



# CITY OF COSTA MESA

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FROM THE OFFICE OF THE MAYOR

November 29, 2012

The Honorable Thomas J. Borris  
Presiding Judge  
Orange County Superior Court  
700 Civic Center Drive, West  
Santa Ana, CA 92701

RE: Grand Jury Report: "EMERGENCY MEDICAL RESPONSE IN ORANGE COUNTY."

Dear Judge Borris:

Costa Mesa City Council, along with the Chief Executive Officer and the Fire Department has reviewed the 2011-2012 Orange County Grand Jury report, "EMERGENCY MEDICAL RESPONSE IN ORANGE COUNTY." The City of Costa Mesa is providing the following response, in accordance with California Penal Code Section 933.05 (a) and (b).

## **FINDINGS / CONCLUSIONS**

**F1.** *Fire departments that once primarily responded to calls for fire emergencies now have become emergency medical response departments primarily responding to medical emergencies. This evolution has occurred since the onset of "9-1-1" call where all emergency calls are received at one place.*

**The City of Costa Mesa partially disagrees with this finding / conclusion as it pertains to Costa Mesa.**

The Costa Mesa Fire Department (CMFD), while referred to as a Fire Department, is in substance an all risk prevention and emergency response agency, the core functions include; hazard prevention and education, fire suppression, emergency medical services (EMS), rescue, and hazardous materials mitigation. These services are provided by highly trained, multi-functional firefighters. While it is true that the majority of responses are medical emergencies, the finding / conclusion that CMFD has become an emergency medical department is not accurate.

This all risk model has been in place for many years and predates the 9-1-1 system, which was implemented in Costa Mesa in 1983. For example, in 1967, the California Legislature recognized the fire service role in EMS and enacted California Health and Safety Code §219, which mandated minimum first aid training standards for all public safety personnel.

About the same time, three physicians in Los Angeles County launched a pilot program that trained firefighters as "Mobile Intensive Care Paramedics" ("Paramedics") to provide advanced life support to the critically ill and injured. The success of the program led to the California Legislature passing the Wedworth-Townsend Paramedic Act ("Act") in 1970. This Act allowed the County of Orange to establish a Mobile Intensive Care (MIC) Paramedic Pilot Program in January 1973. The Board of Supervisors designated an Emergency Medical Care Committee (EMCC), through which all aspects of planning were to be presented and coordinated. At the direction of their governing boards and councils, the Orange County Fire Service took on a leadership role while working in collaboration with the EMCC to develop a master plan for paramedic services. This document served as a guide for the implementation of a fire-based, EMS delivery system utilizing paramedics. Each fire department funded their paramedic program costs with local dollars.

The fact that the fire service in Orange County is a key component of pre-hospital care was not by accident, but by design. In fact, EMS in this county has always been viewed as a system, with coordination and collaboration by all emergency medical services stakeholders.

*F2. As the fire departments evolved into emergency medical departments, the model for operating the fire departments has not radically changed. The fire departments have simply absorbed the emergency medical responses into their departments under their old "fire response" model.*

**The City of Costa Mesa partially disagrees with this finding / conclusion as it pertains to Costa Mesa.**

The finding / conclusion that the fire department has evolved into an emergency medical department is incorrect. The CMFD has evolved with all of the services it provides. It is true that the number of incidents of fire, rescue, and hazardous materials responses are smaller than EMS. However, as a result of increased regulation, and the evolution of best practices and capabilities, the non EMS responses have become highly technical and more complicated. Therefore, the level of readiness required for all services has increased.

The finding / conclusion that the fire department has not radically changed the model is open to the interpretation of the word "radical". It is true that emergency resources are still strategically located throughout the community to provide a quick response to emergencies.

It is also true that CMFD responds with fire apparatus to medical emergencies. The department's paramedics are assigned to the fire apparatus in order to take advantage of the multi-functional nature of their job. No matter what type of incident they respond to, they have everything they need to deal with the emergency with the exception of transporting the patient to the hospital. There are times when multiple fire apparatus respond to medical emergencies. The number of emergency response units dispatched is based on the severity of the incident, the requirements for technical specialties and / or equipment, and the need to respond the closest available unit.

These elements of the model have not radically changed because basically they work. However, CMFD is pursuing opportunities to further refine its deployment model and response matrix in an ongoing effort to provide improvements.

The finding / conclusion that the fire department has absorbed EMS into the old model is incorrect. The CMFD made calculated refinements in its emergency medical service delivery system over the years. Paramedic services were added to the advanced first aid services delivered by the Fire Department in 1975. Initially, the basic life-support medical services delivered by engine companies were backed-up by paramedic firefighters who responded in a smaller medic unit. All non-paramedic firefighters were trained beyond advanced first aid to become level-one emergency medical technicians.

In January of 1983, a second Medic unit was placed in to service. As the number of Paramedic responses and challenges to maintain short response times increased, this continually evolving program saw the replacement of every front line engine company with Paramedic Engines.

To state that emergency medical response was simply absorbed into the department's "old fire response model" is not accurate. The operating model for CMFD has been and will continue to be dynamic. The City Council is continually evaluating service delivery and considers changes based on the needs of the community.

**F3.** *Economic recessions have forced local fire department boards of directors and city councils to reevaluate their models for providing fire and emergency medical responses. While this brings to the fore issues of staffing, response times, public safety, training, consolidations, union rules and privatization of their various services, it also spotlights the model used for all emergency responses.*

**The City of Costa Mesa agrees with this finding / conclusion as it pertains to Costa Mesa.**

The economic downturn has had a significant impact on the City of Costa Mesa. The rising cost of pensions and health care costs, coupled with reduced revenue, have forced the City to reduce services and re-engineer operations to meet this new reality. The City has executed such an assessment. The items listed in Finding F3 are being evaluated by the City Council and Fire Department on a continual basis as part of good business and government practices.

The City of Costa Mesa has implemented numerous changes to reduce costs, manage public safety pensions and plan for the future while striving to provide quality services to the community. The fire department, along with other City departments, has experienced organizational changes to maximize staff and incorporate multifunctional personnel to become more efficient. The city is cognizant that this re-engineering and re-tooling must occur, and that the current service delivery models must be evaluated as we anticipate the services that will need to be provided in the future.

**RECOMMENDATIONS**

**R1.** *The city fire departments and the Orange County Fire Authority should engage independent private consultants to re-evaluate their models for providing response for both fire and medical emergencies. These re-evaluations should include the strengths, weaknesses, opportunities and threats of current models and alternative models. This re-evaluation should be accomplished by July 31, 2013. (See F1, F2 & F3)*

**This recommendation will not be implemented by the City of Costa Mesa because it is not warranted.**

The City of Costa Mesa requested and received a proposal for Fire Services from the Orange County Fire Authority in February 2011. Later that year, the City issued a Request For Proposal for Fire Service to public and private providers. This included the ability to submit a separate proposal for Emergency Medical Services. The City received no responses.

As a part of the RFP process, CMFD performed a data driven review of the current response model. A recommendation to modify this model was presented to the City Council and the community in May of 2012. Additionally, the City has engaged a private consultant to explore regionalizing specific services and continues to pursue service-sharing opportunities.

**R2.** *Suggested alternative models should include forming a unified Emergency Response Department that includes fire and medical response, separating the fire response from the medical response, privatizing the emergency medical response, etc. (See F3)*

**This recommendation has been implemented, with a summary regarding the implemented action.**

The City of Costa Mesa requested and received a proposal for Fire Services from the Orange County Fire Authority in February 2011. Later that year, the City issued a Request For Proposal for Fire Service to public and private providers. This included the ability to submit a separate proposal for Emergency Medical Services. The City received no responses.

CMFD is already an "emergency response department that includes fire and medical response." Every firefighter is cross-trained and certified as an Emergency Medical Technician (EMT) and is capable of providing emergency medical care. Many of those have received specialized training and are licensed to provide Advanced Life Support (ALS) emergency medical care.

Separating the fire response from the medical response would lead to delays when time is critical. Regardless of the type of apparatus, sending the closest available resource is necessary in these cases. Department resources are utilized to provide a quick and effective response to all type of emergencies.

Emergency Services need to be reflective of emergent changes in practice, technology, and resources. While the current City Council is not pursuing a private solution at this time, the City is actively engaged in reviewing the current service delivery model and may explore other alternative models in the future.

Sincerely,



Eric R. Bever  
Mayor