

PUBLIC SAFETY COMMITTEE

August 26, 2013

The Public Safety Committee of the City of Mesa met in the lower level meeting room of the Council Chambers, 57 East 1st Street, on August 26, 2013 at 3:34 p.m.

COMMITTEE PRESENT

Dennis Kavanaugh, Chairman
Alex Finter
Christopher Glover

COMMITTEE ABSENT

None

STAFF PRESENT

John Pombier
Alfred Smith

1. Items from citizens present.

There were no items from citizens present.

2-a. Hear a presentation and discuss a quarterly update on the status of the TOPAZ Regional Wireless Cooperative (TRWC).

Chairman Kavanaugh stated that per the Committee's direction, staff was asked to provide periodic updates to ensure that progress was taking place with respect to this item.

Deputy City Manager John Pombier introduced Communications Administrator Randy Thompson, who was prepared to address the Committee.

Mr. Pombier displayed a PowerPoint presentation (**See Attachment 1**) and reported that one of the important aspects of this issue was the establishment of a TOPAZ Regional Wireless Cooperative (TRWC) user group. (See Page 2 of Attachment 1) He explained that the user group has been greatly accepted, well attended and is meeting the goals set forth by the Council. He stated that the user group has provided input with respect to the critical decisions that the TRWC Board must make. He cited, for instance, that the user group has endorsed simplex inclusion, which means that in fire hot zones, the radios "talk to each other."

Mr. Pombier noted that with respect to fire hazard zone operations, the TRWC Board has approved a planning process for the inclusion of simplex into TRWC governance in such zones (i.e., 800 MHz frequencies or VHF technology). He pointed out that the TRWC Board is not limiting the type of technology it would use, but reiterated that it is committed to exploring the inclusion of simplex communications in a fire hazard zone. He also said that the user group and the TRWC Board concur that it might be one of the best options to ensure that "we are putting firefighter safety in the hot zone at a paramount position." He advised that the TRWC Board will

review costs and options and added that staff will update the Committee at a future date with respect to the TRWC Board's decisions.

Mr. Pombier further spoke regarding the possible unification of the TRWC and the Regional Wireless Cooperative (RWC) into a regional governance format similar to the Maricopa Association of Governments (MAG) or the Regional Public Transportation Authority (RPTA). He reported that he recently met with Phoenix Deputy City Manager Ed Zuercher and assured the Committee that both Phoenix and Mesa endeavor to resolve this issue in an efficient and effective manner.

In response to a question from Chairman Kavanaugh, Mr. Pombier clarified that neither he nor Mr. Zuercher were involved in "the divorce" that separated the TRWC and the RWC several years ago and verified that they have developed a good working relationship. He said that the parties were hopeful that they could move forward in this process; that they were considering user-driven metrics; and that it was imperative that the users be included "at the table" to offer their input and participate in the discussions.

Mr. Pombier, in addition, commented that the TRWC and RWC Boards approved a Joint Board meeting, which is scheduled for October 2013. He also stated that the TRWC and RWC Board meetings have been scheduled for the same dates through 2014. He added that the two entities are exploring ways in which to streamline the process so that they can meet whenever it is deemed necessary.

Mr. Pombier remarked that the TRWC user group and the Fire Union have been apprised of the Joint Boards' plans and timeline. He explained that although the parties would like to see the process move as quickly as possible, they recognize that it will take time "to do this right." He estimated that the timeline for the joint governance would be mid-2015, but acknowledged that it was "an ambitious goal." He suggested that "a perfect time to roll it out" would be prior to the Super Bowl in 2015, which will be hosted by the City of Glendale.

Chairman Kavanaugh suggested that from the Committee's perspective, mid-2014 would be a better time within which to complete the process so that the system would be operational for the Super Bowl.

Mr. Pombier assured the Committeemembers that the Joint Boards "will get it done as quickly as they can." He pointed out, however, that the parties want to establish a reasonable goal and not set anyone's expectations too high.

Chairman Kavanaugh commented that the Committee was taking the approach from a liability standpoint and the magnitude of the Super Bowl event and stressed the importance of implementing the system by mid-2014. He expressed confidence that his City Council colleagues in other communities would agree with his remarks and added that it was important for Mr. Pombier to convey to Mesa's partners that the joint governance was "a high priority matter."

Mr. Pombier indicated that when the TRWC makes changes to its technical system, such changes will be consistent with the RWC's system in order to prevent delays in unifying the respective radio systems.

Mr. Thompson briefly highlighted some of the completed and upcoming events since staff last updated the Committee. (See Page 6 of Attachment 1) He reported that several years ago when the two radio systems split, the TRWC selected a radio site in the White Tank Mountains in order to provide coverage on the west side of Phoenix. He stated that unfortunately, the site was too far to the west to provide reliable coverage in certain areas and noted that a new location on Shaw Butte was chosen. He further commented that this site should offer significantly improved radio coverage for units operating in the West Valley.

Mr. Thompson also discussed the necessity to upgrade the TOPAZ base station in the next few years. (See Page 7 of Attachment 1) He commented that funding for the project is not only included in the TRWC Capital Plan for 2015/16, but also the City of Mesa Capital Plan as a future bond item. He added that staff was exploring alternative funding options, such as leasing equipment.

In response to a question from Chairman Kavanaugh, Mr. Thompson clarified that the TOPAZ base station upgrade was not included as a project in the City of Mesa's November 5, 2013 Special Bond Election package.

Mr. Thompson, in addition, indicated that staff was working with the user departments relative to the lifecycle replacement of their mobile and portable radios. He explained that most of the mobile and portable radios are ten years old or older and said that it would be necessary for the Council to discuss the funding of such equipment in order to prevent higher maintenance costs and down time due to equipment malfunctions. He added that the partners in the TRWC are also considering this issue as well.

Responding to a series of questions from Committeemember Finter, Mr. Thompson stated that if the City replaced all of its portable radios at one time, it would cost approximately \$10 million. He pointed out, however, that the Mesa Fire and Medical Department (MFMD) has already purchased new radios, which were funded with grant monies, and put into service earlier this year. He noted that over the next five years, he would anticipate that it would be necessary for the City to purchase replacement radios or, as an alternative, lease the equipment.

Mr. Thompson displayed a document outlining the interoperability members recently approved by the TRWC. (See Page 8 of Attachment 1)

Chairman Kavanaugh thanked everyone for the presentation.

2-b. Hear a presentation and discuss an update regarding the Affordable Health Care Act.

Fire Chief Harry Beck introduced Assistant Fire Chief Mary Cameli and Mesa Fire and Medical Department (MFMD) Medical Director Dr. Gary Smith, who were prepared to address the Committee.

Chief Cameli displayed a PowerPoint presentation (**See Attachment 2**) and reported that the Affordable Care Act (ACA) is defined as a number of health care providers working together to improve patient care and lower costs. She stated that the Accountable Care Organizations (ACOs) consist of those entities that have agreed to participate in a Medicare Shared Savings ACO and work closely with other health care providers to coordinate patient care. She noted that ACOs may share in any savings that result from innovative patient care. She remarked that

since January of this year, three different organizations in Arizona have applied for this grant and added that the MFMD would partner with such organizations in an effort to save money.

In response to a question from Chairman Kavanaugh, Chief Cameli clarified that Dignity Health is an example of one of the organizations that applied for the grant.

Chief Cameli reported that the MFMD has already implemented various innovations, which fall in line with what the federal government is asking health care providers to do. She stated that the Physician's Extender Program allows a nurse practitioner to treat a patient on the scene and refer the person to a primary care provider. She pointed out that in April of this year, the MFMD implemented a Behavioral Health Unit, wherein a crisis counselor evaluates the behavioral patient on the scene, after which time the person is sent to the proper facility.

Responding to a question from Chairman Kavanaugh, Chief Cameli stated that the Behavioral Health Unit, which works a 40-hour week, averages approximately four to five calls per 12-hour shift. She advised that the team responds to other calls as well and said that staff was collecting data to determine whether it was necessary to dispatch the unit only to behavioral calls. She pointed out that the calls can last for an extended period of time (i.e., a minimum of one and a half hours) due to the length of the crisis counselor's evaluation.

Discussion ensued relative to the fact that the MFMD, in partnership with Mountain Vista Medical Center, operates the Physician's Extender Program; that the MFMD provides an existing TRV and captain/paramedic and the medical center provides a nurse practitioner; and that regarding the Behavioral Health Unit, the MFMD utilizes another TRV already in service, which is staffed with a MFMD captain/paramedic and a crisis counselor from CPR Behavioral Health, the City's partner in the program.

Dr. Smith offered an extensive overview of the medical services that the MFMD delivers to the community in a pre-hospital setting. He reported that an individual seeking medical assistance calls 911 and stated that through a triage mechanism that takes place in the MFMD's Communications Center, the appropriate units are dispatched to the scene. He explained that if a person is a "non-breather" or has serious physical injuries, a four-person Fire apparatus would respond. He noted, on the other hand, if it were a lower-acuity type of call, a TRV unit staffed with a captain/paramedic and a physician's assistant (PA) or nurse practitioner, would be dispatched to the scene.

Dr. Smith displayed a diagram titled "Community Care Initiative Payment Model" (See Page 5 of Attachment 2) and indicated that the pyramid illustrates the services currently provided within the health care system, including primary care providers, specialty providers (i.e., cardiologist, neurologist), ancillary services (i.e., labs, physical therapy) and hospitals.

Dr. Smith pointed out that the MFMD plays an important role in responding to 911 calls and can often evaluate the patients at the point of call, after which time treatment can then ensue. He noted that examples of such treatment include, but are not limited to: closing a laceration; giving an injection in the form of a muscle relaxer or pain medication; and drawing blood and administering IV antibiotics prior to the patient's arrival at the emergency room. He added that the MFMD directs patients from the community into the medical system, thereby becoming a tertiary service in the health care system.

Dr. Smith further remarked that once patients are released from the hospital, oftentimes they continue to call 911 for their medical needs as opposed to contacting their primary care provider for follow-up care. He noted that staff conducted a one-month study and identified that approximately 25% of the MFMD's Emergency Medical Service (EMS) and 911 calls are attributed directly to those patients who were admitted to the hospital within the previous 30 days and did not seek appropriate follow-up care. He added that once the MFMD receives the grant, staff intends to conduct further research regarding this issue and determine how to more effectively manage these individuals as they are discharged from the hospital.

Dr. Smith, in addition, reported that the payment model will be derived from the health care system, whether it is an insurer or an ACO. He clarified that an ACO is actually funded through the insurance plans that contract with that entity and pointed out that the "overlying payer" is the insurance plan.

Dr. Smith stated that the MFMD endeavors to receive compensation for the services it renders and noted that if it sends out a statement to an insurance plan, for example, and the company chooses not to pay, the MFMD will receive denied claims. He indicated that as the denied claims accumulate, the MFMD would have the ability to demonstrate to the insurance plan how much money it saved as a result of the services the City rendered for lower-acuity calls through the use of the TRV/Physician's Extender program versus dispatching a four-person Fire apparatus and an ambulance transport to the emergency room.

Dr. Smith further commented that the MFMD's TRV/Physician's Extender program and the Behavioral Health Unit are both models that, in his opinion, "will catch a lot of wind" in other communities throughout the country.

Committeemember Finter stated that he was pleased that the MFMD has implemented a number of cost-saving programs, especially with respect to 911 calls, which are some of the most expensive taxpayer supported services that the City provides.

Dr. Smith clarified that overall, the programs that the MFMD has implemented offer "better service to the public."

Additional discussion ensued relative to the Behavioral Health Unit; that the crisis counselor evaluates the patient immediately on the scene, as opposed to a four-person Fire apparatus responding to the 911 call and an ambulance transporting the person to the emergency room; that once the patient is evaluated, the individual is diverted to the appropriate behavioral health facility and "plugged into a system that will manage the problem;" that the cost associated with housing a behavioral health patient in the emergency room, as well as an additional transport to a psychiatric facility would be approximately \$2,000 per day; and that the health care dollar savings would be much more significant with respect to mental health calls as compared to medical calls.

Dr. Smith concluded his remarks by stating that the MFMD was seeking permission to "send a bill" to the insurance plan for the purpose of reimbursement of services rendered as opposed to "making money."

Chief Cameli reported that the MFMD has applied for "round two" of the Center for Medicare and Medicaid Services (CMS) Health Care Innovation grant. She said that the Department was

requesting \$13.9 million in funding (See Page 6 of Attachment 2) and explained that the MFMD was requesting four PA units and one Behavioral unit, both to operate 24/7, a nurse in the alarm room and medical direction.

Chief Cameli advised that staff would conduct mock billings with respect to the process to assess the cost savings. She stated that the grant is for three years, after which time there would be no cost to the City if it proves to be of no benefit. She expressed confidence, however, that would not be the case.

Chairman Kavanaugh noted that the MFMD has an asset of its existing operation and a model that has been successful.

Chief Cameli confirmed Chairman Kavanaugh's statement and reiterated that the Physician's Extender program has been in operation for more than a year. She pointed out that if such a program can be put into service with four units on a 24/7 basis, the benefits to the community would be magnified.

Responding to a question from Chairman Kavanaugh, Chief Beck clarified that although other communities have not adopted the MFMD's complete model, they have adopted portions of it. He stated that the concept was "a no brainer" and noted that he has received inquiries from many communities regarding Mesa's leadership, who provided an opportunity for the MFMD to implement new programs despite the fact that risks were involved in such endeavors.

Chief Beck further remarked that the MFMD was applying for the grant "to put the current programs on steroids" in order to match the Department's response system. He noted that this would provide staff the opportunity to evaluate the extent to which they want to continue to provide the services once the period of the grant has expired. He added that the TRVs that the MFMD currently utilizes responded to more than 3,000 calls in one year which, in terms of a fire station response, is an extremely busy company.

Deputy City Manager John Pombier stated that as a recent patient of both the emergency room and the Physician's Extender program, he was "astounded" by the high level of service that he received from the MFMD as compared to the cost and time it took to go to the emergency room.

Chairman Kavanaugh thanked staff for the presentation.

2-c. Hear a presentation and discuss an update regarding the Regional Ambulance System.

Chairman Kavanaugh stated that the regional ambulance contract will expire in August 2014. He noted that over the next year, the Public Safety Committee will play an integral part in reviewing the process and progress of that partnership and how and whether it will continue.

Assistant Fire Chief Mary Cameli introduced Management Performance and Accountability Advisor Jason Taylor, who was prepared to address the Committee. She commended Mr. Taylor for his efforts and hard work in administering the regional ambulance contract.

Mr. Taylor displayed a PowerPoint presentation (**See Attachment 3**) and reported that in August 2011, an agreement for emergency ambulance services was entered into between Southwest Ambulance and "the region," consisting of Mesa, Gilbert, Apache Junction and

Queen Creek. He explained that the purpose of the contract was to replace the individual communities' contracts with a single regional contract and improve the consistency and quality of services.

Mr. Taylor advised that with respect to emergency services, the Fire Department arrives first for medical emergencies and provides the initial patient care. He noted that the role of the ambulance provider is to transport the patient to the hospital, which is typically accomplished with a two-person ambulance crew unless the patient is critical, in which case one or more paramedics will accompany the patient in the ambulance to the hospital.

Mr. Taylor pointed out that Southwest Ambulance is paid for services rendered by the patient and/or the patient's insurance company and said that the MFMD does not incur such costs. He remarked that the contract has a three-year term, running from August 2011 to August 2014, and includes two three-year renewal options. He added that in the next six months, staff will come back to the Committee with a recommendation in this regard.

Mr. Taylor, in addition, remarked that the contract's performance measures focus on response times in two categories as follows: 1.) The most serious emergencies; and 2.) Other emergencies. He stated that with respect to the most serious emergencies, Southwest Ambulance must arrive at the scene within nine minutes 90% of the time and cannot exceed 20 minutes for any single response. He advised that for all other emergencies, Southwest Ambulance must arrive within 15 minutes 90% of the time and cannot exceed 30 minutes on any response. He commented that the response times are measured separately across nine geographic zones throughout the region, with three of the zones located in Mesa.

Mr. Taylor highlighted Southwest Ambulance's response times in Mesa as follows:

- In southeast Mesa, Southwest missed the 90% threshold for the most serious emergencies in June and September 2012. The company was assessed liquidated damages in the amounts of \$9,000 and \$27,000 respectively for those instances. Southwest resolved the problem by posting another ambulance in the area during times of higher call volumes.
- Southwest is currently working to improve bariatric unit responses, especially in west Mesa. Bariatric ambulances are designed to transport obese patients. Recently, Southwest exceeded the 30-minute maximum response times in Mesa and in June 2013 had three late bariatric responses and was assessed \$3,000 in liquidated damages. Mesa's dispatchers now notify Southwest's supervisors of bariatric requests and Southwest is reassessing the locations of the bariatric ambulances.

Mr. Taylor pointed out that Southwest Ambulance has also exceeded response times outside of Mesa and was assessed liquidated damages once in Gilbert and twice in Apache Junction.

Mr. Taylor further remarked that the City also monitors Southwest Ambulance's performance in other areas such as accident and breakdown frequency; competence of ambulance crews; and professionalism of ambulance crews. He stated that these items are measured through a review of maintenance records, tracking of complaints and annual surveys of the region's first responders. He added that currently, the City has no major concerns in these areas.

Responding to a question from Chairman Kavanaugh, Chief Cameli clarified that Southwest Ambulance has been quick to respond to any of staff's issues or concerns. She also commented that the company continues to work on response times and improve its processes with respect to the other regional partners.

Fire Chief Harry Beck stated that in his opinion, Southwest Ambulance has maintained its professionalism and worked closely with City staff throughout this process. He pointed out that Mr. Taylor has attempted to provide reliable data to both the City and Southwest Ambulance so that both entities can manage the process in a more effective manner.

Chairman Kavanaugh thanked staff for the timely report and said that he looked forward to hearing more about this item in the coming months.

3. Adjournment.

Without objection, the Public Safety Committee meeting adjourned at 4:22 p.m.

I hereby certify that the foregoing minutes are a true and correct copy of the minutes of the Public Safety Committee meeting of the City of Mesa, Arizona, held on the 26th day of August, 2013. I further certify that the meeting was duly called and held and that a quorum was present.

DEE ANN MICKELSEN, CITY CLERK



TRWOC UPDATE

Mesa City Council

Public Safety Committee

August 26, 2013



TRWC USER GROUP - OPERATIONAL

- Fire, Police, and Municipal membership
- Exec Director and Exec Committee Chair
- Self directed team
- Chaired by Mesa's John Locklin, Mesa Fire
- Has met monthly since April 2013
- Focus has been on radio system education
- Has endorsed simplex inclusion (fire hazard zone communications)

FIRE HAZARD ZONE OPERATION

- TRWC Board approved planning process for inclusion of simplex into TRWC Governance
- Focused to address fire hazard zone operational inconsistencies in the Valley
- Current budgetary estimate \$1.8 million in capital
 - Mesa VHF Option = \$1.8 mm
 - Other options, partnerships with Phoenix = TBD
- Costs & options will be produced as part of TRWC capital budgeting

TRWC / RWC REGIONAL GOVERNANCE

Communications Authority Concept defined

- Central Governance & Interconnected Systems
- Equitable Voting and Cost Allocation
- Accommodating of Other Systems (Maricopa County, YRWC, Pima and Pinal County)
- Master Plan & Consistent Standards
- User Driven Metrics - Police, Fire and Municipal
- Distributed Management & Ownership – Similar to
MAG



REGIONAL GOVERNANCE

NEXT STEPS

- TRWC and RWC Boards approved a Joint Board Meeting scheduled for October 2013
- TRWC and RWC board meetings scheduled for same dates through 2014
- Reviewed timeline and plans with TRWC User Group and Fire Union
- The Joint Boards will provide direction on next steps
- Seeking agreement to develop a detailed governance and implementation plan
- Estimate mid-2015 for implementation
- Technical work continues in parallel to optimize timetable

COMPLETED & UPCOMING EVENTS

- New Radio Site for Improved West Side Coverage
 - Shaw Butte now operational
- “Re-banding” of 800 MHz Frequencies
- Study for Town of Florence – (Membership Request)
- Assisting SRPMIC with equipment space on Thompson Peak
 - SRPMIC replacing obsolete TRWC equipment, saving \$200K
- TOPAZ Base Station Upgrade in 2015-16
 - Infrastructure, Mobile, & Portable Radios



CAPITAL BUDGETING

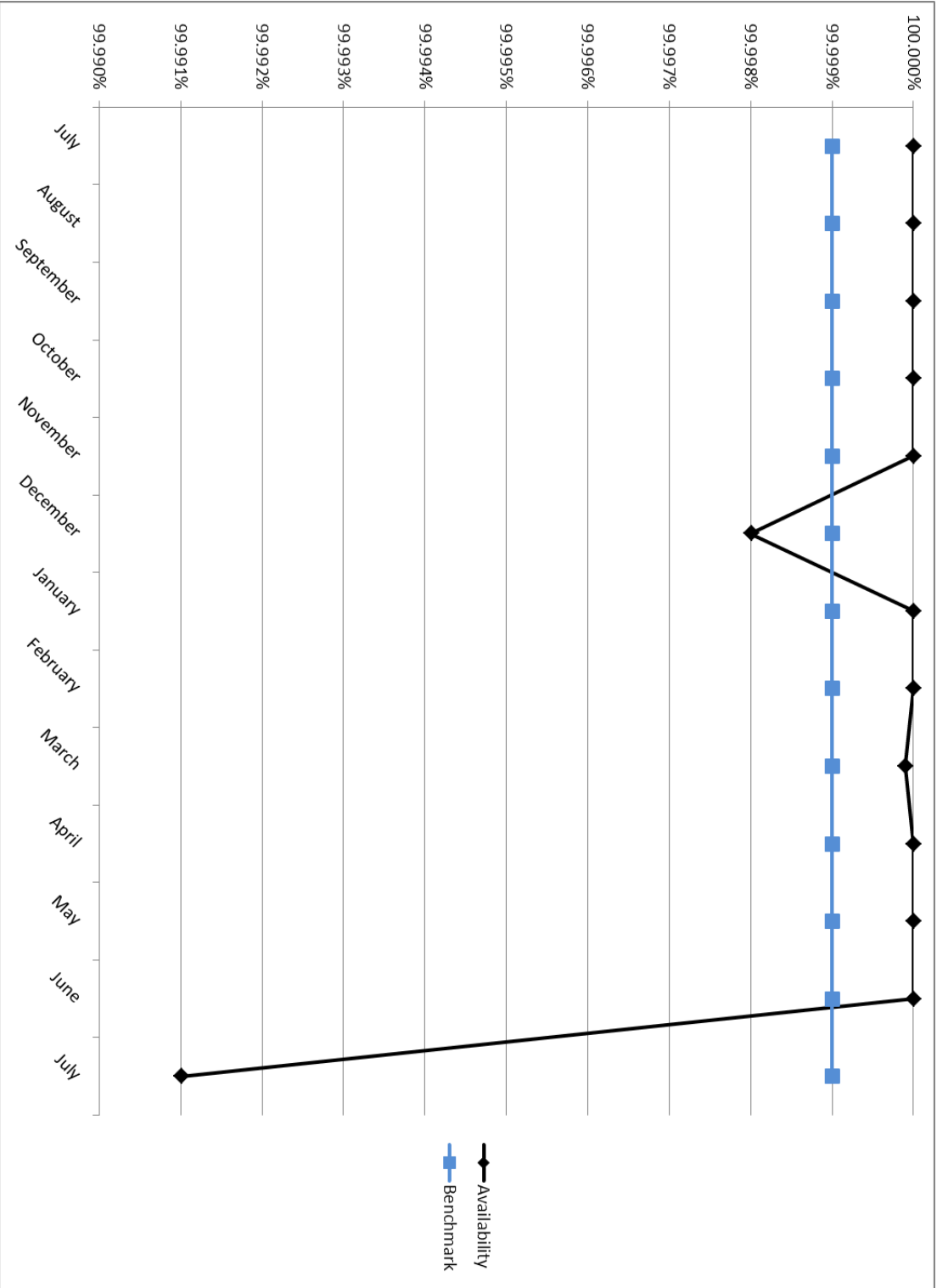
- TOPAZ Base Station Upgrade
 - \$10.5 million
 - In TRWC Capital Plan for 2015-16
 - On City of Mesa Capital Plan as a Future Bond Item
- Mobile & Portable Radios
 - Portable radios have reached end of lifecycle
 - Mobile radios are nearing end of lifecycle
 - Funding of Mobile & Portable radios member responsibility

RECENTLY BOARD APPROVED INTEROPERABILITY MEMBERS

- Ak-Chin Indian Community
- Ft. McDowell Yavapai Nation
- Phoenix-Mesa Gateway Airport Authority
- Salt River Pima-Maricopa Indian Community
- Gila River Indian Community



SYSTEM PERFORMANCE REVIEW



QUESTIONS?



EMS Innovations

Affordable Care Act



Affordable Care Act

Health care providers working
together for high quality
patient care and lower costs.

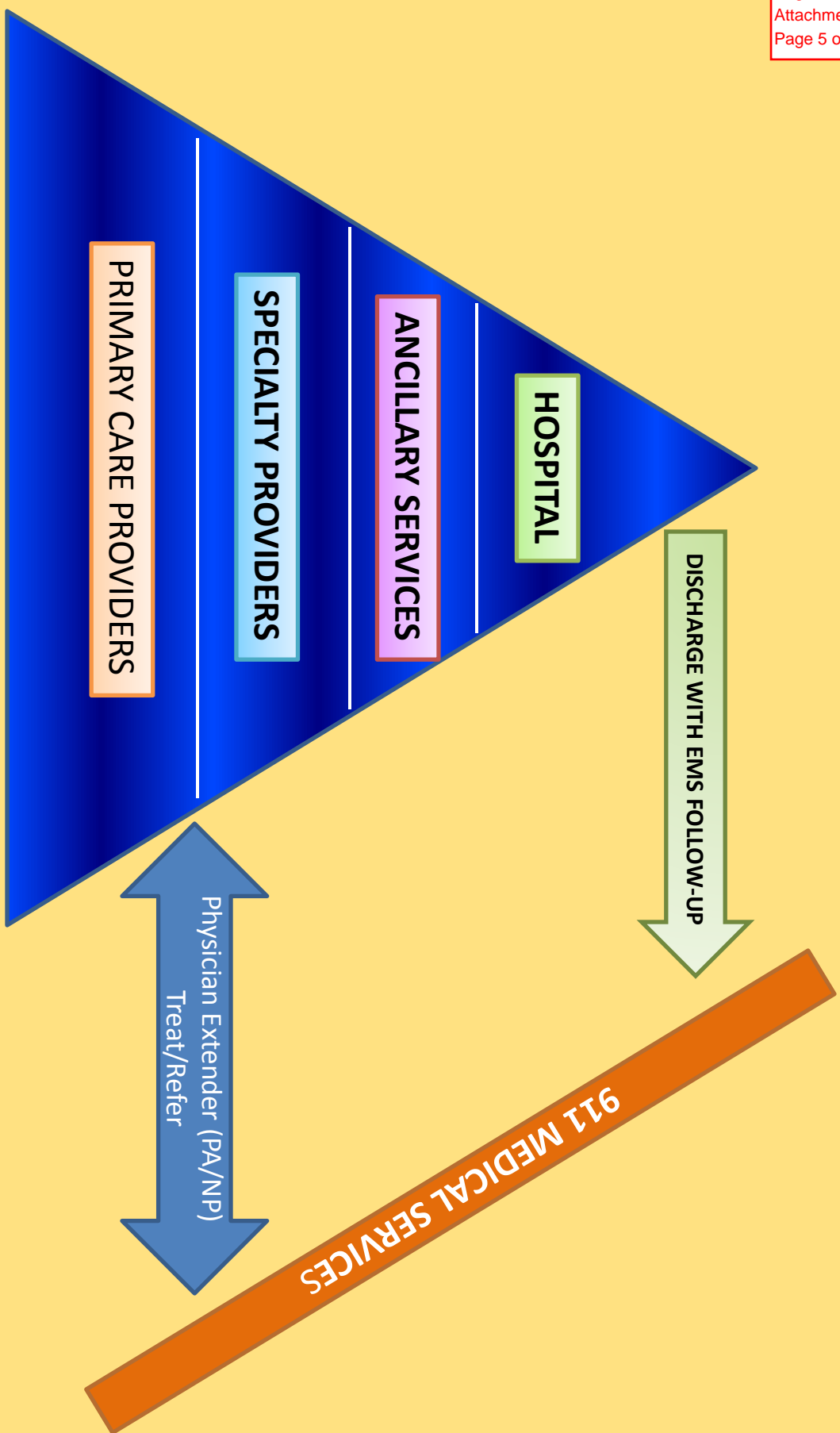
Accountable Care Organizations

Organizations who have agreed to participate in the Medicare Shared Savings and to work closely with other health care providers to coordinate patient care. ACO's may share in any savings that result from innovative patient care.

Innovations

- PA 201
 - Nurse Practitioner
- Behavioral Health Unit
 - Crisis Counselor

Community Care Initiative Payment Model



CMS Healthcare Grant

(Center for Medicare & Medicaid Services)

- Requesting \$12.9 million
- Requesting four PA units 24/7
- Requesting one Behavioral unit 24/7
- Nurse in the alarm room
- Medical Direction



Questions



Regional Ambulance Contract

Public Safety Committee Update
August 26th, 2013

Presented by: Mesa Fire and Medical Department





Background

- Agreement for emergency ambulance services between Southwest Ambulance and the “region” (Mesa, Gilbert, Apache Junction, Queen Creek).
- Southwest paid by patients and/or insurance rather than fire departments.
- 3-year term: August 2011 - 2014.



Response Times

- Performance measures focus on response times.
- **For the most serious emergencies**, must arrive within 9 minutes 90% of the time. Cannot exceed 20 minutes for any response.
- **For other emergencies**, must arrive within 15 minutes 90% of the time. Cannot exceed 30 minutes on any response.



Response Times – Cont'd

- Performance:
- Initial problems meeting 9 minute response times in Southeast Mesa.
- Currently working to improve bariatric unit responses, especially in West Mesa.
- Response times also exceeded in Gilbert and Apache Junction.



Other Performance Measures

- No major concerns in the following areas:
 - Accident and breakdown frequency
 - Competence of Ambulance Crews
 - Professionalism of Ambulance Crews