

## Idle Ambulances / Allocating Resources

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[Television news story](#) about Rolesville EMS and considerations to remove their second ambulance from service. Interesting whole-system perspective, and worth imagining as applied to the fire service. Will Wake County see a day when an underused fire unit in one department is moved to another? Obviously not in present day. See: Holy Hell, Raising.

I can see the County's viewpoint on this; however, if the Town of Rolesville wants to pay for the unit, then no one should hold it back. As long as all parties involved agree that the unit may be pulled anywhere, just as any other ambulance in the system, then no one should stop Rolesville from their endeavor.

Wake County is really hitting volunteers in the gut when they are telling Rescue Squads that they can put no more ambulances on the road than what is contracted. This means that if there is a paramedic and an EMT at the station, the unit still cannot be placed in service. This is insane, and most importantly, not what is in the best interest of the citizen. When the rescue squads first started in Wake County they could go for days without a call, but this did not prevent them from being response ready. We are getting away from our roots here when you tell people that they are not supposed to place a piece of apparatus in service if they have available personnel to run it. I applaud Chief Como and hope that she fights this one to the end. If no county dollars are used for those personnel, no one should stand in their way.

**ConcernedEMSmedic** - 03/15/07 - 15:51

I'm only part of this discussion, but there are three points to be made here:

1. As far as I am able to determine, there are zero volunteer paramedics in the county, so putting a unit in service with volunteers is not an issue. "Itinerant units" such as you might put up when severe weather or a big event are coming are not part what is being discussed. The issue is about regularly in-service units with paid career staff.
2. The county is already subsidizing Rolesville's first truck, probably over \$100,000 this year. Although it has been said that "The second truck won't cost the county anything" this posture has not been agreed to by others. If an agency is already operating at a deficit, and you increase costs (by running another truck) then the deficit gets bigger.
3. When a truck from one EMS agency takes a call that would otherwise be handled by another agency, the truck's agency, and not the other agency, gets the money from that call. So, if Rolesville staffs their second truck on a full time basis, and puts it in another location, it will take money from somebody else – Eastern Wake EMS, or Wake County EMS. Some think that would not be fair, when the other agencies (including the county) go through the system's deployment process to decide when trucks are added and where they go.

I hope these points help to shed some light on this discussion.

Skip

**EMS 100** ([Email](#)) - 03/15/07 - 16:33

EMS100, apparently you are not very familiar with the personnel at the contracted agencies. There are several volunteer paramedics in Wake County that are fully functional, and quite proficient, who maintain their call-back con-ed monthly and obtain their required yearly call volume as well.

**ConcernedEMSmedic** - 03/15/07 - 20:37

If I am wrong I stand corrected. I asked, and was informed by those who do credentialing, that we lost our last volunteer paramedic several months ago.

**EMS100** ([Email](#)) - 03/16/07 - 08:58

You are wrong and perhaps you should oversee your credentialing folks before trying to oversee what doesn't concern you among the

volunteer squads. For those of you on the fire side thinking the county isn't going to suck you up, look at the posts from the Wake EMS Director and see it in action there! You do the math!

**Guest** - 03/16/07 - 11:53

I would say a \$100,000 annual expense, does give the county some say.

**onlooker** - 03/16/07 - 12:02

the county is already sucking up the fire side, slowly but surely, and isn't necessarily a bad thing in a lot of people's thoughts

**CFP 7021** - 03/16/07 - 12:30

As an EMS (and not a fire/rescue) person, I read this blog to find out what fire folks are thinking, and also to help alleviate confusion if I can. Let me try and stop some of the bickering before it becomes worse...

———— All the following comments are mine and mine alone, and are not endorsed, approved, or otherwise commented on by my agency. I take full responsibility for these and the agency should be left out of it, because they do not have any "official position" that I am aware of.

1) To "ConcernedEMSmedic": The ambulance would be just like any normal ambulance in the system: fully dispatch-able to any call, fully able to respond to coverage, fully staffed with appropriately-certified personnel. And as far as Rolesville being response ready, I would place them up against any other rescue squad in the county for the level of professionalism that they display when the tones drop. (By the way, I am biased, being a volunteer at Rolesville, but that doesn't stop me from seeing the big picture. WHICH IS—

2) To EMS100: A— there are still volunteer paramedics in the County (less than two-hands-full, but still, "one" make the question active. They do this for their communities, and not for a paycheck. There are some medics in the County who are paid but who could give a rat's butt if they were, because they do it to help the public good. B— the county does give Rolesville funding for their ambulances, true. But as Rolesville gets funding, so does Apex, Cary, Garner, Eastern Wake, and Six Forks. That point is moot (and as far as financial shape, Rolesville is in better shape than some.). C— As far as location and money, that is not my ball of worms. I'm a simple volunteer. Give me a pager, give me a call, and tell me where it is. I don't care about district lines, and neither does the person having the MI whom my ambulance is closer to, but sits in a Wake EMS district. ALL THEY WANT IS THE BEST CARE, and everyone in Wake County is trained to the same level to give the same care. If I was having the big one, I wouldn't care who pulled up or who was getting paid. I would just want some NTG and MSO4, as well as quality care. EVERYONE in Wake County will give that. And as for deployment, that truck did go through deployment when it was proposed, and was accepted. In five years, if the truck is pulled, it will go through deployment again (no matter what agency has the area) and will be passed again.

{{Also, I don't think the news story was a good idea, and I didn't know it was happening...}}

To the "Guest": The folks at the Office of Professional Development are tasked by Dr. Myers to oversee the credentialing process for all personnel (EMS, Fire, and 911), and the process gives everyone in the System a chance to take part in some of the best training in the state, if not the nation. The "folks" are good people who do their best to maintain records on over 1000 personnel. That gives them the latitude to make a mistake (like whether someone is vollee or paid, because in the grand scheme of things, that doesn't matter). And as for the County takeover, that's not a bad thing in some respects, and a bad thing in others... for me, I call it bad because it would take something I enjoy away from me. However, one agency, with one leader, with one set of protocols, policies, procedures, and SOPs, really wouldn't be a bad thing. And as far as the Wake EMS Director's posts, you have no right to take sniper shots at the man, because he does represent the largest agency in the System, so he can talk takeover if he so chooses. However, he will ultimately have to take those proposals to the County Commissioners, and they might not be so receptive. However, time has shown that smaller agencies being absorbed into one larger agency have been successful (with a few growing pains).

To "onlooker": The County has always had budget oversight and medical control over ALL the agencies, and they will do what they think is best to serve the citizens the best. I welcome the County's input into the process, as long as they don't forget that they also serve the citizens, and not the penny-pinchers.

And to CFP 7021, I have already addressed that further up in my \$0.02 (even though it's much more than that).

I welcome comments to this either public on the blog or private in my e-mail. I would like this dialogue to continue, so that the public may be better served.

———— All the following comments are mine and mine alone, and are not endorsed, approved, or otherwise commented on by my agency. I take full responsibility for these and the agency should be left out of it, because they do not have any “official position” that I am aware of.

**EMS Guy** ([Email](#)) - 03/16/07 - 19:27

What I would like to know is why Dr. Myers is on television speaking on behalf of ambulance placement and the dollars associated with that. He is the MEDICAL DIRECTOR, not the EMS Director and I think he needs to stick with medical oversight. His job is to oversee the patient care aspect of the system. Though deployment affects patients, I really don't think Dr. Myers should be involved. He has his hands in too many pots right now.

**concernedEMSguest** - 03/16/07 - 20:07

To concernedEMSguest: Dr. Myers is ultimately responsible for all patient care that is done in the County. Deployment of ambulances directly affects that (i.e. if an ambulance wasn't deployed properly and someone dies because of it, then he's putting his license in the line of fire). In a way, putting ambulances in their proper place is medical oversight and good patient care.

By the way, even though I'm with Rolesville, I totally agree with his comments that the 2nd truck does not need to be in Rolesville proper. A better use of the resource would be to place it somewhere a little more South, i.e. Wake Crossroads, or New Hope FD Station 2, or to the northeast, like at Hopkins FD. It's all being thrown around the table right now, and I hope the discussion will continue.

**EMS Guy** ([Email](#)) - 03/16/07 - 20:27

If that is the case, and they are looking at placing the unit outside of Rolesville, then it is defeating the purpose of serving Rolesville. If the Town of Rolesville wants to pay for the unit, it should stay in Rolesville, whether it runs 1 call a week or 1 call a day.

I am looking at this Rolesville unit as merely gravy. I see it as being something extra for Rolesville. When you go moving it all over, you defeat that purpose and then it should be the county's responsibility to figure out where it goes. If it is going to be stationed in Rolesville, and Rolesville is paying for it, then the county should back off and let them run it if they want to. When you move it out of Rolesville then you are indeed taking money out of the pockets of Eastern Wake, Wake County EMS, or whatever district you place that unit in. If that is the case, then the unit should be denied. If it's paid for by Rolesville and placed in Rolesville, with the understanding that it may be used elsewhere, then let them have it.

**concernedEMSguest** - 03/16/07 - 20:36

Thanks to the folks who are trying to set the record straight – the discussions are much better if they are based on facts rather than rumor. That's the ONLY reason I post here....when the discussions seem to be getting wild based on wrong, or missing information.

EMSGuy — I never talk takeover. Not on my agenda, my bosses, or the commission's (as far as they've told me). We just try to do the best we can every day running the county EMS Division. The EMS Division is not the same thing as the Wake County EMS System (which is made up of 6 or 7 agencies depending on how you count the partnership between the county and Holly Springs).

EMSGuest – Under NC law, the county's model EMS system is governed by the “Peer Review Committee” which serves as the system's “board of directors” under the oversight of the Board of County Commissioners. The commission created this relationship when it endorsed the “model EMS system” designation some years ago. By law (someplace in 10 NCAC, the EMS administrative rules), it requires that the chair of the Peer Review Committee is a physician. Dr. Myers is it. He also is the non-voting chair of the Deployment Subcommittee (of the Peer Review Committee) which is made up of 3 squad chiefs, 3 Wake EMS reps, and the system QI officer (who works for Dr. Myers). That group makes the recommendations for where ambulances go, who runs 'em, etc. In addition, what EMSguy says is right – response performance is part of the medical director's concern as it directly impacts patient care. So — when they have questions about EMS, the media often talk with Dr. Myers. He's much more photogenic than at least some of the rest of us, too.

Hope this info is helpful.

Skip

**EMS100** ([Email](#)) - 03/16/07 - 20:47

To EMS100, I was not saying that you do talk takeover... however, I believe I was correct when I said that you are the head of the largest agency in the County. If anything gives you the right, that does. That is all I was trying to say. I am not in favor of an EMS takeover at this time; however, if the System will be better served by it, then the citizens' right to safety trumps all the personal politics in this fight.

Sorry to cause any confusion.

**EMS Guy** ([Email](#)) - 03/16/07 - 21:20

Also, to "concernedEMSGuest," take the case of the Stony Hill ambulance. It was placed in an area with a lower call volume, but with long response times. "If that is the case, and they are looking at placing the unit outside of Rolesville, then it is defeating the purpose of serving Rolesville." The unit in Stony Hill also will cover the following areas:

Six Forks North (the 1272 area when they are out)

Wake Forest (the west side; east side is covered by Rolesville when EMS 10 and EMS 33 are out)

Southern Granville County (via mutual aid agreements when properly called for)

Southwestern Franklin County (again, via mutual aid and whenever the state fixes the &\*%^\$& bridge)

Now, I'm not talking about making the truck a true 'peak-load truck' like EMS 31, 32, and 33; however, I am suggesting that the truck be placed in an area which has a call volume to support it and has longer response times when all things are equal. The "gentlemen's agreement" within EMS is that any newly placed unit is offered to the agency which has traditionally had the majority of the calls in that area. A unit was needed at the intersection of US 264 and Wendell Blvd. That area has traditionally been Knightdale/Wendell, and since those agencies merged to become Eastern Wake EMS, they got 'first dibs' on the truck. RDU Airport truck, same deal. When Wake County EMS pulled the truck due to volume, and they said they didn't want to put another truck out there, Six Forks stepped up and said that they would place an ambulance in the area. Welcome 1273.

The areas that I suggested – New Hope Station 2, Wake Crossroads – are all areas that a significant amount of the volume have gone to Rolesville EMS. Hopkins FD has traditionally been a Zebulon call, but that has changed over the years, and now the split of volume (all things being equal) is about 50% Eastern Wake and 50% Rolesville. The other two areas were traditionally assigned to Knightdale Rescue, but the volume of calls was split close to 50/50 with Rolesville. (In the case of Wake Crossroads, the intersection belonged to Rolesville, but the land where Fire Station 28 is now being built was a Knightdale call. If the dispatch was off, you had the 5-6 minute response from Rolesville versus the 10-11 minute response time from Knightdale.)

And if you listen to the news story and read all the newspaper articles about this, you will find that even some of the people in favor of keeping the ambulance (like me) say that the call volume is not justified for Rolesville Main or Rolesville East, and the truck needs to go somewhere else.

My point—

Keep the truck, but move it south. Part of being an EMS leader is to plan what is going to happen in 5 or 10 years. On 401 South of Rolesville, there is the largest development by one of the subdivision companies – 4200 homes. With that 4200 homes and an average household size of 2.8 people in the Rolesville area... that equals out to 11,760 people (which is about the population of the area Rolesville currently serves, give or take a few). That means, with all the other development around the Neuse River corridor, a truck would be well placed if it were South of town.

**EMS Guy** ([Email](#)) - 03/16/07 - 23:35

EMS Guy, you have some very good comments, What my question is in the interview Dr. Myers said that resources were needed elsewhere in the county. Rolesville is growing by leaps and bounds, the county is not moving the resource they are deleting it. This in my opinion is not good business. As a person who runs fire/ems, waiting on the "next closest" ambulance is not fair the the fire guys, performing Medical responder skills. I know one ambulance wont make that much difference, but that one ambulance could save one life...that would make all the difference. Also the county does not directly fund the second ambulance. Yes it might cost them a little money, but not enough to take and start or provide a resource somewhere else!... This second unit is almost self funded, and if the town of Rolesville said they would make up the difference, then why would the county not want a ambulance, with a paramedic, to provide coverage, and HELP PEOPLE, since that is why we are here, am i not correct. how does leaving this ambulance alone hurt anyone or any thing. The only thing i see it hurt might be wake county ems pocket book. they dont get the income form this unit. wow... the public will be the ones who suffer the most from deleting this unit...Dr. Myers has brought the county a long way, very pro-active ways of helping people...why not be pro-active with this unit!!!!!!!!!!!!!!!!!!!!!!

**klp205** - 03/17/07 - 12:48

klp205, you are right when you say that the Peer Review Committee is saying to delete the unit and not move it. I am in favor of keeping the unit; however, placement needs to be looked at very closely. And while your comment that Rolesville is growing by leaps and bounds is almost correct, one needs to look south and east of Rolesville for the huge growth.

You are right when you say that one ambulance saving one life makes a difference. I am not siding with the County on this point... I side with the public. If your's is the one life saved, then the ambulance is a great benefit.

As far as other areas that need resources...

—Garner (there are some issues with the services in that area, and more coverage will be needed)

—Apex/Holly Springs/Fuquay-Varina (all of these units tend to go out all the time and leave a coverage hole; in addition, several of these units will end up in Cary running calls at the same time)

—West Raleigh (the NC State and Fairgrounds areas are hit really hard a lot of the time. The peak load trucks try to help, but sometimes a unit just needs to go over there and stay in that area)

— A case could be made for another unit around the Glenwood Ave/Lead Mine Rd intersection because of its proximity to downtown and to Six Forks.

Either way, there are a lot of points of discussion that can be brought up when this issue is brought to the table. All I am trying to do is find an open forum for them, so that all may be better informed.

**EMS Guy** ([Email](#)) - 03/17/07 - 19:16

I guess it would be nice if we could meet all of the needs we have in this EMS system. If only EMS100, 561, 861, or any of the others could simply go to the county commissioners and say "We need 10 new ambulances, all of the equipment, and 30 new paramedics", and in that perfect world the county commissioners would say "No problem, we'll give you however much money you need". The only problem is, there is only so much money in the pie and we are competing with a lot of others for that pie.

There is one group that is on the TV news no less than 4 times a day, in the paper just about everyday, and they dominate the radio news- the schools. Not only is the school board calling attention to their plight, but so are various parent groups, whether they agree with the school board or not. Then there is MEDICAID, which is mandated by the government, and it's costs are rising every day. And then there is the sheriff's department, and the health department, and the libraries, etc. etc. etc. It amounts to this- there is only so much that the EMS administrations can do to get the resources. We as EMS professionals have to stand up as well.

When my daughter graduated from nursing school this past spring, the speaker at their graduation was a well known nurse from UNC CH. He has taught classes for our call back EMS CE. I remember the resounding theme of his speech- "get involved in your associations" (meaning the ANA, state nursing associations, etc). So how is that going for them? Well, the word about the nursing shortage has gotten out and has been out for several years. What have you heard about a paramedic shortage lately? Yeah, that's what I thought. What about nurses salaries? And don't forget sign-up bonuses, retention bonuses, etc.

If we think there are resources that are needed, we have to stand-up and be counted. I am a Holly Springs resident, and it concerns me that my local EMS unit seems to spend an awful lot of time in Fuquay-Varina. Not that I don't mind them helping out occasionally, because that is what mutual aid is for. But some of these units were put in place because of long response times. What happens to the response times when those units are pulled away to cover other areas? I know that is the way the system is supposed to work, trying to cover all of the areas. But speaking solely as a Holly Springs resident, if I am having an MI, I want that ambulance to be there when I need it. I don't want to have to wait for Apex, Cary, Fuquay-Varina, or Garner to come to Holly Springs. I know that is a narrow way to look at it, but solely as a resident, that is the way I see it.

We have several groups in Wake County. Of course there is EMS administration. There is also the rescue/EMS chiefs, Peer Review, and there is a county paramedics association. From where I see it, EMS100, the rest of administration, Dr Myers, and the rescue/EMS chiefs are doing their part. It is the rank and file paramedics that are not stepping up. It is your association (or at least it can be). With everyone working together, maybe we can help get these resources in place.

My \$0.04 worth (my opinion, and my opinion only).

**DJ** ([Email](#)) - 03/17/07 - 21:58

I agree with DJ. It is the rank and file personnel (I do not say paramedics because I am not a paramedic) who have not stepped up to make our voices known to all parties concerned. And as a citizen, he is totally right. If an ambulance was placed somewhere because of long response times, and is then being pulled away for coverage/mutual aid/what-have-ya, then another resource needs to be considered.

**EMS Guy** ([Email](#)) - 03/18/07 - 09:47

Today's N&O continues the coverage: <http://www.newsobserver.com/703/story/55..>

**Legeros** - 03/22/07 - 05:51

If Rolesville wants to pay for it, and the county does not have to support it, then so be it. The line to the effect that it is not fair to those communities with lesser means is not really fair either. It is like I want to buy an H3 Hummer but the county says I can't because my neighbors cannot afford one. If Rolesville can afford it, and the town or community wants to pay for it, then why should they be denied? If the other areas cannot afford it, then that is where the county has to step in and provide the resource. If the county does not want to pay for it, and the community in question cannot pay for it, then they would have to do without. But, what community in Wake County cannot afford and extra ambulance or two?

**StreetDoc** - 03/22/07 - 09:36

StreetDoc misses a couple of points.

First, state law prescribes a COUNTY EMS system, not a municipal or community system, with a single level of care. Providing Rolesville with extra coverage means that there is not a single level of care.

Second, although the "if Rolesville wants to pay for it and the county does not have to support it" sounds good, it's not reality. The county supports Rolesville's first unit to the tune of about \$100,000 already. It is most likely they will "lose" more money on the second unit. At some point, the county picks up the tab – not to mention the radios, monitors, CPAP machines, medical direction, quality assurance, PCR computers, AVL and IVN, etc.

It is a very complicated issue, and easy to get lost in the emotion of it.

SKip

**EMS100** ([Email](#)) - 03/22/07 - 19:15

Does all this really matter now that Wake EMS put a unit in service today running out of Sta. 28?

**pal** - 03/22/07 - 20:41

To "pal:" Yes, it still does, because the unit that was there (EMS 33) is a peak-load truck, and will float if it is needed to. In fact, they have orders to roam the County and respond to calls. The situation further up the blog here is for a permanent truck... but let me be perfectly clear:

MY PRIMARY DUTY IS TO THE CITIZENS OF WAKE COUNTY WHO NEED ME IN AN EMERGENCY. If someone is hurt, they really won't care what agency's patch is on the responders shoulders, nor will they care what color truck they came in (as long as it has lights, sirens, and looks like an ambulance or fire truck). If a unit (not Rolesville) is placed at Wake Crossroads (WXR) and has better response times to that area, BY ALL MEANS, LET IT STAY THERE. Our first priority is to the citizens, and occasionally we all forget that because we are territorial at times. However, just because my truck says Rolesville instead of Wake County, or because the truck says Apex instead of Cary, doesn't mean that I'm going to take my professionalism and throw it out the window... on the contrary, I'm going to act like I'm a guest and be on my best behavior, and show them that we are all the best — not just a small group, but all of us.

**EMS Guy** ([Email](#)) - 03/23/07 - 08:24

EMS100, a single level of care doesn't refer to the number of resources. It refers to the level of care regarding certification. That is what must be uniform in the model system. I agree with street doc completely on this issue. Also EMS100, the monitor, CPAP machine, quality assurance and medical direction ARE ALREADY IN PLACE FOR THAT UNIT AND HAVE BEEN BEING PROVIDED FOR THAT UNIT. That equipment is in place on non-contracted units county-wide at the various agencies on their back-up ambulances. Talk about a standard level of care countywide – removing that equipment from that unit would lower a level of care that has been in place. I will agree with you that when you add AVL, etc. that there will be some expense – but hey, part of the argument here regards using that unit more effectively.

It is obvious from these posts that this has become a personal issue on BOTH sides. The bottom line in my eyes is this: The unit is in place, has been in place and should be left alone. It is bad business to remove a resource, unless the agency that has the resource believes that it needs to go. Chief Como, keep up the good work. Rattle the cages of the county commissioners and use the media to your advantage. I really think you can win this one!

**concernedEMSguest** - 03/23/07 - 10:46

To "concernedEMSguest:" I STRONGLY disagree with your notion that Chief Como should "rattle the cages of the county commissioners and use the media to your advantage." The reason is simple... If a wheel squeaks enough, one of two things happens: 1) it gets some oil. 2) it gets



removed. I believe that in this case, since all rescue squads have a franchise agreement, the Commissioners could simply void the agreement (they have at-will power to do so). Then, instead of two ambulances for Rolesville (which is a debatable point), there would be NO ambulances for Rolesville (and people will die — it happened there once before). THAT IS A STANDARD I AM SIMPLY NOT GOING TO LIVE WITH. PERIOD.

Therefore, I am taking the middle road — seeing Chief Como's points, but balancing them with the needs of the County, and more importantly, the public. —A) Does the truck need to stay? YES. It is much easier to leave something in place for the "big one" than it is to take it out and try to put it back in later (as was the case of EMS 6 when it was at the airport). —B) Do I agree with the County's argument that the truck is not well-utilized? YES. It could be placed in a much better position, working much better hours. —C) Do I feel the need to blast County leaders to get my point across? NO. A forum (or panel) discussion like this works much better, and people are much more apt to listen to ideas than when they are being blasted across the TV and newspaper like broadsides from battleships. —D) Would I be willing to work on a truck that has a Rolesville logo on it but serves the City of Raleigh, or Wendell, or Wake Forest? ABSOLUTELY. The public deserves the best care they can be provided, and the silly district lines simply don't matter to them, nor does whose truck it is.

**EMS Guy** - 03/23/07 - 14:31

EMS guy, I do agree with you to an extent; however, I think this is a battle that can be won. It will not be won by playing nice with Wake EMS officials. They are only out for one thing — Wake EMS on every truck! The contracted agencies need to rise up, let the commissioners know that most of them were here first, LONG before Wake EMS came into existence, and that they are here to stay. The Wake EMS folks can cite "standard of care" all day long as a reason to make it all Wake EMS, but the contracted agencies are living up to the standard now. All of the experienced paramedics with Wake EMS are in offices or are supervisors. The line level paramedics, with a few exceptions, are young and inexperienced. The really good, seasoned, mature paramedics are generally on your contracted units. Playing nice with Wake EMS is not the answer for Rolesville or any of the other contracted agencies. They will all lose in the end if they have "forums and discussions" with Wake EMS folks. These forums and discussions need to be with the commissioners and peer review members — people who will listen and are not in it for personal gain. The squeaky wheel needs to be turning!

**concernedEMSguest** - 03/23/07 - 15:13

"All of the experienced paramedics with Wake EMS are in offices or are supervisors. The line level paramedics, with a few exceptions, are young and inexperienced. The really good, seasoned, mature paramedics are generally on your contracted units."

Whoa there...I think if you look at the roster for Wake EMS you will find a different story. There are about 100 full time slots, counting all of the 24 and 12 hour units, minus the supervisors. At a quick glance over all three shifts, I count over 50 experienced paramedics, meaning that there are still more than 'just a few' experienced paramedics working for Wake EMS. And don't forget, a lot of experienced paramedics with WCEMS also work part time for the contract agencies. And even some of the 'new' paramedics are experienced from other systems. Yes, we do have a lot of 'young blood' (I ought to know, I am an FTO for WCEMS), but we still have a broad, strong base of experienced paramedics.

DJ (Taking care of patients since 1976...thirty-one years and counting)

**DJ (Email)** - 03/23/07 - 17:36

To clarify the ages of some of the county EMS agencies, in response to an above statement, here's a comparative table drawn largely from the Secretary of State web site. Note that couple agencies are much older than Wake EMS, and some others are only a few years older. Feel free to correct these dates.

Apex — 1971

Cary — 1971

Eastern Wake — 2005

Fuquay-Varina — 1991

Garner — 1975

Holly Springs — 1995

Knightdale — 1977

Northern Wake — 1965 (may take year from Wake Forest incorporation)

Raleigh — 1954 (referring to the Raleigh Emergency Rescue Squad, formed with and operated by the fire department)

Rolesville — 1995

Six Forks — 1976

Wake EMS — 1976

Wake Forest — 1965

Wendell — 1962

Zebulon – 1974

**Legeros** - 03/23/07 - 18:28

Mike, what about the incorporation of the original Fuquay Rescue Squad? The 1991 date is when they started back up after they shut down the first time. Also DJ you are correct in your assessment of personnel. I think most of the inexperienced people stand out because they are downtown most of the time.

**Jason Thompson** ([Email](#)) - 03/23/07 - 20:05

To "concernedEMSguest:" I must agree with DJ. I can think of several "on-the-line" paramedics with over 20 years of experience as prehospital care providers... and that's good compared to some systems around the area, where the average experience level for a medic is somewhere between 1 and 3 years, and Wake EMS averages around 5 to 6. If you include the contracted agencies (WE ARE ONE SYSTEM), the average goes up to around 8 or 9 years, which is a lot of experience. There are paramedics and EMTs who have seen their fair share, and can teach the newbies what the job really entails, and more importantly, how to respect the place from whence we all came.

And as for my point about discussions and forums, I believe you misunderstand me. I don't just mean a forum for the EMS chiefs and providers; I mean a forum for everyone who has a stake in this: EMS, Fire, County Commissioners, Town Boards, Peer Review, Fire Commission (they have a large stake in EMS, because all you firefighters like fires and (somewhat) detest EMS calls), and the PUBLIC at large. My side to leave out are the hospitals — as long as they know what is going on. As far as personal gain, you are right about Peer Review — most voting members are in the community without a stake in EMS. But the Commissioners, they have a personal stake in this: someone dies on our watch because they didn't keep proper track of Public Safety, then they are held liable... and the price could be their job.

**EMS Guy** ([Email](#)) - 03/23/07 - 21:10

I find it very very funny that ems told rolesville that the wake crossroads area did not warrant a ambulance, but all of a sudden, they are putting their own ambulance there???? *sound fishy to me...did this ambulance placement go through deployment committee??* It must be nice to make the rules as you go...of course when you make the rules I guess you can break the rules.

**guest** - 03/27/07 - 09:55

More information please. Was any ambulance at Wake Crossroads not justified, or just a full-time one? The Station 28 ambulance is a peak-load unit, I believe. Two different things.

**Guest** - 03/27/07 - 11:59

If my information is correct, the ambulance that rolesville wanted to put at wake crossroads was a peak-load truck. I think this is the only was the uhu would be justified. so why did wake ems say that a rolesville peak-load unit is not justified, and a wake ems unit is...

**guest** - 03/27/07 - 12:42

Oh, to hide behind both anonymity and lack of knowledge. Mike, I wonder if anonymous postings remain a good thing, or if they are just a way for individuals to stir things up.

OK, now for the facts.

1. Nobody has said that an ambulance at Wake Crossroads is not or was not justified. (Rolesville has asked for a second ambulance IN ROLESVILLE, which the system's Deployment Subcommittee has determined not justified by the data.)
2. Agreed-upon rules of the system (Rescue Chiefs Association, Department of Public Safety, and county Budget and Management Services Department) – if an area needs a new resource, that resource gets assigned to the unit that has historically run the preponderance of calls within in a 9 minute drive time from the proposed new location.
3. Wake County EMS has historically run the preponderance of calls within a 9 minute drive time of Wake Crossroads.

So, IF a new ambulance were funded for the Wake Crossroads area, then under the agreed-upon system rules, Wake County would operate that unit.

The ambulance that is sometimes posted at the Wake Crossroads area is EMS 33, which is the peak activity unit assigned to the northern corridor. From there, it backs up stations 10, 15, 5, Rolesville, Eastern Wake, and EMS 7, moving to backfill those stations when their home units are out on calls. The firm system rule is "the closest unit takes the call."



Very shortly, you will see units from downtown posted during daytime hours at FS2 and FS3, and in the Buffaloe Road area at FS 27 as well, in an effort to improve response performance in those areas.

Last, concerning the paramedic workforce. "New" does not necessarily mean "inexperienced." I am pleased to let folks know that Wake County has hired quite a few paramedics with many years of experience, including one just approaching 20 years and several in the 6-12 year bracket.

I hope you find this information useful.

Skip

**EMS 100** ([Email](#)) - 03/27/07 - 15:07

Oops...misspoke on one of the new guys. I thought he had more experience than he did; the correct number for him was not near 20 but near 9. Sorry.

More facts:

The average paramedic on a Wake County EMS Division unit (does not include any chief officers) has 5.43 years of full time experience in Wake County, AND 8.18 years of full time experience as a paramedic. The range for both is from 0 (rookie) to 25.67 years.

For those who are interested.....

Skip

**EMS 100** ([Email](#)) - 03/27/07 - 17:20

skip, just wondering how ems has the history of running calls in the wake cross roads area, rolesville ran that area until you performed a cad change about 3 months ago. Rolesville had been responding to this area until that cad change. Furthermore the second truck from rolesville is not a new resource, it has been in service for 11 years....now why not just have that truck cover this area....why take your floater out and have it reside at station 28....when rolesville has a peak-truck, and what from i understand is willing to move it.

Mabey I dont understand the whole situation, I just think that why take a resource out when it could be used in another area...

**klp205** - 03/27/07 - 20:34

Interesting numbers – it was stated in earlier posts that the financial impact placed on other agencies by Rolesville taking their billing revenue would have to be examined and accounted for – now that EMS 33 is up there, is Wake County going to pay Rolesville for lost revenue in that area?

**guest1** - 03/27/07 - 22:53

Also EMS100, is Wake County going to pay Garner for lost revenue that Wake County takes when you place a unit at FS2? That will significantly reduce Garner's response area.

**guest1** - 03/27/07 - 22:56

[ Editorial note. This thread is poised, and has been poised at times, to turn into Ask the Answer Man. Which is fine, if those are expectations of all readers and posters. However, there are some causes and effects to consider. The first is obvious: answers beget questions. The more he answers, the more he is questioned. Again, no problem, provided it's not a problem. Thus far the discourse has been largely civil. Some sh&t-stirring has occurred, though nothing ugly I believe. Perhaps more tiresome is the absence of facts, or correct facts. Not sure the remedy there. And anonymous commenting probably doesn't help. That is, there is probably little or no reason to fact-check yourself before posting, if your identity is concealed. Is required registration for comments the solution? Perhaps. But, for now, everyone DOES have the power to not respond. Or respond with non-responses. Or request private correspondence to continue discussions elsewhere. Worst-case scenario, we'll close the thread and direct everyone to the WRAL story comment area: <http://wral.com/news/local/story/1234993..> It's Thunderdome over there! ]

**Legeros** - 03/28/07 - 06:03

by the way, skip, not only will i give you my name, i would like to hear all of your comments about this topic...no one is trying to be anonymous, and as far as the lack of knowledge, when the same story tells different between the two groups, and different between every news article posted, who do you believe...also, you made the statement that the closest unit takes the call,,,, then why is ems 16 still going to neuse crossings, rolesville is closer than 16. I agree that argueing about this issue is not healthy for anyone, what i would like to see is fairness.... This is important to me, since i run fire in 2 districts, that rolesville and ems covers.

**klp205** - 03/28/07 - 09:27

Thanks, Mike for your comments. I'm not interested in playing "the answer man" on the blog. There are just too many folks who want to twist and turn every phrase in to an argument, often personal in nature. None of this stuff should be personal – it's about providing the best service to the citizens of Wake County, no matter whether they live in one of the political subdivisions or in unincorporated territory. Reasonable people should be able to disagree reasonably, politely and professionally on topics of community interest.

All of this information is public information, so those interested can, if they choose, attend meetings of the Model System Peer Review Committee, the Fire Commission, etc., and learn first-hand. That would be far better than people making assumptions and imputing "evil intent" to their professional colleagues in the EMS system.

I will continue to correct inaccuracies where they surface.

As far as the "who goes where first" question, the Wake County Planning Department Geographic Information Systems Division has a very sophisticated computer tool called Fireview, which measures the distance and travel time (using posted speed limit) to every point on every road, and then generates "first due" areas and running orders for each station. It is extremely accurate and only rarely does the group that reviews its work (basically, the Rescue Chiefs Association and the Deployment Subcommittee) make any changes (when that has happened, it usually involves an error in entering a speed limit, or a change in the roadway). It's not always perfect, because travel on some roads is very different at some times of the day than others. It is totally objective in nature, and doesn't care which agency it assigns to a particular area. It works totally for the citizens, and is "run" by somebody not connected with any public safety agency in the county.

In the future, technology will change this whole environment, more for the better.

Implementation of AVL will send the closest unit regardless of the station or whether the ambulance is actually in the station at the time of dispatch.

And as part of the IVN (in-vehicle navigation) project we hope to add a product that collects roadway impedance (travel speed) by hour of day, resulting in even more accuracy during rush hours.

Regards,

Skip

**EMS100** ([Email](#)) - 03/28/07 - 10:12

I understand Charlotte uses the same system "fireview" and had to change the default road speed setting in the system to correct their problems. I think they set theirs to default to 45 mph on all roads. It seems just using mileage for closest unit would be more constant and eliminate a bunch of arguing over who is closer, rather than speed. Drawing a line halfway between stations would be much easier. Once AVL goes hot it will be doing that anyway.

**DT** - 03/29/07 - 07:57

DT, if I'm not mistaken, it is default to 40mph and NO, it is not near to perfect. The problem is, with the default being 40mph, the system will "pick a route" for the trucks to take and then decide which units are closer based on the routing the system picks. The issue comes into play when the computer picks units that it thinks are closer because all the roads (it picks) are "40 mph" when in actual fact, they are winding neighborhood roads with speed bumps and an ACTUAL speed limit of

**Luke** - 03/29/07 - 17:04

My recollection of the description of Fireview's use in Wake County is that it assumes the units will travel at the posted speed limits. That avoids the "25 mile per hour subdivision" issue. It just can't handle (at least this version) speeds that change throughout the day, like Capital Blvd. southbound between Wake Forest and Durant Road (50 or 55 mph afternoon and evening, except 1630 – 1800 when it is more like 10 mph).

Skip

**EMS100** ([Email](#)) - 03/30/07 - 07:22

Oops, meant Capital Blvd. NORTHbound in the afternoon. Same issue, maybe worse, southbound 0700-0900.

Skip

**EMS100** ([Email](#)) - 03/30/07 - 07:23

I need to be in business selling CAD software. Or better yet create some that works better.

**DT** - 03/30/07 - 07:38

Name: (real name  
preferred)

E-mail: (optional)

Web Site: (optional)

Remember personal info?

Yes

No

Comment:

/ [Textile](#)

Comment moderation is enabled on this site. This means that your comment will not be visible on this site until it has been approved by an editor.

To prevent spam we require you to answer this silly question

**What are the FIRST TWO LETTERS of the word 'fire'?**

[\(Register your username / Log in\)](#)

Notify: Yes, send me email when someone replies.

Hide email: Yes, hide my email address.

**Small print:** All html tags except <b> and <i> will be removed from your comment. You can make links by just typing the url or mail-address.