• Review 5 years of operations.
• Evaluate approaches to staffing.
• Career vs. other approaches.
• Call / Student staffing.
• Paramedic mix / Shift staffing
• Contracts for EMS
• Operational Improvements

Our Understanding of the Project
• Current system is predicated on several key factors:
  – In-town and outside-of-town service delivery.
  – Seasonal and day of week impacts due to colleges
  – Extended transport times to the hospital due to distance and road network.
  – Availability of Call and Student force personnel.

• Analysis of data shows that while there are response time differences, they are not significant.

• Analysis also shows that response times in the Town when the first call is outside the Town are not significantly increased due to staffing and deployment.

Service Delivery
• Myth: growth in workload is due to the contract EMS towns.
• Myth: university students generate disproportionate levels of workload.
• Myth: overtime can be used to address staffing issues forever.
• Myth: the current system is sustainable without changes.

Service Delivery Myths
Growth in Call Volume Comes from Amherst Itself
Call Volume Is Influenced by Seasonality
Call Volume Is Influenced by Hour / Day
Average Response times INSIDE Amherst by day of week:

<table>
<thead>
<tr>
<th></th>
<th>Monday</th>
<th>Tuesday</th>
<th>Wednesday</th>
<th>Thursday</th>
<th>Friday</th>
<th>Saturday</th>
<th>Sunday</th>
</tr>
</thead>
<tbody>
<tr>
<td>Time</td>
<td>5:38</td>
<td>5:41</td>
<td>5:50</td>
<td>5:36</td>
<td>5:52</td>
<td>5:34</td>
<td>5:58</td>
</tr>
</tbody>
</table>

Average Response times OUTSIDE Amherst by day of week:

<table>
<thead>
<tr>
<th></th>
<th>Monday</th>
<th>Tuesday</th>
<th>Wednesday</th>
<th>Thursday</th>
<th>Friday</th>
<th>Saturday</th>
<th>Sunday</th>
</tr>
</thead>
<tbody>
<tr>
<td>Time</td>
<td>9:6</td>
<td>8:27</td>
<td>8:33</td>
<td>8:53</td>
<td>8:39</td>
<td>8:59</td>
<td>8:43</td>
</tr>
</tbody>
</table>

Service Delivery by Day of Week Shows Little Variance
### Average Response times INSIDE Amherst by month:

|-------|------|------|------|------|------|------|------|------|------|------|-----|------|

### Average Response times OUTSIDE Amherst by month:

<table>
<thead>
<tr>
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<th></th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Value</td>
<td>8:39</td>
<td>9:20</td>
<td>8:57</td>
<td>8:48</td>
<td>8:15</td>
<td>8:08</td>
<td>8:58</td>
<td>8:38</td>
<td>8:15</td>
<td>9:16</td>
<td>8:42</td>
<td>9:32</td>
</tr>
</tbody>
</table>

**Service Delivery by Month Shows Little Variance**
While Response Times Are Good There Are Challenges
Call Backs Are a Declining Source for Coverage
Concurrency Is Driven by Calls and by Drive Times
• Town of Amherst has several existing contracts to provide EMS services to neighboring towns.

• Contracts for service include an annual payment to Amherst.

• This year will generate more than $230,000. Changes in Hadley could impact the Town of Amherst at least in the short term.

• Does not specify who keeps ambulance fees recovered – this should be clarified.

• Trade off to be considered – extra revenue vs. staffing (is the Town staffing extra units). Amherst needs the staff to handle its workload – so the contract EMS program makes sense.

Contracts for Service With Other Towns
• The Student and Call Forces augment the full-time staff. Cannot provide the breadth of service delivered by career personnel.

• Increase expectations for call-back response.

• Implement pilot program for peak staffing of an additional ambulance.
  – Year One: Start with 2 firefighter / paramedics on 5-day, 8-hour shift.
  – Alternate Year One: 4 firefighter / paramedics on a 7-day, 12-hour shift.
  – Year Two: Expand to 4 firefighter / paramedics on a 7-day, 12-hour shift.
  – Tests: Have call backs been reduced? Have call back response improved?

• Changes in any of the key elements, and / or continued growth will impact ultimate staffing solutions and will require reexamination.

Recommendations