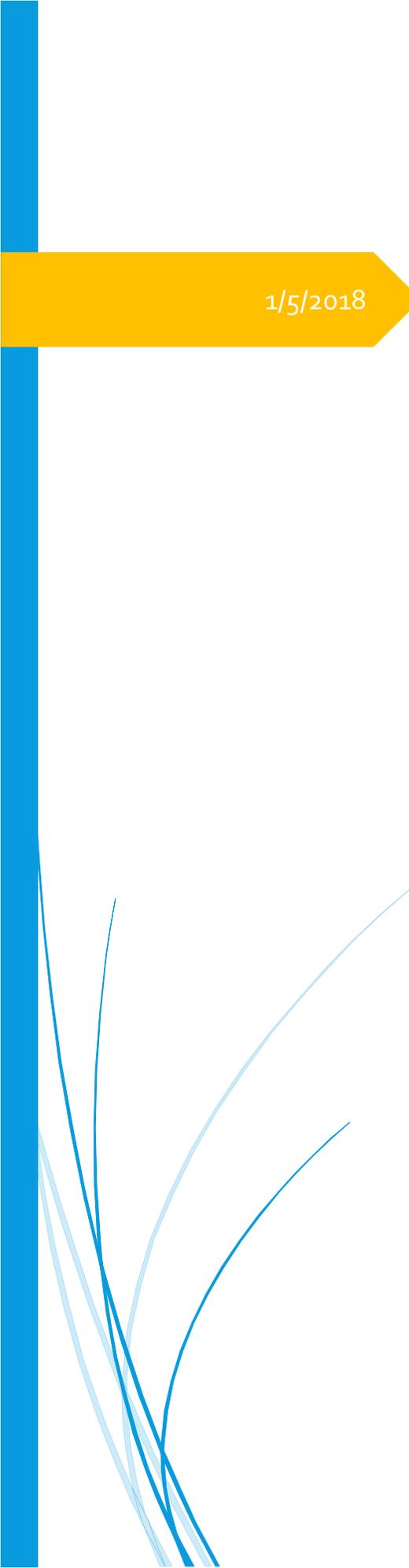




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Public Safety Study

Loves Park, Illinois



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EXECUTIVE SUMMARY -

An evaluation has been completed to review the services provided by the Loves Park Police Department and Loves Park Fire Department to the citizens of Loves Park. An emphasis was made to review the delivery of Emergency Medical Services. Departments were analyzed to help city leadership understand the strengths and weaknesses of each department and provide a foundation for future operational changes.

The Police Department is organized to provide a full-time professional law enforcement agency. The department was organized in 1947 and has grown to a staff of 25 patrol officers and additional staff to support administrative functions, investigation services, and community policing activities. The department supports collaborative efforts with regional law enforcement agencies to focus on crime prevention and enforcement activities. Recommendations in this report suggest that though the police department provides medical assist for emergency medical responders, the fire department should be considered in life-threatening situations to also respond and provide additional manpower. Additional recommendations should be considered to provide the department with a comprehensive strategic plan to address future needs as the city continues to grow and calls for service increase.

The Fire Department is experiencing the same concern regarding recruitment and retention of volunteers that many organizations are facing today. The many issues confronting the leaders of the department will require a strategic approach to solve. Low department roster numbers, aging apparatus, personnel training and insufficient fire stations are just a few. With an organized effort to address the recommendations provided in the report, the fire department will realize improvements quickly. Many of the department personnel are long time members and demonstrate a genuine commitment and loyalty to the safety of the community.

The City of Loves Park is in a unique situation where no Emergency Medical Transport services are provided by the City. Sole reliance on private ambulance services create potential service gaps and lengthen response times to emergency calls. This typically occurs when emergency units that may be housed in Loves Park are responding to emergencies outside the city. In this report, information is provided that considers options to improve service delivery for emergency medical services in the community.

At the time of this report, limited data has been provided to understand emergency medical responses by the Loves Park Police Department. Chief Lynde is assessing methods to improve data collection moving forward and continues to pursue historical data. Information on fire responses has been provided in a pdf format as tickets from Mercyhealth RockCom Communication Center. This data is being used to create electronic records to understand the historical responses of the fire department including arrival times of the first pumping unit and to understand how efficient the department is in assembling an "effective response force" at fire scenes. Work will continue through phase 1 of the study and into phase 2 to create maps that illustrate hot spots and service gaps.

EMERGENCY MEDICAL SERVICES

SYNOPSIS

Phase 1 of this Public Safety Study (“Study”) for Loves Park has three main objectives: reviewing the current state of how the public safety service is being provided within the City, identification of service delivery enhancements that can be implemented in the near term at low to no additional cost to the City, and to provide information on national industry standards which the City can use for planning and design to deliver high performing public safety services in the future. This section on Emergency Medical Services (“EMS”) looks at both local and national delivery models of EMS to present the City with several options that can be tailored to improve EMS services delivery either by itself or in tandem with improvements being made in the fire service.

The following summary of this report section contains one high priority recommendation that should be initiated as soon as practical, three recommendations that are strongly recommended for Phase 2 when recommendations from this report will begin to be implemented, and several items that should be considered during a probable Phase 3 in which the City will design a long-term EMS delivery model that improves quality, consistency, and timeliness of emergency medical care.

1. **Priority Recommendation:** To fulfill its core governmental obligation of ensuring the health and welfare of its citizenry, the City should mandate its volunteer Fire Department supply necessary supporting manpower to EMS calls for cardiac arrest/pulseless non-breathing patients. This should be accomplished by having the fire department dispatched simultaneously with the police department and ambulance to 9-1-1 calls for non-breathing or pulseless patients or when active CPR is reported to be in progress. Automatic aid from neighboring fire districts or some other appropriate method of assuring adequate responders may be used, but this responsibility must be adopted as a critical life-safety mission component of the City’s Fire Department.
2. **Recommendation: Responding EMS Radio Communication for Data Collection.** One glaring finding of the Study was a lack of an ability to assess EMS response time data because there is no radio communication occurring between the responding ambulances and a municipal dispatch center such as occurs when Rockford Fire dispatches private ambulance to county fire districts. Since this is not done in Loves Park, the City is relying on attempts to get the response time information from the various private ambulance services which has been difficult. The City needs to weigh options and develop a protocol that requires responding ambulances to report the movements of their response via radio communication to a dispatch center. As an example, prior to assuming the Belvidere contract in 1993, Lifeline was authorized to use the County Sheriff’s frequency to report their movements when responding to the calls in Boone County and those time would become part of the call record. In the alternative to radio communications, companies authorized to respond to the City should be required to provide monthly data from their company’s dispatch center to the Chief of Police for every 9-1-1 call responded to in the City, including: (i) Call date and time, (ii) unit identifier, (iii) time en-route to call, (iv) time arriving on scene, (v) time unit transports a patient or returns to service if not transporting, (vi) destination hospital, and (vii) arrival at destination hospital.

3. **Recommendation: More Frequent Fire Department Responses to Motor Vehicle Accidents.** The majority of fire departments in Winnebago and Boone counties automatically respond with police and EMS to reports of motor vehicle accidents. Currently, the City fire department only responds to motor vehicle accidents upon initial caller information reporting a serious crash, after police or EMS are on scene and have identified a need for extrication of someone from a vehicle, or to take care of leaking fluids. Not being dispatched on the initial 9-1-1 call creates patient safety issues including delayed responses for potentially critically injured patients who do need rapid extrication, failure of having fire department personnel to assess and mitigate hazards with the involved vehicles, lack of immediate fire suppression if flammable substances are present and to provide manpower on the scene that can assist the ambulance crews in immobilizing and moving patients or retrieving supplies and equipment from the ambulance so the EMS personnel do not have to leave the patient's side. The duties of the police officers at the scene include traffic control and incident investigation. It is burdensome, time consuming and can jeopardize scene safety if they are pulled away to perform medical assistance. If a fire day-crew is implemented, that crew should respond on most reported auto accidents unless dispatch can clearly assess there is no need. In order to not overwhelm volunteers for numerous auto accident calls where they may not be required, the development of dispatch protocols can assist in providing the appropriate response by screening reported information to assign a priority response including (i) no fire response, (ii) non-emergent fire response, (iii) day-crew only emergent response and (iv) emergency response with tone-out of the volunteers.
4. **Recommendation: Request for Statement of Qualifications (SOQ).** The City should draft a substantial SOQ to be sent to local ambulance services and select regional and national ambulance or staffing providers as part of the decision-making process of EMS System design. The two purposes of the SOQ would be (1) to obtain information related to capabilities of respondents in relation to providing a dedicated ambulance to City calls and (2) to evaluate the current priority list to see if the City would benefit from a change in the current preference order. Additionally, if the City was to contract with a provider, the preference order would then be that order in which back up units would be called if a contracted provider was already on a call.
5. **Consideration: EMS Delivery System Design.** Looking toward the future, the City should not concentrate on trying to fit solely into one of the national models described in this report but rather view the information as an opportunity to choose the better parts of the various system models and, whether internally or through intergovernmental cooperation, create a modernized hybrid EMS delivery model that best fits the vision and culture of the community. The City is in a somewhat rare situation in which its EMS costs it virtually nothing. The tradeoff is that the City has little to no control over how the EMS is provided other than control of the priority list of responders. This current system works, but may not be the most efficient as there is no guarantee the ambulance responding to a call is the closest available unit as even if the primary provider on the City's priority list is available to take the 9-1-1 call, that company's ambulance – or other ambulances in its fleet - may be responding from well outside the City. The City needs to consider if it wishes to take a more active command role in EMS when choosing an EMS system model and to what extent, if any, it wishes to extend that control over the provision of EMS.

6. **Consideration: Including EMS transport fees in negotiations with providers and analyses related to funding staffing plans.** Transportation of patients by ambulance to the hospital from 9-1-1 calls generates revenue through billing the patient's insurance or Medicare. As the City studies its options for improving EMS responses it should also consider this generated transport revenue during negotiations with prospective providers of contracted ambulance services. For future planning in which the City may structure EMS so that it receives the transport fees, that source of revenue needs to be included in financial analyses relating to providing public safety services.

7. **Consideration: Priority of Fire and EMS Staffing.** The section of this study relating to the City's Fire Department conclusively makes a case that the fire department requires significant proactive efforts to transform its delivery of services. The EMS being provided to the City in its current configuration is non-optimal, but adequate. Therefore, the City's efforts should first be concentrated on improvements to the fire department. That being said, in the determination of any staffing plan for the fire department, proposed enhancements need to be considered with EMS in mind. As staffing a day crew to improve fire response is a consideration, along with the possibility of contracting a private ambulance to dedicate an ambulance to the City, the possibility of having the personnel of that contracted ambulance also being able to perform firefighting duties would augment the day fire crew, enhancing first response fire capabilities along with automatic aid to further work towards providing that effective response force. However, the City must also consider that seeking dual-role EMS personnel will decrease the number of respondents for ambulance service as not all EMS providers can supply firefighting personnel.

OVERVIEW OF EMS DELIVERY IN THE LOCAL AREA

The Rockford area is rather unique in the state of Illinois in that for many years private ambulance companies ("Privates") have supplied 9-1-1 EMS response services to the City and several volunteer fire protection districts ("FPD") in Winnebago County. The uniqueness is not that the service is being provided by Privates but that those Privates have not required the City or the FPDs to pay an annual contract fee to have their ambulances available to respond.

As this arrangement does not guarantee the City or any FPD an available ambulance, the City and the FPD's each create their "Priority List" of Privates which are given to the 9-1-1 Center. The Privates are listed in preferential order and the 9-1-1 Center always calls the Private listed first on each agency's Priority List. If the first-listed Private is not available, the 9-1-1 Center continues down the Priority List until it finds an available Private or the Priority List directs the 9-1-1 Center to request mutual aid from a neighboring fire department that provides ambulance services.

The reason this method has worked well for the area is that for nearly three decades there have been choices of quality Privates and, as a business model, there has traditionally been competition to be first on those Priority Lists. That competition has served the City and FPDs well from a cost perspective as any first-mover to demand contract pricing for providing service could be easily replaced by an agency changing their preferential order. This gives some measure of power to the City and FPDs in that if they are not satisfied with the performance they receive from their top-listed provider, it takes but a phone call and follow up letter to the 9-1-1 Center to change their preferential order.

This model has also served the area well in employment and levels of patient care. Most people enter the field of EMS with an expectation of responding to 9-1-1 calls, rather than non-emergency transports, and the Privates in the Rockford area responding frequently to 9-1-1 calls helps attract quality applicants over those ambulance companies that only provide non-emergent or inter-hospital transport services. This benefits the entire area in that there are relatively few employment shortages and the caregivers work in an environment that provides extensive experiential learning which leads to the delivery of better quality pre-hospital EMS care. Additionally, the local Privates have traditionally served as a springboard to entering career fire departments. Several current fire chiefs in Winnebago County have at one time or another worked for one of the Privates.

However, over the past decade many communities in Winnebago County have seen a rise in EMS calls as well as increasing unavailability of their top-listed EMS provider. Those communities supplying volunteers have also experienced declines in daytime availability. To ensure timely EMS response, the communities of Durand, Rockton, Winnebago and the Harlem Roscoe Fire Protection District have all contracted with a Private or emergency services staffing company to provide EMS and/or fire personnel in their stations. Cherry Valley has converted to a fulltime career department while maintaining significant numbers of volunteers. North Park Fire Department, while not providing a transport ambulance themselves, utilizes a staffing plan that places a fire department day-crew at one of the fire stations which is available to respond with Privates during the day on medical calls, while evening calls are covered by the department's volunteers.

NATIONAL EMS SYTEM DELIVERY MODELS

The current EMS industry standard contains six categories of EMS delivery system design models. This report does not advocate for any model over another and stresses that the City can create a hybrid model that incorporates the best feature of each type.

The table below lists the delivery systems that are not fire department based and is from the article “The New EMS Imperative: Demonstrating Value”¹ published by the International City/County Management Association in 2015. It is authored by Joseph Fitch, PhD. and Steve Knight, PhD., of the consulting group Fitch & Associates, one of the nation’s premier authorities on Emergency Medical Services.

Table 1: Types of EMS Systems

There are six common models for EMS delivery in the United States: fire service-based, public utility, third government service, private for-profit, private non-profit, and hospital-based. Almost half of all EMS systems are based in fire departments. Depending on the system, Fire department ambulances are staffed by “single-role” civilian EMS providers or “dual- role” firefighter/EMTs, who also perform fire suppression functions.

The **public utility model** of EMS uses a separate governmental entity to manage emergency medical services in a community, either with a private contractor or by providing the service directly. Local government officials appoint leadership and also approve funding.

The **third-service model** provides for the delivery of EMS by a separate department within the existing local government structure. This department exists alongside other public safety departments (police and fire) and employs civilian EMS providers. Funding and day-to-day operations, including support functions, are under the direct control of the local government.

Private for-profit provision of EMS is characterized by the contracting-out or franchising of EMS to a for-profit provider. Service levels and performance can be specified in the contract, but the private contractor often has total control of operations.

The **hospital-based model** of EMS delivery is also defined by a contractual relationship, in this case between a local government and a hospital (or a local entity associated with a hospital). The hospital-based entity is often a non-profit and may require a government subsidy. As in the private for-profit model, however, the local government has limited day-to- day influence over operations.

In the **private non-profit model**, community-based or volunteer agencies provide emergency medical services that are subsidized by a combination of government funding, donations, or user fees. These organizations are self-governing and exercise complete control over day-to-day operations. They may use volunteers, paid personnel, or a combination of the two to staff ambulances.

¹ <http://fitchassoc.com/wp-content/uploads/2017/06/ICMA-InFocus-Report-The-New-EMS-Imperative.pdf>

EMS SYSTEM DELIVERY MODELS AS THEY RELATE TO LOVES PARK

Fire Service. This is the most expensive delivery model as municipalities bear significant costs related to wages, health insurance and pension obligations. On the positive side, the fire service has significant testing standards for employment, which private services may not, and has a stronger command structure for delivery of EMS. Utilizing dual-role personnel, the initial number of firefighters able to respond to a fire call is greater than if using a private provider for EMS who does not also perform firefighting duties. Another concern is minimum staffing requirements which is often the subject of collective bargaining negotiations. The City may not have full control over staffing levels, leading to further increased costs related to potential over-staffing.

Municipal Third Service. This model creates a third department of the City alongside police and fire. There are some merits to this as far as control over EMS system delivery within the City, but the negatives include the same cost concerns of having the fire department provide the service. Generally, municipal third service EMS personnel do not perform firefighting duties.

Public Utility Model (PUM). This model blends the benefits of privatization and associated cost savings with enhanced municipal control over EMS system delivery. In most models there is an EMS "Authority" of some type which serves as a governing body, setting the guidelines for the delivery of EMS in the community. This authority then proceeds to request proposals from private ambulance services or staffing providers to supply personnel. Equipment can either be owned by the City or the contracted provider would have to supply the equipment. In larger PUMs there is some preference given to having the Authority own the ambulances in case the contracted private entity was to fail. When having to replace 10 to 30 ambulances, it is much quicker to find staffing for PUM-owned ambulances than it would be to find a provider who could ramp up and place that many ambulances into service quickly. That number of ambulances required for Loves Park would not create a problem, but there may be benefits

Sampling of Communities Using Various EMS Delivery Models

Fire Service

- Rockford; Chicago; Cherry Valley; Freeport; San Francisco, CA; Houston, TX

Municipal Third Service

- Boston, MA; Denver, CO; Louisville KY; Indianapolis; Door County WI; Pittsburgh, PA; Syracuse NY; East Baton Rouge, LA

Public Utility Model

- Richmond VA; Pinellas County, FL; Tulsa, OK; Oklahoma City, OK; Ft. Wayne, IN; Reno, NV; Little Rock, AR; Charlotte, NC; Mecklenburg County, NC; Galveston County, TX

Private (Profit or Not-for-Profit)

- Peoria; Belvidere; Arlington, TX; Colorado Springs, CO; Alameda County, CA; Bexar County, TX

Volunteer

- Virginia Beach, VA; Norfolk, CT; Charlottesville-Albemarle County, VA;

Hospital-Based

- Significant portions of the City of New York, NY; Bowling Green, KY; Monroe, Lehigh and Bucks Counties, PA;

Police Department

- Portions of the City of New York, NY; Nassau County, NY; Greenburgh, CT; Indian River Shores, FL; Highland Park, TX; Toms River, NJ

to the City's owning the ambulances that would need to be evaluated in a cost-benefit analysis. Many volunteer ambulance services trade in low-mileage ambulances after 5 to 7 years that are in excellent condition and available for purchase at a significant discount to new ambulances. Additionally, by owning the ambulances, the City can choose the style of ambulance it believes provides the best patient care environment and ease of maintenance. The structure of creating an Authority or Commission to govern the PUM, and what powers it would have under Illinois law, would have to be studied more closely by the City's legal team.

Private for Profit/Private not for Profit. This is essentially the model the City has now except that the City is reliant upon the Priority List and does not have an ambulance specifically stationed in and dedicated only to City EMS calls through a contractual agreement. The difference between for-profit and not-for-profit does not matter for the delivery model itself as both corporate ownership structures function the same by responding, transporting, and billing patients for services rendered. It is possible a non-profit may be able to charge lower fees or support more ambulances in its fleet than a for-profit provider because of access to additional revenue sources. Theoretically a larger fleet could result in increased ambulance availability, but it is no guarantee that, without a contract, those ambulances will be in or near the City. A simple contract to supply a single ambulance² is the most cost-effective method of providing a dedicated initial-response ambulance in the City. As stated, the current local EMS organizations provide good service, but the City has essentially no control over that delivery system model other than to change the preference order of the Priority List in the 9-1-1 Center if the service wanes. A well-written contract with an EMS provider, including specific performance items such as response time requirements and monetary penalties for failing to meet those requirements, can provide the City some guarantees of quality of service, but it still does not address control and command issues that would ultimately lie with the provider. The SOQ discussed as an earlier recommendation would be able to tell if the provider would also be able to provide firefighter trained personnel that could augment the fire department's initial scene response similar to that of a career fire department with dual-trained fire and EMS personnel. However, requiring firefighter capabilities will limit the pool of EMS provider respondents. Also, some communities develop a public-private partnership in which the fire department provides advanced life support (paramedic) first response and a private ambulance company is contracted to perform the transport function. Having the fire department first-response paramedic somewhat lessens the response time needed by a transport ambulance as patient care can begin while waiting for the transport ambulance.

Hospital-based. Local hospital-based companies fall under the for-profit model. Lifeline is owned by a hospital system, Mercyhealth has the physician-staffed MD-1 first response unit and Superior Ambulance keeps a contracted ambulance at Swedish American's Hospital in Belvidere for transport of critical patients from that community hospital to the medical centers in Rockford. The traditional hospital-based EMS system is found more often in rural areas and larger cities where the ambulance becomes part of the service to the community and, in some instances, provides EMS care when no other services may be available. Arguably, the strongest contemporary presence of this model is in New York, NY.

² This number may vary in response to any intergovernmental response and system design considerations that arise.

Volunteer. Volunteer EMS and fire departments cover a significant part of America. Somewhat surprisingly, there are some large communities that still have their EMS provided by volunteers, but that is by far the exception and they exist in locations where the volunteer system has been in place for decades with a large community commitment to keeping the EMS system functioning. As to volunteering in general, both for fire and EMS, an internet search on the subject will quickly turn up numerous newspaper articles over the past few years detailing the shortage of volunteer EMS and firefighter personnel in state after state. As the level of volunteerism is one of the main concerns of this report for the City's fire department, the volunteer EMS system delivery model should not be considered as a viable option for the City.

Police Department/Department of Public Safety. There are a few police departments in the nation who also provide ambulance service and some who provide first-response paramedics. Pros and cons to this type model would be the same as the Fire Service model, including increased costs of adding personnel requiring benefits and pension contributions. In several of the police models, the employees are part of a "Department of Public Safety" ("DPS") in which all employees of the municipality are triple-trained as police officers, EMS providers and firefighters, with duties rotated among the three areas of public safety services. The DPS model may have some benefits when implemented in communities that already have career fire departments alongside their police departments because of the interchangeable manpower from which to draw. The police department ambulance model is not a fiscally responsible model for the City. However, as the City's police department does provide basic first response to medical calls and will likely continue to do so in some fashion even if the Fire Department begins staffing a day-crew, it is worth considering additional emergency medical training for the officers to provide additional critical support for EMS during the initial response.

PRIORITY RECOMMENDATION: FIRE DEPARTMENT RESPONSE TO CARDIAC ARRESTS

The EMS industry's standard operational model for staffing is to have two personnel per ambulance, most commonly a Paramedic and a lesser trained Emergency Medical Technician. Considering that the majority of EMS transports can be handled by the two-person crew configuration, both public and private EMS business models do not support additional costs of staffing ambulances above that two-person level.

In the Rockford area, when additional caregivers are needed for patients in special medical or situational circumstances, the resource most often utilized for assistance are firefighters from the fire department that services the location of the medical call. ***The City's Fire Department does not currently provide this assistance, which results in sub-optimal staffing for the transport of cardiac arrest patients.***

The transport of a patient with CPR in progress requires a minimum of four personnel on an ambulance, with a better number being five. This includes: (1) a driver, (2) a paramedic who continues to administer medications and defibrillation according to standing medical orders, (3) a person to continue chest compressions and (4) someone to continue providing ventilations. Performing chest compressions is a tiring physical activity and the fifth person facilitates rotation between personnel continuing chest compressions, keeping them fresh and allowing for greater efficacy of CPR in response to recent medical research. (See side note "CPR: New Research").

Currently, when a cardiac arrest occurs in the City, the primary ambulance responds along with the police department. The earliest arrival of any unit carrying a defibrillator is one of the most important factors of survivability, and the police department carrying automated defibrillators is the most efficient way to achieve this. The police officers will assist the primary responding ambulance on the

CPR: New Research

Emergency Medicine is relatively new as a specialty when compared to cardiology or obstetrics, but as it ramped up following the Korean and Vietnam wars so too has the research associated with it.

To support life, blood provides oxygen to cells and carries off carbon dioxide. Recent research has shown that to accomplish this exchange, there is a minimum blood pressure required at the cellular level.

CPR does circulate blood, but CPR that is ineffective because of interruption or inconsistent compression depth does not maintain that minimum blood pressure required for that oxygen – carbon dioxide exchange to occur. Ineffective CPR does not maintain normal cellular function and leads to a detrimental build up acid in the cells which makes resuscitation and recovery of spontaneous heart activity much more difficult.

Over the past 30 years, CPR compressions were frequently interrupted for rescue breathing and other assessments or treatments. Research has shown that required minimum blood pressure is lost during these stoppages and the current trend in CPR is to deliver continuous chest compressions with minimal interruption to constantly maintain that minimum pressure.

Providing adequate CPR requires multiple caregivers switching frequently to maintain the rate, compression depth and continuity required for optimizing survivability chances. That cannot occur with three-person staffing of an ambulance during transport of a patient in cardiac arrest.

scene but are simply unable to abandon squad cars and their law enforcement duties to accompany the patient to the hospital as had been the case 20 or 30 years ago. As the City's Fire Department does not provide manpower for assisting on medical calls, including cardiac arrests, the primary ambulance needs to call in another ambulance to assist it in providing continuing care during the transport of the cardiac arrest patient. This leads to several critical failure points:

1. The second ambulance can only spare one of its personnel, leaving the transporting ambulance with a three-person crew. As such, the efficacy of CPR and other treatments provided during transport is sub-optimal.
2. If the primary Private does not have another of its own units available, they will request assistance from another Private. This results in a Private that is not the primary responder to the City taking a revenue-producing unit out of service with no compensation for doing so when the assistance being requested is arguably a public health and welfare responsibility of the City's Fire Department.
3. There are downstream effects in taking multiple ambulances out of service for a single call, especially if two different Privates are required for the cardiac arrest patient. This depletes EMS coverage in the immediate vicinity and increases response times for subsequent calls in the City and the neighboring district from which the assisting unit responded. As an example, if a cardiac arrest in the City required both Metro and assistance from Lifeline out of the North Park fire station, the City and North Park would be without their primary responding and closest backup ambulances, likely resulting in extended response times from other Privates for subsequent medical calls in their districts. If the City's Fire Department provided manpower to cardiac arrest calls, or automatic aid brought a rescue unit from North Park, that second Private would be left available and both districts would be better-covered for any subsequent EMS calls.

Most of fire departments in Winnebago County are automatically dispatched on all EMS calls in their districts, either as first response units or by providing the ambulance themselves. These departments are then either supplying the additional manpower for cardiac arrest calls or have it available by dispatching volunteers to assist the in-house contracted personnel who respond with the ambulance. This report does not recommend that the City's Fire Department begin responding to all medical calls, but rather that it follow a practice like that of Boone County District #2 Fire Protection District which only responds to medical calls when requested by the responding ambulance or on an initial call for a cardiac arrest.

There are two additional reasons to mandate that the fire department respond:

1. The Police Department provides excellent first response medical services, but they may not be available for calls because of a first-priority obligation to law enforcement duties. This leaves the responding Private with no help during the critical first moments of patient care when they arrive.
 2. Another component of a cardiac arrest which needs extra manpower is the removal of the patient from the location of the cardiac arrest, such as a back bedroom or upstairs, while continuing CPR and protecting airway devices and intravenous lines. The Fire Department is in the best position to respond with adequate numbers of personnel to achieve this task.
- **Priority: The City Fire Department should be automatically dispatched on all calls for patients reported as pulseless and not breathing or who have bystander CPR in progress.**



FIRE DEPARTMENT

SYNOPSIS

The review of the fire department in Phase 1 examined the department internally and externally by comparison to fire departments in the area. Phase 2 will provide any clarification to understand or substantiate the recommendations and considerations to facilitate the implementation of logical changes. The role of the fire service at its basic level to save lives and protect property. To be the most effective, fire department operations must respond and arrive on-scene to begin fire extinguishment prior to “flashover”. Additionally, in almost all situations, the fire department responds with emergency medical services to provide medical assistance and function at a minimum as a certified first responder, emergency medical technician – basic (EMT-B) or an emergency medical technician-paramedic (EMT-P). The fire service is guided by consensus standards of the National Fire Protection Association (NFPA), state statutes of the Illinois Department of Labor and regulations/requirements of Illinois OSHA. There is no differentiation between career or volunteer agencies regarding compliance to these mandates. The Loves Park Fire Department doesn’t have an option to comply. The fire service is measured by the Insurance Service Office (ISO) and its capability to respond to an initial report of a structure fire. The measurement is scored 1-10 and known as the public protection classification (PPC) and is used to set property insurance rates in both commercial and residential occupancies.

There are six definitive observations that have been identified while reviewing the fire department. In addressing these recommendations, many positive outcomes will occur simultaneously to impact operation of the department. The Loves Park Fire Department can make incremental improvements to increase both efficiency and effectiveness without dramatically increasing the budget.

- 1. Priority Recommendation: Establish a Modern Command Staff to More Efficiently Distribute Responsibilities Within in the Department.** Chief Foley reports that for the previous three years, he has worked an average of 4186 hours annually (80.5 hours a week). Additionally, he states he has not taken a vacation since July 1999 due to a concern that department personnel lack the ability to function in a leadership capacity. This fact, in of itself, illustrates a need for work and responsibilities to be more evenly distributed. An expanded and modern approach to define the leadership roles in the department will allow individuals to be mentored and develop while contributing to a leadership team to address the many concerns challenging the department. Like many volunteer organizations, the willingness of the community to serve on volunteer departments has been drastically impacted in recent years. People live busy lives. The Loves Park Fire Department has alarming low roster numbers. To this point, a Command Staff working together can address “recruitment and retention” activities to increase the department roster and numbers of firefighters responding to alarms on a regular basis.

- 2. Recommendation: Develop and Initiate a Strategy to Lower the ISO – Fire Suppression Rating.** To successfully reduce the Public Protection Classification (PPC) for Loves Park, a comprehensive approach will be required to address the many areas evaluated during the ISO review. After a strategy is implemented, it may take 3 to 5 years to see a reduction in the classification, although, subsequently, many organizational changes will improve the effectiveness of department operations. Examples include, adequate distribution of fire apparatus to provide coverage defined by “standard response districts” (fire station & apparatus locations), up to date versions of Standing Operating Procedures (SOPs), General Orders, Rules and Regulations for personnel; complete department inventories including life cycles and service records for personal protective equipment (PPE); improved training program and up to date training records. Maintaining accurate emergency response records are needed to demonstrate the ability to respond an “Effective Response Force” to structure fires. Many improvements will occur as the department works toward compliance of the consensus standards and mandated regulations required by all fire departments.
- 3. Recommendation: Evaluate Department Personnel to Identify Individuals Capable of Higher Rank and Responsibilities (Succession Planning).** With the lack of a current succession plan, the department is at a disadvantage while the city continues to grow and demand for service increases. Many personnel have long served on the volunteer fire department and have demonstrated a loyalty and commitment. Through training and education, personnel can be prepared for future opportunities to assume leadership roles in the department. Evidence that the department/city is investing in its people will predictably create an energetic environment contagious with enthusiasm, while improving the culture of the fire department. A succession plan provides a multi-pronged solution to fill positions at any time someone leaves the department.
- 4. Recommendation: Evaluate Staffing Options to Lower Response Times. (Daytime Duty Crew, Automatic-Aid Agreement).** Lower response times correlate to better service and coverage to the community. A “daytime duty crew” could be initiated to have part-time employees on duty during times when typically, volunteers are working and unable to respond. Part-time staff would be available to respond an engine company (pumping unit) to alarms quickly while also available for support activities like, fire inspections, fire pre-plans, responding with ambulance personnel to relieve police personnel during these operational periods. Automatic-aid provides many benefits. Unlike mutual-aid, that assistance responds upon request after fire crews arrive on-scene and determine that additional resources are required, auto-aid is dispatched simultaneously with the Loves Park Fire Department. Not only do these agreements provide better responses, credit is given when the department is evaluated by the ISO. For applicable credit to be applied, auto-aid agreements must be under contract for a minimum of one-year before the ISO review, performance must be documented, and responses are predetermined, hence automatic-aid. Automatic-aid agreements are a win-win for participating agencies.

5. **Recommendation: Establish a Fire Inspection Program in Accordance with NFPA 101 Life Safety Code.** Saving lives and protecting property is not only accomplished by responding to fire incidents. Proactive activities like fire inspections to enforce codes and regulations dramatically improve public safety. The Insurance Service Office PPC rating includes points for fire prevention programs including code enforcement inspections. Chief Foley reported fire inspections for 2014 were 24 reports, in 2015, 21 inspections were completed, and in 2016 12 inspections were completed. The Office of the State Fire Marshal does inspect schools, nursing homes and other special occupancies. Fire inspections not only ensure fire codes are enforced, inspections provide information for pre-fire surveys to educate firefighters of hazards present and special conditions that are valuable when responding to an emergency incident at the location.

6. **Recommendation: Facilitate a Strategic Planning Exercise to establish short and medium range goals.** A strategic plan provides the roadmap to an organized approach to move the department forward. With all members of the department, city staff and elected officials working together to create a plan, changes will occur methodically and in a logical sequence, thus optimizing time spent solving issues and maximizing financial resources. With short and medium range goals identified, metrics can be identified and measured to track progress and allow adjustments to action items accordingly, while maintaining accountability to the community.

HOW DOES ISO EVALUATE OUR COMMUNITY

The ISO primarily evaluates three aspects of the fire departments and its ability to respond to a report of a structure fire. First is the fire department, making up 50% of the total score evaluates the apparatus, personnel and training. Within the fire department, a deployment analysis is considered and where apparatus is stationed in the community. Here the "standard response districts (SRD)" are evaluated to predict response times of engine and ladder companies. 20% (10 points) of the points considered in the fire department section are based on the SRD. A standard response district is defined differently for an engine company and a ladder company. An engine must be located with 1 ½ driving miles from all buildings in the community and a ladder company must be within 2 ½ driving miles of all buildings. **The SRD is where Loves Park is extremely deficient, for example, a residence located on Lakeview Drive in the far eastern subdivision is 7.1 driving miles from the LPFD Station # 2 at 1527 Windsor Road.** Even when considering distances created by automatic-aid agreements with neighboring fire departments, travels distances are long.

The water supply is evaluated and is 40% of the total score. Loves Park has a fully hydranted community, the water supply is very predictable, and a majority of points are easily attained.

Call handling or dispatch makes up the last 10 points of the score.

ISO – Public Protection Classifications are scored from 1-10. 1 being the best. Many departments are capable of being scored at 3 or 4. Scoring less than 3 presents many challenges that are difficult to overcome for a volunteer fire department. Once a fire department's capability is determined and classified, the information is communicated to and used by insurers to set rates for homeowners and commercial properties in local communities.

WHAT MAKES UP AN EFFECTIVE RESPONSE FORCE

The community has a reasonable expectation when experiencing an emergency and calling 911, the appropriate department will respond and mitigate the incident. In order for a fire department to be successful, an adequate number of personnel must respond to fill all of the needs required to stabilize the situation and limit damage. Todd J. LeDuc wrote at Firehouse.com in his article Leduc: Where do You Stand on Effective Response and Critical Tasking. "Tasks that must be performed at a fire can be broken down into two key components: life safety and fire flow. Life safety tasks are based on the number of building occupants and their location, status and ability to take self-preservation action. Life safety related tasks involve the search, rescue and evacuation of victims. The fire flow component involves delivering sufficient water to extinguish the fire and create an environment within the building that allows entry by firefighters. Often times, enhanced staffing levels may be met with skeptical questioning as to if they are really needed. Critical task analysis provides a very efficient overview of exactly why staffing is important and what can be expected if it is inadequate, meaning tactics and strategy may have to change as well as expected results or outcomes.

The number and types of tasks needing simultaneous action will dictate the minimum number of firefighters required to combat different types of fires. In the absence of adequate personnel to perform concurrent actions, the command officer must prioritize the tasks and complete some in chronological order rather than concurrently. These tasks include:

- Command
- Scene safety
- Search and rescue
- Fire attack
- Water supply
- Pump operation
- Ventilation
- Backup/rapid intervention

The ability to establish and effectively complete these tasks rapidly and efficiently is directly correlated to successful outcomes with rescuing trapped victims, limiting property loss and spread of fire."

Initial Assignment

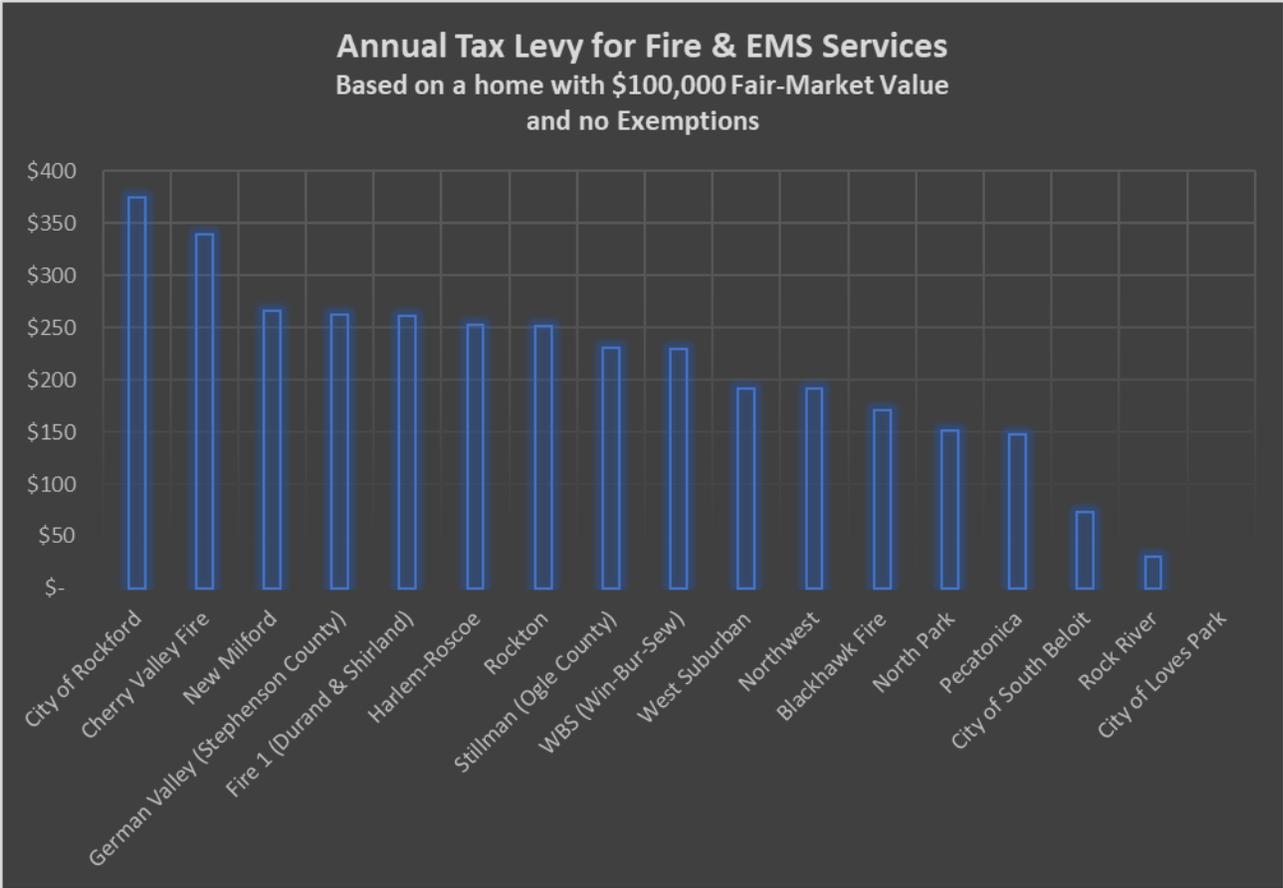
Task.....	Number of Personnel
Command.....	1
Pump Operator.....	1
Attack Line.....	4
Search and Rescue...	3
Ventilation.....	3
RIT.....	3
Other (hydrant).....	1
Total.....	16

OVERVIEW OF THE FIRE SERVICE IN THE LOCAL AREA

The fire departments in Rockford metropolitan area are primarily fire protection districts and funded by their own taxing district. Except for the Rockford Fire Department and the Belvidere Fire Department, all departments are either volunteer or a combination department where some career positions exist, but volunteers/paid-on-call personnel make up a majority of the department roster. 23 agencies make up the Winnebago Fire Chiefs' Association. This includes fire departments from Winnebago, Boone, and Ogle counties. Career personnel work a variety of schedules, are represented by unions and covered by labor agreements. Personnel are covered by Illinois Compiled Statutes that mandate department members be included in Article 4 pensions as defined in Pension Code. Typically, career employees are an active member of a department for 25-35 years. All fire departments except for the Loves Park Fire Department administer the emergency medical services provided in their respective districts or community. The EMS section of this study outlines those services and differing business models. Mutual-aid and automatic-aid agreements exist to share resources to better mitigate emergency incidents. Mutual-aid is used when responding units arrive on-scene and recognize the need for additional resources. Automatic-aid agreements are predetermined responses and units from multiple jurisdictions respond simultaneously to reported fires. The objective of these multi-jurisdictional responses is to save lives and protect property. An additional benefit from the reciprocal coverage is that participating agencies save money by a more efficient deployment of resources.

All fire departments relying on volunteers struggle to maintain adequate numbers of personnel. This is common across the country and efforts at the national level to address recruit and retention trickle down to the local level. Volunteer firefighters must meet the same training requirements as career firefighters. The department must ensure that all regulations are met regarding health and safety issues. The bottom line is people are busy. More dual income families require more time at home and limited time is available to make the commitment required to maintain certifications and respond to calls. Loves Park is no different. Chief Foley reported that roster numbers have steadily declined and are at a critical level. At the Loves Park Fire Department, for a period of three months, of the 42 department personnel, only 19 firefighters, responded to over 10% of all emergency calls.

The budgets of area departments are dependent on their tax base. This study did not consider the City of Rockford, just because it is too large and isn't relevant to the City of Loves Park. The equalized assessed value for the City of Loves Park is at \$350,509,856 and is behind only Rockford and the Harlem Roscoe Fire Protection District at \$645,739,598. Cherry Valley Fire Protection District EAV is reported at \$304,896,345. The budget for the Loves Park Fire Department ending April 30, 2017 is \$627,522.00. Harlem-Roscoe is at \$5,500,000 and Cherry Valley Fire Protection District is \$3,400,000. The budget ending April 2017, the LFPD **only spent 53% or \$334,339** of the allocated amount. Fiscal year ending April 30, 2016 **only 41% (\$303,574) of the \$738,373** was spent to provide fire protection service to Loves Park. In fiscal year ending April 30, 2015, the Loves Park Fire Department spent **only 42% or \$318,871** of the \$758,382 allocated. The unused budget would allow for many programs to address the issues present at the Loves Park Fire Department. The chart below illustrates the cost for fire and ems service to a \$100,000 home.



Based on a home with a fair market value of \$100,000 resulting in a 1/3 equalized assessed value of \$33,333.33 multiplied by each district's tax rate for fire and EMS services.



POLICE DEPARTMENT

SYNOPSIS

The Police Department provides law enforcement and crime prevention activities in the community. While reviewing department operations with Chief Lynde and Deputy Chief McCammond, a thorough explanation was provided for all aspects of the department. The department strives on a continual basis to provide for a safe community by active police patrols and routine traffic stops. The department pays attention to the nature of calls, trends and call volume to direct activities that impact crime prevention. The department is successful because of these practices and collaborating with other law enforcement agencies to maintain a high level of public safety.

There are four definitive observations that come from this report for the City's consideration:

1. **Priority Recommendation: Facilitate Process to Conduct a Strategic Planning Process to Establish Goals for The Department.** The Police Department should utilize outside services to create a strategic plan. Developed in a formal exercise with department personnel, city staff and members of the city council, the plan will provide a roadmap to create a path for continuous improvement. It is important for all internal stakeholders to understand the circumstances the police officers and police department administrators face while providing law enforcement and crime prevention activities to keep the community safe. Especially important, short and medium range goals need to be supported by everyone to maximize financial resources.
2. **Recommendation: Begin an Initiative to Improve Data Collection.** Presently, there is a lack of response data. This is especially important to understand the effectiveness of department personnel responding to emergency medical calls and if and what steps be considered to improve service. As outlined in the Emergency Medical Services section, responses to medical emergencies are designed to provide services that work toward positive outcomes in pulseless, non-breathing patients, victims of an accident that causes traumatic severe injuries or the acutely ill. Without accurate data, it is very difficult if not impossible to evaluate the service provided. The community has expectations and when those are not met, citizens lose confidence in the service provider and civic leaders that make the decisions that provide those services.
3. **Recommendation: Resume Publication of a Comprehensive Annual Report.** The department is very active in policing activities while taking a proactive approach to reduce crime and maintain order in the community. The department is mandated by state and federal regulations to provide training that are demanding on resources. An annual report provides the transparency and accountability to the community, city leadership and city council to show benchmarks and

mandates are being met. The report provides a record year over year to illustrate the effectiveness of department operations and the success of crime prevention activities. It is a great public relations tool for the department to showcase the department efforts to maintain a safe community.

4. **Recommendation: Improve EMS Training for Department Personnel.** There are many benefits to the police department personnel responding to emergency medical calls. First, officers are typically available 24 hours a day. They step in to stabilize situations and control the safety of emergency scenes. This system is very cost effective. However, if the Police Department is to continue to be first responders to medical calls, it is imperative that the training meets the minimum standards for responders. In the Illinois Compiled Statutes, Emergency Medical Services Systems Act minimum standards are required for first responders performing EMS activities. Besides the mandated training requirements, the training provides personnel with tools to have the confidence to step in and provide appropriate treatment for that level of training.

ECONOMICS

OVERVIEW OF POTENTIAL REVENUE SOURCES TO FUND PUBLIC SAFETY UPGRADES

This section of the report is not intended to recommend one Fire or EMS system design over another or to recommend the implementation of any type of tax. It is instead intended to simply provide background information on potential sources of revenue that may be available to support expenditures required for the modernization of public safety services delivery, specifically in the fire department and for EMS.

This study has concentrated on providing recommendations for improvements to the City's existing public safety delivery model that can be made with little to no cost to the City. At the same time, this report is providing information to City leadership that will aid in the City's development of a long-term vision for high-performing public safety services. Those services, however well-planned, will always be subject to the constraints of available revenues.

The amount of expenditures required will be dependent on how robust a fire response system is designed and which of the general EMS system models is preferred. The system design may also be dependent on some form of intergovernmental collaboration or, though it seems quite unlikely, the creation of a new governmental entity such as a fire protection district. The City has options to consider in creating its high-performing systems. Some of the expenditures that may be necessary to implement any of the design models include fire station improvements or construction, payment of contractual services for staffing, and purchases of vehicles and equipment.

POTENTIAL REVENUE SOURCES

- **City general fund.** As currently formulated, the fire department is a department of the City, so it does not levy and collect its own tax as does a fire protection district. The fire department budget is generally in the \$800,000 range annually yet historically only spends approximately half of this. This would indicate a potential of several hundred thousand dollars a year being available to cover costs such as personnel staffing or bond payments for any capital projects such as fire station construction or improvements required to house contracted personnel. If, as historically been the case, the Fire Department does not use all of its allocated funds, consideration must be given to assessing programs or departments in the City that may be affected by the Fire Department using its entire budgeted amount annually.
- **Ambulance transport fees.** The City needs to consider in its system design planning that an ambulance dedicated as the first-call unit for EMS response in the City would be able to produce transport fees that could offset much of a staffing contract price and perhaps even be revenue positive such that it could support paying for additional staffing of firefighters. As mentioned previously in this report, data acquisition for the EMS calls that local private ambulance services make in the City has been somewhat problematic as there is no reporting system in place to provide the City with any kind of capability for monitoring oversight and analysis. That said, it appears that the City has about 2,500 medical calls a year. When considering potential revenue

to the City that these EMS call would create, one has to back out a certain percentage as some of these calls will not result in fee-generating transports to a hospital, some calls will produce no revenue because of the form of payment the patient will have, and a portion of the calls will go to other Privates that respond when the contracted ambulance is servicing other patients. Very high-level research indicates that an average payer mix in the City could result in a collected ambulance fee of approximately \$400 per transport. If we assume that 60% of all the EMS calls in the City are transported and billed by the contracted ambulance and the City receives collected revenues based on the average fee less 15% for a contracted billing service, the City conceivably could collect approximately \$510,000 annually.

- **Fire Department Fees for Service.** There are specific statutory sections in the Illinois Municipal Code that allow the City to charge fees to non-residents for the costs of the volunteer fire department's response and for certain technical rescue services. The City, along with its fire department and legal team should review what can and cannot be charged for rendered services and assess the amount of fees this process could generate. There would be no charges levied against non-residents when the department responds as part of an automatic aid agreement.
- **Foreign Fire Insurance Fund.** The City and its legal team should review current city and fire department policies to assess participation in and receipt of funds from this tax collected on out-of-state insurance companies providing fire insurance coverage within the state.
- **Special Service Area ("SSA") Tax.** Edgar County, Illinois has levied a SSA tax on the entire county to generate funds to provide EMS and the descriptive phrase "Special Service Area" is incorporated onto the name on the side of the ambulances. In a few areas of unincorporated Cook County, some locations have levied a SSA tax on certain parcels of land which are provided fire and EMS services by a fire department to which the land owners do not pay taxes. By statute, the SSA tax can be levied for any governmental purpose which, by these examples, would indicate that the provision of public safety services is an acceptable use. Depending on the system design, a SSA tax could be used to generate funds for the initial improvement phase such as for fire station improvements or the purchases of vehicles or equipment, and it can be evaluated for its ability to provide a revenue stream to support enhanced public safety services through contracting of EMS or firefighting personnel.
- **Formation of a Fire Protection District or a Rescue Squad District.** This would be subject to referendum and voter approval, but would provide taxing ability for the district itself while maintaining the City's status as property tax free. The significant drawback to this is that either type of district is self-governed by appointed or elected trustees, so the City would not necessarily be in a position to control the operations of the new governmental entity unless the City maintained control of appointing Trustees, though that usually falls to the County Board. The City and its legal team could research the formation of either of these types of districts and examine both control of the Trustees and assess the amount of revenue produced.

- **Tax Increment Financing.** Tax increment financing cannot be used for the construction of new buildings except in certain specific instances. The addition of a public safety building to handle the increased requests for public safety services caused by successful growth in a redevelopment plan area is one such permitted use. The Industrial Jobs Recovery Law ("IJRL") was used to create the Loves Park Corporate Center ("LPCC") TIF district, located generally along Bell School Road north of Riverside Boulevard, has land specifically earmarked for such a building and the redevelopment plan for the IJRL district includes a section specifically written to address how the east side growth, including within the IJRL itself, is expected to increase calls for public safety services in this area. As mentioned earlier in this study, the ISO ratings for the eastern reaches of the City result in increased fire protection premiums associated with the industrial and commercial business in the LPCC and the Zenith-Cutter and Spring Creek Lakes IJRL TIF districts. Additionally, TIF funds can be used for rehabilitation or remodeling of existing municipal buildings, so as the City continues towards the creation of a new Riverside TIF and adjustment to the boundaries of the existing North Second Street TIF, the City should make sure the Grand Avenue main fire station is within the TIF district and that when negotiating redevelopment agreements within those TIF districts that consideration is given to allocating some of the TIF proceeds towards improvements of that fire station.
- **Grants and Additional taxing methods.** The City can work with its legal staff to identify additional taxes that could be used to implement positive changes in the delivery of fire protection and emergency medical services. The City should also look to grants that may be available to municipalities and volunteer fire departments.

Local Private Ambulance Service History and Overview³

Metro Medical Services (“Metro”). Currently located at 5112 Forest Hills Court near Harlem and Alpine in the City, Metro has been the City’s primary provider of EMS for over three decades. Metro was one of the first privates to go to the Advanced Life Support (“ALS”) level in the late 1970’s. In addition to providing 9-1-1 response service for the City they also provide 9-1-1 response to the Northwest FPD and West Suburban FPD from a station on Central Avenue between Auburn Street and Kilburn Avenue. Metro also provides contracted transportation services for the Mercyhealth Neonatal Unit and REACT Helicopter’s ground service.⁴ Metro provides emergent and non-emergent responses to extended care facilities and accepts scheduled hospital discharges, including transports to tertiary care centers in Madison and Chicago. Metro’s paramedics function according to standing medical orders of the Mercyhealth EMS System.

Lifeline Ambulance Service (“Lifeline”). Lifeline Ambulance Service is affiliated with the OSF Health Care System that includes OSF Saint Anthony Medical Center in Rockford. Lifeline began with the late 1980’s purchases of Swenson Ambulance, then based on River Lane in the City, and Procure Ambulance, located in Belvidere. Both services were upgraded to the ALS level and Procure assumed 9-1-1 coverage for the southern half of Boone County after the disbanding of the Boone Volunteer Ambulance and Rescue Squad. In 1990 both entities adopted “Lifeline” as the ambulance name and in 1993 Lifeline was awarded a contract to provide primary ALS-level 9-1-1 EMS service to the City of Belvidere. Lifeline is also the current primary responder for North Park FPD and Blackhawk FPD and operates from several station locations including its primary office on the OSF Saint Anthony Medical Center campus, North Park’s Wood Avenue fire station, a location on River Lane in the City, and in Boone County District #2 FPD’s station on the northwest side of Belvidere. Lifeline provides emergent and non-emergent response to extended care facilities and accepts scheduled hospital discharges, including transports to tertiary care centers in Madison and Chicago and provides ground transport for Lifeline Helicopter. Lifeline’s paramedics function according to standing medical orders of the OSF Saint Anthony Medical Center EMS System.

ATS Medical Services (“ATS”). ATS is a relative newcomer to the local area beginning in 2005. ATS is also based in the City with its main offices on Material Avenue. ATS provides contract paramedics to the Villages of Durand and Polo and was one of the pioneering agencies in the Rockford area to implement 12-lead EKGs in the field. ATS also initiated operations as Priority One in Indianapolis several years ago and is now affiliated under corporate ownership that includes ambulance service providers in northern and southern California. ATS provides emergent and non-emergent response to extended care facilities and accepts scheduled hospital discharges including transports to tertiary care centers in Madison and Chicago. ATS paramedics function according to standing medical orders of the Mercyhealth EMS System.

³ The services were not contacted directly for this report, so there may be minor information variances.

⁴ When REACT and Lifeline helicopters cannot fly because of weather conditions, flight crews go by ground ambulance to pick up patients being transferred to Rockford for specialty care.

Superior Ambulance Service (“Superior”). Superior Ambulance is also located in the City with a station at 4920 N. Second Street, while its main corporate headquarters are in Elmhurst, Illinois. Superior is likely the largest service in Illinois operating several distinct companies that include their ambulance service, Air Med 1 helicopter service, NORCOMM public safety communication center (Public Safety Answering Point for police, fire and EMS) and Metro Paramedic Services (not to be confused with Metro Medical Services) which is a paramedic staffing agency. Locally, Superior provides a unit on location at the Swedish American Hospital in Belvidere to quickly transport critical patients from that community hospital to Rockford Hospitals or tertiary care centers, and other ambulances for handling requests in the Rockford area. Superior provides emergent and non-emergent response to extended care facilities and accepts scheduled hospital discharges, including transports to tertiary care centers in Madison and Chicago. Superior’s paramedics function according to standing medical orders of the Swedish American EMS System. Superior does not routinely respond to 9-1-1 calls but during times of high areawide EMS utilization when the priority lists are being depleted they will engage in 9-1-1 activity.

Mercy Ambulance. (No affiliation with Mercyhealth System). Little to no information about this service is available and the Secretary of State indicates this LLC was involuntarily dissolved, so it may not actually be in existence. It is included partially to attempt to list all Privates in Winnebago County and partially as part of the pertinent historical record. The LLC Manager is listed as an individual who also formed an ambulance service with the same name in the mid-1990’s. That Mercy, along with Rockford’s Ginders-Graham Ambulance, were both bought by American Medical Response (AMR) which is one of the nation’s largest ambulance services providing a multitude of contract EMS services throughout the United States. AMR was unable to gain traction in the local market at that time and pulled operations from Illinois in approximately 2000.

Kurtz Ambulance. Kurtz Ambulance Service has its corporate offices in New Lenox, Illinois. They do not provide direct ambulance service locally, but in Winnebago County they currently provide contract EMS and firefighting personnel to the Harlem-Roscoe, Rockton and Win-Bur-Sew (Village of Winnebago) Fire Protection Districts. Kurtz is contracted in similar EMS and firefighter staffing models throughout the Chicago suburbs and supplies 9-1-1 dispatcher staffing for CALCOMM, a Public Safety Answering Point covering police, fire and EMS for Calumet Park and Midlothian, with contracts at other 9-1-1 centers in the Village of Lyons and Tinley Park.

APPENDIX B

Suggested Statement of Qualifications Recipients

Advanced Medical Transport (AMT).....	AMBU, STAF(?)
https://www.amtci.org/	
AMR/Rural Metro.....	AMBU, STAF, FIRE
https://www.amr.net/solutions/911-emergency https://www.ruralmetro.com/	
ATS Medical Services (ATS)	AMBU, STAF
http://atsambulance.com/	
Kurtz	AMBU, STAF, FIRE, DISP
http://www.kurtzems.com/	
Lifeguard Ambulance.....	AMBU, STAF(?)
https://www.lifeguardambulance.com/	
Lifeline Ambulance	AMBU, STAF
https://www.osfhealthcare.org/saint-anthony/services/emergency-services/emergency-medical-transport/	
Metro Medical Services	AMBU
http://www.metromedservices.com/	
Paramedic Services of Illinois	STAF, FIRE
http://www.paramedicservices.com/EMSfirefighters.php	
Superior Ambulance, Metro Paramedic Services, Inc., NORCOMM.....	AMBU, STAF, FIRE, DISP
http://www.superiorambulance.com/ http://www.superiorambulance.com/specialized-staffing/who-we-are/	
Star Ambulance	AMBU, STAF
http://starambulancefreep.wixsite.com/starambulance1	

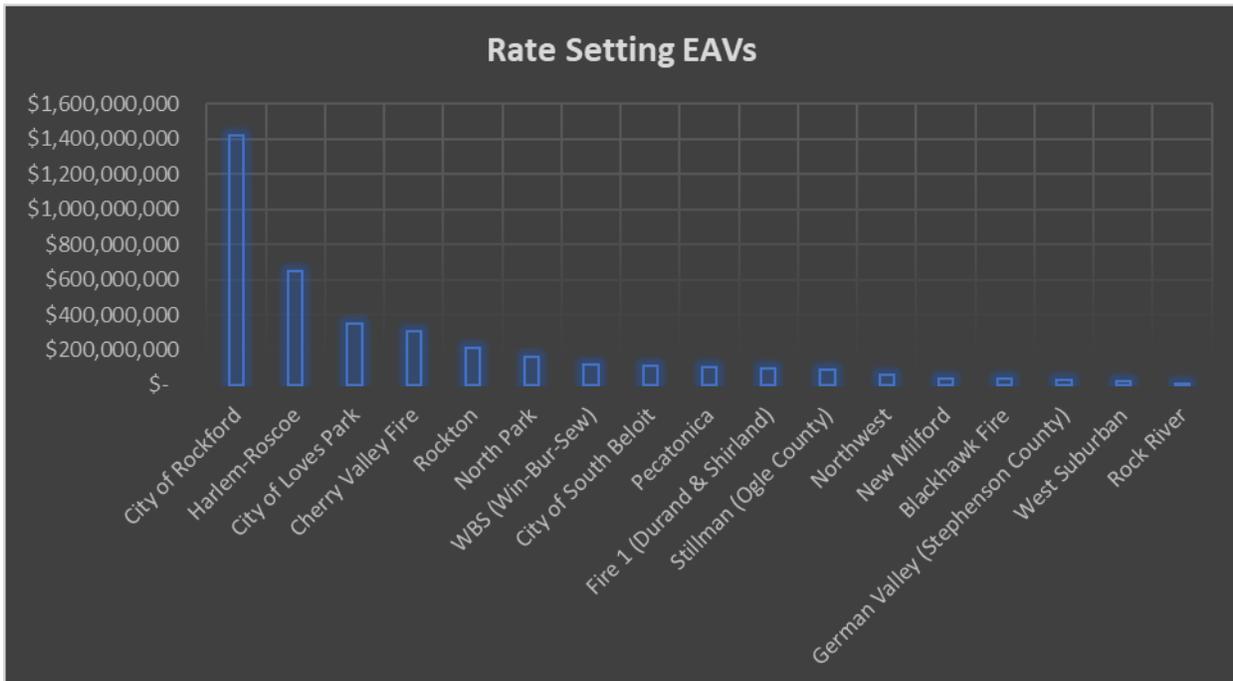
Key

- AMBU: Provides ambulance and paramedics.
- DISP: Operates or provides staffing for 911 Centers (Police, Fire and EMS Dispatching).
- FIRE: Can provide firefighters as well as EMS staffing.
- STAF: Provides paramedics to staff municipally-owned ambulances.
- (?): Unsure from website, but strong possibility.

APPENDIX C

Winnebago County Taxing Body Information for Fire and EMS
(Tax Year 2016)

Community/Fire Protection District	Rate Setting EAV	Total Levy Rate	Total Levy	Fire Suppression Rate	Pension Obligation Rate	Legal/Accounting Rate	Ambulance Rate
City of Loves Park	\$ 350,509,856	0.0000%	\$ -	0.0000%	0.0000%	0.0000%	0.0000%
City of Rockford	\$ 1,422,303,611	1.1251%	\$ 16,002,338	0.6000%	0.5251%	0.0000%	0.0000%
City of South Beloit	\$ 106,188,364	0.2199%	\$ 233,508	0.1309%	0.0890%	0.0000%	0.0000%
Blackhawk Fire	\$ 38,551,162	0.5122%	\$ 197,459	0.4500%	0.0000%	0.0622%	0.0000%
Cherry Valley Fire	\$ 304,896,345	1.0177%	\$ 3,102,930	0.3805%	0.1299%	0.1269%	0.3804%
Fire 1 (Durand & Shirland)	\$ 97,029,942	0.7844%	\$ 761,103	0.3844%	0.0000%	0.0000%	0.4000%
German Valley (Stephenson County)	\$ 31,171,468	0.7865%	\$ 245,164	0.4000%	0.0000%	0.0865%	0.3000%
Harlem-Roscoe	\$ 645,739,598	0.7579%	\$ 4,894,060	0.3886%	0.0000%	0.0104%	0.3589%
New Milford	\$ 38,912,828	0.7996%	\$ 311,147	0.3000%	0.0000%	0.0996%	0.4000%
North Park	\$ 160,917,503	0.4541%	\$ 730,726	0.4000%	0.0000%	0.0541%	0.0000%
Northwest	\$ 54,821,725	0.5746%	\$ 315,006	0.4000%	0.0000%	0.1746%	0.0000%
Pecatonica	\$ 99,904,651	0.4412%	\$ 440,779	0.2462%	0.0000%	0.0194%	0.1756%
Rock River	\$ 2,440,153	0.0909%	\$ 2,218	0.0909%	0.0000%	0.0000%	0.0000%
Rockton	\$ 211,846,363	0.7555%	\$ 1,600,499	0.3730%	0.0000%	0.0237%	0.3588%
Stillman (Ogle County)	\$ 89,552,030	0.6916%	\$ 619,342	0.3000%	0.0410%	0.0506%	0.3000%
West Suburban	\$ 21,479,374	0.5762%	\$ 123,764	0.4000%	0.0000%	0.1762%	0.0000%
WBS (Win-Bur-Sew)	\$ 113,414,892	0.6873%	\$ 779,501	0.3208%	0.0194%	0.0160%	0.3311%



(1) The Rock River fire protection district still exists in tax records as a separate taxing body but was taken over by the City of Rockford who began servicing it in 1976. Generally speaking, its properties are in the vicinity of Sandy Hollow and 11th streets.

(2) Stillman Valley and German Valley EAVs are only for the portions of their fire protection districts lying within Winnebago County.

**Tax Rates & Levy Amounts Normalized Across Districts
for Expenditures on Fire Suppression and Ambulance Services
(No Legal/Accounting or Pension Levy Amounts as Not All Districts Have These)**

