Springfield Fire Rescue Division
Assessment Report
January 2020

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Acorn Consulting

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Springfield Fire and Rescue Assessment 2020

Introduction

This assessment report has been prepared to provide background information to inform the development of the agency's strategic plan. Research and activities included:

- Established a planning committee consisting of senior leadership, Battalion chiefs, union leadership, and firefighters. Planning Committee members include: Brian Miller, Rod Rahrle, Matt Smith, Randy Keifer, Jeremy Linn, Bob Smith, Clay Atkins, Allan Burton, Chris Chilton, Mark Cochrun, DeAnna Criner, Dan Faust, Will Lawson, Brian Leciejewski, Andy Rigsbee, Kevin Sanders, Cory Scanlan, and Denise Keys. Springfield City Manager Bryan Heck participated in some of the conversations.
- Conducted focus groups with every firefighter/EMS in SFRD.
- Conducted interviews with partner agencies and potential partner agencies.
- Researched emerging trends in fire and rescue departments.
- Researched expectations from city and county managers on future needs from fire and rescue departments.

Springfield Service Delivery Trends

All data in this section were provided by SFRD unless otherwise noted.

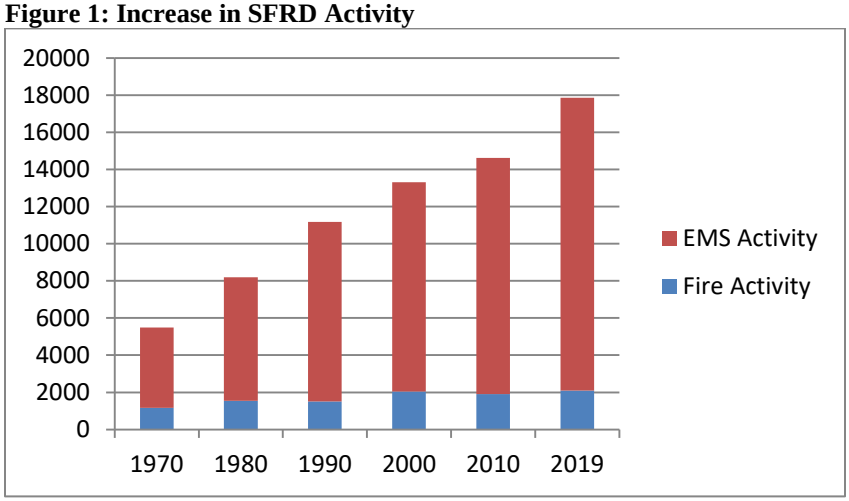
SFRD has continued to experience tremendous change in the kinds of services delivered and the volume delivered. Table 1 illustrates these changes.

Table 1: Overview of SFRD Service Delivery in the Past Decades

	1970	1980	1990	2000	2010	2019
Fire Activity	1163	1551	1516	2040	1908	2101
EMS Activity	4327	6651	9658	11277	12712	15,748
Personnel unit staff	138	143	124	127	127	127
Expenses (operating and capital)	$1,435,674	$3,776,229	$6,101,190	$9,485,098	$9,635,676	Budget $13,532,150
Expenses Fire Enhancement					$3,517,515	$2,763,440
Services provided	Fire, EMS (first responder), Inspection, Training, Dispatch, Hydrants	Fire, EMS (basic & paramedic), Inspection, Training, Dispatch, Hydrants	Fire, EMS (basic & paramedic), HAZMAT, Inspection, Training, Dispatch, Hydrants	Fire, EMS (paramedic), HAZMAT, HIRT, Inspection (BUSTR), Training, Dispatch, Hydrants	Fire, EMS (paramedic), HAZMAT, HIRT, Inspection (BUSTR), Training, Dispatch, Hydrants	Fire, EMS (paramedic), HAZMAT, HIRT, Inspection (BUSTR), Training, Hydrants, Fire Officer, Instructor

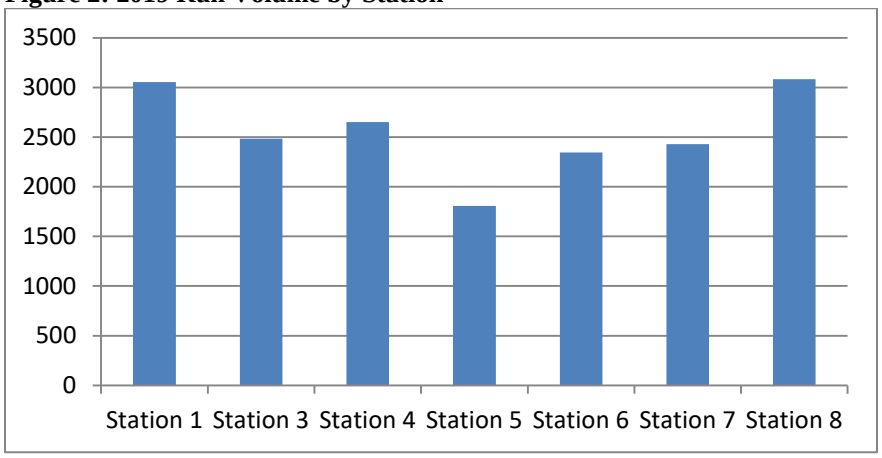
The increase in fire and EMS activity is illustrated in Figure 1.

Figure 1: Increase in SFRD Activity



Run volume varies by station. Figure 2 illustrates the variation in run volume.

Figure 2: 2019 Run Volume by Station



A concern expressed by planning committee members is the high volume of runs in Springfield per uniformed staff member. Table 2 illustrates run volume comparison between Springfield and neighboring departments. All neighboring run numbers were found in the station annual reports which are available on the respective department web sites. Number of uniformed personnel in each department was provided by A. Rigsbee, IAFF Local 333 President. Springfield has the second highest number of runs per staff within the comparison group.

Table 2: Comparison of Run Volume in 2018 per Uniformed Staff

	Total 2018 Incidents	Uniformed staff	Incidents Per Staff
Fairborn	7043	48	146.7
Springfield	17653	124	142.4
Dayton	36923	279	132.3
Kettering	8970	76	118.0
Columbus	158792	1592	99.7

The training required to perform the services has also changed dramatically as shown in Table 3.

Table 3: Hours of Initial Training Required

	1980	1990	2000	2010	2019	CEUs
Fire	300	300	300	300	450	54
EMT B	110	110			120	40
EMT P	500	600	750	1000	1200	86
HAZMAT		40	40	40	40	12
HAZMAT Safety Officer				120	40	NA
HIRT – includes rope, confined space, swift water awareness, trench, vehicle extrication			120	40	188	NA
BUSTR Installer		40	40	40	30	NA
BUSTR Inspector				40	36	NA
Investigator	40	40	40	300	40	
Inspector	40	40	40		80	24
Instructor					80	30
Live Fire Instructor					8	NA
Fire Officer 1					80	NA
Fire Officer 2					40	NA

Response time is an important metric for any emergency service. The standard for response time is to arrive on scene within seven minutes and 59 seconds for lights and sirens responses (defined in the National Fire Protection Association Standard 1710). The recent history of average percentage of the time SFRD responds in 7:59 or less is shown in Table 4. This average includes lights and sirens responses as well as responses without lights and sirens. Response time is slightly slower in 2019 than it was in 2018, but both years were faster than in 2017.

Table 4: Percentage of Time Responding in 7:59 or Less

	% Response Time
2017	77.2%
2018	79.6%
2019	78.4%

The total SFRD person hours spent mitigating a fire or responding to an EMS call is shown in Table 5. These hours include start of incident to end of incident, and do not include clean up time.

Table 5: Staff Hours for Incidents

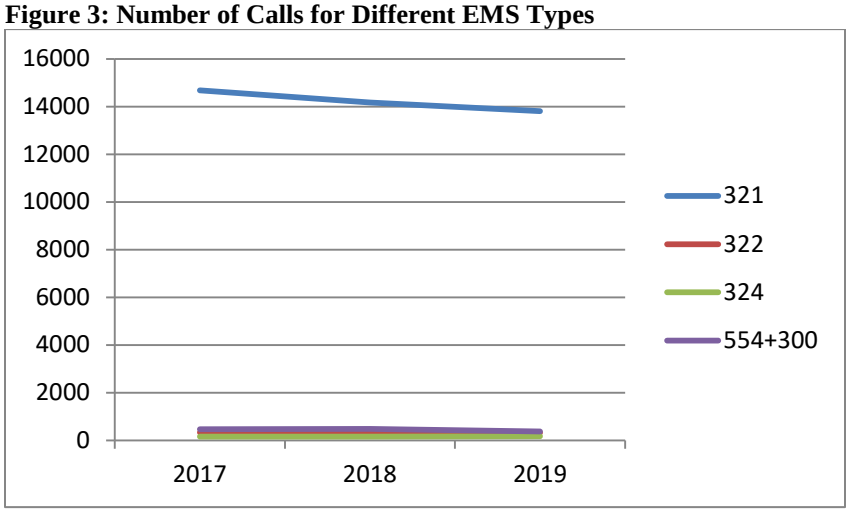
	2017	2018	2019
Total Staff Hours on Incidents	29,267	30,783	30,578

Planning committee members and tour members identified the number of non-emergency calls they must respond to as a major concern. Although the total number of calls that did not actually require an emergency paramedic response is not tracked, the different types of EMS calls are tracked and are shown in Table 6 and Figure 3. The calls for motor vehicle accidents and for assisting invalids are tiny compared to the number of general EMS calls.

Table 6: Number of Calls for Different EMS Types

	2017	2018	2019
321-EMS, excluding vehicle accident	14678	14171	13809
322-Motor vehicle with injury	340	353	320
324-Motor vehicle, no injury	162	160	169
554-Assist invalid + 300	465	485	376

Figure 3: Number of Calls for Different EMS Types



The acuity of EMS calls can also be understood by the type of service provided. For the last several years, the SFRD ambulance billing company has determined (by billing standards) that transported patients have a ratio of roughly 35% Advanced Life Support (ALS) vs 65% Basic Life Support (BLS). Roughly 20% of calls are not transported at all.

In addition to the challenge of non-emergency runs, Springfield also provides services to high need individuals who repeatedly call for assistance. From January 1, 2019 to December 26, 2019 a total of 81 patients generated 1,349 calls for service out of a total of 15,359 calls. This is just under 9% of the total calls. SFRD is very interested in finding ways to support these individuals with services that will meet the individuals' needs long term rather than providing emergency responses repeatedly over time.

Springfield's trends are very similar to those nationwide, as described in the next section.

Industry Trends

The *EMS Trend Report 2019: HOW WILL EMS ADVANCE AT CURRENT PACE OF CHANGE?* Has identified a number of challenges facing the industry that are equally important to SFRD. The list of trends was compiled following a survey of 3000 EMS providers and related positions including field providers, managers/leaders, medical directors, and dispatchers. The majority of respondents (74%) were field providers and managers/leaders. Challenges noted include:

- Workforce – recruitment and retention
- Agency preparedness for large, unusual, or catastrophic events
- Health and safety of the firefighter/EMS personnel[1]

One article written by Art Hseih in the trend report seemed to describe SFRD accurately. I have included extensive excerpts from that article to illustrate that the challenges SFRD is experiencing are systemic within the industry. Note that respondents to this survey include for profit ambulance services as well as municipal services such as SFRD.

Breaking a destructive cycle

Each year's EMS Trend report provides a snapshot of what we want for ourselves. Field providers want – and need – increased pay, better benefits and safer working conditions. All professions want this, of course, but the need in EMS is becoming dire. Many, if not most,

[1] *EMS Trend Report 2019: HOW WILL EMS ADVANCE AT CURRENT PACE OF CHANGE?*, Fitch & Associates and EMS1.com, 2019, pp. 6-9

> providers work more than one job in order to make ends meet. Sixty- to 80-hour work weeks are not uncommon.
>
> This cycle continues even when we are witnessing a transformative moment in our industry. The data shows an increasing number of agencies providing community health services that positively affect patient and population outcomes. The federal government is making its first steps in creating the reimbursement process that will allow these innovative practices to take hold and thrive. But EMS providers, paramedics in particular, may be left out of this development.
>
> It boils down to what we believe the function of EMS is. The age-old debate of whether we are public safety or healthcare entities continues to be a drag on the industry. The time is coming to draw clear, unambiguous lines around what we do.
>
> If it's public safety, then evidence supports a focus of performing time-dependent tasks really well. Training time would decrease, and retention of knowledge and skills would improve. If the paradigm is integrated healthcare, then specialist providers with deep knowledge and skill sets are needed.
>
> Personally, I'm not sure which way we should go. The EMS Agenda 2050 seems to point to the latter. But, being a jack of all trades and master of none has been a head-banging exercise in futility. It's resulted in lackluster performance, inadequate reimbursement, poor compensation, and the recruitment and retention of a workforce that is poorly prepared to adapt.[2]

To compare these industry perspectives with focus group responses, I compiled the common themes from all of the questions asked of Firefighter/EMS personnel. They include:

- Strengthen leadership at all levels
- Improve recruitment and retention
- Improve compensation
- Improve stations
- Continue apparatus replacement plan
- Maintain and improve equipment
- Maintain employee safety and physical and mental health
- Improve training
- Increase collaborative practices to address mass casualty incidents (MCI)
- No more cross staffing of apparatus (called "combo" by the firefighter/EMS staff)
- Prioritize training and responding to run requests over ancillary tasks
- Reduce the number of runs

As with SFRD, many fire rescue departments are challenged by increasing numbers of EMS calls and are evaluating alternative ways to address the increased calls. The International City/County Management Association published two articles about the changing fire and rescue industry in a 2016 publication entitled *Building Resilient Communities During Disruptive Change Part 2: Public Safety*.

Randy Bruegman, Chief of the Anaheim, CA Fire Department described the changes occurring:

> But the fire service is at another crossroads in its history, and that is: What is it to become in the future? The fire service today responds to millions of calls a year and most are for EMS. Therein lies the *threat* and the *opportunity* for the fire service in the immediate future. The current system has been built on a system of defined staffing and deployment that works well for structural fire response, but may not be the most effective nor efficient model for the majority of calls that are being responded to today.[3]

Bruegman identified how some departments are changing in response to this trend.

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[2] Hsieh, Art, "The EMS Evolution We Need," in *EMS Trend Report 2019: HOW WILL EMS ADVANCE AT CURRENT PACE OF CHANGE*, excerpts from pp. 15-16.

[3] Bruegman, Randy, "Fire Service at a Crossroads," *Building Resilient Communities During Disruptive Change Part 2: Public Safety*, p. 19.

> There are a number of fire agencies already researching and implementing innovative concepts to expand their services and scope of practice in several states. Tualatin Valley Fire & Rescue in Oregon uses a single medic to assess low acuity calls and conduct follow up on the patient. Community paramedicine has been implemented in Minnesota due to an expanded scope of practice, and in Mesa, Arizona, a transitional response vehicle, which couples a paramedic and a nurse practitioner, is doing treat-and-release of medical issues that historically would have been transported to a local emergency department.[4]

One topic noted by Hseih in the trend report should be emphasized: is EMS a public safety service or a healthcare service? If healthcare service, what is the appropriate role for the EMS providers? The City of Springfield has recently launched an initiative inspired by Commissioner Chilton that has the potential of expanding SFRD's role in healthcare. A number of partners indicated interest in this expanded role for SFRD's EMS. A second article in Building Resilient Communities explores options for EMS in the healthcare model that are similar to Commissioner Chilton's work. Jay Fitch and Steve Knight propose community paramedicine and mobile integrated health care as possible future opportunities in their article, "EMS In The Era Of Health Care Reform."

> The concept of community paramedicine−employing EMS providers to provide a broader array of services and focus on prevention and primary care−is not a new one, but it has gained renewed focus in recent years, thanks in large part to the advent of the Triple Aim and the Affordable Care Act.
>
> Community paramedicine was initially developed as a way to provide basic primary care services to rural areas with limited medical resources and to avoid long, expensive trips to distant hospitals for minor problems. Urban and suburban communities have begun to experiment with a new type of community paramedicine, which some are now calling mobile integrated health care.
>
> Mobile integrated health care is broader than community paramedicine in that it contemplates using providers and organizations of all types to provide the best care in both the home and other nonclinical environments. MIH programs often employ EMS providers who receive advanced training on such topics as chronic disease management and mental health issues, but whose technical and medical scope of practice remains unchanged.
>
> Among some EMS leaders, there is a concern that EMS agencies are diving headfirst into mobile integrated health care without a clear path to sustainability−even while there is also growing agreement that the current EMS response and funding model is not sustainable.[5]

Fitch and Knight provided three examples of communities embracing new models.

> In 2013, MedStar EMS, the sole provider of nonemergency and emergency ambulance services in Fort Worth and 14 other surrounding cities changed its name to MedStar Mobile Healthcare. The new moniker reflected a realization in the EMS community that 911 calls do not always result in emergency medical care so much as unscheduled health care.
>
> The provider also has launched several community health programs in recent years, which highlight the importance of establishing partnerships to ensure both positive patient outcomes and fiscal sustainability. The programs include:
>
> · Nurse triage of low-acuity 911 calls to avoid ambulance transports to the emergency department when not medically necessary.
>
> · An EMS loyalty program to reduce EMS and emergency department use by frequent users.
>
> · Readmission avoidance to prevent return visits to the hospital within 30 days of discharge.
>
> · Hospice revocation avoidance to prevent unnecessary hospital visits for hospice patients.
>
> · Home health partnership to provide after-hours care.

[4] Bruegman p. 20

[5] Fitch, Jan and Knight, Steve, "EMS in the Era of Health Care Reform," *Building Resilient Communities During Disruptive Change Part 2: Public Safety*, p.22.

> Specially trained mobile health paramedics who use vehicles that are not equipped to respond to emergencies perform in-home visits with enrollees in the high utilizer program. As a provider can't bill Medicare and Medicaid service centers (or most other insurers) for these programs, it has partnered with local hospitals, physician groups, and hospice and home-health agencies, each of which has a financial interest in keeping their patients out of the hospital whenever possible.[6]

Results of MedStar's efforts include 84% reduction of emergency usage in the high usage patients, 90% reduction in readmission rates to the hospital, and 40% of calls diverted from the emergency department.

Mesa Arizona's emergency service also changed its name to the Mesa Fire and Medical Department. Staffing and response models were changed drastically to create Community Care Practitioner teams.

> The department's Community Care Units look like typical ambulances, but are staffed with a combination of senior paramedics and midlevel practitioners in a public-private partnership between the city and a local hospital. One unit partners the paramedic with a nurse practitioner or physician assistant, who is employed by Mountain Vista Medical Center.
>
> That midlevel practitioner can often handle low acuity emergencies by prescribing a medication, treating someone's pain, or even suturing a wound in the field, preventing an unnecessary ambulance ride and emergency department visit.
>
> A second unit partners a paramedic with a crisis counselor to respond to behavioral emergencies and determine if a patient might be better served at a psychiatric facility rather than the emergency room. Partnering with these other health care providers has allowed the department to expand the scope of services it can provide in the field.[7]

Wake County, North Carolina uses a self-funded program to minimize the number of runs.

> In Wake County, North Carolina, the county EMS agency that provides 911 EMS response and transport added a new level of provider: the advanced practice paramedic.
>
> These paramedics receive additional training and supplement the emergency medical response system, ensuring the presence of an additional, experienced paramedic on critical incidents.
>
> But the main success of the program has been the use of the paramedics to conduct in-home visits with frequent callers and patients who are referred by other EMS providers when they determine that a patient needs additional services other than emergency transport.[8]

Closer to Springfield, the Columbus Division of Fire has expanded its role in some emergency service responses with positive results. The Division created a Rapid Response Emergency Addiction & Recovery Team (RREACT) designed to address not only the immediate overdose situation, but to offer addiction recovery options to the patient and social service supports to the rest of the family.

> Parrish (RREACT Team Leader) hears the questions often: Why are we involved in all of these tentacles of social service? We are firefighters. Why is this our problem to fix? It's both a professional question, and challenge from an organizational point of view.
>
> "When all of this started, it became clear to me that we are trying to solve a community problem with an emergency response model," observed Parrish.
>
> "But what we need is a community response to solve a community problem."
>
> For those communities most impacted by poverty, 911 as become the access point to health care. The epidemic requires a more comprehensive response to those calls, according to Parrish.
>
> "So there's some validity to the argument that you call 911, you overdose and you get an emergency response; we revive you, we get you breathing again and within 10 minutes or less we hand you off to somebody else. The problem is the next overdose will result in yet another call

[6] Fitch and Knight, pp. 22-23.
[7] Fitch and Knight, p. 23.
[8] Fitch and Knight, p. 23

> to 911 and require another EMS response. So the outreach, the social service work is our test ground to change the model of our response to those calls," said Parrish.[9]

The RREACT team expects this model to expand to other non-opioid related calls.

> The 911 system remains an entry point for health care for many in low income communities. EMS statistics suggest that trend is continuing. Parrish feels a new approach is required for those calls, including more preventative efforts and more education. An EMS response is not always appropriate for a desperate call for help. Parrish would like to see a triage approach to those calls to summon an appropriate service provider.
>
> "This is where the fire service needs to look at what we do best: We have a reputation of knowledge and trust. We have reduced the numbers of structure fires dramatically over 50 years because of the proactive efforts of the folks in our fire prevention, education and inspection. We've never done that with EMS. It's been 50 years since we trained and added paramedics to the fire service in Columbus. Yet we've never done a prevention, education and inspection model for EMS," said Parrish.[10]

One of SFRD's mutual aid partners noted:

> The problems we are facing will only continue to get worse – with an aging population, the need for EMS will continue to grow. We all need to figure out a way to address demand without increasing resources. We need to radically rethink our models.

The different service models described in this section provide ideas and possible approaches for how SFRD can address the increasing run volume and high need callers. Over the course of this strategic plan, SFRD will explore partnerships and service models that will be efficient and effective in meeting the needs of the Springfield community.

Community Profile

Springfield and Clark County are not economically or demographically robust. Both have been losing population steadily since 1970; both have higher poverty rates than the state as a whole; and both have a higher percentage of individuals at retirement age as shown in Table 7. Population loss, poverty, and residents who are not wage earners (retirees) contribute to Springfield's challenges, described in this section.

Table 7: Demographic Comparisons[11]

Demographic Variable	Springfield	Clark County	Ohio
Total population 1970	81,941	157,115	10,652,017
Total population 1990	70,487	147,548	10,847,115
Total population 2010	60,608	138,333	11,536,504
Total population 2018	59,282	134585	11,689,442
Families below poverty level	24.3%	12.1%	10.8%
% of population 65 or older	16.8%	18.3%	15.9%
Median Household Income	$37,059	$46,275	$48,246

It is interesting to note that while population has dropped by almost 23,000 residents since 1970, run volume has more than tripled in the same time.

[9] Columbus Division of Fire Annual Report 2018, p. 32.
[10] Columbus Division of Fire, p. 33
[11] The majority of the data found in this table came from the Ohio Development Services Agency http://development.ohio.gov/reports/reports_research.htm; Springfield's poverty rate, population over 65 and Median Household Income the US Census Department https://www.census.gov/search-results.html?q=springfield+ohio&page=1&stateGeo=none&searchtype=web&cssp=SERP&_charset_=UTF-8 accessed December 23, 2019

We are not only a poorer county than many in Ohio, our health status is worse as well. The Clark County Combined Health District prepares a health assessment report every three years which is followed by a Community Health Improvement Plan. The assessment addresses all of Clark County, including the City of Springfield. The 2019 Clark County Community Health Assessment reports that Clark County residents have a projected shorter life span than the state of Ohio as a whole.

Length of Life

The Years of Potential Life Lost (YPLL) rate for Clark County is 11,700, which is higher than the YPLL for the state (8,500) (Robert Wood Johnson Foundation County Health Rankings (CHR), 2019). By race, the black population in Clark County has a higher YPLL rate (18,400) than the white (11,300) (CHR, 2019).

Life expectancy at birth for Clark County residents ranged from 65.7 years to 83.6 years (National Center for Health Statistics, 2018). Average life expectancy at birth for Clark County residents was 74.3 years, which is slightly lower than the average life expectancy for the state of Ohio and the U.S. Life expectancy is lowest in the central, eastern, and south western portions of Clark County.[12]

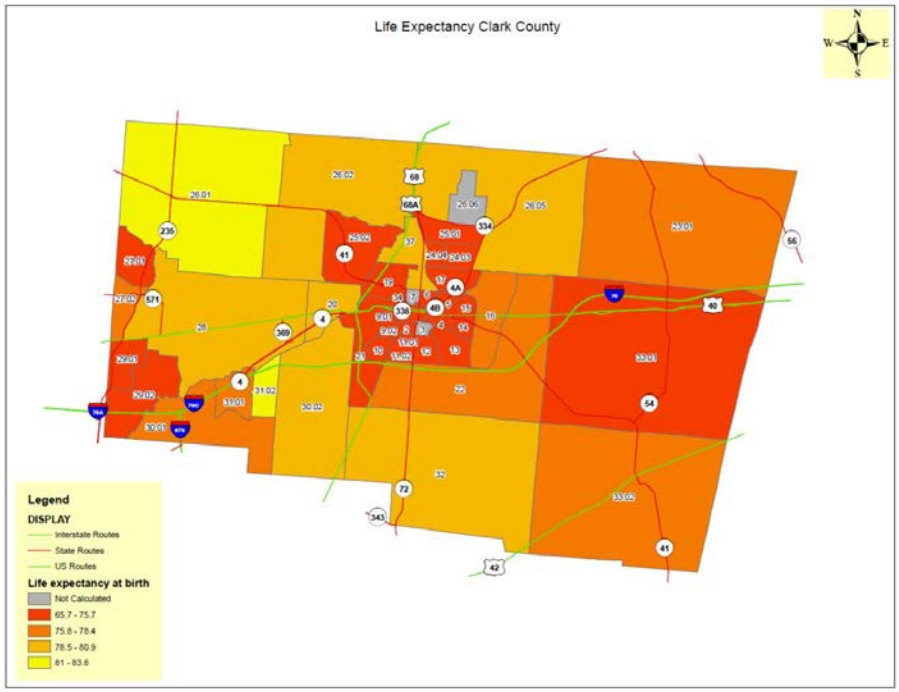
Table 8 compares the life expectancy of Clark County with the state of Ohio and the US.

Table 8: Average Life Expectancy for County, State and Nation

Location	Average Life Expectancy (Years)
Clark	74.3
Ohio	76.6
US	78.3

Figure 4 identifies expected life expectancy throughout Clark County. Although the City of Springfield is not the only part of Clark County with low life expectancy, a large portion of the city does have the lowest life expectancy identified in the county.

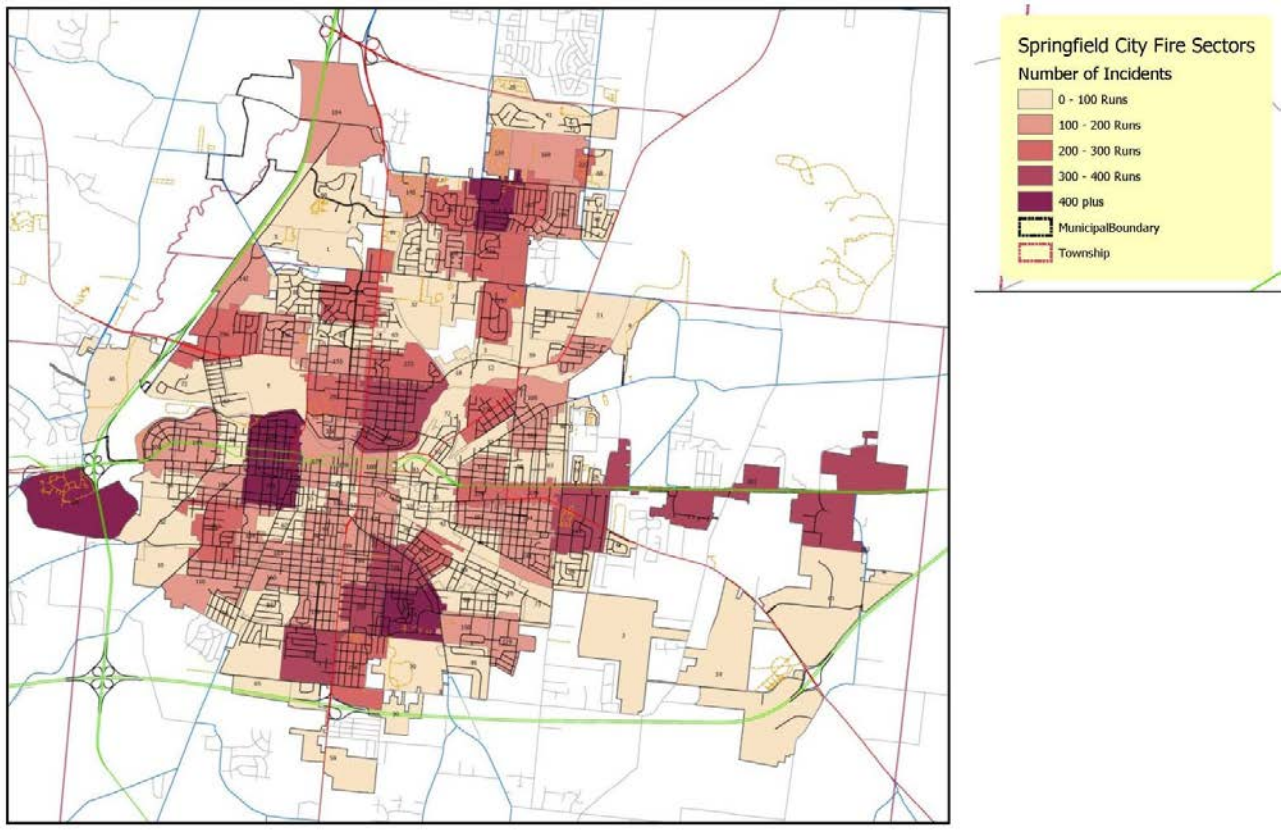
Figure 4: Life Expectancy within Clark County[13]



[12] Clark County Community Health Assessment 2019 DRAFT, p. 13.
[13] Clark County Community Health Assessment 2019 DRAFT, p. 14

The location of high volumes of runs is similar to the location of lower life expectancy as shown in Figure 5.

Figure 5: Run Volume by Sector



The 2019 Community Health Assessment reports that large portions of Springfield have fewer health professionals available to the population than the state as a whole. This may contribute to the high number of EMS calls experienced by SFRD.

> The ratios of population to dentists, primary care physicians, and mental health providers in Clark County are higher than that of Ohio, meaning there are fewer professionals per person in Clark County. Within Clark County, parts of Springfield are designated as a Health Professional Shortage Areas (HPSAs) for Dental Health and Primary Care. These HPSA areas cover most of the south and south-west parts of Springfield. The central and western-most parts of Springfield are designated as Medically Underserved Area/Populations (MUA/P).[14]

The actual ratios are listed in Table 9.

Table 9: Health Resource Availability, Clark County[15]

	Clark County	Ohio
Population per Dentist	1,980:1	1,620:1
Population per Primary Care Physician	2,280:1	1,300:1
Population per Mental Health Provider	710:1	470:1

[14] Ibid, p. 37.
[15] Ibid, p. 37.

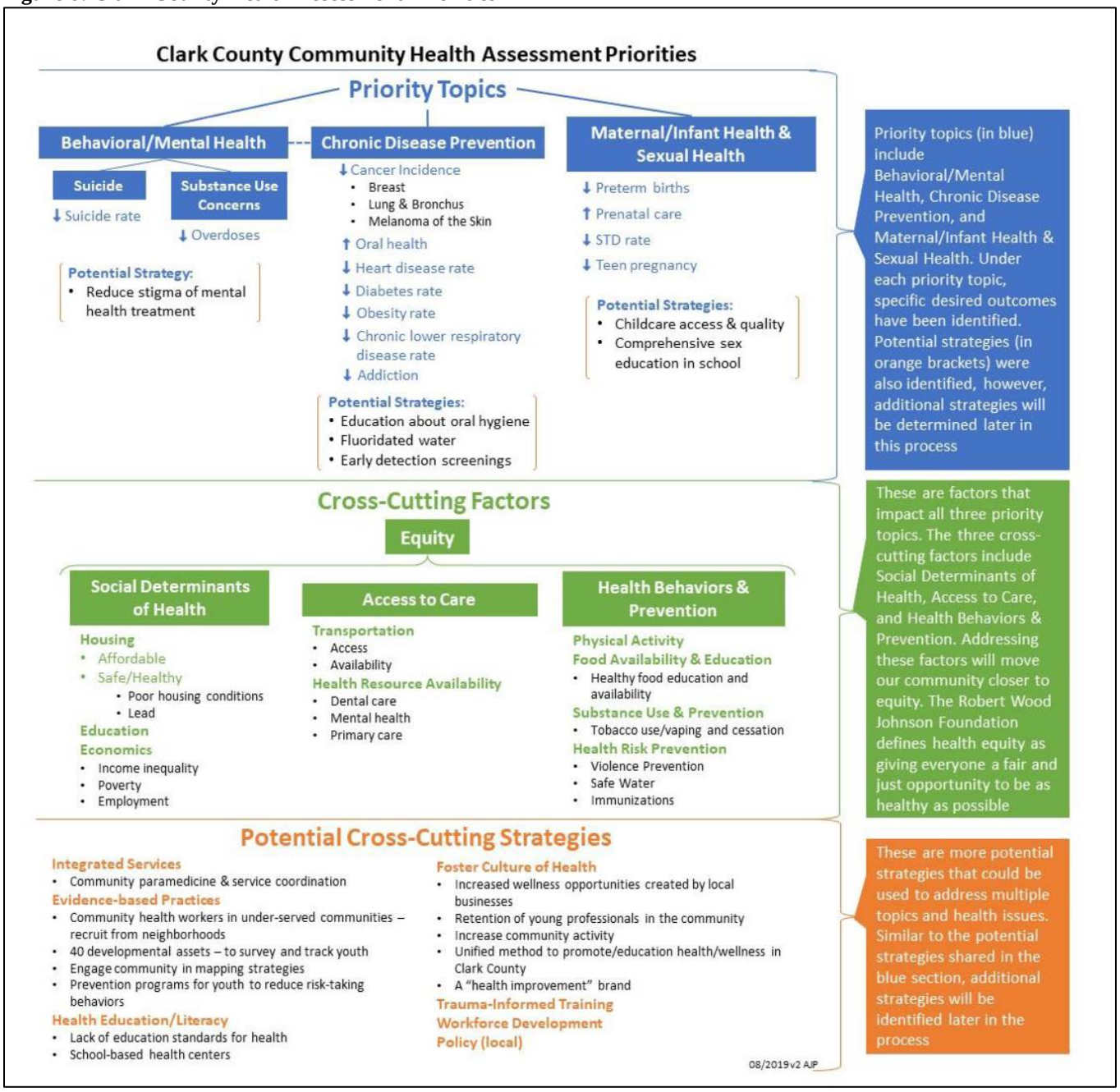
The Community Health Assessment 2019 identified three priority topics as shown in Figure 6:

1. Behavioral/Mental Health
    a. Decrease suicide rate
    b. Decrease substance abuse overdoses
2. Chronic Disease Prevention
    a. Decrease cancer incidence
    b. Increase oral health
    c. Decrease heart disease rate
    d. Decrease diabetes rate
    e. Decrease obesity rate
    f. Decrease lower respiratory disease rate
    g. Decrease addiction
3. Maternal/Infant Health and Sexual Health
    a. Decrease preterm births
    b. Increase prenatal care
    c. Decrease STD rate
    d. Decrease teen pregnancy

The priority topics are affected by three Equity Factors.

1. Social determinants of health
2. Access to care
3. Health behaviors & prevention

Figure 6: Clark County Health Assessment Priorities



Financials

As with many communities and local government agencies in Ohio, the City of Springfield was hit hard by the reduction in Local Government Funds, losing nearly $4M annually in the past. In 2017 voters approved a temporary increase in the income tax from 2% to 2.4% to generate an additional $6.7 million annually. The money was promised to replace the cuts in state funding, add more police officers, fix roads, and to maintain current services.

The income tax in Springfield does not apply to pensions or investment income. It could be called a wage tax rather than an income tax since it does not apply to all types of income. Table 10 contains a historic view of revenues for the City of Springfield.

Table 10: City of Springfield General Fund Revenues

General Fund Revenue	Actual 2015	Actual 2016	Actual 2017	Actual 2018	Revised 2019 Budget	Budget 2020
Income Tax	28,227,514	28,453,622	30,600,000	35,417,585	36,420,000	37,520,000
Hotel / Motel Taxes	424,836	446,227	530,511	498,135	505,000	560,000
Local Government Fund	1,779,653	1,642,387	1,601,897	1,644,477	1,668,815	1,735,004
State Shared Taxes	91,004	85,934	91,011	88,545	88,000	88,000
Intergovernmental	415,456	395,999	356,659	364,435	316,936	324,980
Services and Charges	1,728,205	1,764,286	1,586,087	1,885,872	1,722,290	1,668,000
Interest Earnings	148,288	161,787	203,828	359,995	500,000	450,000
Fines and Forfeitures	1,336,845	1,339,419	1,381,317	1,434,790	1,466,600	1,466,100
Miscellaneous Revenues	139,293	164,472	111,120	868,938	117,000	122,500
Reimbursements	2,388,271	2,740,435	4,136,115	3,688,098	3,571,875	3,597,600
TOTAL REVENUES	36,679,365	37,194,568	40,598,545	46,250,870	46,376,516	47,532,184

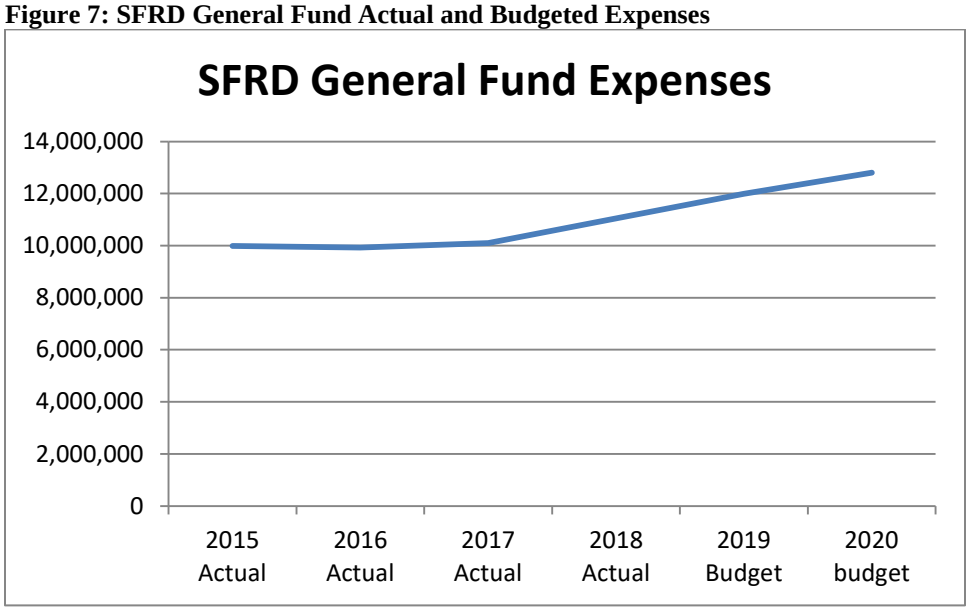
After a decline in expenditures due to the reduction of Local Government Funds, total expenses have increased to fulfill the promises made when passing the levy. Table 11 shows the change in expenses by departments since 2015. The city continues to fund public safety with the highest priority.

Table 11: City of Springfield General Fund Expenses

GENERAL FUND EXPENSE	2015 Actual	2016 Actual	2017 Actual	2018 Actual	Revised 2019 Budget	2020 budget
City Clerk	217,677	217,628	249,316	209,896	260,730	302,295
City Manager's Office	481,738	379,353	335,825	385,556	391,865	403,870
Economic Development	54,819					
Finance Department	1,768,355	1,839,716	1,697,969	1,903,612	2,175,130	2,321,830
Personnel Department	390,512	378,573	413,078	413,293	521,260	577,430
Legal Department	895,873	929,296	945,230	1,006,295	1,338,600	1,101,760
Service Department	1,201,795	1,163,398	1,172,039	1,226,903	1,455,390	1,649,575
Information Technology	713,251	765,414	746,126	803,171	848,493	1,017,350
Engineering Department	719,237	747,332	667,338	1,611,902	1,793,492	1,945,200
Development Department	1,087,902	885,176	988,348	1,759,934	2,453,022	2,480,590
Police Department	10,187,614	10,192,359	9,909,730	10,254,619	11,862,823	12,914,320
Fire Department GF	9,988,970	9,929,810	10,103,381	11,047,322	11,996,832	12,807,650
Dispatch	1,204,356	1,224,423	1,219,717	1,370,820	1,534,520	1,681,700
Misc. Non-Departmental	4,060,221	3,615,846	3,847,005	4,905,938	5,377,880	4,530,520
NTPRD Subsidy	1,100,000	650,000	450,000	450,000	650,000	750,000
Transit Subsidy	200,000	200,000	200,000	200,000	200,000	200,000
TOTAL GENERAL FUND EXPENSE	34,272,320	33,118,324	32,945,102	37,549,261	42,860,037	44,684,090

Once the levy passed, the city did increase funding for the fire rescue division as show in Figure 7.

Figure 7: SFRD General Fund Actual and Budgeted Expenses



SFRD is a capital intensive division. Successful operations require functional vehicles, comfortable and safe stations, appropriate protective gear, appropriate firefighting and medical equipment, and robust technology. The 2020 capital improvement funds for the division are listed in Table 12.

Table 12: SFRD 2020 Permanent Improvement Budget

Description	Permanent Improvement Fund	Other Funding sources	Total
Assistant Chief Vehicle	40,000		40,000
Battalion Chief Vehicle	45,000		45,000
Clothing Extractor and Commercial Dryer	16,000		16,000
Personal Protective Equipment / Turnout Gear	96,000		96,000
Replace Engine 3	94,100	376,400	470,500
Sheds for Fire Stations (qty: 2)	14,000		14,000
Miscellaneous Equipment	43,000		43,000
Total	**348,100**	**376,400**	**724,500**

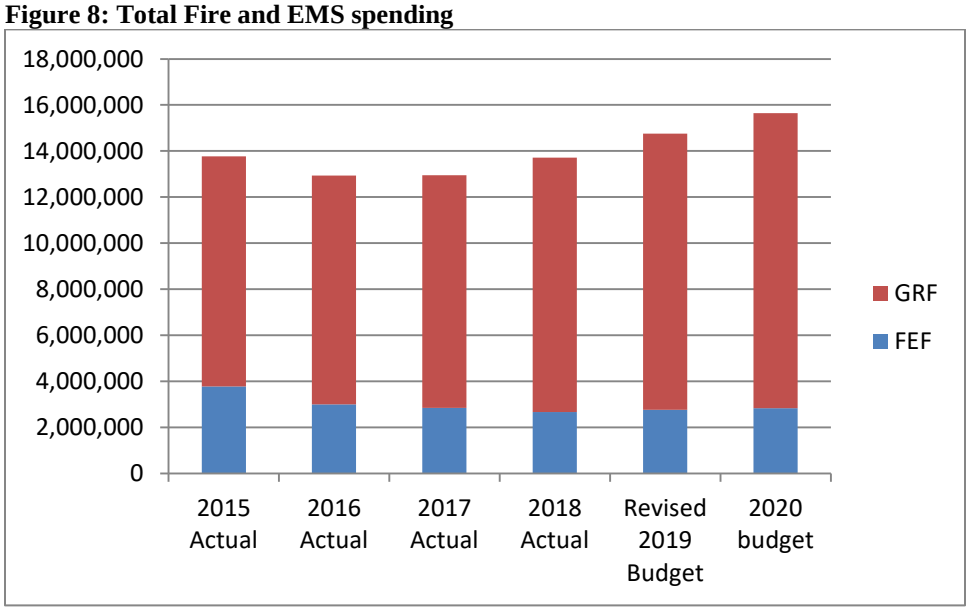
SFRD has additional income, the Fire Enhancement Fund shown in Table 13, available from reimbursements for EMS runs. The income was initially dedicated to fund capital expenditures and additional staff members. However, over time it has increasingly been used to fund operations.

Table 13: Fire Enhancement Fund

FIRE ENHANCEMENT FUND	2015 Actual	2016 Actual	2017 Actual	2018 Actual	Revised 2019 Budget	2020 budget
Total Expense	3,774,613	3,005,410	2,847,629	2,668,467	2,763,440	2,832,080

The total expenses over time for SFRD are shown in Figure 8.

Figure 8: Total Fire and EMS spending



The majority of expense in operating SFRD is dedicated to personnel as shown in Table 14.

Table 14: SFRD total budgeted operational expenses

SFRD Operating Budget 2020	Total Requested	Gen Fund 90%	FSEF 10%
Personnel	13,996,505		
4000 - Travel Training	93550	84195	9355
4010 - Natural Gas Charges	52000	46800	5200
4011- Electric Charges	45000	40500	4500
4013 - Telephone Charges	50000	45000	5000
4020 - Maintenance Contracts	14080	12672	1408
4030 - Other Professional Services	85375	75487.5	9887.5
4070 - Other Contract Services	169780	23202	146578
4080 - Garage Labor	8000	7200	800
4082 - Apparatus External Repair and Maintenance	*Unique split*	*65%*	*35%*
4082 - App Ext Repair/Maint Continued	184300	125045	59255
4100 - Other Insurances	13500	12150	1350
4101 - Vehicle Insurance	40000	36000	4000
4102 - Property Insurance	9200	8280	920
4200 - Membership Fees	12925	11632.5	1292.5
4211 - Other Fees	500	0	500
4311 - Expendable Supplies	145615	89203.5	56411.5
4500 - Gasoline & Lubricants	85000	40000	45000
4501 - Vehicle Maintenance Supplies	17000	15300	1700
6020 - Equipment (from Perm Improvement Fund)	227000		
6030 - Vehicles	724500		
6040 - Buildings	14000		
Debt Financing	376400		
Subtotal	16,364,230	672,668	353,158

Table 15 provides a summary of 2020 budgeted expenditures.

Table 15: 2020 Budget Summary

Source Operating Budget 2020	Total
General Fund total expenses	12,807,650
Fire Service Enhancement Fund	2,832,080
Permanent Improvements	724,500
Total 2020 Fire Budget	16,364,230

Employees

Employee Turnover

During the focus groups, a number of answers reflected a concern about high employee turnover and the impact this has on operations and morale. Turnover has increased in the past 5 years, with a very large jump in 2017 as shown in Table 16.

Table 16: SFRD Voluntary Turnover

Year	Total Voluntary Terminations	Turnover Rate	Contract Raise Amount	Different Fire Department	Different Type of Work	New Job Unknown
2000	1	0.79%	4%		1	
2001	0	0.00%	4%			
2002	2	1.57%	3%	1		1
2003	2	1.57%	3.25%	1	1	
2004	1	0.79%	3.50%			1
2005	1	0.79%	0%	1		
2006	1	0.79%	0%			1
2007	6	4.72%	2.25%	1	3	2
2008	1	0.79%	2%	1		
2009	0	0.00%	1%			
2010	3	2.36%	0%	2	1	
2011	1	0.79%	0%		1	
2012	2	1.57%	0%	1	1	
2013	2	1.57%	0%		2	
2014	2	1.57%	0%	1		1
2015	4	3.15%	2%	3	1	
2016	4	3.15%	2%	3	1	
2017	13	10.24%	3%	11	2	
2018	7	5.51%	2%	6	1	
2019	4	3.15%	3%	4		

The high turnover in 2017 occurred the year following the failure of an income tax levy for the city. After the levy failed, the city closed one fire station and discontinued one fire/EMS unit. Although the levy passed on its second attempt in early May, eight firefighter/EMS personnel left the service prior to the second levy vote and three more left within two months of the second vote. The loss of a unit and a station combined with the uncertainty of the levy passing appear to have triggered a large exodus.

Of the 32 firefighter/EMS personnel who have resigned in the past five years, 22 had less than five years with SFRD and ten had less than one year. This fits an expected pattern of personnel receiving training here, then moving to more desirable services. However, ten of those who left had long tenures with SFRD, including four who had more than 15 years each with SFRD.

Planning committee and tour members are concerned with the compensation in Springfield, especially when compared with neighboring department compensation. Table 17 shows a comparison of neighboring departments that former Springfield firefighters/EMS personnel joined since 2014. Salary information in Table 17 was provided by the respective municipalities or departments in 2020.

Population came from the Ohio Development Services Agency. Department size and work week information was provided by A. Rigsbee, IAFF Local 333 President.

Table 17: Compensation Comparison for Neighboring Departments

Department	Population	Depart-ment Size	Entry FF Salary	Top Step FF Salary	AVG. Work week	# Spfld Who Joined
Kettering	54,635	76	67,018 EMT PM 69,035	88,005 EMT PM 90,646	50.4	6
Columbus	873,495	1,563	$55,653.90	$85,305.36	48	4
Beavercreek	53,496	54	EMT basic 58,779.60 EMT PM 61,278.80	EMT basic 75,306.80 EMT PM 79,103.80	53	9
Fairborn	33,658	47	52,881.92	77,022.40	50	1
Troy	26,132	36	53,107.07	76,867.23	49.69	2
Huber Heights	37,164	46	50,626.68	73,566.48	51	1
Piqua	21,200	24	60,906.56	74,562.80	56	2
Dayton	140,640	319	FF 51,875 FF/ PM 55,972.8	FF 69,180 FF/PM 74,692.8	48	1
Springfield	59,282	124	48,770.62	62,915	51	

Recruitment and retention remain critical areas in the EMS industry overall. According to the *EMS Trend Report 2019,*

> In last year's report, recruitment and retention stood out as the clear top concerns of EMS professionals, from field providers to chiefs. This year is no different, as the workforce continues to be the most critical issue for the profession according to survey respondents,[16]

The high turnover has impacted employees in multiple ways. The unique nature of the SFRD schedule keeps personnel together for 24 hours at a time. They work together, eat together, and sleep near each other in the stations. The loss of someone with whom you have spent so much time is especially painful. Focus group comments include:

> No one really knows anyone anymore. Too much turnover.
>
> Constantly losing people to other department impacts morale negatively.
>
> We're in a transition. There is a group that has been here for 15-25 years and have watched the decline of the department after combos and the recession. They dealt with broken, old apparatus, stations that are declining, and no pay raises. They watched people they worked with and considered friends leave one after another. As workload continued to increase they have tried to maintain but are tired and angry. There is also a younger group that has not had the same experience here and struggles to understand why the older guys are so angry. They have seen many positive changes and are eager to learn. They get discouraged by older guys that seem unwilling to pass on their knowledge.

Employee Diversity

The fire/EMS industry remains a primarily white male industry, and SFRD is no different. In December 2019 there are 125 uniformed personnel who are active (2 vacancies). Eight are minorities and five are female. SFRD has promoted its first female officer who began service as a lieutenant on January 2.

[16] *EMS Trend Report 2019*, EMS1.com and Fitch & Associates, p. 6

An article in the *Harvard Business Review* addresses the need and possibilities for increasing diversity in the fire and emergency field.

> Picture a typical firefighter. Who comes to mind? If you imagined a white man, that's understandable: 96% of U.S. career firefighters are men, and 82% are white.[17]

Bendersky identifies a cause for this lack of diversity as a focus on the firefighting aspect of the job rather than the medical aspect of the job. This also suggests a possible solution for SFRD to increase females and minorities.

> To succeed as a firefighter, stereotypically masculine traits like brawn and courage are simply not enough. Firefighters also need the intellectual, social, and emotional skills required to deliver medical emergency aid, support each other through traumatic experiences, and engage intimately with the communities they serve. In short, successful firefighters embody a complex mix of skills and traits. And yet, in my research on reducing gender bias and my work conducting training on general diversity and inclusion with fire departments, I find that, when evaluating fit and competence, firefighters tend to default to a reductive set of traits (physical strength evaluated through strict fitness tests, for example) that serve to maintain white men's dominance in the fire service.[18]

Focus Group Responses

This section of the report contains a summary of focus group answers to share the employee perspective on current operations. Note that a more detailed analysis of some of the answers will be shared with the planning committee.

I coded each answer to be able to identify common themes and rank ordered them to identify most to least frequently mentioned.

What is success for SFRD? What information should we track to tell us whether we are doing a great job fulfilling our responsibilities?

- Meeting the needs of the citizens, Effective work outcomes (46)
  - Response times
  - Complaints per run volume
  - Civilian fatalities and casualties
  - Injury reduction
  - Improved feedback from ER
  - Meeting national standards and best practices
  - Employees are capable of responding to any emergency
  - Maintain Class II
- Employee wellness and morale (31)
- Stronger feedback to employees (32)
- Improved retention, a destination department (28)
- Use the data we collect (14)
- Decrease run volume (8)
- Able to hire the best (3)
- More pay (2)

If we are outstandingly successful in the time between 2019 – 2024, what will we identify as our major accomplishments? What accomplishments will make us proud to be a part of the organization?

[17] Bendersky, Corinne. "Making US Fire Departments More Diverse and Inclusive," *Harvard Business Review*, accessed online on December 4, 2019, p. 1

[18] Bendersky, p. 2

- Strengthen leadership (40)
- Retain employees (35)
- Substantial pay increase, competitive wage package, better benefits (35)
- Plan in place for upgrade and replacement of facilities (30)
- No more combos (29)
- Decrease run volume (21)
- Continue apparatus replacement plan (20)
- Maintain and improve equipment (15)
- Increase manpower to over 127 minimum (13)
- Address staff health, safety, fitness needs (10)

In your opinion, what is the best way to use the resources we have to meet our two responsibilities of fire and rescue and to fulfill our training and continuing education requirements?

- Focus on training (75)
- Prioritize fire and rescue over ancillary tasks such as hydrants (25)
- Change the staffing structure (18)
- Get rid of combos (14)
- Limit Out of Service companies. (14)
- Add manpower (13)
- Improve recruitment/retention (5)
- Reduce runs (5)

How satisfied are you with working for SFRD? What would improve your satisfaction?

- Satisfied or very satisfied. (53)

Suggested improvements:
- Strengthen leadership (62)
- Improve compensation. (35)
- Improve stations. (18)
- Improve communications (13)
- Uncombo and run reduction. (12)
- Improve technology and equipment (11)
- Improve training. (9)
- Continue apparatus improvements. (9)
- Improve the promotion process (5)
- Strengthen recruitment (3)
- Improve retention (3)

W**hat risks do you believe you are unprepared for? What would enable you to feel prepared for these risks?**

- Mental and physical health concerns (41)
    - Cancer
    - Injuries
    - Stress and trauma
- Mass casualty incidents. (36)
- Need improved training (28)
- Working with outside departments (28)

  - Police, schools, neighboring departments for mutual aid
- Personal safety (21)
- Expanding events – medium to large incident command (17)
- Poor leadership (12)
- Tech Rescue, Water rescue (7)
- Better communication with dispatch (7)
- HazMat (6)
- We are prepared (5)
- Legal liability – no support from union or management (4)

What do you need from SFRD leaders?

A. Senior firefighters

- Good attitude, skilled at being a firefighter, up to date on modern firefighting, mentorship, engaged, experts at their craft, passionate, accountable, doesn't seek the path of least resistance, supportive, willing to pass experience on the junior firefighters, pass the torch, engaged with BOOT program, approachable, followership, takes ownership, next man up mentality, understands the mission, teacher. (18)
- Informal leader. Acting Officer role. Willing to pass on knowledge and experience. Runs station house. (4)
- Buffer, handle the smaller things in house. Mentoring. Leadership. Knowledgeable. Held to higher standard. Superior apparatus knowledge (Engine/FAO). Approachability. Fire Officer I. (3)

B. Lieutenants

- Confidence, trust, respect, feeling of safety, willing to share information, building construction, district knowledge, feeling of having our back, allow the firefighter to do the work and also work up. No ego – goal setting. (8)
- Actual leadership, accountability. (4)
- Least amount of respect from the top. Handling their own budget for their station. Actually use Fire Officer I and Fire Officer II knowledge. Experienced firefighter and paramedic. Street smarts. (2)
- Be a positive force, have control over their own day, be a Fire Lieutenant, not be assigned to the medic unit, let them decide what medic run they want to go on, connecting with the crew, give bad news effectively, good communicator, communicate the expectation of the division of the crews, foster relationship with senior firemen, commitment to "everyone goes home", ability to act up to next rank, solid firefighter, solid paramedic, up to date with fire service trends, know when you're not the SME, proctors for protocol, good resource manager, and earn the respect of their crew. (2)
- Let their people know their expectations, provide feedback to employees, evaluate their people and give constructive feedback, tactfully deliver messages to employees, open line of communication, open to hear from their employees and set expectations and not micromanage. (2)
- Good report writer, communication clear expectations, ownership of performance of your crew, people skills, confidence, competent, have the backs of their crew, humility, doesn't stop learning, integrity, good decision making, and tactical level training. (2)

C. Captains

- Instills confidence. Trust, respect, feeling of safety, understanding of job, equipment, district, building construction. Has his crew's back. Flexible, No ego, common goals. Training should be training not evaluation. Understanding of tour time restraints by staff. Looks out for their people (i.e. getting to eat). Empathy. (6)
- Senior line officer, good communications, SME for fire ground operations, strong tactics and strategy training, separate from Lieutenant duties, manage their engine house, make them a district captain, ensure lieutenants are doing good, take care of their district – take some work off the combos when needed, be responsible to all district personnel, command presence. (3)

- Be vocal to upper management about concerns from the membership, make decisions and lead, look at the big picture and take care of the big picture i.e. their pod or the shift not just their crew. Think more as just a company officer not in charge of a pod, good leadership, inspiration. (2)
- Accountability. (2)
- Blue Card Training. More formal training. Held to standards of Fire Officer II. (2)

D. Battalion Chiefs

- Unified office – 1 Department. Consistency. (10)
    - The 3 of them need to work together better, and not be adversarial with other BC's.
- Command presence, level headed (8)
- Stand up for us first more. Has the back of his guys; trusts his guys (7)
- Good communicators, clear expectations. (7)
- Better leaders with what goes on in company. Support troops. Brings the best out of his people. Need great leaders, not great managers. (7)
    - Lead without demeaning (2)
- Up to date knowledge. Never stop learning, (UL/NIST) (6)
- Fire scene management, tactics, strategies; incident manager (6)
- Safety of crews (5)
- Genuine concern for people, empathy (5)

E. Chief and Assistant Chiefs

- Visible presence with Tour at stations (15)
- Consistent vision and direction (12)
    - Change agent for the Fire Department/Firefighters.
- Improve communications; decisions, goals, objectives (10)
- Consistency, unity among the leadership (10)
    - "own the decisions together"
    - Hold BN chiefs accountable for being consistent
- Communicate to the city and advocate strongly for the fire rescue division – money and staff. (9)
- Accountable, held to highest standard, professional (9)
- Remember where you came from, stay connected to tour (8)
- Be employee focused (3)

F. Union leadership

- Better communication, (14)
    - Communication, communication, communication, listen to your members, figure out more ways to get info out, just because someone doesn't go to union meetings doesn't mean their opinion doesn't matter, quit with the special interest projects and get outside of your clique and act more like union leaders.
    - We are not the first union to exist, it's not all about a union meeting, get information to your members – quit using "they didn't come to a union meeting" as an excuse why they don't have the info, seek out info from all members, use technology to provide information.
- Should not have personal agendas, not concerned with bodies opinion, how well are you tied into the regime, need to be unbiased with union representation. (11)
- What leadership? Less self-serving. Stand up for the Firefighters. Transparency. Communication. Checks and balances with voted – 3rd party. Trust. Backbone. Approachability. Ownership. (5)
- Be willing to stand up for the people you represent. (3)
- Commitment to professional development from all. (2)
- Driving force in keeping families involved, (2)

Operations

The overall operations of SFRD are highly dependent upon four critical infrastructure elements:

- Apparatus
- Stations
- Equipment
- Technology

SFRD Apparatus

Fire/rescue apparatus includes fire trucks, medic units, and specialized vehicles.

Focus group respondents recognize that significant improvements have been made in the apparatus and are very appreciative. They hope that steady improvements will continue. Comments included:

> True apparatus replacement plan – not used, worn out equipment.
>
> Replacing apparatus in a more timely manner.
>
> New apparatus.
>
> Keep medic units in service.
>
> Sustainable vehicle replacement plan.
>
> Improve fleet maintenance. We've been running until it breaks and then we fix it.
>
> New ladder truck or two new ones.

Table 18 identifies all of the SFRD vehicles and the age of each vehicle.

Table 18: Age of SFRD Apparatus

Apparatus/Personnel	Year/Model
Battalion 1	2009 GMC Yukon
BC Reserve*	2007 Ford Expedition
Box 27 Air	1990 Navistar
Box 27 Support	2007 Wheelhorse
Chief 1	2013 Ford Interceptor
Chief 2	2003 Chevrolet Suburban
Chief 3	2006 Chevrolet Tahoe
Comm. Ed. Trailer	1999 Haulmark
EMS #1	2007 Ford Explorer
Engine #3	1995 Navistar/Pierce
Engine #5	2009 Pierce PUC
Engine #6	2002 Pierce Contender
Engine #7	2004 Pierce
Engine #8*	2002 Pierce
Fire Safety Trailer	2004 Surrey 36BLTD
HM #1	2005 Sutphen
Inspector #3	2008 Ford Crown Vic
Logistics	2016 GMC Savana
Marshal 1	2003 Ford Crown Victoria
Marshal 2	2009 Ford E 350
Medic #1	2018 Chevy G4500/Frazer
Medic #3	2018 Chevy G4500/Frazer
Medic #4	2019 Chevy G4500/Frazer
Medic #5	2007 International/Horton
Medic #6	2019 Chevy G4500/Frazer
Medic #10*	2008 International/Medtec
Medic #9*	2007 International/Medtec
Medic #7	2018 Chevy G4500/Frazer
Medic #8	2015 International/Horton
Rescue #1	1998 Luverne/2004 HME

Apparatus/Personnel	Year/Model
Rescue Trailer	1999 US Cargo
Spec Ops	2008 Ford Crown Victoria
Training Lt.	2002 Chevy 1500 Van
Trench 1	2006 Ford E350
Truck #4	2001 Emergency One
Truck #5*	1995 E-One
Truck #8	2011 Sutphen

*Denotes Reserve Apparatus

SFRD Stations

Stations are the kitchens, bathrooms, bedrooms, and workout rooms for the personnel working 24 hours per shift in addition to housing the apparatus and equipment. Modern station design:

- Is inclusive of all genders
- Provides sufficient space and functionality to protect personnel from apparatus diesel fumes and cross contamination in the living spaces coming from smoke and fire fighting chemicals on uniforms and equipment
- Includes dedicated training space for ongoing fire and EMS best practices as well as physical training to maintain strength and agility
- Provides high quality washers and dryers to clean clothing after fires and emergency runs

The quality of stations is major concern among all SFRD staff. SFRD leadership has commissioned an assessment of the stations by BKV Group to identify needed improvements and upgrades.

The initial report from BKV contained the assessment in Table 19. A full report by BKV will be available upon the conclusion of their assessment.

Table 19: BKV Assessment of Facilities

Station	Physical Condition*	Size Deficiency **	Health & Safety	Functionality	Location
1	D	4,800 SF (20%)	B	B	A
3	F	6,950 SF (71%)	F	F	D
4	C	4,278 SF (44%)	C	C	C
5	B	5,498 SF (56%)	D	C	A
6	C	4,048 SF (41%)	F	B	B
7	C	3,481 SF (36%)	F	B	B
8	C	3,476 (36%)	A	B	B

* While physical conditions might not be A's and B's, the stations are solid and just need some repair to be physically good buildings.
** None of these assumes an extra bay for maintenance, but it is recommended that two such be provided in the city. All size assessments assume six personnel on shift, but some may have only four.

Neighboring fire departments are investing heavily in new and renovated stations. A sample of recent improvements includes:

- Columbus Division of Fire broke ground on a new station in 2018 that was designed to reduce the risk of cross contamination of potential carcinogens into the living quarters. The station contains an equipment cleaning room where self-contained breathing apparatuses and tools can be cleaned, an extractor for cleaning turnout gear, and a separate washer and dryer exclusively for fatigue uniforms. Although Columbus Fire Division is not able to upgrade all stations to this standard in the immediate future, the division is currently installing Direct Capture Exhaust Systems in all the older stations that have an apparatus bay between living spaces and on providing covers for turnout gear racks to protect the gear from being saturated by diesel fumes.
- The Kettering Fire Department replaced all four of its stations, with the last station completed in 2018. All new stations were designed to meet modern health and safety standards.

- Within the past ten years, Beavercreek Township Fire and EMS renovated one station and replaced a second. With the approval of a new levy in 2019, they have committed to building two additional new stations.

Firefighter/EMS personnel are concerned about the overall quality of the stations and the potential for cross contamination today. Comments include:

> These are "OUR Fire Stations" not properties.
>
> We need gender specific bathrooms, gender friendly facilities.
>
> If we are outstandingly successful in the next five years, we will have closed station #3.
>
> If we are successful, we will have moved workout equipment out of cancer zone.
>
> Take results of architect study and move forward with it and act on results of study. Build or add on to station or stations.
>
> My satisfaction would be improved if we would address cancer risks (exhaust in living quarters, reserve gear for all, workout rooms exposed).

SFRD stations were designed when fighting fires was the only responsibility. Today every station includes an ambulance, which further restricts available space. Lack of space has made an impact on the safety and well-being of personnel.

Note that replacing Station 3 was mentioned numerous times in answer to multiple questions.

Equipment

Fire fighter/EMS equipment is complex, specialized, and varied. It ranges from personal protective equipment that individuals wear on emergency runs, to life saving equipment in medic vehicles, to firefighting tools on the fire engines.

Focus group respondents mentioned the need for a variety of additional and replacement equipment, and want to ensure the quality of equipment provided remains high. Comments include:

> PPE needs to stay up with the latest and greatest.
>
> New PPE that fits instead of putting new hires in reserve gear.
>
> All the medic units have the proper equipment to preform our job such as Lucas devices and loading systems on all units.
>
> Lucas device on every medic unit.
>
> Lifepak 15's.
>
> Lack of equipment on apparatus (i.e. chainsaws and vent fans not on engines).

Hospital staff mentioned the need to share lists of recommended equipment so that SFRD has the best medic equipment available. Grants and academic research projects are possible sources for new equipment.

Technology

Technology underpins the operations of SFRD including dispatch, getting to the emergency scene as quickly as possible, finding the nearest hydrant in case of fire, communications throughout the division, communications with the emergency department, data collection, and more. In the last four years SFRD purchased or replaced the records management system, radios, thermal imaging cameras, iPads and Laptops, and Carbon Monoxide monitors.

One challenge with technology is the different lifecycles of the different technology components which results in a repeated need to integrate the different systems. The integration can be challenging, and new systems sometimes do not always have the same functionality.

Technology was not mentioned as frequently as stations, apparatus, and equipment, but it was mentioned with an emphasis on the need for enhanced technology. Comments include:

> Tools to help drivers – GPS location and technology to make driving safer.
>
> Utilize technology for training. Utilize online continuing education platforms.
>
> Improve technology in all areas.
>
> Resistance to use technology (preplans, maps, etc.)

Summary SWOT

We asked staff members as well as partner agencies to identify strengths and weaknesses of the SFRD.

SFRD Strengths

Employee responses

- We are effective and efficient, we get things done (90)
- Our people (27)
- Quality training (8)
- Community connection (5)
- Good public relations. (2)

Comments included:

> We do a lot with the resources given.
>
> We do the job very well.
>
> Mitigating the emergency.
>
> Quick response times.
>
> Adapting to the challenges we face.
>
> We are really good at McGyvering.
>
> Employees are the strength.
>
> Active in our community.
>
> Well respected locally and within the state.

Partner agency responses

- Able to handle the enormous volume of calls they receive. They are the busiest department in the county with the widest variety of patient needs.
- The employees of SFRD live their values.
- Positive relationships with community partners, positive presence in the community.
- SFRD and Springfield Regional Medical Center are collaborating well and have a shared focus on continuous improvement of patient transfers and outcomes.

Comments included:

> Staff are regularly present in the community, often on their own time.
>
> I never hear anything negative. Their response time is good. People are confident in their abilities. This is an anomaly in my experience.

I have a high level of trust in the SFRD. We have lot of sick patients in the city and they do a good job of treatment. SFRD personnel are highly skilled. (Hospital employee)

SFRD Weaknesses

Employee responses

- Poor leadership (49)
- Low retention (22)
- Overall relationship with and support from city (22)
- Call volume, combos, workload (19)
- Apparatus, equipment, stations, technology (16)
- Our people (10)
- Non-emergency runs (8)
- Training (5)
- The current promotional process. (4)
- Low compensation (3)
- Dispatch software and capabilities. (2)

Comments included:

Officers are not holding their people accountable.

We are a training department for other departments.

Financial resources – for apparatus repair, salary of employees to retain happy and loyal employees.

1990's staffing with 2019 run amount.

Apparatus condition.

Lack of equipment on apparatus (i.e. chainsaws and vent fans not on engines).

Not having a station replacement plan.

Our personnel – "We are our own worst enemy".

Partner agency responses

- Some partners are concerned about high responsiveness of the SFRD which can lead to being taken advantage of. For example, some nursing homes treat the SFRD as extensions of their staff.
- Employees are developing some loss of compassion when dealing with calls that are not really emergencies.

Comments included:

The challenge in recruiting and retaining employees is not unique to SFRD. Rather it is a community challenge experienced by many employers.

They are experiencing compassion fatigue. People think they are getting in the job to save lives, when in reality they are just managing chaos.

Opportunities for the Future

Multiple opportunities were identified by employees and partners. Employees primarily hope that the concerns reported in the focus groups will be addressed.

- Strengthen leadership at all levels
- Improve recruitment and retention
- Improve compensation
- Improve stations

- Continue apparatus replacement plan
- Maintain and improve equipment
- Maintain employee safety and physical and mental health
- Improve training
- Increase collaborative practices to address mass casualty incidents (MCI)
- No more combos
- Prioritize training and responding to run requests over ancillary tasks
- Reduce the number of runs

Community partners noted opportunities for collaboration as priorities for SFRD and for their own agencies. Collaborative opportunities included:

- Redefine the protocols between Dispatch, EMS personnel, and the ED to identify the type of response needed and to enable alternatives to automatic transport to the ED.
- Share data among partners to enable partners to identify and assist high use patients and to help identify specific areas of community challenges.
- Develop individual care plans for high need individuals using appropriate community resources.
- Increase coordination between ED/hospital discharge planners and SFRD at least for the individuals who are frequent users of EMS services.
- Provide joint trainings between SFRD and other partners including SRMC emergency personnel, Health Department personnel, mental health professionals,
- Continue participation in the Greater Miami Valley EMS Council to contribute to and implement common protocols and practices throughout our region.
- Increase collaborations with local schools for recruitment, fire safety education, and educating the community about using 211 as an alternative to 911.
- Partner with academic research institutions to improve EMS responses.
- Mutual Aid partners would like to collaborate outside of emergency situations to be able to plan for improved collaborations during emergency situations.

Threats and Risks

Threats and risks could impact SFRD's ability to achieve its desired future. It is important to identify threats and risks to prevent them from occurring and to mitigate the damage should they occur.

Employees are primarily concerned that the list of needed improvements and accomplishments they identified (see list under Opportunities) will not be addressed. Employees also identified:

- Downturn in economy or loss of tax revenue in the city.
- Potential for a sexual harassment incident.
- Line of duty death.
- Continued increase of workload through expansion of city limits and increased use of 911.
- Complacency, unwillingness to make the needed changes.

Other threats and risks identified include:

- Long term funding:
    - Fear that the 2017 tax levy will not be renewed when it expires which would impact personnel, stations, equipment, apparatus, and technology for SFRD.
    - Costs for supporting high need individuals might fall disproportionately on the SFRD, which could reduce resources for normal daily work.
    - Capital purchases and improvements – SFRD is still significantly behind. If the economy slows down, it would be very difficult to regain the momentum currently underway.
- As the SFRD implements new protocols that would reduce the number of transfers to the ED, the potential of a poor patient outcome might increase.
- Collaborations are inherently risky because SFRD does not control the efforts of the partners and therefore cannot control the outcomes achieved.

Vision of the Future

This description was developed from discussions with the planning team; firefighter responses to focus group questions; desired outcomes from critical community partner agencies; and from recent thinking on the future of fire, rescue, and emergency services. It should be read as though you are in the year 2030.

In 2030, the Springfield Fire Rescue Division is stronger than ever. It remains an essential part of the overall quality of life in the Springfield community.

Although the number of calls remains high, the growth in requests for services that was experienced in the second decade of the 21st century did not continue throughout the third decade. SFRD partnered with community agencies including United Senior Services, Springfield Regional Medical Center, United Way, and the Department of Jobs and Family Services to find alternative approaches to meeting the needs of persons who had non-emergency service needs. In addition, SFRD greatly expanded its community education in collaboration with these partner agencies to educate the community on the nature of emergencies and on the alternative sources of assistance.

Dispatch was an integral part of the reduction in requests for service, expanding its question protocol to determine sufficient information to eliminate the need for EMS responses in non-emergency situations. Dispatch also increased its ability to provide more useful information to the responder to enable decisions about the type of response needed and whether there were any additional factors to address in the response (such as non-mobile patient or any kind of hazardous conditions in the home).

Collaboration was one of the critical themes in the 2020 strategic plan, and the SFRD fulfilled this goal by strengthening Mutual Aid agreements to enable fast response regardless of location as well as opportunities to share resources such as training. The relationship between Springfield Police and SFRD is stronger than ever, with communication from the agency that arrived at an incident first helping the second agency to prepare for the specific needs of the incident. Shared training has resulted in the ability for both agencies to share command at some incidents and to understand when shared command is not beneficial. SFRD also trains regularly with other high risk organizations such as the public schools.

The City of Springfield's finances continue to strengthen, which enabled capital investments in apparatus and stations and operational investment in compensation. As the responsibilities of SFRD increased in support of emergency situations, additional grant funding from federal agencies became available to fire and rescue/emergency service departments across the country. Springfield was able to leverage this funding to improve its technology, safety equipment, and some of the apparatus. The BKV Group provided a blueprint for station changes, and city leadership agreed to invest in the stations to make them safer, more comfortable, and appropriate for multi-gender crews.

The organization structure has evolved in different ways. A leadership team consisting of the Chief, Assistant Chiefs, and Battalion Chiefs meets regularly to address problems, identify service improvements, and prepare for future needs. This leadership team maintained the agency's focus on the 2020 strategic plan to ensure that all priorities were addressed. They collectively identified new training needs and oversaw the development of needed training. They defined performance standards and established a performance management system that ensured every employee of SFRD understood the expectations of his or her job and had the tools and knowledge to fulfill these expectations. Post Incident Analyses occur regularly and contribute to training needs and performance standards. The leadership team's focus on enabling every person to safely succeed in this hazardous work contributed to improved relationships with union leadership. Both parties continue to understand the benefits of working together to achieve success.

The 2020 strategic plan provided a blueprint for strengthening the organizational culture. The Mission, Vision, and Values were used in recruiting, training, daily interactions, and performance management, ensuring that they became the foundation of work and relationships.

Technology has been a game changer, enabling the agency to streamline training delivery, to improve communications throughout the agency, and to begin tracking and analyzing useful data easily. The availability of more useful data enables the leadership team to make the right decisions at the right time.

Safety continues to improve every year, with a steady reduction in accidents of all kinds. All responders are prepared to meet the kinds of risks expected in Springfield, Ohio.

As a result of these changes and improvements, all SFRD staff feel great pride in their service to the city and city residents. Retention has improved significantly. Loss of property has declined in the City of Springfield. Emergency situations are addressed professionally and collaboratively to ensure that normal life can return to the residents as soon as possible. SFRD demonstrates its caring and service to the Springfield community every day and helps the community not only survive, but also thrive.

Community leaders and community members value and support the SFRD.

Recommended Strategic Goals

Springfield Fire Rescue Division will improve its ability to protect lives and property in our community by achieving the following goals:

1. **Optimize employee engagement, proficiency, health & safety, compassion, and satisfaction.**

- Culture built on MVV.
- Training.
- Safety.
- Address ongoing mental and physical health and wellness.
- Collaborative training with partners such as mutual aid departments, police, and schools.
- Outcomes: improved efficiency and effectiveness, improved quality of service, improved morale, reduced turnover, improved safety

2. **Strengthen the leadership model and leaders of the agency.**

- Succession planning.
- Leader development and evaluation; leaders who build and support a culture built on MVV and excellence.
- Consistency across battalions.
- Outcomes: improved efficiency and effectiveness, improved quality of service, improved morale, improved satisfaction, reduced turnover, improved safety

3. **Ensure the apparatus, facilities, equipment, and technology support effective and efficient fire, rescue, and emergency services.**

- Modern apparatus.
- Modern, safe stations.
- Modern, appropriate equipment.
- Modern, appropriate technology.
- Outcomes: Improved readiness; improved efficiency and effectiveness, staff have what they need when they need it.

4. **Right size the workload.**

- Organizational structure optimized for workload and types of calls received.
- Educate community about alternatives to 911.

- Support Dispatch to direct non-emergent calls to more appropriate agency.
- Define new protocols to address non-emergent health issues, educate Tour on protocols; authorize implementation of new protocols.
- Support high need users in getting needs met without calling 911.
- Outcomes: Reduced total number of runs (or at least reduction in growth rate), reduced number of responses for individual employees.

5. Strengthen recruitment and retention.

- Compensation.
- Professional and promotional opportunities.
- Outreach to schools.
- Outcomes: recruiting best personnel; retention at or exceeding retention of neighboring departments.

6. Collaborate with community health partners to educate community about health and wellness.

- Improve health of community to reduce need for EMS support.
- Collaborate with community health partners to address chronic disease and reduce health risks in the community.
- Seamlessly integrate with the hospital for continuity of service.
- Note that this is a long term goal that is highly dependent on our partners.
- Outcomes: reduced run volume, improved community health.

Appendix: Supporting Information

Employee Focus Group Questions

Imagine it is the year 2024 and we are looking back at a very successful five years.

1. If we are outstandingly successful in the time between 2019-2024, what will we identify as our major accomplishments? What accomplishments will make us proud to be a part of the organization?

2. How has SFRD evolved and changed in the time between 2019-2024?
    a. Identify at least three crucial changes that have enabled long term success.
    b. What challenges have we overcome?

3. Describe our employees in 2019 – what are their strengths? How do they influence the character and culture of SFRD? What makes employees passionate about their work?

4. What might happen to impact our ability to thrive (risks, threats, obstacles)?

Back to the present

5. Why does SFRD exist?

6. What should SFRD be known for? What do you want Springfield residents to think of when they hear Springfield Fire and Rescue Division?

7. What core values or guiding principles should drive or guide the organization? What core values should help us make our difficult decisions?

8. In your opinion, what is the best way to use the resources we have to meet our two responsibilities of fire and rescue and to fulfill our training and continuing education requirements?

9. What is success for SFRD? What information should we track to tell us whether we are doing a great job fulfilling our responsibilities?

10. How satisfied are you with working for SFRD? What would improve your satisfaction? (If the participants only mention wages, please probe for additional possible improvements.)

11. What risks do you believe you are unprepared for? What would enable you to feel prepared for these risks?

12. How would you describe the organizational culture today?

13. In what ways might we strengthen the connection between our culture and our Mission, Vision, and Values?

14. What do you need from SFRD leaders (technical skills and leadership skills)?
    a. Senior firefighters
    b. Lieutenants
    c. Captains
    d. Battalion Commanders
    e. Chief and Assistant Chiefs
    f. Union leadership

15. What does SFRD do well? What are the strengths of the organization?

16. What is hindering the effectiveness of SFRD? What weaknesses are holding the organization back?

17. What else is part of your future for SFRD?

Representatives of Partner Agencies Interviewed

Adam Groshans, Springfield Regional Medical Center
Ashli Burns, SFRD Medical Director Springfield Regional Medical Center
Chase Collins, Ruth Shade, Nick Thornton, Springfield Regional Medical Center
Kelly Rigger, Mental Health Services of Clark County
Greta Mayer, Mental Health and Recovery Board of Clark, Greene, and Madison County
Charlie Patterson, Clark County Combined Health District
Maureen Fagans, United Senior Services
Kerry Pedraza, United Way of Clark, Champaign, and Madison Counties
Lee Graf, Springfield Police
Joyce Chilton, Springfield City Commission
Bryan Heck, City of Springfield
Paul Hicks, Springfield City Dispatch
Jeff Rodgers, City of Springfield Personnel
Dr. Bob Hill, Springfield City Schools
Dr. Jo Blondin, Clark State Community College
Lisa D'Allessandris, Clark County Emergency Management Agency
Mel Wilt, Clark County Commission
Rick Foremen, Moorefield Township Fire Chief
Rick Hughes, Assistant Chief Moorefield Township
Kathy Bartlett, Assistant Chief Moorefield Township
Jack McKee, Moorefield Township Trustee

Partner Agency Interview Questions

1. What is the nature of your relationship with SFRD?
2. What do you hope to accomplish with this?
3. How can we strengthen communications between your agency and SFRD?
4. In your opinion, what does SFRD do well? What are their strengths?
5. In what ways does SFRD need to improve? What are weaknesses today?
6. If SFRD is outstandingly successful in the next five years, what should they accomplish?
7. What metrics should SFRD use to tell them they are successful? What is success for SFRD?
8. Is there anything else I have not asked about that you want to share?