

SUBCOMMITTEE REPORT

(Please use one report for each subcommittee recommendation)

Subcommittee Name	EMS
Subcommittee Chairperson(s)	Jim Stupar, Marguerite Schmidt
Title of recommendation	Increase the number of ambulances and paramedics in the City of Pittsburgh, reinstate the BLS division with Emergency medical technicians. Add a community Paramedic unit and a QRS unit.
Describe the recommendation	Add additional ALS and BLS ambulances.
Is this an immediate or long term recommendation?	Immediate
How will this address our challenges or reach our goals?	Provide a better level of service to the citizens by decreasing the response time and Unit Hour Utilization (UHU) rates. Decrease worker's comp and disability claims by Bureau personnel. Decrease the number of mutual aid requests from surrounding communities, which is billed by mutual aid units and not the City of Pittsburgh. Limit potential liability based on extended response times.
What are the obstacles to implementation?	Low starting salary, and subsequent paramedic pay grades. Inequality of pensions within Public Safety Initial training of personnel. National Registry examination for paramedic certification by Commonwealth of PA.
Who needs to be involved?	EMS administration, EMS training division Personnel Department, Law Department. Post-secondary educational institutions, universities, local hospitals and City of Pittsburgh Mayor's office and budget/finance departments. FAPP, Non-profits UPMC, Highmark, major corporations and foundations within the City of Pittsburgh.
What city resources need to be invested?	Additional ambulances. Increased budgeted positions within the Bureau of EMS. Signing bonus for new paramedics, Part-time paramedic pool.
What will be different if the recommendation is adopted?	Providing a better level of service to the citizens by decreasing the response time of ambulances, and mutual aid requests. Decrease in overtime budget and the number of work related compensation claims. More patients being treated / transported by Pittsburgh paramedics – and not neighboring EMS units – will increase revenue / help offset the increased cost of additional personnel / units.
Describe any background	Bureau of EMS budget. 2013

materials that you consulted	Critical Condition: EMS crisis in Pittsburgh, office of the Pittsburgh Controller 2010 Performance audit Bureau of EMS office of the Pittsburgh Controller 2008 Tri Data study 2008
Have other cities implemented this recommendation?	Boston MA, Cleveland OH Long Beach CA, Santa Clarita CA, Sherman Oaks CA
Are there any other considerations?	Decreased chances of liability due to negligence from response times that drastically exceed the national and state acceptable limits. Pittsburgh EMS has added extra unit shifts and are providing additional specialized services such as tactical paramedics without an increase in the budgeted number of paramedics but at a significant overtime expense. Increased emergency medical research. National prestige of the delivery model of EMS care. Part time paramedic pool could provide a relief of excessive overtime vacancies during the summer months, weekends and increased call offs. Develop a program with civil service, federal government and military organizations to aggressively recruit and hire veterans. Especially medic, corpsmen and health related military personnel that would require less training time to become EMS personnel.
Implementation recommendations	The EMS subcommittee continues to work with Pittsburgh EMS, the Mayor's office, FAPP, and non-profits to help develop and implement the additional ambulances and EMS personnel plan. Work with veteran affairs bureau, and private organizations to recruit returning military veterans to become Pittsburgh EMT's and paramedics.

We request that each recommendation be submitted by the subcommittee Chairperson to Kevin Acklin and your Committee Chair by **5:00 pm on Friday, December 27.**



THE OFFICE OF THE MAYOR-ELECT
BUILDING A NEW PITTSBURGH

SUBCOMMITTEE REPORT

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Subcommittee Name	Emergency Medical Services
Subcommittee Chairperson(s)	Jim Stupar, Marguerite Schmidt
Title of recommendation	Increase wages, benefits, pension and stabilization of Pittsburgh Paramedics
Describe the recommendation	Provide a contract that address these issues
Is this an immediate or long term recommendation?	Immediate
How will this address our challenges or reach our goals?	Improve job satisfaction, increase retention of personnel. Provide a secure financial career for EMS personnel both presently and upon retirement.
What are the obstacles to implementation?	No binding arbitration Financial funding The consistent threat of dissolving the EMS bureau or merging it with the Fire Bureau Act 47, ICA
Who needs to be involved?	City administration, Mayor's office, Council, FAPP. UPMC, Highmark Non-Profit, institutions.
What city resources need to be invested?	Funding from the City of Pittsburgh, increased revenue from the EMS Billing vendor, Personnel Department, Law Department (Labor Relations).
What will be different if the recommendation is adopted?	EMS would be recognized as an essential city service. Job security, pride, enthusiasm. Increased local and national interest of EMT's and paramedics to work for Pittsburgh EMS. Increased sense of belonging and worth by EMS professionals leading to retention.
Describe any background materials that you consulted	Pittsburgh EMS wages, overtime budget. Wages of EMS services in Allegheny County JEMS magazine annual EMS salary comparison. Wages within the Dept. of Public Safety. U.S. Dept. of Labor Bureau of Labor Statistics. U.S. Dept. of Transportation National Highway Traffic Safety Administration; EMS Workforce Agenda for the Future. SoCal EMS strike; The need for a livable wage.
Have other cities implemented this recommendation?	Massachusetts, New Hampshire, Maine, AMR ambulance service. Southern California, Boston

Are there any other considerations?	No pay increase for Pittsburgh Paramedics in the last 4 years.
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EMS proposal

- 1) Medic 10 becomes 24 hour ambulance (4 paramedics)
- 2) Medic 15, 24 hour truck stationed with Medic 3 (12 paramedics)
- 3) EMT 1 24 hour BLS
- 4) EMT 2 24 hour BLS
- 5) EMT 3 8 hour 10-6
- 6) EMT 4 8 hour 10-6
- 7) 33 EMT's
- 8) Community paramedic program (6 paramedics)
 - a. (3) 7-3 shift
 - b. (3) 3-11 shift