



August 19, 2024

To: Mitchell P. Nowakowski, Fillmore District Council Member
City of Buffalo Common Council Members

From: Timothy Frost, Regional Director for AMR

CC: Nicole Henricksen, Regional President for AMR

Dear Councilman Nowakowski and the City of Buffalo Common Council,

American Medical Response (AMR) would like to formally submit this response to Councilman Nowakowski's letter, which we obtained on July 19, 2024, and the comments by Councilman Scanlon at the Community Development Council Committee Meeting.

It is our hope that the information below will shed a light on the current state of the City of Buffalo's emergency medical services (EMS) system, provide an update on AMR's performance, and continue to define initiatives and solutions we believe aid in the improvement of the EMS system moving forward.

Continuing a Positive Partnership

AMR and its predecessors are honored to have served the City of Buffalo and Western New York for the past 64 years. Buffalo is our home. Our first responders not only work here, but we live here, and we continually make sacrifices to serve the people we love.

We have enjoyed a positive partnership with the City of Buffalo and continue to invest in the City itself as we work together to meet the ever changing emergency medical and medical transportation needs of the community that we serve.

We continue our open invitation to welcome all Common Council and community members to visit our operation to meet our first responders, see our operations and bring forward any concerns about our service delivery. This approach provides AMR with the opportunity to research specific calls or areas of concern so that we can provide more context or, if applicable, identify gaps in expectation and detail on how we will improve in the future, in real time. We take our commitment to the City of Buffalo seriously and would be happy to discuss your comments or concerns at any time.

Serving the City of Buffalo Without a Contract

As Councilman Nowakowski pointed out, AMR is serving the City of Buffalo without a contract and has been since our services agreement with the City of Buffalo expired at midnight on

September 30, 2020. Prior to this expiration, AMR proposed a short-term extension to work toward a new agreement but received no response.

On August 21, 2021, almost a year after the prior contact expired, the City issued a request for proposal for ambulance services. AMR submitted a formal response to the City on October 1, 2021. AMR was awarded the contract, and at the Fire Commissioner's request, AMR drafted an agreement to initiate negotiations and sent it to the City on October 15, 2021. Since then, we have not received any material revisions or questions about the draft, nor have there been any substantive negotiations. We have been, and continue to be, eager to discuss our shared vision for emergency medical services delivery in the City of Buffalo.

AMR's Investments in Buffalo

Despite operating without a contract for nearly 4 years, AMR continues to provide emergency medical and medical transportation services in good faith to the City of Buffalo. Since October 2021 AMR invested more than \$5.2 million in EMS enhancements to improve service delivery to the City of Buffalo. These enhancements represent innovative best practices and were implemented without any tax subsidy or financial support from the City.

- In 2022, AMR began to replace our entire fleet of 26 City of Buffalo front-line ambulances with brand new Ford Transit ambulances, which was completed in 2023.
- AMR continues to invest in and recruit locally for its EMS frontline workers through initiatives such as the award-winning "Earn While You Learn" EMT Academy. This first-of-its-kind program started in Buffalo in 2018 to address the nationwide EMS worker shortage and now has been replicated across the country. In 2023 alone we created 65 newly certified full-time EMTs. Additionally, we established a paid training program for paramedic students, providing financial support while they focus on their classes. This program resulted in six new paramedic graduates in August 2023, with 15 more set to graduate in August 2024, exceeding traditional recruitment methods for already certified EMS providers.
- AMR successfully completed the digital connection of the Computer Aided Dispatch (CAD to CAD) programs between AMR Western New York and the Erie County Department of Health Emergency Medical Division's Medical Emergency Radio System (MERS) to improve the accuracy and speed of the transfer of City of Buffalo emergency information between the two communications centers.
- In October 2021 AMR invested in upgrading our entire ambulance fleet to include mobile dispatch terminals (MDT) to enhance access to response information and navigational technology.
- AMR continues to support local community programs, such as the Western New York Heroes Military Family Christmas Program, the University District Back-to-School program and many others.

Response Times

The challenges of EMS response times in the City of Buffalo continue to be compounded by inappropriate ambulance requests and hospital delays. Each day in the City of Buffalo, there are approximately forty (40) low acuity calls, many of which would be more suitable for an alternate transport solution such as Lyft or Uber. These calls strain the EMS system and take resources away from true medical emergencies.

Despite these system challenges, however, AMR Western New York's response times remain within industry standards. From July 1, 2023, through June 30, 2024, the average response time of an AMR Advanced Life Support (ALS) ambulance to life-threatening emergencies was 9 minutes and 21 seconds. The average ALS response time to a non-life-threatening emergency was 10 minutes. And the average Basic Life Support (BLS) ambulance emergency response was 10 minutes and 25 seconds.

National proponents of response times often cite NFPA standards when discussing response times for third-party agencies. This argument includes an implicit assumption that ambulance service is provided by a fire department and is heavily subsidized by taxpayers. However, AMR has never received taxpayer funding for EMS operations in the City of Buffalo, and for many years, has paid franchise fees to exist in the City. Additionally, NFPA standards include separate measure for call processing, turn out and response. AMR reports a single response time encompassing all 3 factors.

Patient Care & Safety

In 2022, 14 national organizations published the "Joint Statement on Lights & Siren Vehicle Operations on Emergency Medical Services (EMS) Responses." This document included the following principle: "EMS vehicle operations using L&S pose a significant risk to both EMS practitioners and the public. Therefore, during response to emergencies or transport of patients by EMS, L&S should only be used for situations where the time saved by L&S operations is anticipated to be clinically important to a patient's outcome."

AMR, in partnership with the Buffalo Fire Department and Erie County Department of Health, responds to EMS calls based on a Medical Priority Dispatch System (MPDS). Calls are prioritized by acuity by Erie County Department of Health MERS. Response plans, such as the use of lights and sirens, for specific emergency types are approved by the Buffalo Fire Department. This process is consistent with national efforts to reduce the number of responses for which lights and sirens are used. We monitor cases which have been designated by our partners as low acuity but later require critical intervention as part of our ongoing quality improvement efforts.

We continue to look for and have offered innovative solutions, including our nurse navigation system, to limit the use of ambulance resources for low acuity calls. The Nurse Navigation solution has been successfully implemented and is utilized in both the Cities of Rochester (Monroe County) and Syracuse (Onondaga County). Our local hospital systems continue to be greatly strained, leading to hospital backups which, in turn, increase the amount of time it takes ambulance crews to offload patients. Today, ambulances in Buffalo typically spend more time at the hospital waiting to transfer the patient and prepare for the next call than they do responding to the call, time on the scene, and the time transporting to the hospital combined. We hope that

government leaders at the city and state levels will work to address these important systemic factors.

AMR continues to be an innovator in prehospital care. Cutting-edge initiatives in cardiac arrest management, spinal immobilization, telemedicine, and seizure care are emulated by other agencies throughout the region and state.

Last year, AMR of Western New York saved the lives of 37 people who suffered cardiac arrest and were discharged from the hospital with a favorable neurologic outcome. With partnership from the City and other local entities, we believe we could continue to improve system cardiac arrest survival rates. Nonetheless, we are proud of our work to meet the emergency medical needs of our community.

In addition, we carefully track our clinical outcomes. A discussion that focuses solely on the response times, neglects lifesaving emergency medical care AMR EMTs, AEMTs and paramedics provide on a daily basis.

Addressing EMS System Issues

As noted above, healthcare systems nationally continue to be strained after the COVID-19 pandemic, and the City of Buffalo is no different. These are not issues AMR alone can solve, but require the knowledge, partnership and investment of a number of different entities.

We will provide more detail on these when we speak with the finance committee, but please find a summary of some of these issues and proposed solutions below.

SYSTEM CHALLENGE	PROPOSED SOLUTION
State & National EMS staffing shortage. There is a significant EMS staffing shortage at both the state and national levels. In New York State, the number of certified EMS providers has dropped from 80,000 before 2019 to less than 65,000 in 2024. Of the current certified EMS providers, only about half are working for EMS agencies, while the others, despite maintaining their certification, have left the EMS field.	Continued Investment in EMS Frontline Workers, Recruiting and Retention. AMR has been at the forefront of addressing the critical EMS staffing shortage impacting both New York State and the nation. Despite the challenging conditions and lack of financial support, AMR has developed and implemented innovative solutions to ensure the continuity and quality of emergency medical services. AMR has proactively responded to this crisis through continued investment in EMS frontline workers. Our award-winning Earn While You Learn (EWYL) program, launched in Buffalo in 2018, exemplifies our commitment to building a strong EMS workforce. This program offers individuals the opportunity to become full-time EMTs while receiving compensation throughout their training. Additionally, AMR has provided substantial financial support for paramedic training, covering the costs of courses and materials. This program also offers financial support and time for students to attend classes and clinical rotations. Through EWYL, AMR Western New York runs courses 4 to 5 times a year, continually recruiting and training local talent to serve the city of Buffalo. In August 2024, we anticipate graduating 15 full-time paramedics to our ranks through our paid paramedic training program. These initiatives highlight

	<p>AMR's dedication to innovatively solving state and national EMS staffing issues, ensuring that we can continue to meet the emergency medical needs of our communities effectively.</p> <p>By investing in our workforce and pioneering new training programs, AMR remains committed to overcoming the EMS staffing crisis and providing exceptional care to those in need.</p>
<p>Overwhelming numbers of low acuity calls. Twenty-six (26) percent of calls dispatched to AMR are low acuity, which strain the system and mean long wait times for non-emergency needs.</p>	<p>Community Support and Nurse Navigation. In our 2021 RFP proposal, AMR offered the City of Buffalo the opportunity to subscribe to our national Nurse Navigation program. This nationally recognized program sends low acuity calls to expert nurses who can provide medical support, pharmaceutical assessment and even provide transportation support to help callers get to urgent care locations if applicable. In 2023, AMR's national Nurse Navigation program answered an average of 106 calls daily, resolved 90% of callers' issues on the first call, and added the equivalent of additional ambulances available to care for higher acuity patients each day. The Nurse Navigator service was again offered to the City of Buffalo in June of 2024 without response.</p>
<p>Long waiting times at ERs. When AMR delivers a patient to the ER, we wait an average of 46 minutes, with extremes being greater than 4 hours, to transition that patient into the hospital's care. If these waiting times could be shortened to 30 minutes per patient, AMR could add the equivalent of approximately 27,400 ambulance hours (75 ambulance hours/day) back to local patients.</p>	<p>Department of Health, Hospital, and Community Support to improve ER transition of care times. Solving these issues will require partnership of local hospitals. While we understand they face many of the same challenges with healthcare worker recruitment and retention, they are ultimately responsible for patients the moment the patient arrives on hospital property. Hospitals are improperly making their staffing problem an EMS staffing problem by not promptly accepting patients, resulting in significant delays that place added burdens on EMS agencies in Erie County, statewide, and nationwide. While we stay with these patients in the ER to ensure a smooth transition and share our clinical knowledge with the next care provider, these extended wait times are hindering our ability to serve the broader community effectively. Consequently, we may be forced to make other choices to ensure we can continue to provide timely care to all in need.</p>

AMR's Continuing Commitment to Buffalo

We look forward to presenting our thoughts, including enhanced performance data, in a comprehensive manner to the Buffalo Common Council Finance Committee on September 10, 2024. AMR remains committed to serving our neighbors in this community and is open to negotiating a new services agreement at any time.

Sources:

- Jarvis JL, Johns D, Jarvis SE, Knipstein M, Ratcliff T. The impact of using time critical intervention-based dispatch thresholds on lowering lights and siren use to EMS 911

incidents. Journal of the American College of Emergency Physicians Open. 2024 Aug 8;5(4).

- Kupas DF, Zavadsky M, Burton B, Decker C, Dunne R, Dworsky P, Ferron R, Gerard D, Grover J, House J, Jarvis J. Joint Position Statement on EMS Performance Measures Beyond Response Times. Prehospital Emergency Care. 2024 Jul 26(just-accepted):1-3.
- [https://www.nemsqa.org/assets/lscMedia/Joint Statement on Red Light and Siren Operations.pdf](https://www.nemsqa.org/assets/lscMedia/Joint%20Statement%20on%20Red%20Light%20and%20Siren%20Operations.pdf)