

## Winston-Salem Fire Department To Reduce First Responder Call Types

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[FireNews.net this week](#) reports on [this Winston-Salem Journal story](#) that the city fire department will no longer respond to non-life threatening medical calls effective July 1. They'll respond only to calls involving cardiovascular, respiratory, life-threatening trauma, and life-threatening allergic reactions, notes a memo from the Fire Chief. They'll also no longer respond to medical calls at facilities where medical professionals are on staff, such as medical offices, nursing homes, and assisted living centers. The change is a cost saving measure that will save the department \$145,000 in fuel costs in the first year.

The fire department started responding to all medical emergencies in November 1999. (Was that the year they started their first responder program? Didn't they take a stab at one the decade before?) Their annual EMS call volume is 18,500, of which an estimated 70 percent are not true medical emergencies. Read the stories, which include a few reader comments (so far) on the Journal site.

Reader perspectives are requested. First is a contextual question, what's the norm for first responder call types, locally, regionally, or nationally? Second, a specific question. Will WSFD respond to life-threatening events at medical facilities? Or are those omitted, period? Third, what results have readers observed about changes in EMS service levels by fire departments? (What happens when you greatly cut your call volume, for example?) Should be good fodder for discussion.

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Hmmm... I'm on both sides on this one. As a Firefighter/EMT for 23 years now, 14 in a career department, I see where the Chief is coming from. The cost of doing business is ever increasing. They have to continuously come up with defensible reasoning for their budgets, especially in this day and age. Dollars aren't flowing freely anymore. So if he did a study and determined that 70% of EMS/Resuce runs are non-emergent calls, then he may have found his area to improve services and reduce some expenses. I think we as 21st century firefighters all agree a majority of the EMS runs we respond to are trivial at best. In the true essence of "emergency", they are not. The 1 week old leg pain, nausea, and other mundane stuff such as that. What tipped my boat was responding to an assisted living facility for a fall with injury and get there to find the person actually rolled over in bed and struck her head on the wall, never fell. No injury whatsoever but due to protocols, we spinal immobilized the person and they went to the hospital. But if we took that assisted living facility off the response card due to being a skilled facility, it would reduce our call volume a little over a 1/3.

Now, I can't for the life of me understand why a Chief would reduce his call volume around 13K plus call a year based on their 2012 stats. That to me seems a little overboard. Now if WSFD runs fires on a regular basis, maybe there is reasoning for it. But again, based on their 2012 stats, they don't do that. Unless they stay busy 12 to 14 hours a day, I could see council eyeballing more cuts from manpower or other areas on the fire department.

So, IMO, the Fire/EMS profession hasn't really changed much in our service delivey models. A few things have been added but nothing we can't handle. Where I think change needs to take place is how were educating society in how we care for ourselves and how not to depend on the emergency services profession for every little ache and pain someone gets. I've said this for the last 10 years, if todays society was as tough as those in the WWII era, we wouldn't run nearly the amount of BS we do today. Those elders are strong will and tough cookies. Society today is a bunch of whiners in blunt terms. I feel we need to respond if called but we could do a little more education to relieve what the burden of non-emergent call are putting on departments all over the US.

**Truckie** - 05/17/13 - 13:13

Hmm. Conflicted. From a business standpoint I can see why they want to reduce costs, and I'm not sure I can blame them for wanting to do that.

I'm also sure that people will be upset at calling 911 and not getting someone at their front door in 5 minutes time, but that should be handled by correctly responding to only life threatening call. As Truckie says above, people need to toughen up a bit and stop being a whiner. (On a side note, will this result in people over-dramatising their injury just to get a response? Almost certainly, but we'll have to see by how much)

Now the European in me is still amazed why a fire department is answering medical calls in the first place. To over-simplify, EMTs ride ambulances and treat heart attacks and firefighters ride big red trucks and put out fires, and never the twain shall mix. But I guess that's a cultural thing I'll have to get used to one day.

**Paul** - 05/17/13 - 15:17

There are many sides to this story, and mine likely isn't the most popular. I can speak from all of them though (EMD Instructor/Telecommunicator, street paramedic, and city councilman). I think there is a lot of validity to the fire chief's plan. I do not agree with the "three strikes" portion, that is just crazy! I do agree that we can do a better job of prioritizing what calls first/medical responders are really needed on, and it is NOT a one model fits all approach. Rural areas where EMS resources are limited and response times are lengthy can benefit from first responders on many calls, even a lot of lower priority calls. Now, in a setting where the EMS unit is responding from the same location or general vicinity as the fire department, they are no longer really first responders. In this case, there are very specific incidents where their help is valuable in an assist EMS capacity. The NAED has a matrix for response and has the position that LOCAL medical control should decide what calls warrant specific response levels. I can say with confidence as a present day street paramedic that out of calls where I receive fire department medical/first responders, I only truly need them about 20% of the time, and that is a liberal number. Over the last few years EMS has begun using the FD for "lifting and moving" help more than anything, which is an abuse of the system if the EMS provider could do the same function (I shouldn't have the FD carry my patient while I don't carry anything). I think an outside consulting firm who is not affiliated with Fire/EMS/Government should do an objective study and help us determine the best use of our fire department resources. As a councilman, I want to see the best use of our FD resources in a way that our citizens are getting service without waste. If we identify via a study that 90% of our "26-D-1" do not need fire resources, let's cut it out! This needs to be data driven based on objective information that is collected. We tend to have a whole lot of speculation as to when we do and do not need FD, but do we have concrete data to back it up? If we are truly buying into evidence based medicine, we need to let the evidence guide us in the best use of our Fire and EMS resources. The fire department is one of the most valuable resources we as EMS responders have to assist us, so let's not abuse them. Let's use them when we really need them.

**Jason Thompson** ([Email](#)) ([Web Site](#)) - 05/17/13 - 15:52

In a perfect world, I think this a great idea. I would hate to have an emergency and find out that I had to wait 6 minutes for help because the first due Engine was taking care of someone with a migraine. That said, I think it's only a matter of time before someone (a politician or the public) looks at the reduced number of runs the department runs next year and then calls for reduced staffing or closing of companies. I hope that they use this as an opportunity to fully embrace educating the public on what the department does and why it needs maximum resources. I also thought it was weird that they didn't use the opportunity to talk about the need to only call 911 for actual emergencies.

**Chris** - 05/17/13 - 16:27

The only problem with the concept of 'real' emergencies is from the standpoint of perception. What is an emergency to one person is 'no big deal' to me. But, I don't know that any amount of 'public education' is going to fix that. When I was growing up, if we had a medical issue, unless you were not breathing or bleeding really, really bad, you called your doctor and waited for him to call you back (there were very few pagers then, and fewer mobile phones), which might take an hour. My parents had a first aid kit that included 'all the necessities', including methiolate and alcohol, cotton swabs and balls, and a few band-aids.

But now, you cannot call your doctor 'after hours'. The message says 'call 9-1-1' in a life threatening emergency, but what constitutes a life threatening emergency. You see commercials on TV saying that every little ache and pain is some sign of impending doom, and all of those doctor programs will tell you the same thing. It may only 'seem' like something minor, but it could be a new strain of acute Ebola...

My own experience with the whole system points to problems, but study after study proves me wrong. While the majority of the 'delta' and 'charlie' calls I have responded to have been minor at best, and easily handled by two EMS personnel, you just never know. I have responded on too many 'alpha' calls for falls (he fell, but it was when his heart stopped) and sick calls (she's not feeling well because she is only breathing two times a minute) to put much faith in it. It's not the fault of the 9-1-1 personnel, I believe it is a flawed system.

My only fear for WSFD is that this will most likely backfire- they are saving money so maybe they do not need all of those fire trucks, firefighters, and fire stations. Unless your stuff has been burned, or you know someone who's stuff has burned, it is not a problem. The fact is more people have medical emergencies than will ever have a fire emergency.

Is it cost effective sending a fully staffed engine or ladder on a difficulty breathing call? Only if it turns out to be a cardiac arrest, but you just don't know. But whenever it is suggested to send part of the crew on a smaller vehicle, then there is the concern of breaking up the crew for fire responses. Only problem, you can't have it both ways.

First responder programs have gained the fire service a lot of good will over the years. It's a dilemma in this day and time when budgets are under pressure and the status quo is under fire. Just ten years ago there would have been no such request or even consideration to cut emergency services in many parts of the country. Times change.

**Emergency!** - 05/17/13 - 18:19

I think some are misguided based on the words that the chief used. From speaking with a Capt of their's this past weekend they are pretty much switching from a system where they went to pretty much all EMS calls inside the city to a system that operates like the one here in Wake County.

**Mike** - 05/17/13 - 21:09

I understand what the chief is trying to accomplish with not running on non-life threatning calls, EMD can only do so much in gaining information from the callers, is it the caller or a third party caller, child or adult.... could that nausea be from something else, internal bleeding? Cardiac related etc. that leg pain whats the cause? could it be a blood clot ?? Then you have the calls that are within the Winston Salem City Limits... If you reduce your call volume that much now at what point in the future does the current chief/administration or future Chief start defending possible staffing/apparatus or station closures work into the equation since units/stations are not running the volume they used to run... did he just take a station from Avg. 5-7 runs a day to an avg of 1 run a day. Does the city look at that and say we don't need to fund that station anymore?? Just Food for Thought..

**Jim** - 05/18/13 - 11:55

Interesting... National trends indicate fire based EMS. Ouch, that's a hard one to accept around here isn't it? I am neither an opponent or proponent, but as citizen/community well-being and quality of life is the overall goal of public safety, should we possibly be re-orienting or re-defining ourselves as a fire service to some degree? Traditional service delivery vs. \_\_\_\_\_ delivery (fill-in the blank). Evolution and "shift" occurs daily... so, creativity may be a key to successful survivability. It has been my experience (and proven) if we manage or exercise approaches or behaviors applied in the past, are more unsuccessful as they often do not work well in our modern environment. Now, that's a hard perspective for "firefighters" to accept as we are so traditionally postured...!!

**A.C. Rich** - 05/18/13 - 14:14

Is this really all about fuel costs, or is there something else going on? Most people who call 9-1-1 have no idea why a fire truck responded, so if they had to wait a bit longer for an ambulance, they probably wouldn't know the difference. Fuel costs are part of the cost of doing business. Airlines raise fares when fuel prices rise, so...I know this isn't ALL about fuel costs, but it seems that when the public sees this, they will see nothing but negatives. They will not care that the WSFD will save money on fuel, but that the safety of the citizens will be in jeopardy. 145-thousand dollars? It's a lot of money to you and me, but to a city Winston-Salem's size, it's really not that much. I know we have to cut budgets, but this seems wrong somehow. FD's that run medical calls also serve another purpose, and that is to calm a patient. We may not be able to all the things a Paramedic can do, but we can go a long way in reassuring the patient and their family. Take the FD out of the equation, and I fear 9-1-1 dispatchers will be getting repeat calls as to where is the ambulance I called five minutes ago? I agree with Emergency! in that this will likely backfire, mostly because the public was not properly educated.

**Jonny** - 05/18/13 - 22:28

Name: (real name preferred)  
E-mail: (optional)  
Web Site: (optional)

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To prevent spam we require you to answer this silly question

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

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