

20:24

Michael McGovern
Town Manager
Town of Cape Elizabeth
320 Ocean House Road
Cape Elizabeth, ME 04107

Subject: Cape Elizabeth Fire-Rescue Emergency Medical Services (EMS) Program Update

Dear Mr. McGovern,

The Chief Officers & Medical Director of the Cape Elizabeth Fire-Rescue Department would like to provide you with an update on the EMS delivery by the Department. On January 1st, 2012 the Department implemented an EMS per-diem program to ensure that the ambulance was staffed with an EMS Provider from 8 am to 5 pm daily. This implementation has been very successful at ensuring that a Department ambulance responds to medical emergencies and that mutual aid from surrounded communities has been limited.

Since the implementation of the EMS per-diem program we have also made the following changes:

- Appointed Eric Wellman of Scarborough as Deputy Chief/EMS Coordinator to assist with the management of EMS within the Department. The complexity of EMS billing, regulation, training, and operations necessitated dedicated chief officer to oversee approximately 75% of the Department operations. Chief Wellman is an Assistant Professor of Emergency Medical Services at Southern Maine Community College and serves of the Education subcommittee for the Maine Board of Emergency Medical Services.
- Appointed Dr. Samir Haydar of Cape Elizabeth as the EMS Medical Director for the Department. Dr. Haydar has been instrumental in providing medical opinion and quality development to the EMS providers of the Department. Dr. Haydar is the quality assurance physician for Maine Medical Center's Emergency Department, making him particular well versed in quality improvement.
- Appointed Maryanne Denison of Cape Elizabeth as the EMS Captain. Captain Denison is responsible for ensuring that the on-call or volunteer component of the Department is prepared to respond to medical emergencies. Her dedication to both emergency response and administrative tasks is a primary reason EMS operations are functioning.
- Appointed Ernest MacVane, III of South Portland as the EMS Quality Assurance & Improvement Coordinator. The State of Maine Board of EMS has prioritized that EMS services within the State have a robust quality assurance system. Lt. MacVane works closely with the Medical Director to ensure that providers are meeting the standard of quality patient care.
- Appointed Holly Culver of Cape Elizabeth to manage the equipment and medical supplies of the Department and the Police Department. Lt. Culver ensures that supplies are maintained and inventoried.

- Appointed Erin Squibb of Scarborough to manage training and education for all EMS providers in the Department and the Police Department. Mrs. Squibb manages the monthly training sessions, on-line training, CPR & First Aid Training Programs and skill competencies for the Fire-Rescue and Police departments.
- Appointed Casey Pearson of Cape Elizabeth to assist the call company with recruitment of new members and the retention of current members. Lt. Pearson was put in place to explore the reasons for diminished response and to work on recruitment of new community members.
- Appointed James Fraser of South Portland as the Infection Control Officer. Mr. Fraser is responsible for ensuring that we comply with multiple State and Federal regulations related to employee health and safety.
- Instituted an orientation program for all new drivers and EMS personnel. This has helped us ensure that new people are welcomed and can be more successful with their role within the Department.
- Captain Denison, Lt. Culver, Mrs. Squibb, and Mr. Fraser have initiated and delivered a successful CPR and First aid program that has been delivered to members of the public and ensured that Fire-Rescue and Police Department employees are certified.
- The Department through changes to protocol and response has also had the fortunate opportunity to resuscitate three (3) townspeople who experienced cardiac arrests and see them return to their homes and families.
- In recognition of limited response by some EMS providers we have implemented a mandatory competency training program for all providers to ensure that they are well versed in the usage of their EMS skills and equipment.

The "Rescue" has truly grown into an all-encompassing aspect of the entire Fire-Rescue Department. The fire suppression companies now automatically respond to serious EMS calls to support the "Rescue". Personnel work together to ensure the best outcome for our patients. The Department has appropriately recognized Emergency Medical Services as one of its primary missions.

CALL VOLUME & RESPONSE

We have seen a 54.1% increase in requests for an ambulance since the inception of the per-diem program. Our call volume went from 492 runs in 2011 to 758 runs in 2014 according to our dispatch statistics. Our most significant area of increase was during our night duty period (10pm-6am) where we saw a 57.6% increase in calls from 76 in 2011 to 120 in 2014. 26.6% of our call volume in 2014 came from the two (2) assisted living facilities on Scott Dyer Road.

Our on-call personnel that live within ten (10) minutes of Town Center Fire Station are required to maintain a night duty assignment. A night duty group consists of up to three (3) EMS providers (*Paramedics, Advanced EMTs, and EMTs*) and an ambulance driver, and generally has one duty night a week. Increases in Night Duty calls can have a significant effect on our personnel, as almost all of them must work the next day. Multiple attempts have been made to adjust the night duty schedule over the past three years but the method that has worked is to assign personnel to rotating groups and have them swap and trade shifts as necessary.

We continue to have a period of time each day where there is no scheduled or staffed EMS coverage. From 6am-8am and 5pm-10pm there is no one scheduled to be on-call or standing by at the station with the ambulance. In 2014 we maintained an average scene response time of 4 minutes and 50 seconds when a per-diem EMS provider (37.8% of calls) was in the station. During the scheduled night duty period (15.8% of calls), when responders come from home, it took an average of 13 minutes and 8 seconds for an ambulance to arrive on scene. Finally the period when no one is scheduled to respond or standing by the station (46.2% of the calls) the ambulance averaged a response time to the scene of 9 minutes and 43 seconds.

STAFFING

The "Rescue" is currently comprised of 34 staff members that includes the Chief of Department (*full time administrator*), 2 Deputy Chiefs (*on-call & administrative duties*), a Medical Director (*contracted services*), 24 on-call EMS providers (*EMT, AEMT & Paramedic*), 3 per-diem only paramedics (*supplement per-diem schedule*), and 6 ambulance drivers. Both ambulances are stationed at Town Center Station. Many of these people perform staff duties as discussed above. 41.2% of the EMS staff lives outside the Town of Cape Elizabeth, with 87.5% of the paramedic staff living outside of Cape Elizabeth.

Position	Cape Elizabeth		South Portland		Scarborough		Other		Total	
Ambulance Driver	5	14.71%	1	2.94%	0	-	0	-	6	17.65%
EMT	9	26.47%	6	17.65%	0	-	0	-	15	44.12%
Advanced EMT	4	11.76%	0	-	0	-	0	-	4	11.76%
Paramedic (On-call)	1	2.94%	3	8.82%	1	2.94%	0	-	5	14.71%
Paramedic (Per-diem only)	0	-	1	2.94%	1	2.94%	1	2.94%	3	8.82%
Medical Director	1	2.94%	0	-	0	-	0	-	1	2.94%
Total	20	58.82%	11	32.35%	2	5.88%	1	2.94%	34	100.00%

In 2014, 51.9% of the licensed (*EMT, AEMT, and Paramedic*) call personnel responded to less than one (1) EMS call per week. The Department averages 14.6 EMS calls per week. This reflects that a small number of personnel are providing a significant amount of the voluntary response to calls.

SIGNIFICANT RESPONSE

EMS Captain, Maryanne Denison, responded to over 49% of the calls in 2014. Driver Brian Denison responded to just over 31% of all the calls. The Denison family has made a significant contribution to the Town of Cape Elizabeth with their time, energy, and compassion for people in need. This also exposes a significant weakness in our EMS system, as they carry the burden of EMS call response, and support a bulk of the call volume.

FUTURE CONSIDERATIONS

Our model is currently ensuring that an ambulance answers emergency calls within the Town of Cape Elizabeth. The increase in the call volume by more than 50% in three (3) years has increased the workload on our volunteers. We have times during the day, where we do not guarantee medical response to the community through scheduled EMS responders. Many of our EMS providers do not regularly respond to emergency calls and do not practice their EMS skills in other services.

Emergency Medical Technician (EMT) training remains available through multiple organizations in the area. Education general costs between \$750 to \$1250 with tuition, fees, supplies, and licensing examinations. It generally takes a student 12-16 weeks (*8-10 hours a week*) to complete the training to become an EMT. Advanced EMT programs cost \$1500 to \$3000 and generally range from 200-400 hours with classroom and clinical rotation training. They can take up to a year to complete. AEMT candidates must be EMT providers before they start their education.

Paramedic education now takes up to two (2) years and can cost \$8,000 to \$13,000 per student. Paramedic candidates must be EMT providers before they start their education in Maine. The cost and time commitment of education makes it unlikely that paramedics will make significant "on-call" commitments to the Town unless they have significant financial stability. We continue to be creative in our methods of keeping paramedics available to the Town but recognize the idea of volunteer/on-call paramedics is not a sustainable option for the future. Almost every town in Southern Maine has gone to some method of staffing to ensure EMS or Paramedic response. The towns of Gray, Naples, Raymond, and Kennebunkport, all of whom respond to either a similar amount or less EMS calls than Cape Elizabeth, have 24-hour EMS staffing, some of which is full time employees. North Yarmouth was the closest community that we could identify that still uses a similar model to Cape Elizabeth, but responds to half the number of calls. They do maintain a contract with the Town of Yarmouth for paramedic services when needed.

Paramedics also need to be field trained once they graduate. Cape Elizabeth Fire-Rescue has implemented an orientation program, but we recognize that newly graduated paramedics need experience with other paramedics. Our current model does not provide us the ability to recruit experienced paramedics, as we currently need paramedics that live within close vicinity of the Town with our current model. We have been lucky that all of our current per-diem medics have five (5) or more years of experience as a paramedic with most having ten (10) to twenty (20) years of EMS experience.

RECOMMENDATIONS FOR THE FUTURE

- We need to ensure that volunteer/on-call personnel can successfully provide community service in a meaningful manner and still balance their work/life schedules. We should fully explore all options that will help the department maintain its community service minded mission.
- Ensure through training and experienced per-diem providers that continuing training and orientation is provided to new members. We need to recruit per-diem staff members that are not only experienced EMS providers, but also support the mission of quality customer service, mentorship, and volunteer development.
- Expand the hours of the per-diem program to ensure uniform response times for the ambulance throughout the day.
- Ensure that paramedic coverage is available throughout the day to ensure uniform response to all medical emergencies in the Town of Cape Elizabeth.
- Continue to have per-diem personnel focus on EMS, and not perform fire suppression duties, as this would discourage response of the dedicated on-call fire suppression personnel and incur additional training and equipment costs.

We believe that it is important for you to know the current status of the Emergency Medical Services within the Town of Cape Elizabeth. We recognize that in the future we may need to expand our services to include more per-diem staffing or on-call coverage hours. Thank you for the opportunity to serve the Townspeople of Cape Elizabeth.

RUN STATISTICS

Past 3 years Run Statistics	Value	%	% Increase
Total EMS Calls	2151	100%	54.1%
Average calls per day	1.96	-	55.0%
Average Turnout Time (<i>All shifts</i>)	4m 17s	-	-
Average Response Time (<i>All shifts</i>)	7m 04s	-	-
Average Total Call Time (<i>All shifts</i>)	1h 24m 13s	-	-
Uncovered Shift Calls (6am-8am & 5pm-10pm)	1002	46.6%	11.5%
Average Turnout Time (<i>Uncovered shifts</i>)	6m 37s	-	-
Average Response Time (<i>Uncovered shifts</i>)	7m 24s	-	-
Average Total Call Time (<i>Uncovered shifts</i>)	1h 25m 51s	-	-
Per-diem Shift Calls (8am-5pm)	817	38.0%	20.9%
Average Turnout Time (<i>Per-diem shifts</i>)	1m 40s	-	-
Average Response Time (<i>Per-diem shifts</i>)	5m 02s	-	-
Average Total Call Time (<i>Per-diem shifts</i>)	1h 24m 35s	-	-
Night Duty Shift Calls (10pm-6am)	327	15.2%	57.6%
Average Turnout Time (<i>Night Duty shifts</i>)	8m 53s	-	-
Average Response Time (<i>Night Duty shifts</i>)	12m 27s	-	-
Average Total Call Time (<i>Night Duty shifts</i>)	1h 23m 58s	-	-

District 1 Calls	371	17.3%	-42.6%
District 2 Calls	1774	82.5%	151.0%
EMS Mutual Aid Received	35	1.6%	57.1%
EMS Mutual Aid Given	56	2.6%	350.0%

78 Scott Dyer Road	167	7.8%	15.7%
126 Scott Dyer Road	347	16.1%	175.0%
ALL ASSISTED LIVING FACILITIES	514	23.9%	96.1%

2011 EMS Run Statistics	Value	%	% Change
Total EMS Calls	492	100%	-
Average calls per day	1.34	-	-
Average Turnout Time (<i>All shifts</i>)	6m 3s	-	-
Average Response Time (<i>All shifts</i>)	10m 15s	-	-
Average Total Call Time (<i>All shifts</i>)	1h 23m 54s	-	-
Uncovered Shift Calls (6am-10pm)	416	84.6%	-
Average Turnout Time (<i>Uncovered shifts</i>)	5m 40s	-	-
Average Response Time (<i>Uncovered shifts</i>)	9m 36s	-	-
Average Total Call Time (<i>Uncovered shifts</i>)	1h 24m 21s	-	-
Per-diem Shift Calls (No schedule)	0	0	-
Average Turnout Time (<i>Per-diem shifts</i>)	N/A	-	-
Average Response Time (<i>Per-diem shifts</i>)	N/A	-	-
Average Total Call Time (<i>Per-diem shifts</i>)	N/A	-	-
Night Duty Shift Calls (10pm-6am)	76	15.4%	-
Average Turnout Time (<i>Night Duty shifts</i>)	8m 7s	-	-
Average Response Time (<i>Night Duty shifts</i>)	13m 54s	-	-
Average Total Call Time (<i>Night Duty shifts</i>)	1h 22m 12s	-	-

District 1 Calls	230	46.7%	-
District 2 Calls	249	50.6%	-
EMS Mutual Aid Received	7	1.4%	-
EMS Mutual Aid Given	4	0.8%	-

78 Scott Dyer Road	43	8.7%	-
126 Scott Dyer Road	39	7.9%	-
ALL ASSISTED LIVING FACILITIES	82	16.7%	-

2012 EMS Run Statistics	Value	%	% Increase
Total EMS Calls	644	100%	30.9%
Average calls per day	1.76	-	31.7%
Average Turnout Time (<i>All shifts</i>)	04m 03s	-	-
Average Response Time (<i>All shifts</i>)	7m 24s	-	-
Average Total Call Time (<i>All shifts</i>)	1h 25m 05s	-	-
Uncovered Shift Calls (6am-8am & 5pm-10pm)	314	48.7%	-
Average Turnout Time (<i>Uncovered shifts</i>)	6m 17s	-	-
Average Response Time (<i>Uncovered shifts</i>)	8m 53s	-	-
Average Total Call Time (<i>Uncovered shifts</i>)	1h 19m 15s	-	-
Per-diem Shift Calls (8am-5pm)	238	36.9%	-
Average Turnout Time (<i>Per-diem shifts</i>)	1m 43s	-	-
Average Response Time (<i>Per-diem shifts</i>)	5m 01s	-	-
Average Total Call Time (<i>Per-diem shifts</i>)	1h 30m 14s	-	-
Night Duty Shift Calls (10pm-6am)	89	13.9%	-10.2%
Average Turnout Time (<i>Night Duty shifts</i>)	8m 44s	-	-
Average Response Time (<i>Night Duty shifts</i>)	12m 03s	-	-
Average Total Call Time (<i>Night Duty shifts</i>)	1h 21m 38s	-	-

District 1 Calls	117	18.1%	-61.2%
District 2 Calls	524	81.3%	60.7%
EMS Mutual Aid Received	10	1.6%	9.1%
EMS Mutual Aid Given	16	2.5%	205.6%

78 Scott Dyer Road	51	7.9%	-9.4%
126 Scott Dyer Road	52	8.1%	1.9%
ALL ASSISTED LIVING FACILITIES	103	16.0%	-4.0%

2013 EMS Run Statistics	Value	%	% Increase
Total EMS Calls	749	100%	16.3%
Average calls per day	2.05	-	16.3%
Average Turnout Time (<i>All shifts</i>)	04m 29s	-	-
Average Response Time (<i>All shifts</i>)	5m 58s	-	-
Average Total Call Time (<i>All shifts</i>)	1h 22m 30s	-	-
Uncovered Shift Calls (6am-8am & 5pm-10pm)	338	45.2%	-7.3%
Average Turnout Time (<i>Uncovered shifts</i>)	7m 02s	-	-
Average Response Time (<i>Uncovered shifts</i>)	11m 29s	-	-
Average Total Call Time (<i>Uncovered shifts</i>)	1h 27m 14s	-	-
Per-diem Shift Calls (8am-5pm)	291	38.9%	5.4%
Average Turnout Time (<i>Per-diem shifts</i>)	1m 51s	-	-
Average Response Time (<i>Per-diem shifts</i>)	5m 15s	-	-
Average Total Call Time (<i>Per-diem shifts</i>)	1h 20m 02s	-	-
Night Duty Shift Calls (10pm-6am)	118	15.7%	13.1%
Average Turnout Time (<i>Night Duty shifts</i>)	8m 40s	-	-
Average Response Time (<i>Night Duty shifts</i>)	12m 08s	-	-
Average Total Call Time (<i>Night Duty shifts</i>)	1h 23m 24s	-	-

District 1 Calls	122	16.3%	-9.9%
District 2 Calls	625	83.5%	2.6%
EMS Mutual Aid Received	14	1.9%	20.4%
EMS Mutual Aid Given	22	2.9%	18.2%

78 Scott Dyer Road	57	7.6%	-3.9%
126 Scott Dyer Road	152	20.3%	151.3%
ALL ASSISTED LIVING FACILITIES	209	27.9%	74.5%

2014 EMS Run Statistics	Value	%	% Increase
Total EMS Calls	758	100%	1.2%
Average calls per day	2.08	-	1.2%
Average Turnout Time (<i>All shifts</i>)	04m 19s	-	-
Average Response Time (<i>All shifts</i>)	7m 54s	-	-
Average Total Call Time (<i>All shifts</i>)	1h 25m 10s	-	-
Uncovered Shift Calls (6am-8am & 5pm-10pm)	350	46.2%	2.2%
Average Turnout Time (<i>Uncovered shifts</i>)	6m 30s	-	-
Average Response Time (<i>Uncovered shifts</i>)	9m 43s	-	-
Average Total Call Time (<i>Uncovered shifts</i>)	1h 30m 11s	-	-
Per-diem Shift Calls (8am-5pm)	287	37.9%	-2.6%
Average Turnout Time (<i>Per-diem shifts</i>)	1m 26s	-	-
Average Response Time (<i>Per-diem shifts</i>)	4m 50s	-	-
Average Total Call Time (<i>Per-diem shifts</i>)	1h 24m 06s	-	-
Night Duty Shift Calls (10pm-6am)	120	15.8%	0.7%
Average Turnout Time (<i>Night Duty shifts</i>)	9m 15s	-	-
Average Response Time (<i>Night Duty shifts</i>)	13m 08s	-	-
Average Total Call Time (<i>Night Duty shifts</i>)	1h 26m 41s	-	-

District 1 Calls	132	17.4%	6.7%
District 2 Calls	625	82.5%	-1.2%
EMS Mutual Aid Received	11	1.5%	-22.4%
EMS Mutual Aid Given	18	2.4%	-19.2%

78 Scott Dyer Road	59	7.8%	2.3%
126 Scott Dyer Road	143	18.9%	-7.0%
ALL ASSISTED LIVING FACILITIES	202	26.6%	-4.5%

**Cape Elizabeth Fire-Rescue Department
Emergency Medical Services Division**

EMS Staffing Change

We have identified the need to change the model to pay an hourly rate to the second provider and ensure that a second provider is with the ambulance all weekend and major holidays. It has become difficult to ensure staffing of the ambulance on weekends and major holidays. This has necessitated a request to change our staffing and payment model for the remainder of the fiscal year.

Our projections indicate that this change can be paid for with current funds allocated to the Department budget. We have seen a marked decrease in extra personnel responding to EMS calls, where there was two (2) additional we are having trouble getting one (1). This will allow us to use much of the current funding to cover these changes. We plan to recruit additional EMT providers from the Southern Maine Community College Fire Science and EMS Programs.

We currently staff a Paramedic/Primary Care Provider on a 24-hour basis at Town Center Station. This provider operates the ambulance to the EMS call, provides care, and is generally assisted by an "on-call" EMS Provider or non-EMS licensed driver. During the evening from 10 pm to 6 am the next morning a second EMS provider or non-EMS licensed staff member is paid \$50.00/night to stand by at the station. They receive their hourly "on-call" rate when an EMS call does come in. In the event that no personnel respond Monday through Friday Chief Gleeson responds with the ambulance and provides whatever support may be necessary.

Paramedic/Primary Care Provider

Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
7 AM – 7 PM	7 AM – 7 PM	7 AM – 7 PM	7 AM – 7 PM	7 AM – 7 PM	7 AM – 7 PM	7 AM – 7 PM
7 PM – 7 AM	7 PM – 7 AM	7 PM – 7 AM	7 PM – 7 AM	7 PM – 7 AM	7 PM – 7 AM	7 PM – 7 AM

Paramedic	\$19.98/hour	Scheduled for no more than 12 hours a day and 24 hours per week
Advanced EMT:	\$17.33/hour	Fills the shift when no paramedic is available
EMT:	\$15.00/hour	Fills the shift when no paramedic or AEMT is available

Secondary Care Provider/Driver

Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
7 AM – 7 PM	N/A	N/A	N/A	N/A	N/A	7 AM – 7 PM
7 PM – 7 AM	10 PM – 6 AM	10 PM – 6 AM	10 PM – 6 AM	10 PM – 6 AM	10 PM – 7 AM	7 PM – 7 AM

Licensed EMS Provider: \$13.00/hour

Non-EMS Licensed Driver: \$11.00/hour

Changes to the current pay plan that will go into effect with this change:

- Staff that are "on-shift" will not receive additional hourly pay for call response
- The primary provider, will always be the highest licensed provider scheduled, and will receive their established pay rate
- The primary care provider is expected to provide the bulk of the patient care
- The secondary provider will be paid \$13.00/hour regardless of license level (*Paramedic, AEMT, or EMT*) and expected to function at their license level and primarily perform the task of operating the ambulance
- EMS Staff that do not provide availability for shifts, work a shift, and/or respond on an "on-call" basis to EMS emergencies for three (3) months (*without an approved leave of absence*) will be assumed to have resigned from the Department

Annual addition to the payroll budget is \$60,200 on July 1st.

The cost effective the 1st week of October \$45,150.

Funds exist in the current budget to cover all related costs.

Dear Council Chairman Lennon and Members of the Cape Elizabeth Town Council:

Subject: Rescue Per-Diem Program - Update

It is hard to believe that we are already six months into the rescue per-diem program. As a result, I want to take the opportunity to provide a brief recap on how the program is working; by providing a few key response statistics from this time period.

As you recall this program was implemented on January 1st of this year to ensure that a provider licensed at the paramedic or intermediate level would be available during daytime hours. In the past, we had been relying on a small core of members to cover our daytime calls and often found ourselves utilizing mutual aid more frequently, especially when these individuals were not available to respond. Additionally, lengthy response times were a subject of concern for many.

During the calendar year of 2011, the rescue responded to a total of 492 calls for service, which is statically normal over past years. However in just the first six months of 2012 alone, we have answered 310 calls for EMS related emergencies. Of those calls, 171 have occurred during the hours covered by the per-diem (8am to 5pm). Crews established through our night-duty coverage system (10pm to 6am) have been able to answer another 50 calls with the remainder occurring during uncovered hours. You will find a complete breakdown of these statistics attached to this letter.

By using these numbers and seeing the improved level of service first hand, I feel that the first six months of this program have been very successful. Not only have we improved our response times, we have significantly reduced our reliance on our mutual aid communities to the point we are providing more mutual aid assistance than we receive. It is also important to point out that during these past six months, we have had 28 instances where more than one EMS call has been active. With the use of our existing rescue company and occasional help from our fire companies, we have been able to cover them without requesting an outside ambulance.

Overall the program is working as we had envisioned and I feel that we are in a better position to provide our community with a high level of service while still maintaining an on-call rescue company.

Respectfully Submitted,

Chief Peter H. Gleeson

2011 Stats (Calendar Year)

Total EMS Calls: 492
Average 1.34 calls a day

Average Turnout Time (all hours): 06m 03s
Average Response Time (all hours): 10m 15s
Average Total Call Time (all hours): 1h 23m 54s

Calls in Engine 1 District: 230
Calls in Engine 2 District: 249

Daytime Calls (0600-2200): 416
Night Duty Calls (2200-0600): 76

Number of times we have been requested to supply an ambulance to other communities: 7 calls
Number of times Cape Elizabeth has requested an out of town ambulance: 12 calls
Most calls receiving aid (by nature of call): Cardiac

Simultaneous EMS Calls: 42 instances (automatic Fire Dept. response)

2012 Stats (Jan 1-June 30)

Total EMS Calls: 310
Average 1.70 calls a day

Average Turnout Time (all hours): 4m 0s
Average Response Time (all hours): 7m 22s
Average Total Call Time (all hours): 1h 18m 37s

Per-Diem Shift Average Turnout Time: 1m 43s
Per-Diem Shift Average Response Time: 5m 01s
Per-Diem Shift Average Total Call Time: 1h 19m 14s

Calls in Engine 1 District: 128
Calls in Engine 2 District: 173

Uncovered Shift Calls (0600-0800 and 1700-2200): 89
Per-Diem Shift Calls (0800-1700): 171
Night Duty Calls (2200-0600): 50

Number of times we have been requested to supply an ambulance to other communities: 7 calls
Number of times Cape Elizabeth has requested an out of town ambulance: 4 calls
Most calls receiving aid (by nature of call): Varies

Simultaneous EMS Calls: 28 instances (automatic Fire Dept. response)

*Turnout Time: The time from when the call is first dispatched until the ambulance is responding

**Response Time: The time from when the call is first dispatched until the ambulance reaches the scene

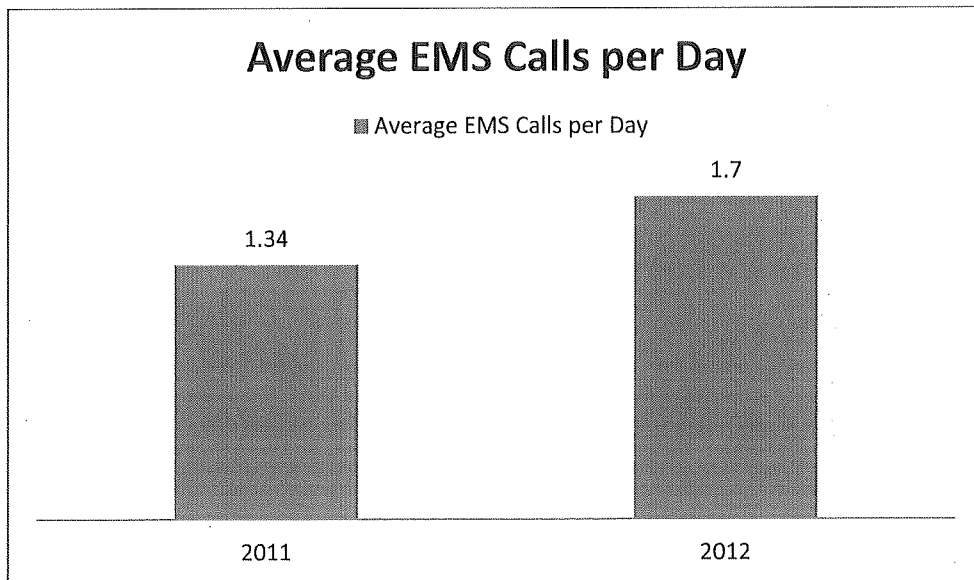
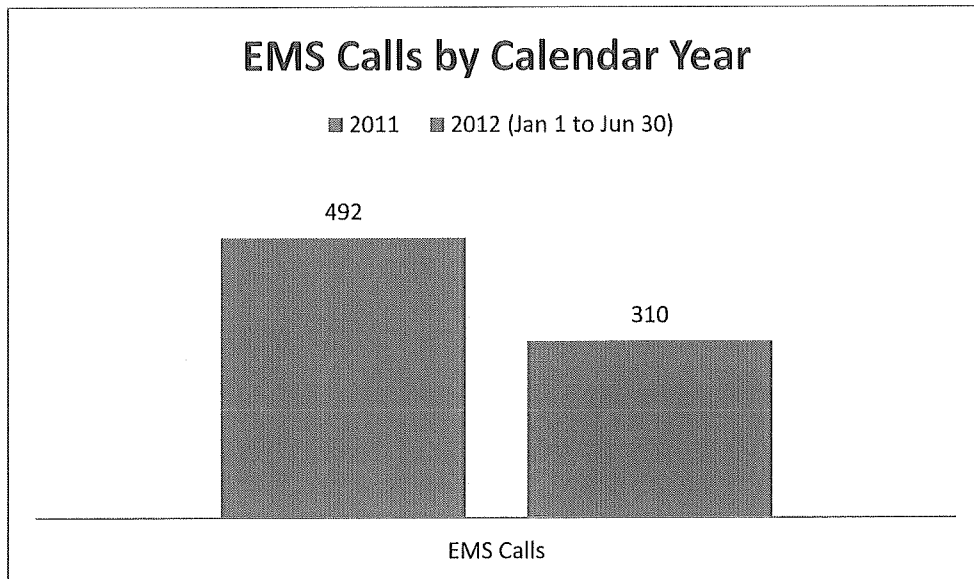
***Total Time: The time from when the call is first dispatched until the ambulance is back in service and in quarters

**Cape Elizabeth Fire-Rescue Department
2012 EMS / Per-Diem Program Update
Statistical Comparison Between 2011 and 2012 (first 6 months)**

Information provided on this page can be seen in a more detailed view on the previous page

EMS Calls:

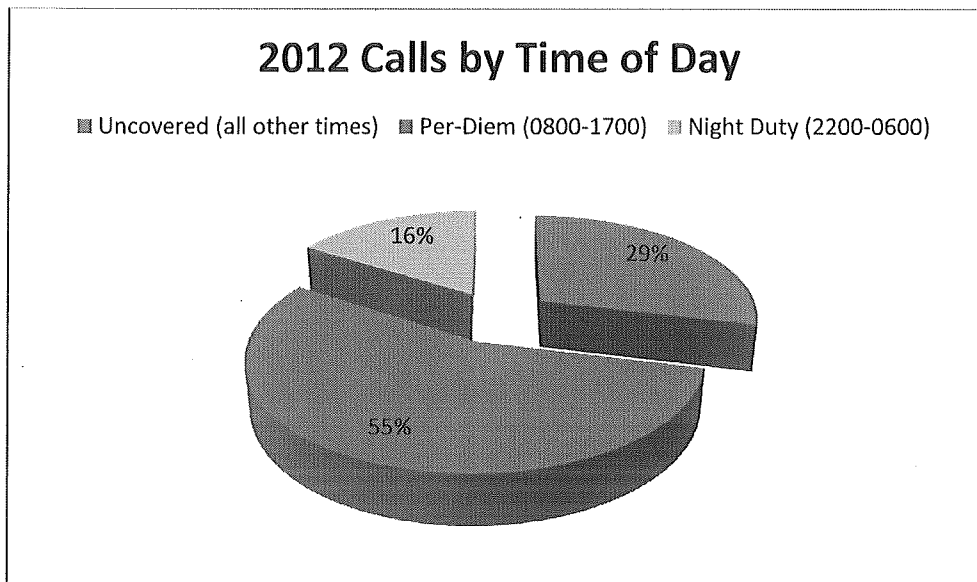
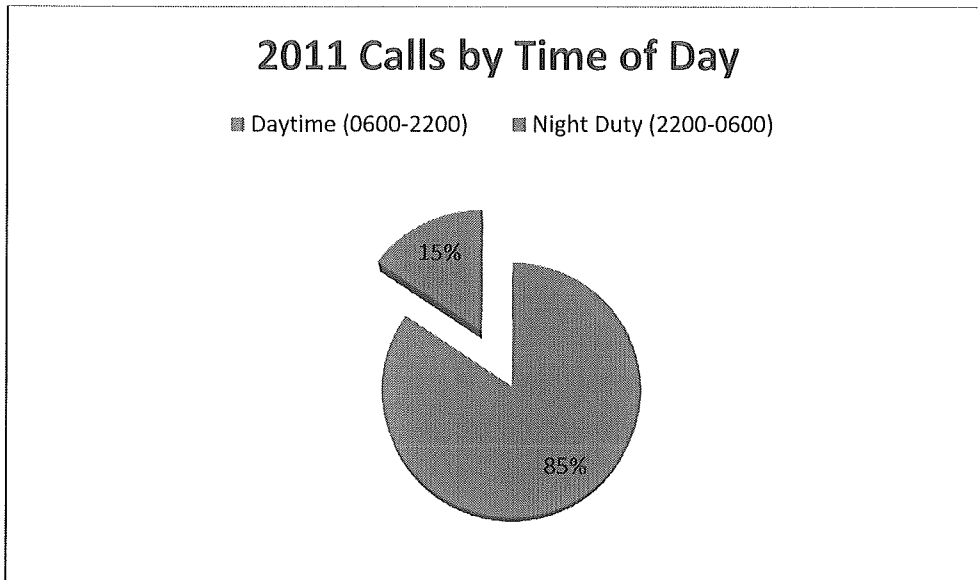
Over the last five years we as a department have seen a fairly steady number of EMS related calls. While the nature of these calls and heavy call periods has changed, the end of the year volume has stayed in the same general area. During the first six months of this year however, we have seen a total of 310 EMS related emergencies. As a result, we have seen a rise in the number of calls per day.



Cape Elizabeth Fire-Rescue Department
2012 EMS / Per-Diem Program Update
Statistical Comparison Between 2011 and 2012 (first 6 months)

Time of Day:

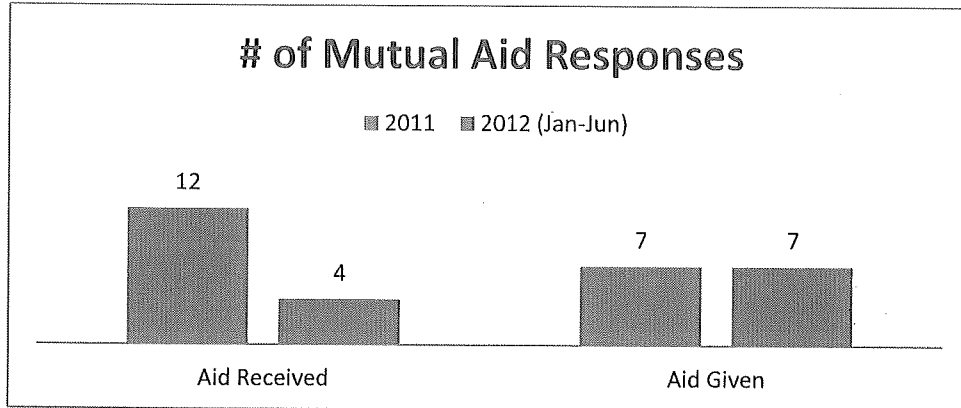
While we can certainly not predict when an emergency is going to occur, it is fairly easy to estimate the times of day in which the bulk of our calls will occur. Over the past five years or so, we have noticed that most of our calls occur during the daytime hours. The graph below shows when calls were handled based on the shift (we now have three shifts due to the addition of the daytime per-diem employee).



Cape Elizabeth Fire-Rescue Department
2012 EMS / Per-Diem Program Update
Statistical Comparison Between 2011 and 2012 (first 6 months)

Mutual Aid

Due to the implementation of the per-diem program, our statistics show that we as a department are calling on our mutual aid communities much less often. In fact, in some cases we are responding to other communities more often.



Response Times

Response times have improved significantly over the past six months. During the per-diem shift hours, the ambulance is reaching the scene in five minutes. This cuts the 2011 response time in half, as it was just over ten minutes before an ambulance would reach the scene. It must be stressed that the response time only reflects that of the arrival for the actual ambulance and not care providers. In almost all cases a police officer (every officer is at least an EMT-Basic) or a rescue company EMT reaches the scene far before the ambulance. It is also important to note that the turnout time (between time of call and the ambulance leaving the station) has decreased at all hours of the day.

