

Strategic Planning Report Town of Manchester Connecticut



Manchester Fire-Rescue-EMS Manchester Fire Department 8Th Utilities District

“Two Patches One Mission”



WORKING DRAFT

Prepared by

The Guercia Group, LLC.
17 North Branford Rd
Wallingford, CT 06492
860.471.1455

www.GuerciaGroup.com

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**COMMUNITY OF MANCHESTER
FIRE SERVICE AND EMS
DELIVERY SYSTEM
STRATEGIC PLAN**

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EXECUTIVE SUMMARY

Manchester, Connecticut is a growing community and like many New England communities is rich in history and tradition. The citizens of Manchester have been protected by two separate fire districts for over 100 years. While it is not the intent of this planning project to consolidate the two fire districts, the leadership of both fire districts (Manchester Fire Rescue and Manchester Fire Eight District) desire to plan and provide the highest level of service to the community. To work toward self-improvement, the fire districts contracted with the Guercia Group to facilitate a community-driven strategic plan.

During the planning process, memberships from both fire districts were challenged to look critically at values, philosophies, beliefs and desires. Planning team members were challenged to think in a way that best serves the citizens of the community regardless of fire district boundaries. Internal planning team members contributed honest assessments of the strengths and weaknesses of the fire districts. Community meetings were held to obtain external perspectives from the citizenry.

The planning process has resulted in the adaption of a joint mission statement with both shared values and a philosophy of operations to carry out the mission statement. Additionally, the strategic plan identifies seven strategic goals that create the basis for the two fire districts to collectively strengthen their delivery models and minimize their weaknesses.

Mission Statement

The mission of the Fire and Emergency Services in the Community of Manchester is to provide Fire, Emergency Medical and Rescue Services to protect our citizens, our visitors, their property and the environment from harm with compassion, integrity and professionalism.

Core Values

Professional
Trustworthy Ethical Compassionate Integrity
Service Teamwork Education/Training

Philosophy of Operations

We embrace a stringent standard of PROFESSIONAL conduct that applies these values to consistently deliver high levels of service to the community in times of need.

TRUSTWORTHY: We accept and value the faith that the community places in us and commit to maintaining that irrevocable trust

ETHICAL: We are guided by a strong moral compass that places Manchester's residents and visitors, their wellbeing, and their assets first

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COMPASSIONATE: We shall provide caring and impartial service to those in need, as if they were a member of our own family

INTEGRITY: We have each pledged a personal oath to maintain our willingness to place the needs of others before our own

SERVICE: It is our privilege and honor to serve the residents and visitors of Manchester by providing superior emergency services

TEAMWORK: We utilize our combined resources by maximizing the diverse skills and competencies of our members to meet the changing needs of a growing community

EDUCATION/TRAINING: We continually pursue excellence through knowledge and skill acquisition to ensure mission readiness

Manchester Community-Wide Fire, Rescue and EMS Strategic Goals

1. The emergency dispatch services in the community of Manchester support the community-wide response model on the local and regional level by providing the appropriate tools, supervision and training in the dispatch center.
2. Manchester has a community-wide response model to handle both routine and high risk/low frequency events utilizing both fire districts and external mutual aid partners.
3. A community-wide and achievable training model that ensures the members of both fire districts are mission ready for their assigned duties exists.
4. Both fire districts leverage existing information technology resources and data to support the community-wide response model and benchmark service delivery.
5. The Community of Manchester's Emergency Medical Services System is aligned to support the ever-changing community healthcare needs.
6. Both fire districts in Manchester have command structures for both emergency scene and administrative functions that ensure effective span of control, unity of command, and long-term succession planning.
7. Both fire districts in Manchester foster a culture of health and safety for their members.

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During the planning process several significant operational priorities came to light that the leadership of both fire districts have agreed to begin addressing immediately. The following represents our recommended initial planning actions which can be initiated immediately to improve services, as the overall strategic plans is finalized.

Manchester Community-Wide Fire, Operational Priorities

1. Create a policy for both departments to utilize existing radio equipment to achieve interoperability within the community of Manchester when fire districts are operating together on the same emergency scene.
2. Program current CAD to send closest appropriately staffed, unit to medical and fire calls for automatic responses of closest units for high risk low frequency events (structure fires)
 - a) Create a mutual aid priority request list for the entire community that both departments adapt into policy (this will be part of the community wide response model).
 - b) Create Unified Response Codes for all agencies.
3. Support expansion of dispatch supervisory staff.
4. Further coordinate town wide Communications Center operations into a single platform for dispatch.
5. Create a policy to ensure there are designated command level officers able to respond and define the roles that must be filled such as IC, Operations and Incident Scene Safety Officer and what rank should fill the positions.
6. Adapt a new deployment model for fire and EMS responses
7. Begin the process to build a joint Fire and EMS Training facility in Town.
8. Work in concert with the Police to implement a new CAD software that meets both fire and police mission needs. This must include the integration of both Fire and EMS data collection. (NFIRS and NEMIS)

The leadership and membership of both fire districts are to be commended for their dedication, honesty, patience and expertise in the development of this strategic plan. They will need to continue this spirit of cooperation to implement the goals and objectives contained in this plan to best serve the citizens of Manchester, Connecticut.

HISTORY OF SYSTEM DESIGN

Manchester Fire, Rescue and EMS

The need for a fire department in South Manchester was voiced increasingly during the late 1800's, particularly by F. Ernest Watkins, one of the partners of Watkins Brothers. A fire, which destroyed the Weldon business block in 1897, spurred action and a petition signed by twelve men to the Selectmen asking them to call a meeting to form a fire district. A meeting was called on April 21, 1897 and a fire district was organized by a vote of 56 to 46. It was organized into 5 companies:

In 1905, the Charter Oak Company No. 5 merged with School Street Company No. 4. The four remaining Companies were organized into a Fire Department in June of 1897 and named the South Manchester Fire Department. Frank Cheney Jr. was selected as the first Chief of the Department. The Department was consolidated with the Town of Manchester in November of 1956 to form the current entity known as: Manchester Fire - Rescue -EMS.

Early fire suppression equipment consisted of hand drawn hose carts. Each two-wheeled cart contained 350 feet of hose, two axes, a hydrant wrench, two spanner wrenches and a canvas sack, which was laid over the top, containing rubber coats and hats.

The department has grown to its current strength of 79 uniformed career and 3 civilian support personnel. It responds to over 9700 calls for service annually. MFRE provides Fire Prevention, Fire Suppression, Emergency Medical Services (Basic Life Support and Advanced Life Support), Specialized Rescue, Hazardous Materials, Public Education and Disaster Mitigation.

The Department operates from five fire stations throughout the district. Each modern apparatus is equipped with the latest fire suppression and rescue equipment. Each engine company contains at least one Connecticut Licensed Paramedic as a part of its crew, to assure a prompt delivery of high quality emergency medical care.

Manchester Fire Department, Eighth Utilities District

The ideals of community, neighbors helping neighbors for the common good, and the selflessness of public servants are all epitomized in the image of the volunteer firefighter. In 1888, this spirit led to the formation of the Manchester Fire Department, Eighth Utilities District. When the Tuohey Barn burned to the ground. This probably marked the very first time that men and boys were organized as a bucket brigade and the very first volunteer firemen made their appearance near the North End Business Center that cold Saturday in 1888.

The following Friday morning, the 4th of January in the New Year of 1889, things were a lot

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hotter on Depot Square than the zero temperature would indicate. A real "Blazer" was raging and if it had not been for outside help from Hartford the entire Business Section would have been destroyed. The outside help came in the form of an old fashioned "Steamer." Where ordinarily it would have been horse-drawn – in this instance it was loaded on a railroad flat bed and moved to Manchester with the help of a steam engine train. Once the pumper arrived at the North End it was unloaded and moved adjacent to the brook which flowed alongside Nelson Place. This provided a supply of water where the need was greatest and was the paramount factor in bringing the fire under control.

This is probably the first recorded case of mutual aid fighting fires in Manchester. Today, this mutual aid is so general that Manchester is a part of an organization that extends to many points throughout the county and the value of the organization to the community is undisputed. The Scott Building fire probably provided one of the very first examples of fire protection as we know it today. It was a result of this preventative work, coupled with the imagination and ingenuity of the volunteers, that the Cowles Hotel escaped with very little, if any, damage. Here is what happened.

The manager of the Cowles Hotel recruited a group of volunteers who placed carpets, blankets, and sheets along the entire eastern face of the hotel from the roof line to the ground. A Bucket Brigade was then formed of men and boys who passed buckets of water from the adjoining wells and brooks and kept the eastern face of carpets, blankets, and sheets saturated with water. There were many that credited this unique move as being the important factor in saving the entire Cowles Hotel.

If there was one grateful citizen in the North End after the Scott Building Fire it was Clarence Allen, the proprietor of the Cowles Hotel. After witnessing what can be accomplished when a group bands together, he interested a group of residents and property owners of the Old Eighth School District in the formation of an organization that would be ready to help in case of a fire and he is credited with being the very first Fire Chief. Since there were no water mains to furnish a supply of water for hoses, Chief Allen had some water buckets (genuine leather) purchased and left at convenient places. He also set up a fire alarm procedure. To turn into an alarm, the bell in the Old Union School (now demolished) could be rung; the policeman on the beat was given a key to the Second Congregational Church so that the church bell could be rung; or, a whistle in the Case Paper Mill on Mill Street (now Rogers Corp.) could be sounded. This traces the early evolution of the Fire Alarm Systems and illustrates the ingenuity of the men of that day using and utilizing the only tools available or accessible to them.

After the organization of the volunteer firemen, the next most important advancement took place when the Manchester Water Co. obtained a charter to provide a water supply and started to lay water mains. At the same time the Eighth School District entered into a contract with the Manchester Water Co. to pay a yearly rental for hydrants for a period of 20 years. This made the year of 1889 a year of advancement and decision. With the coming of the water mains and the fire hydrants, additional funds were raised by subscriptions, sponsoring dances and entertainments (no Peach Shortcake Festivals in those days). Those funds were used to purchase some hose, a jumper, and a few more pieces of

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apparatus.

Clarence Allen held the post of Fire Chief until 1890 and then relinquished it to his brother, George H. Allen, who served as the second Fire Chief until the year 1893.

James H. Stannard was a retired Town Clerk from Westbrook, Conn. He came to Manchester and became interested in the civic and social life of the North End. As the third Fire Chief he served from 1893 to 1897.

John F. Sheridan had been active in Manchester's political and business life having served for a time as a police commissioner. He also became interested in the civic life of the North End and served as the fourth Fire Chief from 1897 until 1899. An indication of his influence on the community life of his day was the Sheridan Hotel, which stood directly across from Center Park on Main street.

In 1899, the Fire Dept. took on a new impetus under the leadership of Thomas J. Smith, the fifth Fire Chief and the one with the longest tenure in that office. Chief Smith served from 1899 to 1917 and it was during his years of leadership that the first reorganization took place. It was in the year of 1899 that the first set of by-laws were written to govern the conduct and activity of the Manchester Fire Dept. At the same time, three hose companies and a headquarters company with a hand-drawn hook and ladder were established. The fire headquarters with the hook and ladder equipment were located on North School Street and contained a tower for drying hose.

The No. 2 Company was located in a cement block building on Apel Place near Oakland Street. Company No. 3 was located in a barn on Main Street adjacent to what is now known as Henry Street and the Fourth Company was created by moving a hose reel out of the headquarters company on North School Street to a barn further west on North Main Street. By the year 1899, the Manchester Water Co. had laid sufficient water mains to be able to provide 56 hydrants in the District.

The Department provides Fire Suppression, Emergency Medical Services at the Basic Life Support level, Specialized Rescue, Hazardous Materials, Public Education and Disaster Mitigation. The Department is staffed by a combination of volunteers and career staff. The department has grown to its current strength of 75 uniformed career and volunteer personnel. It responds to over 2900 calls for service annually.

DEFINITION OF A STRATEGIC PLAN

The Fire and Emergency Medical Service System in Manchester, CT has entered a very competitive evolutionary cycle. Public demands continue to increase, while dollars and other resources continue to shrink. These trends place increased pressure on the two fire chiefs, policy makers, and the paid and volunteer staff to develop ways to be more effective and more efficient. In many cases, the public is demanding the accomplishment of specific goals, objectives, and services with fewer resources. To be more efficient with the available resources, organizations must set objectives based on constructive efforts while eliminating historical differences that do not serve the customer.

This document is the result of several strategic planning sessions and includes valuable community and department member input.

What is a Strategic Plan?

It is a living management tool that:

- Provides short-term direction
- Builds a shared vision
- Sets goals and objectives
- Optimizes use of resources

Effective strategic planning benefits from a consistent and cohesively structured process employed across all levels of the organization. Planning is a continuous process, one with no clear beginning and no clear end. While plans can be developed on a regular basis, it is the process of planning that is important, not the publication of the plan itself. The planning process should be flexible and dynamic. New information from customers, like-providers, and life changes are to be factored into the planning process.

The strategic plan should be an operationally useful, living document.

STRATEGIC PLANNING PROCESS

The following is a brief synopsis of the steps we utilized in our strategic planning process:

1. **Team** – Facilitators from Guercia Group worked closely with a team of officers representing each of the fire departments in Manchester. Teams included three focus groups representing Fire-Rescue, Hazard Reduction and Emergency Medical Services.
2. **Values Audit** – The Department’s value system was identified through a survey filled out anonymously by department members, officers, support staff and discussions with internal

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focus groups.

3. **Identify Values** – Facilitators summarized and evaluated the completed surveys to identify the values of the department members. By identifying the core values, we developed an overall perspective of the membership necessary when we begin to evaluate other areas.
4. **Mission & Core Values** – Facilitators worked with senior leadership from both departments to identify and developed a new community-wide mission statement and philosophy of operations representing both department's core values.
5. **Mandates** – Focus groups representing Fire-Rescue, Hazard Reduction and Emergency Medical Services identified the Department's formal and informal mandates. Mandates comprise those things that the Department and its members must abide by; understanding them allows leadership to determine where they do and do not have flexibility in operations and activities.
6. **Strengths, Weaknesses, Opportunities and Threats/Challenges/Concerns (SWOT or COWS)** – Focus groups representing Fire-Rescue, Hazard Reduction and Emergency Medical Services conducted an honest assessment of the internal strengths and weaknesses and the external opportunities including threats or challenges of the Departments. The SWOT or COWS also began the process of identifying our strategic issues. We never view our customers or partners as a threat, but understand as we move forward with decisions challenges and concerns may be created that have to be taken into consideration.
7. **Strategic Issue Identification** – Based upon all the proceeding procedures and the perspectives provided by the planning team members, the strategic issues of fire and emergency services in Manchester were identified.
8. **Envision the Ideal Future** – Once the expected operating environment and strategic issues were identified and discussed, the team took an opportunity to envision what the ideal future of the emergency services in Manchester would look like, if the strategic issues have been addressed. That vision of the future is tempered by such things as the SWOT, the mandates, and values of the Department.
9. **Strengths, Weaknesses, Opportunities and Threats/Challenges/Concerns (SWOT or COWS)** – Focus groups representing Fire-Rescue, Hazard Reduction and Emergency Medical Services conducted an honest assessment of the internal strengths and weaknesses and the external opportunities including threats or challenges of the Departments. The SWOT or COWS also began the process of identifying our strategic issues. We never view out customers or partners as a threat, but understand as we move forward with decisions challenges and concerns may be created that should be taken into consideration.
10. **Strategies Turned into Action Plans** – Strategy development without conversion into action plans is merely a mental exercise. To assure that there is a process for implementation of the strategy, we developed objectives for each strategy. These plans will

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need to be adapted and implemented as action plans by the department's officers.

11. **Development of Appropriate Metrics** – The department's officers will need to develop a metric for tracking and monitoring the implementation of the action plans and benchmarking of the goals.

PROCESS AND ACKNOWLEDGEMENTS

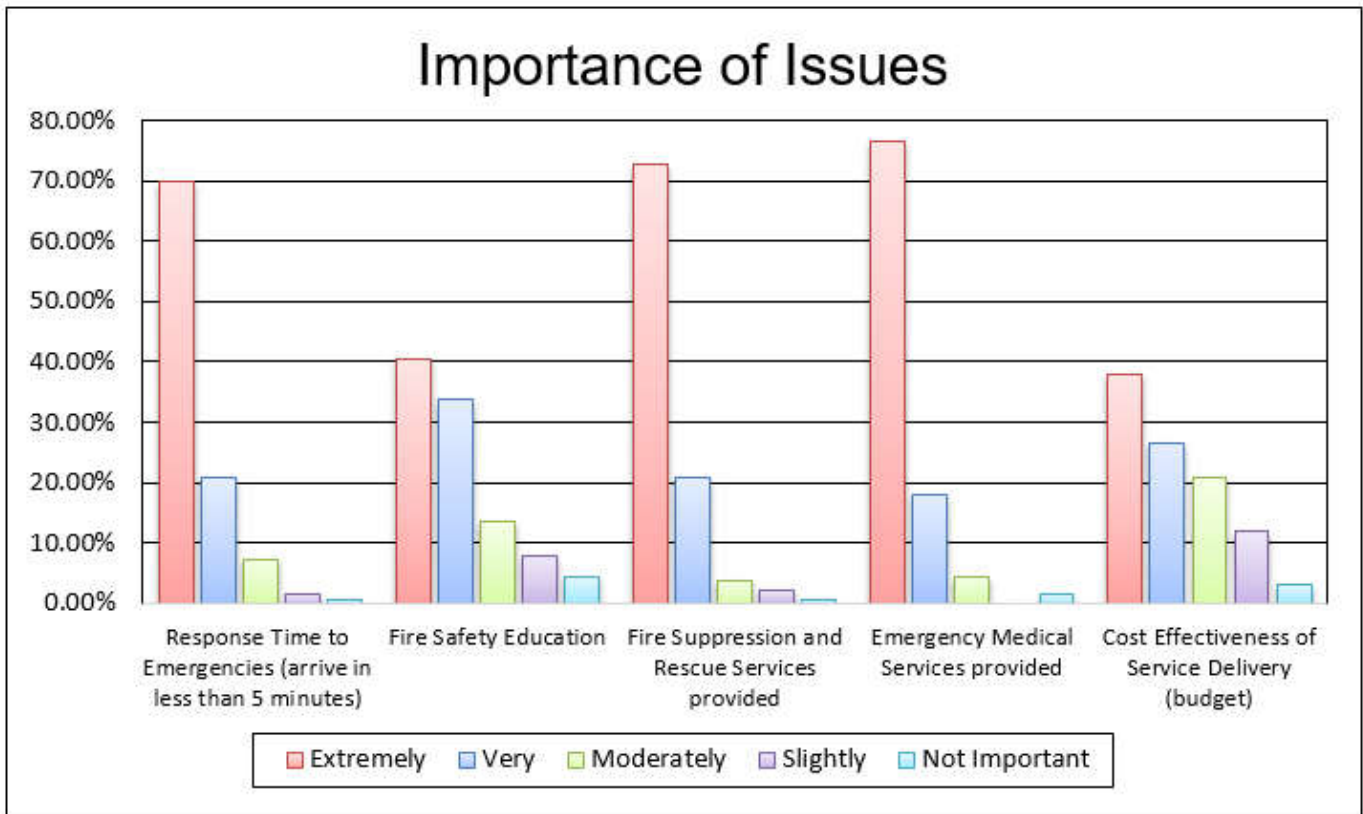
The Guercia Group acknowledges the External and Internal Stakeholders for their participation and input into the strategic planning process. We would also like to acknowledge Fire Chief David Billings and Fire Chief Donald Moore for their leadership and commitment to this process.

Development of the Strategic Plan took place in summer and fall of 2017, during which time a representative from the Guercia Group held two open meetings where members of the public were invited to contribute their concerns, expectations, and impressions of the services delivered by the town's fire departments. Valuable commentary and useful concerns were collected. In addition to the public meetings online and paper surveys were made available to the public to provide input. We would like to express a special thank you to the community members who contributed to the creation of this strategic plan.

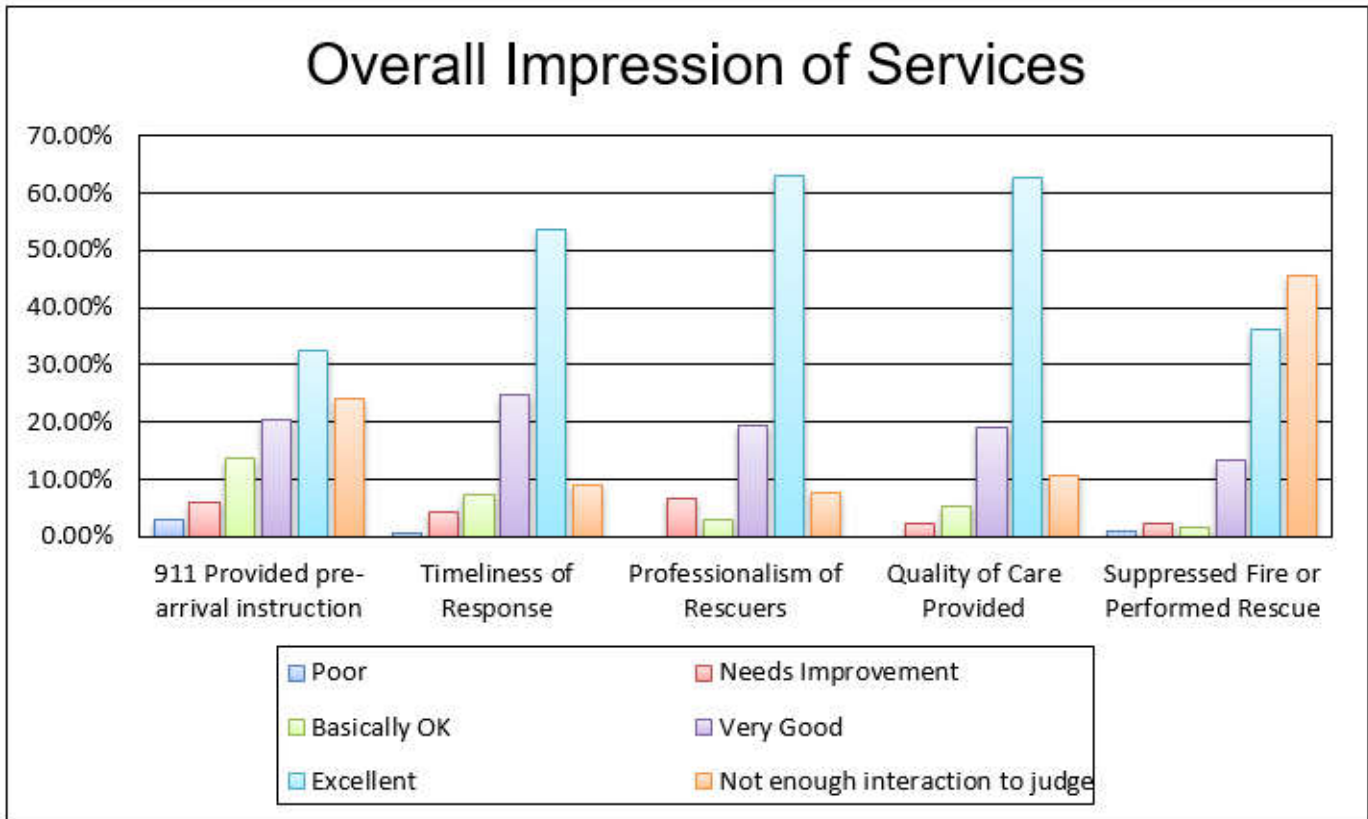
EXTERNAL STAKEHOLDER GROUP FINDINGS

Customer Priorities and Expectations

- ▶ Survey Open July 1 thru July 31, 2017
- ▶ 118 Responses
- ▶ 75% lived in Town more than 14 years
- ▶ 76% used 911
- ▶ 91% used EMS 41% used Fire Services
- ▶ 94% know about 2 fire districts



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Areas of Customer Concern

During the public meetings, residents expressed the following points:

- Why are 2 separate agencies needed?
- Why do multiple pieces of apparatus respond to medical emergencies?
- Many residents are hesitant to call 911 to avoid calling attention to their homes.

Positive Customer Feedback

During the public meetings, residents expressed the following points:

- Nearly 74% of all survey respondents believe that both agencies are fulfilling their mission to the Town
- Great confidence in both agencies' ability to respond to emergencies in town.
- The fire fighters are professional, trustworthy, and competent

THE MISSION

The purpose of the Mission Statement is to answer the questions:

- Who are we?
- Why do we exist?
- What do we do?
- Why do we do it?
- For whom?

After a great deal of work and discussion by Internal Stakeholders, a modification to the current mission statement was proposed.

Manchester CT Town Wide Emergency Services Mission

Mission Statement

The mission of the Fire and Emergency Services in the Community of Manchester is to provide Fire, Emergency Medical and Rescue Services to protect our citizens, our visitors, their property and the environment from harm with compassion, integrity and professionalism.

CORE VALUES

Establishing values embraced by all members of an organization is extremely important. Values recognize those features and considerations that make up the personality of the organization.

CORE VALUES

PROFESSIONAL

TRUSTWORTHY ETHICAL COMPASSIONATE INTEGRITY

SERVICE TEAMWORK EDUCATION/TRAINING

PHILOSOPHY OF OPERATIONS

Philosophy of Operations

We embrace a stringent standard of **PROFESSIONAL** conduct that applies these values to consistently deliver high levels of service to the community in times of need.

- **TRUSTWORTHY:** We accept and value the faith that the community places in us and commit to maintaining that irrevocable trust
- **ETHICAL:** We are guided by a strong moral compass that places Manchester's residents and visitors, their wellbeing, and their assets first
- **COMPASSIONATE:** We shall provide caring and impartial service to those in need, as if they were a member of our own family
- **INTEGRITY:** We have each pledged a personal oath to maintain our willingness to place the needs of others before our own
- **SERVICE:** It is our privilege and honor to serve the residents and visitors of Manchester by providing superior emergency services
- **TEAMWORK:** We utilize our combined resources by maximizing the diverse skills and competencies of our members to meet the changing needs of a growing community
- **EDUCATION/TRAINING:** We continually pursue excellence through knowledge and skill acquisition to ensure mission readiness

FORMAL & INFORMAL MANDATED SERVICES PROVIDED

Formal Mandates

- OEMS license/inspection
- Town provides EMS
- R5, R1 & R2 provided PSA
- State protocol
- Epi & AED No Narcan 8th
- Trucks & staff
- Training
- Response time- To industry standards
- EMS plan
- OSHA
- Duty to inspect
- Right to know (SARA Title III)
- Respond to known unsafe conditions
- Plan review of new constructions or renovations
- Fire inspections/investigations
- Electrical claims
- Investigation of complaints
- Permit review w/building department
- Uniform relocation Assistance Act
- OEM Sheltering
- POD's/Health
- Workers Comp/Injury
- Cross Agency cooperation
- Assure safety
- Mandatory licensing
- Separate requirements based on area (MFRE & MFD 8th)
- Fire drills (once a year)
- NFIRS- National fire information reporting system
- Overview of ordinances
- OSHA rules and regulations
- NFPA standards (Benchmarks)
- Budgeting
- OEM mandates
- Town charter- MFRE (governance documents)
- Charter – MFD 8th (governance documents)

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- Contracts
- Town rules and regulations
- Federal mandates
- Regional mandates
- DMV requirements
- ISO rating
- FCC
- Physical (Personal) training
- Dispatch, E-911, Pre- arrival instructions
- Fire inspections

Informal Mandates

- Ethical behavior
- Service calls
- Water calls
- Lift assist (Service calls)
- Public trust
- Response time- no mandate
- EMS plan
- CERT
- Maintain heart safe community
- Community CPR & AED
- Fire Prevention
- "R U OK" system
- Elderly services support
- EMS
- Charter (Governance Document)
- Employee retention/satisfaction
- Maintain volunteer force
- Fundraising
 - o Christmas tree sales
 - o MDA (Boot)
- Professionalism
- Appearance
- Confined space rescue
- Regional Hazmat
- Low angle rope
- Expectation to meet call volume demand
- Catch all issues
- Public education

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- Restructured public education through fire marshal
- Smoke alarm installations
- Vial of life
- Senior health fair
- Fire extinguisher safety- MFD 8th
- Multi discipline coordination
- Employee injury risk reduction
- Kitchen safety apartment complexes
- Remember when- Senior safety
- Quarterly reporting to town manager- MFRE
- Residents housing for social services population (Community dependent people)
- Safety requirements
- Hazmat services site inspections 3-4 yrs.
- Tank location & onsite locations information management
- Compassionate
- Coordinate care
- Quality
- Contact hours
- Team work
- Communication
- Consistency
- Dedication
- Trust worthy
- Respect
- Ethics
- Physical wellness
- Legacy 1st system in the state
- Not willing to fail

S.W.O.T. ANALYSIS

The Strengths, Weaknesses, Opportunities and Threats (SWOT) Analysis is designed to have an agency candidly identify their positive and less-than-desirable attributes. The agency participated in this analysis and recognized its strengths and weaknesses, as well as the possible opportunities and potential threats.

Strengths

It is important for any organization to identify their strengths to assure that they can provide the services requested by customers and to ensure that strengths are consistent with the issues facing the organization. Often, identification of organizational strengths leads to the channeling of efforts toward primary community needs that match those strengths. Programs that do not match organizational strengths or the primary function of the organization should be seriously reviewed to evaluate the rate of return on precious staff time. Through a consensus process, three focus groups (Fire Rescue, EMS and Risk Reduction) and volunteer members from the Eighth District identified the strengths as follows:

FIRE RESCUE FOCUS GROUP IDENTIFIED STRENGTHS

- Equipment (both departments)
- Minimum training requirements are high (CFA recruit training)
- Cover calls even with high volume
- Above NFPA for fires (1710 compliant?)
- Capacity for surge
- Mentoring program for new recruits (average 6 weeks training)
- No driving for first 18 months
- EMT or Firefighter 1 within 18 months (8th district)
- Rapid Intervention Team equipment, RIT sent out of town, 3 for MFR
- RIT 8th district including 2 RIT equipped engines
- Initial training in certain subject areas
- Defined highway exit ramps by number, light poles have numbers
 - o Difficulty locating callers comes from service roads parallel to highway, could be on service road and GPS will say on highway
 - o Large amount of highway calls that impact daily operation
 - o Majority of I-84 under surveillance from DOT
- GIS for both districts
- Operational SOP's improving
- Roundtable after action discussion (8th district)

RISK REDUCTION FOCUS GROUP IDENTIFIED STRENGTHS

- Staffing (8-part time in 8th district)
- Communication between the districts
- Joint meetings
- No boundaries
- Standardized enforcement of codes
- Simple process for landlords by giving out packets of information
- Robust website for education
- 1 building inspection department
- Intent to eventually be using the same Firehouse program
- Share consistently to town building department
- Public education coordinated by fire marshal's office (8th district)
 - o Smoke Alarms for Everyone
 - o New ideas on how to reach the public
 - o Apply NFPA to Manchester
 - o Fire extinguisher training
 - o Use manpower from suppression side
 - o Fire prevention week at schools
- Public education program built in house (MFR)
- Monitor fire drills at schools
- 8th district making requirements for all inspections except apartments (89% for apartments)

EMERGENCY MEDICAL SERVICES FOCUS GROUP IDENTIFIED STRENGTHS

- Highly trained providers
- Strong ALS system
- 24-hour staffing (8th)/paid staffing during day
- Relationship with social services
- Infrastructure, equipment, resources
 - o High level of repair
- Well-funded
- Response time for both agencies
- Access to resources
 - o Trauma centers
 - o Stroke centers
 - o PCI centers
 - o All within 15 minutes
- Patient follow up strong between patients followed by both FD and family services
- Referrals to social services

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- Surge capacity
 - o 5 paramedics at any given time for town
- Relationship with ASM for any overflow ALS
 - o 60% of responses go to Hartford or St Francis
- Firehouse software
- MFR bills ALS
- Progressiveness
 - o CPR model
 - o New equipment
- Cardiac arrest survival
 - o Top 10 in country
- QA/QI
- History of EMS service in town, one of first in state
- All on same CAD system

Weaknesses

Performance or lack of performance within an organization depends greatly on the identification of weaknesses and how they are confronted. While it is not unusual for these issues to be at the heart of the organization's overall problems, it is unusual for organizations to be able to identify and deal with these issues effectively on their own.

For any organization to either begin or to continue to move progressively forward, it must not only be able to identify its strengths, but also those areas where it functions poorly or not at all. These areas of needed enhancements are not the same as threats to be identified later in this document, but rather those day-to-day issues and concerns that may slow or inhibit progress. Through a consensus process, three focus groups (Fire Rescue, EMS and Risk Reduction) and volunteer members from the Eighth District identified the weaknesses as follows:

FIRE RESCUE FOCUS GROUP IDENTIFIED WEAKNESSES

- Organizational interoperability
- Potential hazards in town with highways, mall, traffic through town
- Water supply near highway, hydrants only on ramps
- Pre-planning
 - o Currently using scanned PDF's
 - o Data is there but do not have access to it
- Dispatch a separate entity (Police driven)
- Cannot resolve issues with dispatch quickly
 - o QA/QI not effective
- Resource allocation (lose \$200,000 per year in reimbursement)
- Better, more efficient use of dispatch programs already owned, results in overuse of resources for minor calls
- Supervision
- Not enough town focus and financial commitment on town CAD system
- Dispatch software INET
 - o Been in transfer for 2 years
 - o Just implemented
 - o Too much money already spent on it to back out
- No cohesive dispatch strategy and goals
- Duplication of dispatch services with the community
- Mobile data terminals
- CAD software (8th district)
- Technology integration problem
- Not fully utilizing Firehouse software

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- Using different programs for maintenance and other tabs (MFR)
- Call volume so high that it prevents in-service training
- Limited cross-training (8th district)
- No official mandate before being able to drive
- Specialization of training (both strength and weakness)
- Lack of motivation to become driver (8th district)
- Preparation of officers
 - Lack of official mentoring program (8th district)
 - No mentoring for moving up (MFR)
- Driver education
- Lack of consistent assignments
- Lack of manpower for drivers (8th district)
- Training is effective but costly and time-consuming for new volunteers (8th district)
 - Fire 1, 2, EMR, EMT paid up front
 - Fire 1: \$1000
- No training facility for laddering, live fire training
- Lack of financial support for outside training (MFR)
- Department unable to see value of adding members to regional teams, not supported to belong to regional teams
- Lack of standardized structural response for town, response for any high-risk event or SOP
- SOPs
- Operational guidelines leave too much to opinion
- Do not critically review incidents or publish after action reports
- Crew not comfortable saying what needs to be said or don't have the opportunity to do so
- Some officers reluctant to call for help from town, no automatic aid
- Lack of administrative support
- Two districts are on different radio frequencies

RISK REDUCTION FOCUS GROUP IDENTIFIED WEAKNESSES

- Hard to maintain continuity because part time staff
- Communication between fire marshal and fire department on data in Firehouse
- Training on data entry in Firehouse
- MFR not cloud based
 - 8th district is cloud based
- Not enough priority placed on co-compliance
- Staffing/ better use of manpower or more manpower
- Not enough resources to meet requirements for inspections (MFR)
- Availability for inspections may be an issue because part time staff
- Integration of CAD software
- Significant number of workplace injuries at the fire departments

COMMUNITY OF MANCHESTER FIRE SERVICE AND EMS DELIVERY SYSTEM STRATEGIC PLAN

EMERGENCY MEDICAL SERVICES FOCUS GROUP IDENTIFIED WEAKNESSES

- No direct link between SS and 8th
- Relationship with ASM for any overflow ASL
- No integration of data between districts when EMS resources shared
 - o Different case numbers for same incident
 - o 3 Different medical documents for MFR, 8th, ASM
- No consistency in response times
- Time to train (MFR)
- Dispatch delay
- High call volume prevents focus on non-emergency things
 - o Training
 - o Call review
 - o One on one QI
- Not enough ALS calls for all paramedics
 - o Only recruiting paramedics
- Point standards to remain active are not followed
 - o Results in people not showing up and not being proficient
- 36 hours annually including ALS, PALS and CPR (MFRE)
- Hospital not providing CME's
 - o Hospital sponsored training becomes infomercial
- Lack of joint training between districts
 - o 4-5 times in 8 years
 - o Idea is there, prevented by high call volume (8th)
- No reliable metric for performance on ASM response
- ASM performance concerns
 - o Send medic units, my not have enough gear
 - o May not engage because FD is coming
 - o Lack of feedback from ASM, medics hiding info
 - o Will not follow requests from FD
 - o May not have trucks available
 - o May not provide post response incident information i.e. BLS downgrades
- ASM lacks responsiveness to concerns
- Medics on engine is not efficient
 - o Has not helped response time
 - o Decreased per patient contact of paramedics
 - o Cuts into training
 - o No supervision for EMS crews
- Medic required to go every call
 - o Dispatch supervision issue
 - o Police take priority because dispatch is in their building

COMMUNITY OF MANCHESTER FIRE SERVICE AND EMS DELIVERY SYSTEM STRATEGIC PLAN

- Not enough on scene time for medical team to practice (8th)
- Inadequate field supervision for EMS
- Radio interop
- Span of control for medical supervision

Opportunities

The opportunities for an organization depend on the identification of strengths and weaknesses and how they can be enhanced. The focus of opportunities is not solely on existing service, but on expanding and developing new possibilities both inside and beyond the traditional service area. Many opportunities exist for both organizations in Manchester. Through a consensus process, three focus groups (Fire Rescue, EMS and Risk Reduction) and volunteer members from the Eighth District identified the opportunities as follows:

FIRE RESCUE FOCUS GROUP IDENTIFIED OPPORTUNITIES

- Manchester will have a community-wide response model to handle both routine and high risk/low frequency events utilizing both departments and external mutual aid 1
- In-service training integration between the two districts
- Assign drivers
- Improve SOPs
- Use Firehouse add-on for incident notes to create an after-action report
- The emergency dispatch services in the community of Manchester will support the community-wide response model on the local and regional level by providing the right tools, supervision and training in the dispatch center 2
- Fully leverage existing IT resources and data to support the community-wide response model 3
- There will be a community-wide and achievable training model that ensures the members of both districts are mission ready for their assigned duties 4
 - o Collective response in community, preparation of officers in the future and making them stronger in the present
 - o More focused objectives

RISK REDUCTION FOCUS GROUP IDENTIFIED OPPORTUNITIES

- Long term use of Firehouse by both districts
- Formalized training in Firehouse
- Light duty assignments
 - o Reduce volume without compromising service
- Training for safety and operations/ safety committee
- Records management in Firehouse
- Injury Prevention

EMERGENCY MEDICAL SERVICES FOCUS GROUP IDENTIFIED OPPORTUNITIES

- Fixing dispatch
 - o Utilize EMD appropriately
 - o Adequate training in public safety
 - o Adequate supervision to ensure policies are followed at dispatch
 - o Provide and enforce standards for fire response
 - o Officer notification system
- Notification to social services for dislocated residents
- Better utilization of paramedic LT's
 - o 25% of LT's are paramedics
- Redeployment of paramedics off engines/Fly Cars/System Efficiency
- Revenue recovery
 - o Community paramedics
- Community healthcare
 - o Acute problems
 - o Problems that arise quickly

Threats/Challenges and Concerns

We never view our customers or partners as a threat, but understanding as we move forward with decisions challenges and concerns may be created that must be taken into consideration.

Fundamental to the success of any strategic plan is the understanding that challenges and concerns are not completely and/or directly controlled by the organizations. Some of the current agencies and/or issues that will need to be taken into consideration were identified by the Internal Stakeholders as follows:

FIRE RESCUE FOCUS GROUP IDENTIFIED CONCERNS

- Police
- ASM

RISK REDUCTION FOCUS GROUP IDENTIFIED CONCERNS

- Push back from company officers
- 8th district paid staff
- Funding issues
- Online permitting

EMERGENCY MEDICAL SERVICES FOCUS GROUP IDENTIFIED CONCERNS

- Members
- ASM
- Hospitals

CRITICAL ISSUES AND SERVICE GAPS

During the planning process the working groups identified areas that will require the attention of both fire districts. These issues are identified within the strategic goals, however the planners felt the criticalness of the issues required them to be listed separately.

- **Dispatch services** – most of the difficulties of adjusting the deployment model to better match resources with demand are created by the Public Safety Answering Point (PSAP). There is a high volume of service requests for fire, police and emergency medical services within the dispatch center. It has been acknowledged by the both fire districts, the police department and dispatch supervisor that staffing levels remain an issue in the dispatch center. Staffing and use of an effective dispatch protocol for fire/EMS emergencies will be critical to meeting increasing demands on the fire districts.
- **Community wide response model** – mutual aid inconsistency exists between the two departments. Resources sent to high risk low frequency events should be consistent regardless of which fire district the emergency is located. Mutual aid request should be driven by predefined protocols.
- **Training** – Both fire districts face time constraints for training because of call volume. A joint training facility and coordinated training between the two districts will help minimize the gap in training.
- **Healthcare responsibilities** – Both fire districts are facing immense pressure to respond to increasing medical emergencies in the community. Manchester Fire Rescue provides paramedic service community-wide and is challenged to meet rising call volume demands. Matching care level to patient condition will be critical to service the community. Improvements in dispatch prioritization will allow better use of paramedic services. Effective dispatching prioritization will also position the department to enter integrated mobile healthcare in the future.
- **Revenue recovery** – The ability for MFRE to recover maximum revenue for its ALS service delivery, by assuring high quality ePCR data collection to include insurance information and patient signatures
- **Volunteerism** – Manchester Fire Department, Eighth Utilities District faces the same staffing issues of volunteer fire departments across the nation. These issues manifest themselves as retention issues as volunteers have difficulty meeting training and call response demands. The district will need to continue to work on innovative retention solutions combined with paid staff to cover volunteer shortages.

GOALS AND OBJECTIVES

Goal 1	The emergency dispatch services in the community of Manchester support the community-wide response model on the local and regional level by providing the appropriate tools, supervision and training in the dispatch center.
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Objective 1A	Utilize existing radio equipment to achieve interoperability within the community of Manchester when fire districts are operating together on the same emergency scene.
Timeline	2018
Critical Tasks	<ul style="list-style-type: none"> • Develop policy and procedure to ensure radio discipline • Training on utilizing common radio frequency by both fire districts. • Incorporate radio use into joint ICS training drills • Use common radio codes

Objective 1B	MFRE Chief Officers and Manchester Eighth District Chief Officers will develop a plan to integrate the existing Eighth District operations and the Manchester Public Safety Dispatch system as to be fully coordinated.
Timeline	2019
Critical Tasks	<ul style="list-style-type: none"> • Develop an operational plan for seamless integration of emergency service dispatch.

Objective 1C	Both fire districts will, prepare, be informed and, understand the impact of regional dispatch operations should there be a State initiative/mandate to do so.
Timeline	2025

**COMMUNITY OF MANCHESTER FIRE SERVICE
AND EMS DELIVERY SYSTEM STRATEGIC PLAN**

Critical Tasks	<ul style="list-style-type: none"> Form a working group made up of both fire districts senior officers to evaluate potential impacts, issues, costs and benefits and provide a report to the general Manager in 2021 to inform the Town's position vis-a vis State or regional actions.
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Objective 1D	Provide fire and EMS orientation training to dispatchers and ongoing comprehensive training to support the community response model.
Timeline	2018
Critical Tasks	<ul style="list-style-type: none"> Training for dispatchers to maximize use of fire and medical dispatch priority/pre-arrival system. Support increases in Dispatch Center staffing and supervision. Mandatory 12-hour ride shift with FD Shift Commander annually. Identify any gaps in dispatching quality and provide training based on gap analysis, this includes a modified refresher on EMS and Fire policies.

Objective 1E	Update PSAP CAD unit responses to reflect the community-wide response model as identified by the community risk assessment exercise.
Timeline	2018 - 2019
Critical Tasks	<ul style="list-style-type: none"> Establish minimum requirement for standardized resources typing. Program CAD to send closest appropriately staffed, unit to medical and fire calls for automatic responses of closest units for high risk low frequency events (structure fires) Ensure quality assurance and improvement is part of the dispatch system Participate in the Police Department RFP for a new CAD and EMD Platform to include software purchase.

**COMMUNITY OF MANCHESTER FIRE SERVICE
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Goal 2	Manchester has a community-wide response model to handle both routine and high risk/low frequency events utilizing both fire districts and external mutual aid partners.
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Objective 2A	The community-wide response model for 24 hour a day coverage utilizes both volunteer and career staff and consist of 5 Engines, 2 Arial Trucks, 2 Paramedic Units (each with 2 paramedics) and a minimum of 3 dedicated ambulances in the community.
Timeline	2019 Plan 2020 Implementation
Critical Tasks	<ul style="list-style-type: none"> • Appropriate EMD of all EMS ALS vs BLS calls • Assure contract with ASM for (3) dedicated units in Town • CAD and radio reconfiguration to assure ASM ambulances can be called upon to supplement responses as needed.

Objective 2B	Develop a community wide automatic aid system for structure fires with goal of ensuring the staffing requirements of NFPA 1710 are present for initial and ongoing fire suppression activities.
Timeline	2018
Critical Tasks	<ul style="list-style-type: none"> • Establish practice of all call for any structure fire in the community to ensure closest fire units are responding. • Establish external aid request protocols agree upon by both fire districts that ensure closest units are dispatched.

**COMMUNITY OF MANCHESTER FIRE SERVICE
AND EMS DELIVERY SYSTEM STRATEGIC PLAN**

Goal 3	A community-wide and achievable training model that ensures the members of both fire districts are mission-ready for their assigned duties exists.
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Objective 3A	Establish a training committee made up of officers from both fire districts to identify training gaps and establish plans for elimination of training gaps.
Timeline	2018
Critical Tasks	<ul style="list-style-type: none"> • Appoint members to committee • Establish meeting schedule • Establish communication method to inform department chiefs of findings.

Objective 3B	Joint training for high risk and high occupancy hazards that pose a risk in the community of Manchester.
Timeline	2019
Critical Tasks	<ul style="list-style-type: none"> • Identify high life hazard occupancies in both fire districts • Identify high risk (fire load, hazardous materials, structurally weakened, or high-risk work practices) in both fire districts. • Conduct joint training on occupancies sharing responsibilities from both fire districts.

Objective 3C	Plan and construct a joint training facility that includes props to ensure personnel from both districts maintain mission ready status.
Timeline	2019 -2020
Critical Tasks	<ul style="list-style-type: none"> • Training planning committee from both fire districts • Identify training gaps that require a physical facility to complete. • Identify required training props needed in a facility • Identify possible sites for a training facility • Plan and secure funding for facility

**COMMUNITY OF MANCHESTER FIRE SERVICE
AND EMS DELIVERY SYSTEM STRATEGIC PLAN**

Objective 3D	Maintenance and ongoing development for critical positions such as drivers and officers
Timeline	2018 -2019
Critical Tasks	<ul style="list-style-type: none"> • Joint training committee to identify gaps • Make recommendations of elimination of gaps

Objective 3E	Develop community-wide SOP's for operating at emergency scenes and train both districts in their use.
Timeline	2018 -2020
Critical Tasks	<ul style="list-style-type: none"> • Incident command system/functions • Determination of minimum staffing and qualifications • Radio interoperability • Clear chain of and unity of command policies • Operational SOPs • Designated Safety Officer

Objective 3F	Training committee will identify ongoing emergency medical training that ensures paramedic and EMT readiness for high risk/low frequency medical interventions (i.e. intubation, surgical airway, pediatrics critical care, mass causality, cardiac arrest).
Timeline	2018 2022
Critical Tasks	<ul style="list-style-type: none"> • Joint training committee identifies gaps • Identify simulation center options that logistically work with both fire districts staffing models and allotted time. • Fund ongoing simulation options

**COMMUNITY OF MANCHESTER FIRE SERVICE
AND EMS DELIVERY SYSTEM STRATEGIC PLAN**

Goal 4	Both fire districts leverage existing fire prevention resources and data to support the community-wide response model and benchmark service delivery.
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Objective 4A	Combine both fire districts' Firehouse Software occupancy data into a merged data base to be accessed by in vehicle mobile data terminals providing community wide preplans to both fire districts.
Timeline	2019 - 2020
Critical Tasks	<ul style="list-style-type: none"> • Hire Firehouse Software to merge data into a separate preplan only database • Acquire and install Mobile Data System in apparatus from each fire district to provide consistent community wide preplans. • Define critical data for preplanning and capture data during life safety inspections done by each district's fire prevention office.

Objective 4B	Create a single-entry point at the building department for all fire plan review requests, collection of plan review fees, creating a one stop customer service experience.
Timeline	2022
Critical Tasks	<ul style="list-style-type: none"> • Fire marshals from each district and building inspector develop intake model for fire plan review requests and submit to Town Manager and Eighth District Board for approval.

Objective 4C	Create a full time public safety educator position to coordinate public education for both fire districts.
Timeline	2020
Critical Tasks	<ul style="list-style-type: none"> • Two fire chiefs to determine chain of command, funding model and daytime emergency response duties of public safety educator and submit to Town Manager and Eighth District Board for approval.

**COMMUNITY OF MANCHESTER FIRE SERVICE
AND EMS DELIVERY SYSTEM STRATEGIC PLAN**

Objective 4D	Establish a task force consisting of representatives from the Town and the Eighth District to determine the feasibility of creating a joint Fire Code Enforcement and Fire Investigation Office to effectively service both fire districts.
Timeline	2019 - 2020
Critical Tasks	<ul style="list-style-type: none">• Taskforce should determine:<ul style="list-style-type: none">- Status of inspection compliance- Cost efficiencies of working jointly- Legal issues of working jointly- Staffing requirements for compliance with inspection requirements- Recommendations for each district to meet the legal and budgetary requirements into the next decade (2020s).

**COMMUNITY OF MANCHESTER FIRE SERVICE
AND EMS DELIVERY SYSTEM STRATEGIC PLAN**

Goal 5	The Community of Manchester’s Emergency Medical Services System is aligned to support the ever-changing community healthcare needs.
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Objective 5A	Prepare the EMS system in Manchester, in partnership with the hospital, to adapt to the healthcare delivery model, which may include treat and release, alternative destination, and the provision of supportive care without transport
Timeline	2018 - 2022
Critical Tasks	<ul style="list-style-type: none"> • Dialogue with ECHN • Healthcare gap analysis for community • Include Local Health Department and Social Services in planning, as the Town wide response plan is completed.

Objective 5B	Provide a template protocol to skilled nursing facilities, urgent care centers, and physician offices for calling transport services that matches the patient condition with the appropriate resources
Timeline	2018 -2019
Critical Tasks	<ul style="list-style-type: none"> • Identify a team to work directly with medical facilities to implement medical priority for call transport services. • Coordinate with ASM ambulance to implement. • Ensure PSAP is trained in and has proper protocols for handling requests for service.

Objective 5C	Manchester Fire Rescue will identify and implement field supervision for ALS care delivery
Timeline	2019
Critical Tasks	<ul style="list-style-type: none"> • Identify roles and responsibilities of Fire LT/Paramedics in direct supervision of paramedics. • Identify roles and responsibilities of Fire LT/Paramedics in training of paramedics

**COMMUNITY OF MANCHESTER FIRE SERVICE
AND EMS DELIVERY SYSTEM STRATEGIC PLAN**

Objective 5D	Identify and implement a formal system-wide QA/QI program for the community-wide EMS system
Timeline	2018 -2019
Critical Tasks	<ul style="list-style-type: none"> Establish a EMS QA/QI committee with representatives from both fire districts, ECHN, and ASM

Objective 5E	Identify and implement a unified ePCR patient care documentation system to connect both agencies and ASM
Timeline	2019
Critical Tasks	<ul style="list-style-type: none"> Establish a working group to review moving to a unified ePCR platform or enhance connectivity with existing system for both BLS and ALS care.

Goal 6	Both fire districts in Manchester have command structures for both emergency scene and administrative functions that ensure effective span of control, unity of command, and long-term succession planning.
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Objective 6A	MFRE Chief Officers will reconfigure command structure to match current supervisor requirements of active staff to achieve a span of control of no more 5 subordinates or functions per officer and enforce an effective unity of command.
Timeline	2018 - 2020
Critical Tasks	<ul style="list-style-type: none"> Identify major administrative functions and time requirements necessary to manage. Utilize line officers for staff functions allowing them to gain administrative experience.

**COMMUNITY OF MANCHESTER FIRE SERVICE
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Objective 6B	Eighth District Chief Officers will reconfigure command structure to match current supervisor requirements of active staff to achieve a span of control of no more 5 subordinates or functions per officer and enforce an effective unity of command.
Timeline	2018 – 2020
Critical Tasks	<ul style="list-style-type: none"> • Chief Officers should work with Eighth District Board to: <ul style="list-style-type: none"> - Reduce the number of officers to achieve effective span of control. - Organize functional responsibilities of officers to ensure effective unity of command. - Ensure adequate supervision is present always for both emergency response and in station staffing.

Goal 7	Both fire districts in Manchester foster a culture of health and safety for their members.
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Objective 7A	Each fire district shall have an Occupational Health and Safety Committee as defined by NFPA 1500 and will serve in an advisory capacity to each Fire Chief.
Timeline	2018
Critical Tasks	<ul style="list-style-type: none"> • Establish committees that meet the requirements of NFPA 1500 • Committees will develop a risk management plan as defined by NFPA 1500

Objective 7B	A representative from each district Occupational Health and Safety Committee shall sit on a Community-Wide Safety Committee with the two Fire Chiefs to advise on issues that impact safety while the two districts are operating together at emergency scenes.
Timeline	2018 -2022

**COMMUNITY OF MANCHESTER FIRE SERVICE
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Critical Tasks	<ul style="list-style-type: none">• Assign members to community-wide committee• Establish a meeting schedule.
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PERFORMANCE MEASUREMENT

The performance matrices for the implementation of this strategic plan will be based on the prioritization of tasks as agreed upon by the leadership of each Department and the Town.

Each category will be affected by both the availability of personnel to complete each task and supporting budgetary appropriations.

GLOSSARY OF TERMS

For the purposes of the Customer-Driven Strategic Planning, the following terms have the meanings set forth below:

Accreditation	A process by which an association or agency evaluates and recognizes a program of study or an institution as meeting certain predetermined standards or qualifications. It applies only to institutions or agencies and their programs of study or their services. Accreditation ensures a basic level of quality in the services received from an agency.
Accredited	The act of accrediting or the state of being accredited , especially the granting of approval to an institution or agency by an official review board or organization that has established nationally accepted standards.
Customers	The person or group who establishes the requirement of a process and receives or uses the outputs of that process; or the person or entity directly served by the department or agency.
Efficiency	A performance indication where inputs are measured per unit of output (or vice versa).
Environment	Circumstances and conditions that interact with and affect an organization. These can include economic, political, cultural, and physical conditions inside or outside the boundaries of the organization.
Input	A performance indication where the value of resources is used to produce an output
Key Performance Indicator	Measurable factors of extreme importance to the organization in achieving the strategic goals, objectives, vision, and values that if not implemented properly would likely result in significant decrease in customer satisfaction, employee morale, and financial management.

COMMUNITY OF MANCHESTER FIRE SERVICE AND EMS DELIVERY SYSTEM STRATEGIC PLAN

Master Planning	A combination of the organization's strategic plan and its operational plans. Master plans take the various plans and integrate them into one document. Master plans help define the anticipated future of the community's demographics and how the community is expected to develop or change in the timeframe covered by the master plan.
Mission	An enduring statement of purpose, the organization's reason for existence. Describes what the organization does, for whom it does it, and how it does it.
Outcome	A performance indication where qualitative consequences are associated with a program/service, i.e., the ultimate benefit to the customer.
Output	A performance indication where a quality or number of units produced is identified.

COMMUNITY OF MANCHESTER FIRE SERVICE AND EMS DELIVERY SYSTEM STRATEGIC PLAN

Performance Management

Is the monitoring for improvement of performance through the ongoing process of goal setting, allocation of budget resources to priorities, and the evaluation of results against pre-established performance criteria?

Performance Measure A specific measurable result for each goal and/or program that indicates achievement.

Service Quality A performance indication that identifies the degree to which customers are satisfied with a program, or how accurately or timely a service is provided.

Stakeholder Any person, group, or organization that can place a claim on, or influence, the organization's resources or outputs, is affected by those outputs, or has an interest in or expectation of the organization.

Strategic Direction The organization's goals, objectives and strategies by which they plan to achieve its vision, mission and values.

Strategic Goal A broad target that defines how the agency will carry out its mission over a specific period. An aim, the result of action. Something to accomplish in assisting the agency to move forward.

Strategic Management An integrated systems approach for leading and managing in a changing world by building consensus of the leadership group both in shared vision of the desired future and a clarified mission for the organization, and by gaining support and participation of the people in the organization to identify the specific changes that must be made, implementing them, and assessing organizational performance.

Strategic Objective A specific, measurable accomplishment required to realize the successful completion of a strategic goal.

Strategic Plan A long-range planning document that defines the mission of the agency and broadly identifies how it will be accomplished, and that provide the framework for more detailed annual and operational plans.

Strategic Planning The continuous and systematic process whereby guiding members of an organization make decisions about its future, develop the

COMMUNITY OF MANCHESTER FIRE SERVICE AND EMS DELIVERY SYSTEM STRATEGIC PLAN

necessary procedures and operations to achieve that future, and determine how success is to be measured.

Strategy

A description of how a strategic objective will be achieved. A possibility. A plan or methodology for achieving a goal.

Support

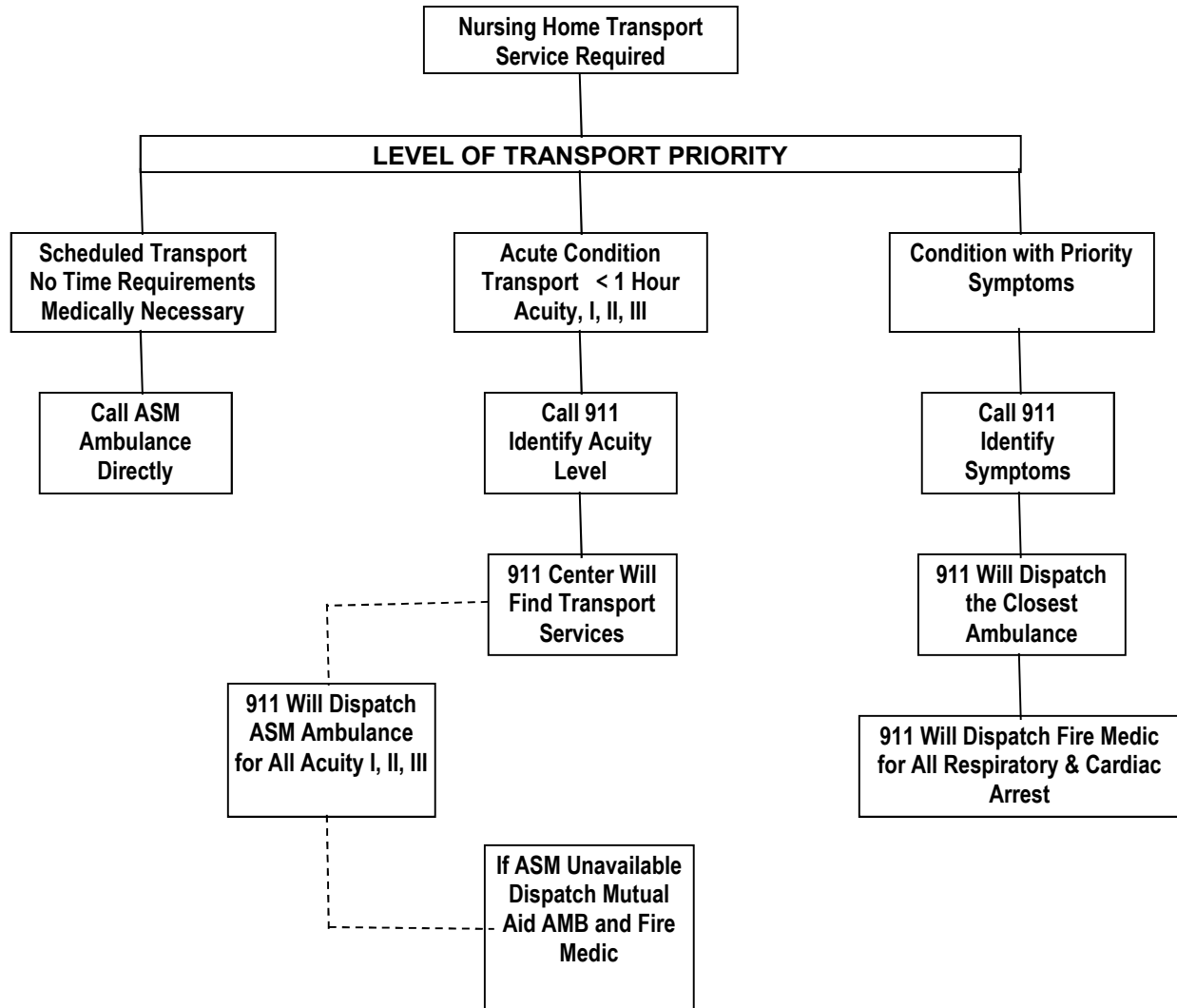
As used in the objectives and strategies outlined in this plan, support may include, but is not limited to: information, facilitation, coordination, technical assistance or financial assistance.

ACRONYMS AND ABBREVIATIONS

CAD	Computer Aided Dispatch
EMS	Emergency Medical Services
MDC	Mobile Data Computer
NFPA	National Fire Protection Association
SOG	Standard Operating Guideline
SOP	Standard Operating Procedure
SWOT	Strengths/Weaknesses/Opportunities/Threats (Concerns)

APPENDICES

APPENDIX A SKILLED NURSING HOME ALTERNATIVE TRANSPORT SAMPLE PROTOCOL



PRIORITY SYMPTOMS:

Not Alert (Acute Onset)
Abnormal Breathing (Acute Onset)
Hemorrhage / Shock
Acute Heart Problem or M.I.
Acute Severe Pain
Emergency Response Requested
Cardiac or Respiratory Arrest

ACUITY LEVELS

Level I - 0 - 15 minutes, lights and sirens
Level II - 15 - 30 minutes, no lights and sirens
Level III - 30 - 60 minutes, no lights and sirens

APPENDIX B COMMUNITY WIDE RISK DRIVEN FIRE DEPLOYMENT MODEL

Probability and Consequence Model

<p align="center"><i>HIGH FREQUENCY LOW CONSEQUENCE</i></p> <ul style="list-style-type: none"> • CO calls no medical • Minor MVA • Unwanted alarms • Public service 	<p align="center"><i>HIGH FREQUENCY HIGH CONSEQUENCE</i></p> <ul style="list-style-type: none"> • Natural gas leaks • Highway calls • Violent calls (shootings, domestic disturbances)
<p align="center"><i>LOW FREQUENCY LOW CONSEQUENCE</i></p> <ul style="list-style-type: none"> • Search support 	<p align="center"><i>LOW FREQUENCY HIGH CONSEQUENCE</i></p> <ul style="list-style-type: none"> • High risk structure fire • Single family structure fire • HAZMAT • Tech rescue • Public gatherings (Plans in place)

- Natural gas leaks
 - 2 apparatus, shift commander/supervisor
- High risk structure fire
 - 4 engines and ladder, chief for first response
 - 2nd alarm, 2 more engines and ladder
- Single family structure fire
 - 17 people, 4 engines and ladder with shift commander
- Highway calls
 - 2 engines (8th)
 - 3 engines: EMS, hazards (town)
- CO calls no medical
 - Single company no medical
- Minor MVA
 - 2 apparatus and supervisor
- Unwanted alarms
 - 2 engines, ladder, supervisor
- Public service

- Single resource

**COMMUNITY OF MANCHESTER FIRE SERVICE
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COMMUNITY WIDE RISK DRIVEN EMS DEPLOYMENT MODEL

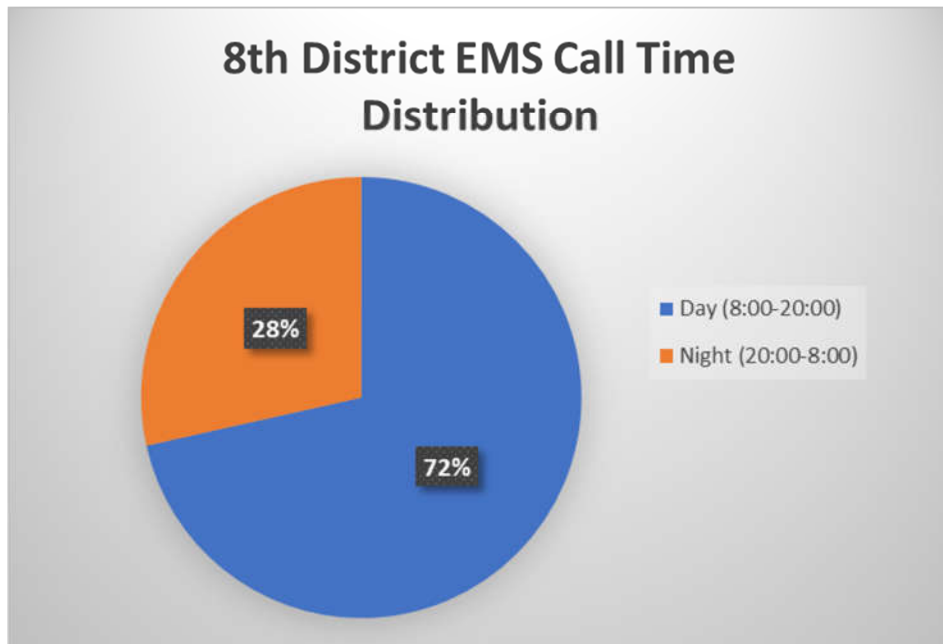
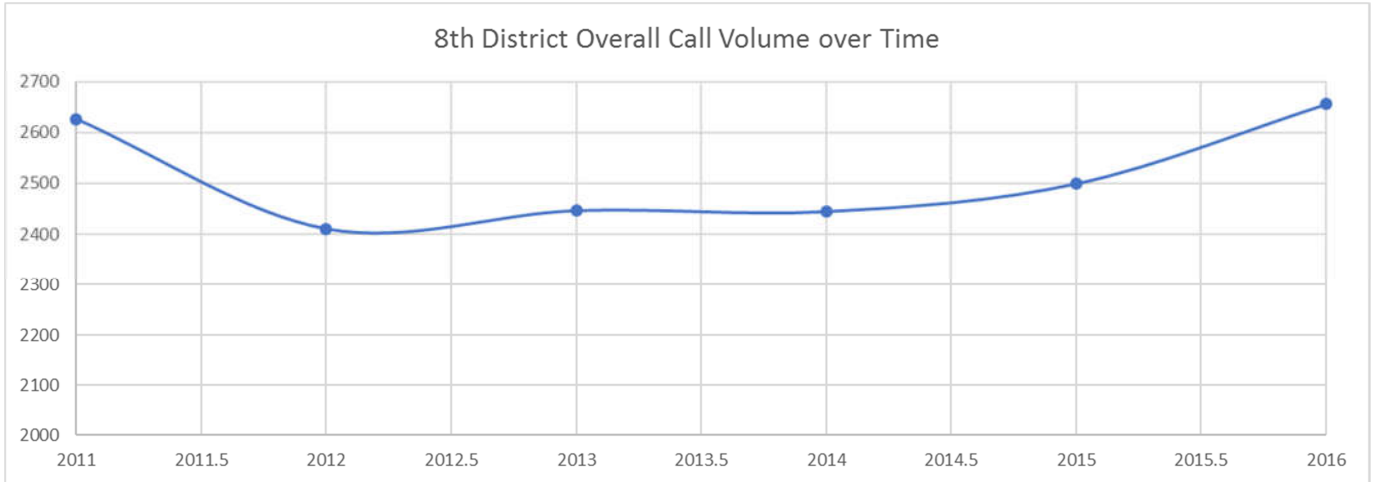
Probability and Consequence Model

<p align="center">HIGH FREQUENCY LOW CONSEQUENCE</p> <ul style="list-style-type: none"> • Low acuity medical • Non- acute • Low acuity trauma <ul style="list-style-type: none"> - BLS first responder & Transport ambulance (8th) 	<p align="center">HIGH FREQUENCY HIGH CONSEQUENCE</p> <ul style="list-style-type: none"> • High acuity medical call <ul style="list-style-type: none"> - Closest available first responder, ALS resource, transport resource (total of 8 people for cardiac arrest)
<p align="center">LOW FREQUENCY LOW CONSEQUENCE</p>	<p align="center">LOW FREQUENCY HIGH CONSEQUENCE</p> <ul style="list-style-type: none"> • High acuity trauma <ul style="list-style-type: none"> - Closest available first responder, ALS resource, transport resource • MCI event <ul style="list-style-type: none"> - Implement town wide plan • Technical rescue <ul style="list-style-type: none"> - Closest available first responder, ALS resource, transport resource

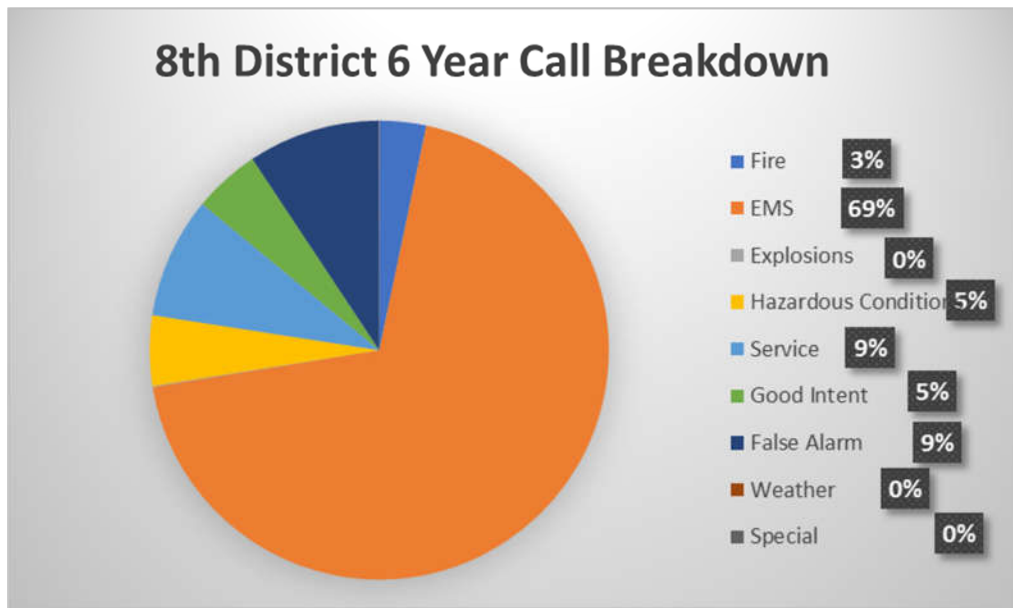
Definitions:

- High acuity medical: Pre-hospital intervention has significant effect on patient outcome
- Low acuity medical: Patients don't require advanced pre-hospital care but do need to be seen
- Non- acute: Patients don't require acute care but have no other medical options or are not aware of other medical options and need to access healthcare system
- High acuity trauma: Pre-hospital intervention has significant effect on patient outcome
- Low acuity trauma: Patients don't require advanced pre-hospital care but do need to be seen
- MCI event
- Technical rescue

APPENDIX C COMMUNITY WIDE CALL VOLUME TRENDING



COMMUNITY WIDE CALL VOLUME TRENDING



This space set aside for input of MFRE Data when available.

This space set aside for input of MFRE Data when available.

APPENDIX D REVENUE AND EXPENSE MODELING FOR EMERGENCY MEDICAL SERVICES

Call Volume and Revenue Analysis

The following chart shows the call volume responded to by both MFRE and MF8th. Data for this chart came directly from dispatch monthly reports, provided by Manchester Police Dispatch each department internal documents and *Life Quest Services* reports.

2016

6794 Manchester Fire Rescue EMS Call Volume

3167 Total Paramedic Intercepts Bundle Billed by *Life Quest Billing, LLC*.

73% Commercial Ins

10% Medicare

19% Medicaid

11% Private Insurance

\$2,877,585.00 Gross Charges

\$695,708.88 Net after Contractual Allowances and Bad Debt

Note 2200 MFRE reports were missing insurance information which slows the billing process.

2015

6488 Manchester Fire Rescue EMS Call Volume

2868 Total Paramedic Intercepts Bundle Billed by *Life Quest Billing, LLC*.

77% Commercial Ins

10% Medicare

18% Medicaid

10% Private Insurance

\$2,519,753.00 Gross Charges

\$584,229.18 Net after Contractual Allowances and Bad Debt

Note 1853 Reports were missing insurance information which slows the billing process.

COMMUNITY OF MANCHESTER FIRE SERVICE AND EMS DELIVERY SYSTEM STRATEGIC PLAN

Billing and Collections

There are several ways to fund EMS: billing fees, annual fund/membership drives and tax subsidization/tax district. The following is a recap of the last two year to show your account stability, collection rates and how you match up against some industry standards.

Using data from a variety of sources including MFRE budgets both revenue and expense, billing and collections data and known EMS industry standards. The following pages contain both a review of your collections and budget.

Note: MFRE gets the difference between the Medicare ALS and BLS transport rates. This is roughly \$70 per call. When there is a partial payment made, ASM gets paid first. The Towns bears all the bad debt risk for service delivery

As you review the EMS charges, and look at the payer mix, it is critically important to understand a couple of things about the charges and the revenue stream. Regardless of the actual number of requests for service (911 calls), only **completed** calls result in a billable event. Cancellations, refusals, stand-bys and such do not result in any revenue, yet the organization must expend resources expenses to have a paramedic and an ambulance staffed and able to respond. The amount listed as the Medicare Allowable Rate is the amount that, by participating in the Medicare program, you agree is the maximum compensation you're allowed.

Medicare then pays 80% of the Allowable Rate and the patient or their supplemental insurance is responsible for the remaining 20% co-pay. The differential between the State Rate and the Medicare Allowable Rate is money that can neither be billed nor collected, it is a contractual allowance (write-off) in accordance with Medicare regulations.

The amount listed as the Medicaid Allowable Rate is the amount that, by participating in the Medicaid program you agree is the maximum compensation you're allowed. Medicaid then pays 100% of the Allowable Rate. The differential between the State Rate and the Medicaid Allowable Rate is money that can neither be billed nor collected, it is a contractual allowance. They also pay the same rate for either basic or advanced service so no money is collected under the bundle billing program to go towards paramedic service when a Medicaid patient is transported.

Your collections are affected by the following factors:

- Timeliness in completing the PCR and forwarding onto your billing agent.
- Training staff on billing rules and regulations as well as improved documentation should be conducted regularly with the field staff as they are changing regularly.
- Collection of patient's medical insurance data is critical to successful collection.

Quality Assurance of Patient Care Reports

MFRE should undertake a staff education process it assures that PCR documentation is consistent. An example is the tracking of calls at the XYZ Health Care, if one crew documents the address as Road and the next as Rd. The data system cannot differentiate for accurate statistical analysis. A consistent data dictionary for your service should be developed and all team members should be trained to this standard.

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The internal review process for patient care data capture and billing is as follows. The EMS crews complete an electronic patient care report at the end of each call. They are reviewed daily by the EMS Officer of the Service. This review consists of assurance of complete patient care recording, billing information and signature acquisition. This internal review does not review the quality of the care delivered by the staff. The *ePCR* data is then transmitted daily to *Life Quest* for processing and billing. Revenues generated from patient billing is returned to the District's General Fund minus a 5 % billing service fee.

There are a few other issues that we found during our review of the billing functions that need to be addressed as part of the revenue enhancement process:

- Timeliness – trips are supposed to be transmitted daily...this is not always possible. They should be forwarded at least twice a week, and no less than once per week and the bills should continue to be out of the billing office within 72 hours of receipt.
- Training on billing rules and regulations as well as improved documentation should be conducted regularly with the field staff as they are changing regularly. We were unable to determine the last time this training had been conducted.

**COMMUNITY OF MANCHESTER FIRE SERVICE
AND EMS DELIVERY SYSTEM STRATEGIC PLAN**

Potential Billing Revenue for Illustration Only

Number of Transports:	1350						
		Item:	Rate	# of Calls	Total		
Percentages:							
Medicare 49% of volume:	0.49	Pvt. BLS Base	\$730.00	89	\$65,043.00		
Medicaid 19% of volume:	0.19	Pvt. Mileage	\$17.67	1544	\$27,289.55		
Ins / Private 11% of volume	0.11						
		Medicare BLS Base	\$235.60	0	\$0.00		
		Medicare BLS Emergency Rate	\$392.49	397	\$155,779.28		
Billable Miles Per Trip:	10.4	Medicare Mileage	\$7.29	6880	\$50,152.28		
		Medicaid Base	\$267.20	154	\$41,122.08		
		Medicaid Mileage	\$2.88	2668	\$7,682.69		
Number of Trips:							
Medicare:	661.5	ALS Charges Medicare - 1	\$464.03	251	\$116,643.22		
		ALS Charges Medicare - 2	\$671.62	13	\$8,885.53		
Medicaid:	256.5	ALS Charges Medicaid	\$267.20	103	\$27,414.72		
		ALS Charges Pvt ALS-1	\$1,149.00	56	\$64,838.07		
Private:	148.5	ALS Charges Pvt ALS-2	\$1,187.00	3	\$3,525.39		
				1350			
		**Total Gross Revenue:			\$568,375.81		
Bad Debt %:	0.1	Bad Debt Allowance:			\$56,837.58		
		Potential Net Revenue:			\$511,538.23		
		Monthly Deposit Average - ALL:			\$42,628.19		
		Assumes 40% ALS usage					
		** Medicare & Medicaid allowances are already deducted					

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**COMMUNITY OF MANCHESTER FIRE SERVICE
AND EMS DELIVERY SYSTEM STRATEGIC PLAN**

**EMS Draft Expense Budget for Transport Service
For Illustration Only**

	Hours	# staff	# days	Rate	Weekly	Annual			
Direct Labor									
Paramedic Transport Crew	24	2	7	\$35.34	\$ 11,874.24	\$ 617,460.48	24/7/365		
					\$ -	\$ -			
					\$ -	\$ -			
						\$ -			
Overtime/call backs @ 10%	0	0	0	\$ -	\$ -	\$ 61,746.05			
Total direct labor					\$ 11,874.24	\$ 679,206.53			
Non-labor costs									
Advertising & promotion									
ALS equipment payment							Currently owned		
Books & training						\$ 5,000.00			
Depreciation Expense						\$ 55,000.00			
Fuel / Oil & Maintenance						\$ 35,000.00			
Insurance General/Vehicle/Medical						\$ 40,000.00			
Meals & entertainment									
Medical supplies						\$ 20,500.00			
Medical control /QA services						\$ 5,000.00			
Office and other supplies									
Payroll taxes						\$ 67,920.65			
Postage									
Printing						\$ 1,000.00			
Professional Fees (AC/Leg/Billing)						\$ 25,000.00			
Rent expense						\$ -			
Rental/leased						\$ -			
Service contracts - payroll									
Telephone / Utilities						\$ 1,500.00			
Uniforms									
Vehicle Cost						\$ 16,250.00	5 year operation lease per year		
Total Non-Labor						\$ 272,170.65			
Total operations expense						\$ 951,377.18			
Town Contribution		\$ -							
Estimated billing revenue		\$ 568,375			Profit/loss	\$ (383,002)			
Cost per billable call				1350		\$ 704.72	Cost per call		
Population - Primary	57,873								
Population - Secondary	0								
Price per capita - ALL	\$ 16.44								
Depreciation Schedule									
New Transport Ambulnace	5 years	\$22,500.00 per year							
Medical Supplies									
\$30 per call x1350 calls	\$40,500.00								

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