007 and the final written report be issued no later than April 1, 2007.

INTERPRETATION OF CHARGE

As a result of discussions between committee members and the Selectmen and further discussions among committee members, it became clear that while the Selectmen's immediate reason for forming the committee was their concern about the current unsustainable method of funding the ambulance service, they wanted the committee to

examine all aspects of the ambulance service and develop recommendations for its future operation and funding.

EDUCATION OF THE COMMITTEE

Given such a broad assignment and the complexity of the information involved, the committee began by learning as much as possible on the subject. This education consisted of:

- Understanding Princeton's Ambulance Service

We acquainted ourselves with the details of how Princeton's ALS service operates today - examining ambulance usage and staffing, how the service is administered (organization, policies, and accounting practices), costs (salaries, operational expenses, and capital expenses), billing and revenue, and town funding. We learned a great deal from the public safety members of the committee about the strengths and weaknesses of our current system. We also had a number of broad-ranging discussions that gave us a good sense of the environment in which our service currently operates, both within the town and within the state mandates for ALS coverage.

- Understanding Ambulance Services in other Massachusetts Towns

We completed a detailed survey of a number of other communities (8 town ambulance services and 2 regional ambulance services) with regard to how they provide ALS Service. The focused conversations we had with representatives of these communities provided us with a number of ideas that helped us develop our recommendations. A list of the community and regional services surveyed is available at your request. In addition, several members of the committee had an informative meeting with the new Holden Fire Chief.

- Throughout the process we also collected information from various sources such as other studies and newspaper articles.

EVALUATION PROCESS

To ensure an open-minded evaluation of the information we had gathered, the committee followed a structured evaluation process.

- First, we identified the main issues facing Princeton's ALS service, both short- and long-term, without prejudging possible solutions.
- Second, we identified the basic requirements we felt should be met by any possible solutions.
- Third, we developed a list of possible solution components.

THREE GENERAL CONCLUSIONS

Early in our study we came to three general conclusions:

- Patient care does not seem to be a problem. However, maintaining sufficient coverage by skilled paramedics is a serious concern. Hiring a few full-time paramedics to stand by at the fire stations does not seem a likely solution, as an important part of retaining skills as a paramedic is using them, and the limited number of calls in Princeton would not likely provide this opportunity.
- Because of Princeton's distance from medical facilities, ALS capability in our ambulance service is of particular importance to our residents. This, among other factors, limits our options compared to those of other communities. In particular, and based on informal inquiries, we learned that given our remoteness and the absence of facilities in town that could provide the opportunity for a for-profit ambulance service to generate revenue from routine, scheduled transports, we would likely not be attractive to a for-profit service.
- Our current approach to paying for the ambulance service (using revenue from ambulance transports to cover the entire cost of the service, including replacing the ambulance) is not sustainable. At our current revenue and expense run rates, the ambulance fund is gradually being depleted. This is not due to any material change in call volume or related expenses. It is primarily due to increased salary costs associated with state requirements for paramedic coverage to qualify as an ALS service, and a past adjustment in salaries for paramedics and EMTs to bring them more in line with those in neighboring communities. Whether we continue operating as we have been or make a basic change in operation, the town will have to begin covering some of the cost of the service through taxation.

FOUR MAJOR ISSUES

The three general conclusions provided us with a framework in which we identified four overarching and interrelated issues that we feel must be addressed to ensure Princeton can continue providing high quality ALS ambulance service to our residents. The four issues are: paramedic 24/7 staffing, finances and funding, vehicle replacement, and operations and administration.

Issue 1: Paramedic 24/7 Staffing

The State Department of Public Health, Office of Emergency Medical Services regulates and oversees all ambulance service operations in Massachusetts. OEMS has always been helpful to services and willing to work with ambulance operators to bring their service to full paramedic, ALS levels. However, under current

regulations, it is incumbent upon an ALS ambulance service to provide 24/7 ALS care, not ALS sometimes and BLS (Basic Life Support) at other times.

OEMS recognizes that for small municipalities 24/7 ALS coverage may be nearly impossible due to staffing and financial considerations. For this reason, they have built into the regulations a three year period which allows an ALS service to operate with limited staffing at startup. Princeton has operated as an ALS service for well over three years, yet we have not yet achieved 24/7 staffing. OEMS has been monitoring Princeton's on-call paramedic staff and to date has been happy with a continual improvement in staffing, but we should at some point in time reach the 24/7 goal. This is not solely driven by the state regulations, but is a challenge that needs to be resolved both short-term and long-term to satisfactorily serve Princeton residents.

It is important to note that 24/7 staffing does not have to come solely from Princeton paramedics. It may be provided through contractual arrangements with other towns or services to provide full or partial coverage as long as the goal of 24/7 ALS coverage is met.

Princeton has chosen to meet the paramedic staffing requirements with a model that uses a calendar of on-call shifts for which paramedics sign up, and for which they are paid a stipend. This fits Princeton's tradition of a volunteer/call service while dealing with the relatively small pool of local paramedics available to us as well as the greater training requirements for paramedics. The on-call shift coverage has intentionally been handled by recruiting multiple paramedics who get their training and skill retention through full-time jobs as paramedics with higher-activity ambulance services, where their skills are used and honed more than they could be in a small-town service.

While paid on-call coverage has been increasing, even in recent months we have been unable to meet our 24/7 paramedic coverage goal using the on-call calendar model alone, averaging only 40-45% of shifts covered. Shift coverage through the stipend on-call calendar is limited by the fact that we currently have only four active paramedic volunteers living in town, one who lives outside Princeton, and the Fire Chief, who is also a paramedic. This is not a large enough group to cover 14 weekly shifts. ALS coverage during shifts that are not covered by signed-up on-call paramedics has been provided primarily by available paramedics who have not signed up but sometimes can and do respond (50-55%), and mutual aid agreements with neighboring towns (4%).

It is the committee's opinion that any long-term solution to our staffing problem should meet the following requirements:

- Provide us with access to a pool of available paramedics adequate for 24/7 coverage
- Ensure paramedics keep up current experience

- Ensure paramedics and all EMTs receive required continuing training

Issue 2: Finances and Funding

Our current approach to paying for the ambulance service is not sustainable. For over 15 years all of our ambulance costs have been covered from the revenues collected for ambulance services, held in a Receipts Reserved for Appropriation account. The change from providing only BLS service to providing ALS service, however, has raised the total cost of the ambulance service more than we have been able to increase the revenue, to the point where the full cost can no longer be covered indefinitely from the Receipts Reserved for Appropriation account. This imbalance exists despite the fact that our billing and collection is maximizing the revenue available for the ambulance service the town provides.

Revenues are affected by two major factors. First, billing for all services provided on all calls, according to an appropriate rate schedule, is critical. Second, all insurance companies, which are the payers for the vast majority of ambulance calls, pay according to their own rate schedules, which are lower than our billing schedule. Like all ambulance services, we are able to collect only what the insurance company is willing to pay. A procedural and limited financial audit by one of our committee members made clear that Princeton's ambulance service is billing appropriately and receiving appropriate payment for all calls. See the section on Operations & Administration for more detail.

The impending implementation of the EMS module of IMC software (the police and fire modules are already in use) will make this process more automatic and certain than it is today, as well as assisting in the collection of labor cost data broken down into categories to support management reporting.

Operating and salary expenses for Princeton's ambulance service currently exceed the revenues going into the Receipts Reserved for Appropriation account.

Salary cost increases have been incurred over the past few years to pay for (1) more competitive salary rates and (2) stipends for paramedic on-call shift coverage. The latter are expected to continue to increase as we continue to increase the on-call shift coverage. These increasing costs have accelerated the rate at which the Receipts Reserved for Appropriation balance is being run down, an acceleration that is likely to continue, and will increase the amount needing funding from taxation.

The table below shows the picture over the past three fiscal years (all figures in thousands of dollars).

Actual Spending	FY2005	FY2006	FY2007
Salaries	\$36	\$45	\$59
Expense	22	20	24
Total Spending	\$58	\$65	\$83
Total Revenue Received	60	56	61
Surplus / (Deficit)	\$2	(\$9)	(\$22)
Receipts Reserved Account			
Beginning of Year Balance	\$93	\$95	\$85
End of Year Balance	\$95	\$85	\$64

Without some intentional change, the accumulated balance in the account will be exhausted within a few years at best.

- At that point some portion of current operating expenses and/or salaries will require appropriation from taxation.
- Funding a replacement ambulance in the next few years and future replacement ambulances will no longer be possible from the Receipts Reserved for Appropriation account. These will need to be funded from taxation.
- A potential new state-mandated medical oversight cost could increase expenses.

In the committee's opinion a viable solution to the financial issues should meet the following requirements:

- Control the cost of the ambulance service
- Maximize receipts for the ambulance service
- Develop an acceptable way to understand and fund the cost that is above receipts
- Implement a plan that provides financial stability for at least 5 years
- Implement labor and billing administration management reporting and internal controls

Issue 3: Vehicle Replacement

Princeton currently has two ambulance vehicles:

- a 2001 Ford Class 1 four-wheel drive ambulance (A1) used for primary response to emergency medical incidents and garaged in Station 2. It was

purchased in 2001 for \$152,000 from the Receipts Reserved for Appropriation account and currently has 19,000 miles on it.

- a 1998 Ford Expedition four-wheel drive (A2) used as a back-up Class 5 ambulance. This vehicle is not used as a transport ambulance except under very special circumstances and is referred to as “the tool box” because it carries a second set of equipment and supplies for the paramedics and EMTs. It was purchased for \$35,000 from the Receipts Reserved for Appropriation account in 1998 and currently has 32,000 miles on it.

The most pressing issue under vehicle replacement is what to do about replacing A1. The fire/ambulance department and the Capital Improvement Planning committee in its Five Year Capital Plan currently recommend replacing the primary ambulance (A1) every seven years. The next ambulance purchase was planned for FY07, however, due to budget constraints the request was postponed, then deferred further by the CIP committee pending completion of the Ambulance Study Committee report.

The cost for a new ambulance is approximately \$170,000. If it were funded by borrowing, the initial annual payments could range from \$35k to \$45k depending on the term of borrowing (5 to 7 years) and the interest rate.

A new primary ambulance would closely resemble the current ambulance. Few modifications would be necessary, and the ambulance department has specifications ready should they receive town meeting authorization to proceed. It would take at least one year after the order to actually receive a new ambulance. This would make the current ambulance at least seven years old were it approved for purchase at the May 2008 annual town meeting.

We must have a clear plan for the types of vehicles we need for our ambulance service and have a replacement plan in place based on clear rationale that can be executed on time, meaning the funding of replacement vehicles on schedule is ensured. Currently there is not consensus on such a plan. There is considerable disagreement on how soon the current A1 must be replaced. Some feel it is imperative that it be done in the next budget cycle and that it is already overdue, while others do not see evidence that replacement is such a pressing issue. While the committee has examined the available data and discussed the issue, we are no closer to a definitive answer on the technical requirements for replacement. There is concern that our primary ALS transport vehicle be reliable. There is also disagreement as to whether once it is retired as the primary vehicle the current A1 should be retained as a second transport ambulance, becoming the new A2, or if we should stay with the “tool-box” model to allow paramedics to operate at the EMT-P level in the absence of A1.

In evaluating the issue of vehicle replacement, the committee identified the following requirements that should be met by any solution:

- the town must have a multi-vehicle replacement plan agreed to by all interested parties and the ability to fund it on schedule
- the vehicle plan must be consistent with and support our operational model (e.g., Princeton only, regionalize, new business)
- the town must maintain two ways to enable paramedics to respond to calls and operate as paramedics, in case A1 is unavailable because it is either disabled or already on a call (this means at least a second vehicle). (Last year there were 2 calls at the same time only once)

Issue 4: Operations & Administration

Initially the ALS committee looked at “operations” in terms of how we dispatch resources to an ambulance call, but as we went further it became clear to us that there was little opportunity for benefit from changes, and too much opportunity to mess up a system that is working (“if it ain’t broke don’t fix it”).

Instead, we focused on an area that does have more opportunity for improvement: financial and management controls and operations. Several areas are worth improving either because they are areas that inherently risk problems and loss of control or because they have opportunities for gains in efficiency and/or supporting better the management of the ambulance service.

Billing is the first function that fits this category. In terms of both completeness (have we billed for all our calls?) and accuracy (did we bill appropriately for all the services we provided on the call?), a lack of adequate controls could cost the town a good deal of money. The town’s ambulance billing system begins in the ambulance service, and is completed by our billing and collection contractor, Coastal Billing.

The second area of concern is collections. Again two areas stand out as requiring control. Ensuring accuracy (have we collected what we are due and can collect?) is important because of the potential loss of revenue if controls are not adequate. Tracking and timely writing off of uncollectibles is also important to our ability to manage the ambulance service. Like billing, the collection process is largely carried out for the town by Coastal.

Payroll is another area in which controls are important for obvious reasons. In addition, the current method of calculating the ambulance payroll is a very labor-intensive manual one.

Finally, the town's system of accounts, while it complies with Massachusetts municipal accounting requirements, has not been able to provide accounting information that supports management of the ambulance service.

RECOMMENDATIONS

Issue 1: Staffing

The two staffing concerns identified by the committee are:

- Achieving 24/7 coverage. While improving, Princeton has only reached an average of 40 to 45% scheduled coverage through the on-call calendar, with the remaining coverage by volunteers and through mutual aid.
- Any plan to achieve 24/7 coverage must continue to work toward excellent patient care. This requires that paramedics retain sufficient skills. Since an important part of retaining skills is using them, the limited number of calls in Princeton would not likely provide this opportunity. For this reason, hiring full-time paramedics to work solely in Princeton's fire stations is not a viable solution. Hiring firefighter / paramedics who would work as paramedics elsewhere to keep up their skills, and work as dual-role "per-diem" employees in Princeton, was discussed but was not felt to be a viable short-term solution.

The committee focused its attention primarily on short- to medium-term recommendations.

Enter into a Contractual Arrangement with other Towns

The committee strongly recommends that the Princeton Fire Chief and Town Administrator move forward immediately with negotiations to enter into a collaborative agreement/contract with Sterling and Hubbardston. Once such an arrangement is in place, there will be many details to be worked out among the towns in order to maximize the effectiveness of the arrangement.

Although the Massachusetts OEMS requires all ALS services to have 24/7 ALS coverage within three years of licensure, the mandate speaks to coverage only, not to who provides that coverage. Therefore a town may engage in a contractual arrangement with other ALS services or towns to provide part, or all, of its ALS coverage.

Several members of the committee met with the fire chiefs from Hubbardston and Sterling to discuss the possibility of a collaborative agreement/contract under which each of the three towns would provide scheduled coverage for the other towns on various days or times of day. This arrangement would assist all three towns in achieving 24/7 coverage. The fire chiefs of Sterling

and Hubbardston, as well as Princeton, were in favor of this approach and saw instant benefits. For example, Hubbardston has difficulty providing coverage during the evening but has good coverage during the day. Princeton is just the opposite, so Princeton could take some evenings and Hubbardston some days. Similar cross-coverage opportunities were identified with Sterling (which could benefit from weekend coverage assistance). In order for this process to work, and to satisfy OEMS, a formal contract of collaboration must be entered into.

Entering into such a contractual arrangement for automatic response immediately would not only avoid any licensure issue with the state but would assist us with achieving 24/7 coverage today. In addition, such an arrangement would relieve the financial pressure on Princeton to provide 24/7 paramedic coverage on its own.

Over time, there is also the possibility of bringing other towns, such as Westminster and Holden, into the mix.

Improve Princeton's Paramedic On-Call Calendar

Implementation of a collaborative agreement/contract with neighboring towns will immediately relieve the pressure of trying to fill our on-call calendar for 24/7 coverage. Instead of trying to fill 14 shifts per week, we could focus on a smaller number of shifts that complement available service from the other towns, and increase the likelihood that we can fill them all. In addition, to ensure filling shifts, the Fire Chief, who is also a paramedic, should explicitly take shifts rather than being generally available but not on the on-call calendar, and we should require that each participating Princeton paramedic make a commitment to a specific number of shifts per month.

In the longer run we should be able to take advantage of additional opportunities for further gains from formalizing our agreements with the other towns

- Member towns could “cross roster” each other’s paramedics so they can serve as paramedics on each other’s ambulances during a transport.
- Revenue sharing agreements could be reached to give the BLS portion of the transport revenue to the originating town (each town would continue to respond with their call or roster EMTs) and the ALS portion of the revenue to the town providing the paramedic for that transport.
- We could implement an online-based calendar system that would be available to all parties (ambulance directors, dispatch, paramedics) to coordinate and ensure paramedics are available and ready to respond for each day and shift.

Issue 2: Finances and Funding

Our main financial concern is that the current approach to paying for the ambulance service is not sustainable. Under this approach none of the cost of the ambulance service has been borne by the taxpayers of Princeton. For the foreseeable future at least a part of the cost of providing ambulance service will need to be funded from appropriations. There is no “magic bullet” which will enable the town to avoid this. In addition, a strong case can be made that town residents should expect to pay something to support the presence of an ambulance service.

Members of the committee examined the current billing and collection system and found that it is working well.

The cost of providing ambulance service is driven by three factors: readiness, capital cost of the ambulance vehicles, and demand for service (i.e., ambulance calls). In this context the committee makes the following three recommendations.

Fund Readiness from Appropriations and Taxation

Readiness includes costs of EMT training, stipends for on-call paramedics, and the costs of some supplies and equipment. Because it is a predictable and relatively fixed cost, funding readiness costs from appropriations, as a line item in the annual omnibus budget article 3, makes sense from a budgetary standpoint. The largest component of readiness costs is the on-call stipends for paramedics – roughly \$15,000 in FY2007 and running slightly higher for the first 3 months of FY08.

Fund Capital Cost of Ambulances from Appropriations and Taxation

We also recommend that the town fund the capital cost of providing the primary ambulance and backup vehicle(s) from appropriations. This could take the form of either borrowing or use of the Capital Stabilization Fund, or, depending on the health of the Receipts Reserved for Appropriation account, including a contribution from it.

Fund Demand for Service Costs from the Receipts Reserved for Appropriation Account

The demand for service drives the cost of salaries for personnel answering calls, medical supplies consumed, and at least some degree of ambulance maintenance. Because these costs are driven by the same factors that drive ambulance revenues, matching these costs with the Receipts Reserved account makes good budgetary sense.

Adopting these funding changes would help considerably in stabilizing the Receipts Reserved for Appropriation account balance, while leaving the town with a relatively predictable amount funded from appropriations. Once stabilized, the account might be able to contribute to funding for new vehicles.

In addition, the Wachusett Area Emergency Services Fund, which was created after the closing of the Holden Hospital, provides an average annual payment to Princeton each year of about \$12,000. The Princeton Public Safety Committee, which oversees the expenditure of these funds, is considering an annual donation toward the purchase of a new ambulance. This would reduce the amount of funding needed from appropriations.

In the longer run, adoption of our committee's recommendation regarding entering into a collaborative agreement/contract with neighboring towns should have a beneficial impact on the Receipts Reserved for Appropriation account as well. If that positive impact does materialize, it might in time reduce the amount of funding required from appropriation.

Current discussions regarding whether to stay with the current Receipts Reserved for Appropriation account or to utilize an enterprise account affect only the town's financial accounting and management, and do not impact any of this committee's analyses or recommendations.

Issue 3: Vehicle Replacement

Although there is an implicit plan to replace the primary ambulance every seven years, there is not general agreement that this is necessarily the best policy. Given this difference of opinion, the committee recommends that a fact-based vehicle policy be developed before further vehicle replacement plans are made. However, regardless of the details of the replacement policy the funding method needs to be built into the town's financial planning.

Adopt a Fact-based Vehicle Replacement Policy

The committee recommends that the Select Board, with the Fire/Ambulance service, develop and adopt a vehicle policy that provides clear, fact-based guidance on two issues:

- What vehicles are needed to provide appropriate ALS ambulance service in Princeton? Currently we have a primary full-service ambulance (A1) and a backup "toolbox" vehicle with off-road capability (A2), which rarely is used to transport patients (see the Issues section on Vehicles above for more details). Is this the appropriate fleet, or are different or more vehicles required? If the latter, what are they? While not intending

to prejudge this examination, this committee believes that the current fleet is appropriate to the mission and cost-effective.

- What determines when the primary ambulance needs to be replaced? Is it age (how many years?), or mileage (how much?), or maintenance / condition evaluation? Rather than what could be arbitrary age- or mileage-driven decisions, the committee recommends that a disinterested fact-based evaluation of the condition of its emergency medical functionality and its condition as a reliable vehicle should drive the replacement decision.

Completing these two steps will set the stage for sound decisions about when the current vehicles need replacement, as well as what is done with vehicles when retired from their current roles.

Fund Replacement Vehicles Primarily from Appropriations and Taxation

As stated above in our Finances & Funding recommendations, the committee recommends that the replacement cost of primary and backup ambulances be funded primarily from appropriations (potentially from either borrowing or the Capital Stabilization Fund), rather than from the Receipts Reserved for Appropriation account.

Since it is unlikely that a Vehicle Replacement Policy which should drive the replacement schedule will be in place prior to development of the FY09 budget, and since the existing vehicles do not seem to need immediate replacement, decisions on the specific financing of a new primary ambulance (that is, how much can be taken from the Receipts Reserved for Appropriation account and how much will need to be funded through appropriations) can be delayed for at least one year.

Issue 4: Operations & Administration

The committee has examined in detail financial and management controls, and reviewed account structures with an eye toward meeting both municipal and management accounting needs.

The committee offers three recommendations in this area, two of which are implemented or in the process of being implemented.

Fully implement the EMS module of the IMC software system

The EMS module of IMC software has already been purchased (Princeton already owns and uses the police and fire modules). It has the ability to capture call information, print the forms required to transfer a patient to hospital care, and, in conjunction with a wireless laptop in the ambulance

similar to those in our police cruisers, transmit billing information to Coastal. In the process it can also capture important operational management information, from which it can later be used to create management reports. It can also be used to simplify production of the ambulance payroll. In addition to acquiring the wireless laptop and installing it in the ambulance, several individuals will need to be trained by IMC, at a flat fee of \$2,000. This should all be done promptly.

Adopt a small number of changes to the system of accounts

The changes in the town's account structure which will enable useful breakdown of ambulance labor costs were already implemented, at the beginning of the current fiscal year. All previously available information will still be available under the new breakdown, but information valuable to management of the ambulance service will now be available as well.

Institute regular reviews in two areas

Two specific reviews should be made routine to ensure full control of the billing and collection processes:

- Once the ambulance IMC module is fully implemented, routine comparison of the Dispatch log vs. billing submitted to Coastal should be instituted to close the loop, ensuring that we are billing for all calls.
- The town should institute a routine review with Coastal of all overdue billings, to determine which should be written off. This should be done at least twice a year, with accounts and balances deemed uncollectible written off at those times.

Overall, financial and management controls need to be appropriate to the environment – in the case of Princeton's ambulance service a small town ambulance service with a relatively low transaction volume – as well as to the functions they serve. We believe these recommendations, in conjunction with our current practices, are appropriate and adequate to our needs.

OTHER ISSUES ON THE HORIZON

EMD – Emergency Medical Dispatch uses dispatchers trained to work with the caller to help that person provide interim assistance from the time of the initial call until the arrival on-scene of the ambulance and EMTs. This committee has taken a preliminary look at EMD, but felt it was beyond our ability to deal with at this time. Princeton should investigate this further in the near future, including a look at the impacts of providing EMD ourselves, vs. providing it through some collaborative or private arrangement should either become available.

Full-time Fire Chief – Although it was not a part of this committee’s charge, we feel the time is coming very soon – if it has not already arrived – to move to a full-time Fire Chief. The amount of management and planning that needs to be done for both fire and ambulance, plus the need to be available when issues or questions come up, makes this inevitable. Successful collaboration with neighboring towns may depend on, and in any case will only increase, this need for availability on the part of the Fire Chief. The changes discussed in this report will require active participation by a Chief with both commitment and time to ensure their success.