PINELLAS COUNTY FIRE SERVICE PARAMEDICS IN COMMUNITY BASED HEALTH CARE SERVICES

EXECUTIVE DEVELOPMENT

BY: Scott W. McGuff
City of Oldsmar Fire Department
Oldsmar, Florida

An applied research project submitted to the National Fire Academy
As part of the Executive Fire Officer Program

March 1998

ABSTRACT

Pre-hospital medical care continues to evolve and change. The problem is Pinellas County fire departments that provide Emergency Medical Services (EMS) have no plan on how to begin providing community based healthcare services. This research project analyzed the factors effecting the ability of fire service EMS personnel to provide community based healthcare services. The purpose of the project was to create recommendations that Pinellas fire service leaders could follow to implement community based healthcare services.

Descriptive and evaluative research methods were used to answer the following research questions:

1. Do any Florida fire service EMS providers currently provide or plan to provide Community Based Healthcare Services?
2. Are current policy makers in local government familiar with Community Based Healthcare Services?
3. Do those current policy makers in local government have opinions on who should provide Community Based Healthcare Services?
4. What laws exist today that would prohibit or allow Pinellas County fire service paramedics to provide Community Based Healthcare Services?

Procedures utilized included: review of written material on community based healthcare services; review of Florida Statutes and local agreements; personal interviews; and surveys of local government officials and Florida fire service professionals.

The findings of the research indicated that many of Pinellas County's government policy makers were familiar with community based healthcare services and had strong opinions on whom should provide service. The Florida fire service EMS providers were also familiar with community based healthcare services and were already providing limited services. Florida statutes failed to provide clear answers on just who could provide services.

The recommendations of the research were: for fire service leaders and County officials to open a dialogue concerning community based healthcare services; to educate policy makers and

the fire service about community based healthcare services; to seek partnerships where possible; and to continue research.

TABLE OF CONTENTS

	PAGE
Abstract	ii
Table of Contents	iv
Introduction	1
Background and Significance	2
Literature Review	4
Procedures	19
Results	22
Discussion	28
Recommendations	31
References	33
Appendix A – Fire Service Survey and Cover Letter	A-1
Appendix B – Policy maker Survey and Cover Letter	B-1
Appendix C – Fire Service Survey Results	C- 1
Appendix D –Policy Maker Survey Results	D-1
Appendix E – Florida Fire Service Community Based Healthcare Services List	E -1

INTRODUCTION

The City of Oldsmar Fire Department provides Advanced Life Support (ALS) Emergency Medical Services (EMS) to the community. The provision of EMS is through a contract with Pinellas County government. Fifteen other fire service based EMS providers within Pinellas County also contract with the County to provide pre-hospital emergency medical services. Changes within the Federal government and the insurance industry are precipitating the idea of community based health care services to reduce injury and prevent illness. The problem is Pinellas County fire service agencies, that provide Emergency Medical Services, have no plan on how to begin providing community based healthcare services.

The purpose of this research project was to create recommendations that Pinellas County fire service leaders could follow to implement community based healthcare services. Descriptive and evaluative research sought to answer the following questions:

1. Do any Florida fire service EMS providers currently provide or plan to provide Community Based Healthcare Services?
2. Are current policy makers in local government familiar with Community Based Healthcare Services?
3. Do those current policy makers in local government have opinions on who should provide Community Based Healthcare Services?
4. What laws exist today that would prohibit or allow Pinellas County fire service paramedics to provide Community Based Healthcare Services?

BACKGROUND AND SIGNIFICANCE

Oldsmar Fire Department

The Oldsmar Fire Department provides fire and emergency services to the municipality of Oldsmar located in Pinellas County, Florida. The Oldsmar Fire Department provides services utilizing a combination department comprised of 15 career positions and 25 volunteer positions. The department operates from a single station and serves a resident population of almost 10,000. Oldsmar Fire Department is one of 20 fire and emergency services departments within Pinellas County. The other fire departments range from municipal fire departments, to dependent fire districts contracted to Pinellas County government for services, or independent special districts authorized by the State legislature to provide services. This diverse group has functionally consolidated many redundant functions, some with the help of Pinellas County government. Pinellas County oversees the 911 Public Safety Answering Point (PSAP) and dispatches all fire departments within the county. Pinellas County also provides Emergency Medical Services (EMS) through contracts with 17 fire service agencies for Advanced Life Support First Responder Services. The County also contracts with American Medical Response (AMR) for ambulance transport.

An automatic aid agreement exists between all providers. This agreement eliminates jurisdictional lines and ensures that the closest unit to an emergency incident is sent regardless of the community the event occurs in. The fire departments share a common set of Standard Operating Procedures and utilize group purchasing for equipment like fire hose, protective clothing, and many other items. The functional consolidation of fire and EMS services within Pinellas County brought together over sixty fire stations and 1,200 fire fighters to provide emergency service to a resident population of almost one million people.

Emergency Medical Services

The City of Oldsmar contract with Pinellas County for the provision of Advanced Life Support (ALS) First Responder Services is identical to the contracts with 16 other providers. The contract went into effect October 1, 1997, and expires in ten years. The contract provided language for the potential delivery of alternative forms of medical service including non-emergency medical services. The similarity of contracts and functional consolidation lead this research project to examine the problem not just for the City of Oldsmar Fire Department organization but for the fire service team of EMS contractors within Pinellas County.

Community Based Health Care

EMS consultant Jack Stout surmises that people call 911 to find out if they need to have called. What they get is a very expensive ride to a very expensive place to get the answer. And very often the answer is no (Garza, 1998a). This accurately depicts the current status of pre-hospital emergency medical services within Pinellas County. The American people and the Clinton administration are demanding a health care system that works and is affordable (Maclean, 1993). An aging population, pressure to move care outside the hospital environment, managed care initiatives and declining reimbursement will change the landscape which EMS providers operate (Briese et al., 1998). Managed Care Organizations (MCO) and Health Management Organizations (HMO) continue to grow across the country. The shift from fee-for-service financing to managed-care is making the income stream finite. The trend is moving from patient-based care to population-based care, the focus moves from illness to wellness (Martinez, 1994). Emergency Medical Systems must move beyond the traditional reactive-crisis focus to include a pro-active preventative approach (Maclean, 1993). Changes in the way EMS systems provide service are on the horizon. Failure to recognize these changes and plan for them may leave Pinellas County fire service organizations following someone else's plan, whatever that plan may be.

This paper was prepared to satisfy the applied research project requirements associated with the Executive Development course at the National Fire Academy (NFA). A significant portion of that course was devoted to the discussion of organizational change, creativity, and innovation. This research relates to those three areas by reviewing trends within the Fire/EMS industry and planning for fire service entry into community based health care.

LITERATURE REVIEW

EMS History

During the 1960's EMS development became part of strategies to reduce morbidity and mortality rates from injuries and acute illness in America (Delbridge, 1996). The Highway Safety Act of 1966 established the first federal initiative for Emergency Medical Services (EMS) through the Department of Transportation (National Highway Traffic Safety Administration [NHTSA], 1996). Throughout the 1970's and 1980's the role of EMS systems expanded and specialized. Trauma care, cardiac intervention, and emergency medical needs of pediatric patients are examples of the EMS specialties (NHTSA, 1996). To date, only rapid defibrillation for cardiac patients and airway management in trauma victims remain the only EMS clinical intervention proved to enhance patient outcomes (Delbridge, 1996). Delbridge (1996) found "the cost effectiveness of EMS in terms of improving individual and community health is virtually undetermined" (p.44). The EMS Agenda for the Future project resulted from the recognition that nearly 30 years have passed since the last comprehensive examination of out-of-hospital emergency care systems. Krakel (1997), Hedges and Hsiao (1993), and Gerson, Schelbe and Wilson (1992) agreed that to a great extent the provision of EMS has been isolated from other allied health care agencies. Many health promotion and behavioral change organizations are in place but are functioning without the benefit of community wide health monitoring or effective referral and follow-up links (Hedges, Hsiao, 1993). Little has taken place to ensure that EMS is part of the community health system (Krakeel, 1997). This fact serves the fire service based EMS systems with a wake-up call. Lipowitz (1995) speculated an old idea, medical house calls, could have a new future. Fire service based paramedics could bring more medical care to the patient, rather than taking the patient to the emergency department.

Expanded Scope

Expanded scope is a catch all phrase but generally means emergency medical personnel providing non-emergency service (Lipowitz, 1995). Examples can include, transport to regularly scheduled doctors appointments; public education in CPR, first aid, and injury prevention; sending Emergency Medical Service personnel into the community to perform wellness checks and health screenings. Perhaps the most controversial expanded scope practice is using EMS personnel to act as gatekeepers to health care systems (Lipowitz, 1995). The Community Health Aid program in Alaska was probably the first example of

expanded scope practice in the United States. That program trained residents in remote villages to deliver medical care where there were no physicians and an ambulance ride meant a helicopter ride (Lipowitz, 1995). Alaska's example has influenced most expanded scope pilot projects. Emergency Medical Technicians (EMT) and paramedics receive 300 to 500 hours of didactic and clinical training in general non-emergency healthcare areas. These include injury prevention, chronic illness care, eye-ear-nose and throat, wound care, immunization, and triage and referral. The New Mexico Red River Project, in effect since 1994, allows fire department paramedics to triage and treat patients in the fire station (Lipowitz, 1995).

Lipowitz (1995) asserted that rural programs have demonstrated paramedics can be trained to do the job. Now results need to be adapted to urban settings. EMS systems must move beyond the traditional reactive-crisis focus to include a proactive-preventative approach (Maclean, 1993). In Syracuse, New York, Eastern Paramedic Service has developed a treat, release, and refer program (Lipowitz, 1995). The program encourages patients with non-emergency health problems to call a number other than 911. Paramedics respond in a vehicle equipped with common medications and a cellular telephone. Once on scene the paramedic triages the patient and through a telephone consultation with a doctor sets an appointment for the patient or makes a referral to another health care agency. In Ft. Worth, Texas, MedStar paramedics receive additional training to determine alternative transport decisions (Lipowitz, 1995). The transport decision may be to the nearest hospital, a hospital within the patient's healthcare network, or an urgent care facility. The decision may also be made not to transport but set an appointment with the patient's primary care physician. The paramedics may also treat the patients and release them without transport. Solano County, California EMS Cooperative provides para-hospital services to all customers within the county. Maiero (1996) said this model cooperative will deliver Advanced Life Support first response, Emergency Medical Dispatch, transport, repatriation coordination (linking patients with their health care network), non-ambulance transport, and on-line nurse and physician consultation. Seminole County, in Florida, is taking a two-pronged approach to expanded scope. The first is teaching the community in self-diagnosis and first aid. The second is treating minor wounds and illnesses in the field or at the fire station without transport to the hospital (Lipowitz, 1995). Kaiser Permanente, the largest HMO in the United States, supports expanded scope EMS by supporting pilot projects with AMR in Oregon,

California, and Colorado (Garza, 1998b). These pilot projects seek medical transport providers to provide new services that include treat and release, schedule house calls, and expand 911 to cover all callers seeking medical care and advice.

A fundamental misperception exists among fire service professionals and government leaders that EMS is solely part of a community's public safety model (Yenawine, 1996). The whole concept of managed care is foreign to most fire chiefs (Riddle, 1995). A survey instrument used in this research project tried to identify opinions and knowledge on this subject. Yenawine (1996) said, "that once a patient has accessed the EMS system, the service element is healthcare" (p.47). Emergency Medical Service providers are developing a wide spectrum of new services to sell to managed care organizations, health plans, physician groups, and anyone else who wants to pay for them (Garza, 1998a). EMS personnel are at the scene and see firsthand the immediate circumstances contributing to acute illness and injury (Delbridge, 1996). The paramedics' ability to collect and disseminate data to other healthcare providers puts them at the threshold of Pathway Management. Pathway management will give EMT's and paramedics more options for patients that do not need to go to the hospital. Ideally, paramedics will treat people on scene and release them or transport them to somewhere other than the emergency department (Garza, 1998a).

Triage and 911

Most Health Management Organizations (HMO) and Managed Care Organizations (MCO) have programs in which a nurse or other medical person screens callers through telephone interrogation. Managed care members dial seven digit or toll free numbers to reach their pathway (Garza, 1998a; Krakeel, 1997). This could be done through 911 centers (Riddle, 1995; Garza, 1998a). Public Safety Answering Points (PSAP) are focal points for initiating responses to emergent care requests. The communications center is in a unique position to establish system output responses appropriate to the call (Krakeel, 1997). Pathway management includes such call center services as triage, nurse advice, appointment scheduling, and emergency ambulance dispatch. Garza (1998a) estimated that 12% of all calls to 911 are true emergencies and that 12% of all non-911 calls are also life threatening. If the same people are taking those calls they can be triaged appropriately.

Pathway management services will only reach their full potential once they can capture and triage 911 calls for medical assistance. The public sector now controls most PSAP's, but private sector pathway

managers may start competing for contracts to operate PSAP's (Garza, 1998a). American Medical Response (AMR) has opened pathway call-taking centers in Denver, Miami, and New Haven, Connecticut. AMR plans to launch four more in the near future (Garza, 1998a). Garza (1998a) said that these centers could determine if an ambulance is needed or not. They will get the patient to the appropriate level of care. This may be a scheduled appointment with their primary care physician, a clinic referral, or link the patient with a nurse advice line.

Prevention and Education

Public education and prevention activities have become the hallmark of the fire service. If fire prevention is a desired activity for the fire service, why should prevention of medical problems not be a legitimate activity (Baltic, 1995)? The fire service has seen itself as a crisis-management agency for the last 200 years. In the last twenty years it has gotten into fire prevention. Now the fire service is into injury prevention (Lipowitz, 1995). Public education and prevention efforts provide paths toward improving community health (Delbridge, 1996). The prevention expertise that exists within the fire service today is one of America's best kept healthcare secrets (Manz, 1996). Injury prevention can improve the health of the community and contribute to controlling health care costs (Martinez, 1994). Fire based EMS systems have enormous capacity and responsibility to contribute to injury prevention efforts. They must move from systems designed to care for illness to one that emphasizes wellness (Martinez, 1994). Along with high-tech medicine there must be a return to the caring and healing arts that stress patient involvement and self-care for prevention to work (Maclean, 1993).

Networks and Partnerships

As the concept of community based health care, managed care, and pathway management grows more and more partnerships are being formed. The private sector is merging and consolidating to gain broader markets and establish geographic strongholds. Private providers, such as Laidlaw, are integrating allied emergency medical markets such as emergency medical physicians groups, medical assistance advice lines, and billing services (Krakeel, 1997; Garza, 1998c). These are strategic choices to position private sector companies for the managed care revolt. The HMO Kaiser Permanente wants to sign long-term contracts with providers who can offer a full range of medical transport services to their 8.8 million members in 18 states and the District of Columbia (Garza, 1998b). Eastern Paramedic Service in Syracuse,

New York, has formed a partnership with the Volunteer Center, a social services referral and advocacy center, and Crause Irving Memorial Hospital (Krumperman, 1993). The three health care providers worked together to support the elderly population in Syracuse. Some ambulance transport companies have signed capitated contracts with Managed Care Organizations to provide transport to members. Garza (1998c) predicted that these contracts could proliferate in the future. In Portland, Oregon, paramedic first responders from two fire departments have participated with American Medical Response (AMR) and Oregon Health Sciences University in a pathway related study to see how well Advanced Life Support first responders and emergency medical dispatchers agree on patient condition and required treatment (Garza, 1998a).

So far most of these networks have been confined to the private sector, but that may be changing (Garza, 1998a). Public providers are beginning to form statewide, regional, and even national networks of private, hospital based, public sector, and volunteer services that can compete with American Medical Response and Rural Metro for managed care contracts (Garza, 1998a). In Ohio, 29 fire departments have formed the Miami Valley Fire/EMS Alliance. The Alliance began providing on-scene triage and emergency transport in November 1997, for CareNow. CareNow was a new pathway management service organization created by a hospital association and a physicians group (Garza, 1998a; Garza, 1998c). CareNow will share the savings they create for insurers and MCO's by dispersing periodic checks to participating departments (Garza, 1998c). EMS systems should become integrated with other community healthcare services to optimize the benefit to its patients (Delbridge, 1996).

Private, public, and not-for-profit organizations will seek to provide a spectrum of patient transport options. These options will include van rides to doctor's appointments, wheel chair transports, basic life support, advanced life support, critical care, neo-natal, air medical via helicopter and fixed wing. Most will find it cost effective to form partnerships with transport providers and hospital groups (Garza, 1998c). Garza (1998c) noted that chronic disease management contracts are on the drawing boards of numerous partnerships, networks, and alliances being forged between ambulance services, fire departments, and health care provider organizations. Roles are being developed for nurse/paramedic teams to be dispatched to non-priority calls to perform triage and determine appropriate care or referral (Briese, et al., 1998). Hsiao and Hedges (1993) have proposed a model in which an EMS system may be a contributor to a

coordinated regional health monitoring and maintenance network. The EMS component may contribute timely and appropriate healthcare legislation and high-impact healthcare education and intervention in the setting of self-destructive individual behavior. Hsiao and Hedges (1993) believed that at the heart of this model is a regional center. The regional center concept can only be achieved by public and private organizations coming together to form partnerships and networks.

Statistics

"EMS responds to minimal stimuli with maximum effort" (Maiero, 1996, p.56). This fact will change as healthcare statistics dealing with EMS, transports, and emergency department visits are reviewed. Garza (1998c) believed that only 12-15 percent of emergency department patients need critical care. Sixty percent have urgent care needs, i.e., lacerations, broken bones, and 20-30 percent had minor ills, i.e., sore throats. In 1990, the Government Accounting Office reported 43 percent of emergency department visits were non-urgent (Bedard, Benjamin, Kennan, Taliaferro, 1993).

The Journal of Emergency Medical Services annual run survey identified that of the 200 cities reporting, 85 percent provide a first responder EMS agency (Mayfield, 1998). The fire department provides the first responder role 96 percent of the time. The 1997 survey showed overall that emergency medical responses have gone up in the past five years. However, responses dropped in those cities located in states with a strong managed care presence. In 1993, thirty-six states were using managed care plans as part of Medicaid programs. Two states, Utah and Arizona had 100 percent of Medicaid patients in managed care programs (Bedard, et al., 1993). The ten states with the greatest penetration of managed care have seen a 7.7 percent drop in emergency medical responses and a 5 percent drop in advanced life support transports over the past five years (Mayfield, 1998). The trend is clearly indicating that as managed care gains a foothold in communities the EMS system call volume goes down. Some EMS consultants forecast an 80 percent decrease in emergency department trips when pathway management and expanded scope are combined (Garza, 1998c). Fire service based EMS must work to forge a role in the managed care environment.

Jeff Barnard, Administration Executive for the Pinellas County Office of the Medical Director, said no current statistics dealing with causes of accidents and injuries exists in Pinellas (personal

communication, March 10, 1998). Mr. Barnard went on to say that a statistical data base to determine causes of EMS responses and if they were preventable is needed.

Negative Impacts

The migration to a more public health oriented work will take away from the argument that the fire department's role is limited to public safety functions. The Fair Labor Standards Act 7k exemption will become harder to define (Krakeel, 1997). Krakeel (1997) predicted that the traditional fire service schedule of 53 hours per week may change to a 40-hour work week. Summer (1998) believed that EMS could begin to screen calls like a miser, and ration EMS services in the name of efficiency. Summer went on to say:

> Managed care is obscene, it is not caring, and has nearly destroyed the best health care system in the world. In the end we'll pay the price in reduced services, inferior standards of care, lowered levels of training, slashed research budgets, and poorly educated low-paid providers (p.14).

The focus is and should always be the patient. Brame (1995) believed this focus must drive what EMS providers do.

Fire service culture may work against the implementation of expanded scope (Lipowitz, 1995). Community based healthcare services may not be a good fit with fire service paramedics who are oriented to emergencies. Busy departments may require additional personnel to enter into expanded scope practices (Lipowitz, 1995). The fire service motivation for expanding its EMS role may well be caught between revenue, community service, and turf protection (Baltic, 1995). An Indiana plan for expanded scope was halted by opposition from the healthcare community including doctors, nurses, and even paramedics (Lipowitz, 1995).

Issues of liability and government immunity will come under greater scrutiny as alternative transport destinations and treatment decisions are reached. EMS organizations may be unable or unwilling to take on legal liability associated with treat and release (Krakeel, 1997; Lipowitz, 1995).

Legal and Legislative Issues

The 1998 Federal Balanced Budget Act contained language that allowed three Counties to perform managed care demonstration projects. The three counties will receive Medicaid reimbursement even if patients are not transported (Garza, 1998a). Medicare will pay a capitated, or per-member, per-month

amount to the county. It is up to the county involved to come up with innovative methods to handle emergency callers (Garza, 1998c).

Lipowitz (1995) asserted that Florida law prohibits paramedics from performing non-emergency care. Chapter 401, The Medical Telecommunications and Transportation Act, Florida State Statutes, sets the parameters for emergency medical services in Florida. 401 Part III, Medical Transportation Services, provides definitions for basic and advanced life support. This section also delineates, by definition, the powers of Emergency Medical Technicians (EMT) and paramedics.

Definitions of legal terms, Chapter 401.23, FSS, 1997:

Basic Life Support. Treatment of medical emergencies by a qualified person through the use of techniques such as patient assessment, CPR, splinting, obstetrical assistance, bandaging, oxygen administration, application of medical anti-shock trousers, administration of subcutaneous injection using pre-measured auto-injector of epinephrine to a person suffering an anaphylactic reaction, and other techniques described in the Emergency medical technician Basic Training Course Curriculum of the United States Department of Transportation. The term "basic life support" also includes other techniques which have been approved and are performed under conditions specified by rules of the Florida Department of Health.

Advanced Life Support. Treatment of life threatening medical emergencies through the use of techniques such as endotracheal intubation, the administration of drugs or intravenous fluids, telemetry, cardiac monitoring, and cardiac defibrillation by a qualified person.

Emergency Medical Technician. A person who is certified to perform basic life support.

Paramedic. A person who is certified to perform basic and advanced life support.

Chapter 410.411(g), FSS (1997), Disciplinary action; penalties, indicates that "any departure from or failure to conform to the minimal prevailing standards of acceptable practice as an EMT or paramedic" may be unprofessional conduct. Such conduct carries penalties up to and including fines and imprisonment.

The Florida Department of Health is charged with the biennial responsibility to review and revise the State plan for basic and advanced life support and injury prevention, Chapter 401.24(1997). To assist with this review and to make legislative recommendations an EMS Advisory Council was created by the legislature in Chapter 401.245(1997).

The Florida Department of Health was created by Title XXIX, Public Health, Chapter 381, Florida State Statutes, 1997. Title 29 made the Department of Health responsible for the State public health system. The Department's mission was to foster conditions in which people can be healthy, and to assess community health needs.

Chapter 458, Medical Practice, Florida State Statute, 1997, created a medical assistant. The legal definition in 458.3485, Florida State Statute (1997):

Medical Assistant. A professional, multi-skilled person, dedicated to assisting in all aspects of medical practice under the direst supervision and responsibility of a physician. This practitioner assists with patient care management, executes administration and clinical procedures, and often performs managerial and supervisory functions. Competence in the field also requires that: a medical assistant must adhere to ethical and legal standards of professional practice, recognize and respond to emergencies, and demonstrate professional characteristics.

Dr. R. Bruce Pettyjohn, Pinellas County's EMS Medical Director, said that his office and Tampa University have delineated a training curriculum to take paramedics to the medical assistant level (personal communication, March10, 1998). The training would take about a weekend according to Dr. Pettyjohn and deal with rudimentary medical screening. When asked why this type of training could not be provided to paramedic curriculum now, Dr. Pettyjohn felt there was no reason.

The Florida Department of Health promulgated rules to oversee the administration of emergency medical services (Rules of the Department of Health and Rehabilitative Services, Chapter 10D-66, Florida Administrative Code, 1994). Subsection 10D-66.056 and 10D-66.057 outline the scope of practice and certification requirements for EMT's and paramedics.

Chapter 80-585, House Bill No. 995, Laws of Florida (1980) created the Pinellas County EMS Authority. Many of the Authorities powers are derived directly from this special act of the Florida legislature. The Pinellas County EMS Authority also derives its legal powers from Chapter 54, Emergency Services, Pinellas County Code (1980). The special act and the County code deal with the provision of EMS only.

Seventeen fire service EMS providers are contracted with Pinellas County to provide ALS First Responder Services (Emergency Medical Services ALS First Responder Agreement, Pinellas County EMS

Authority, September 1997). In Section 104 Scope of Services, the contractors are told the services to be performed. In Section 710 Future/Additional Services, the contractor and the EMS Authority understand that future healthcare delivery may evolve. The contractor and the Authority agree to cooperate in effecting additional services.

The Future

As medicine continues to expand its diagnostic and treatment tools, it only makes sense that in-home emergency and other forms of care will be delivered by EMS personnel (Briese, et al., 1998). The EMS system of the future has the opportunity to serve as a community health monitoring and referral system (Hedges, Hsiao, 1993). Garza (1998c) says chronic disease patients may be monitored by telemetry and receive weekly visits from a mobile health crew to gather information. These crews of EMT's and paramedics will become more involved with injury and illness prevention. They will become involved in public education, child safety seats, immunization programs, blood pressure screenings, and home hazard inspections. The crews will make follow-up appointments for those not transported and communicate with the patients primary healthcare providers to optimize treatment plans (Delbridge, 1996). Future EMS systems will shift attention from care of the individual to cost-effective community health efforts using community resource integration while emphasizing individual responsibility for health (Hedges, Hsiao, 1993; Delbridge, 1996).

The quantity of scheduled non-emergency transports will swell (Garza, 1998c). Both AMR and Rural Metro are engaged in research projects to determine if and how expanded scope services can cut healthcare costs while safeguarding and hopefully improving patient care outcomes (Garza, 1998a). Pathway management services are being marketed with the promise of ensuring that the patients get the right healthcare, at the right time, at the right place, from the right provider, at the right price. Delbridge (1996) said, "Every EMS systems ultimate goal must be to contribute to improving the health of its community- fulfilling its potential as a population based community healthcare resource" (p.45).

Maintaining EMS as a successful and important part of the fire service requires visionary leadership, creative thinking, and a willingness to take some risks and not be constrained by what has been (Manz, 1996). Jeffrey Michael (Briese, et al., 1998), EMS Division, National Highway Traffic Administration said it best, "We must build new bridges with our partners in community healthcare,

strengthen communication, education, and identify the tools and resources necessary to turn these ideas into action" (p.31). If the fire service is not involved in defining out-of-hospital primary care others will determine our role, if any, in this arena. The ability to influence the course of events will depend on active participation (Krakeel, 1997; Riddle, 1995).

PROCEDURES

Definition of Terms

For the purpose of this study, the following definition applied:

Community Based Healthcare Services. A capability that may be offered within a neighborhood or community to aid in the detection, surveillance, and support of community health.

Research Methodology

The research procedures used in preparing this paper began with a literature review at the St. Petersburg Junior College Health Center Library in St. Petersburg, Florida. Additional literature review was conducted at the Oldsmar Public Library in Oldsmar, Florida, as well as the Oldsmar Fire Department's periodical resources. The literature review was assisted by Internet searches for journal articles dealing with the subject. When an article was found on the Internet, it was noted for research at the library to identify the primary source.

The literature review focused on three areas. The first had to do with community based healthcare, managed care, and expanded scope of practice. The second dealt with examples of the above practices in use throughout the country. The third dealt with Florida State Statutes and local law.

Interviews were conducted with Dr. R. Bruce Pettyjohn, Medical Director, Pinellas County EMS, on March 10, 1998, and with Jeff Barnard, Administration Executive, Medical Director's Office, Pinellas County EMS, on March 10, 1998.

Two survey instruments were developed. The first survey instrument, called the "Florida Fire Service Community Based Health Care Services Survey" (see Appendix A), was sent to 128 Advanced Life Support (ALS) State licensed providers. The mailing list for these providers was obtained from the State of Florida Division of Emergency Medical Services in Tallahassee. A self-addressed stamped

envelope was provided for the surveys return. The purpose of the survey was to identify familiarity with the idea of community based healthcare services. A number of specific questions were asked including: (a) yearly response volumes; (b) how many of those responses were emergency medical calls; (c) were they were familiar with community based healthcare; (d) were they providing or planning to provide community based healthcare services;
(e) did they know of some other agency in their community providing community based healthcare services. Of the 128 surveys, 97 (75 percent) were completed and returned.

The second survey instrument, which was called the "Policy Maker Community Based Health Care Services Survey" (see Appendix B), was sent to 50 government policy makers within Pinellas County, Florida. The make-up of this group included; city managers; mayors, county administrators, and fire commission chairmen; and council and commission members. The mailing list for these individuals was obtained from the Florida League of Cities 1998 Membership Directory. Once again a self-addressed stamped envelope was provided for the surveys return. A number of specific questions were posed, including: whether they were familiar with community based healthcare services; community demographics; make-up of their fire service provider; and whom did they think should provide community based health care services. Of the 50 surveys, 32 (64 percent) were completed and returned. The data from both surveys was
cross-referenced by demographic data. The results were then tabulated, analyzed, and used to answer the research questions. The results of the surveys are provided in Appendix C and Appendix D.

Assumptions and Limitations

This research was limited by a number of factors and assumptions. The first assumption was that the fire service survey takers would have some knowledge of community based healthcare services. This assumption appears to have been flawed. Many departments answered no to the question concerning other agencies within their communities providing community based healthcare services. In fact, most communities have several agencies that provide these types of services. This ignorance calls into question if a definition of community based healthcare services should have been provided on the fire service survey. Such a definition was provided on the policy maker survey. It was also assumed that all survey respondents were truthful in their answers.

No test of either survey instrument was performed prior to their mailing. A test may have revealed the need for refined questions or additional questions. Survey respondents were not precluded from checking more than one answer to demographic questions or from leaving answers blank. The review of the completed surveys was done manually. No relational database software was available to the writer for his use.

The political climate within Pinellas County may have caused some policy maker surveys to be completed in a guarded or biased fashion. The writer received a telephone call from the Pinellas County Director of Emergency Medical Services inquiring on behalf of a County commissioner. The commissioner was seeking the Directors input on how he should answer the survey questions.

RESULTS

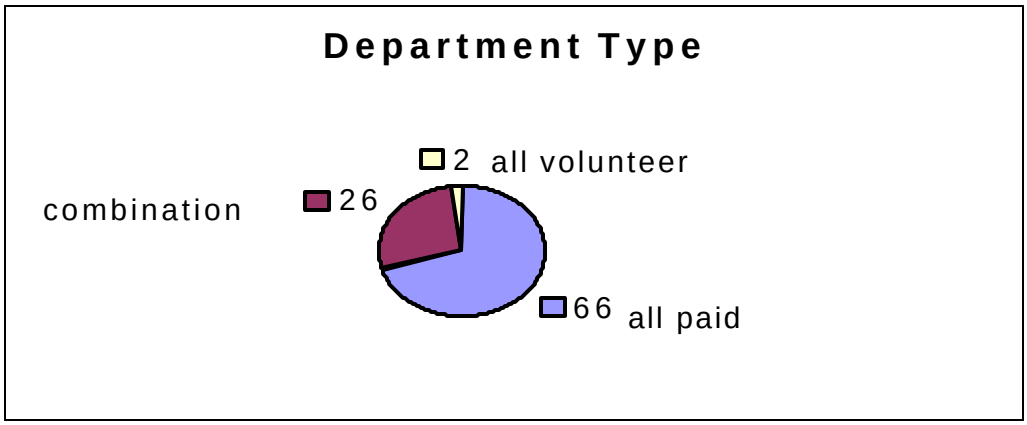
Answers to Research Questions

1. Do any Florida fire service EMS providers currently provide or plan to provide Community Based Healthcare Services?

The Florida Fire Service Community Based Healthcare Services Survey indicated 26 of the 97 fire departments surveyed, or 27 percent, were providing some sort of community based healthcare services. The services offered were many: health screenings; non-emergency transports to doctor's offices; sharps disposal; etc. A full listing of services reported can be found in Appendix E. Thirty-eight of the 97 departments, or 39 percent, said they were planning to provide some sort of community based healthcare services. 17 of those planning to provide service also indicated that they were already providing service. Seventy-five (77 percent) of the respondents indicated that they were familiar with community based healthcare services. The number of survey respondents requesting the survey results was 61 (48 percent).

A majority of the departments surveyed were all paid. (See figure 1.)

Figure 1



All paid fire departments represented 85 percent (22 out of 26) of the survey respondents that indicated they were providing community based healthcare services. Four combination departments indicated they were providing community based healthcare services. No volunteer departments indicated they were providing community based health care.

Seminole County, Florida, is documented as providing community based healthcare services (Lipowitz, 1995). There they are teaching the public first aid and self-diagnosis. Seminole County paramedics are treating minor wounds and illnesses in the field and in the fire station without transport to the hospital.

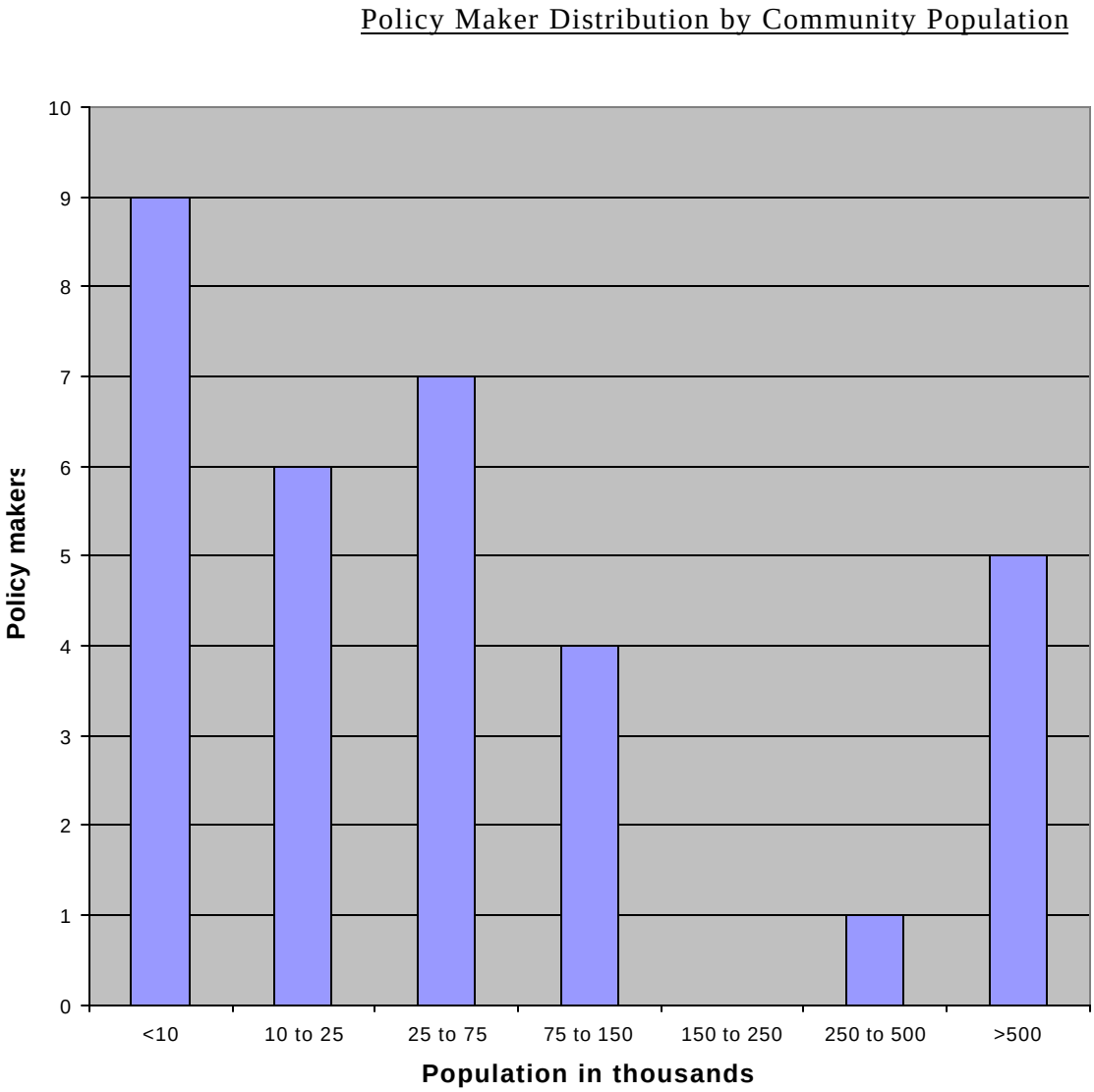
2. Are current policy makers in local government familiar with Community Based Healthcare Services?

The Policy Maker Community Based Health Care Services Survey indicated 21 of the 32 policy makers surveyed, or 66 percent, were familiar with community based healthcare services. The make-up of the 32 policy makers was six commission chairpersons or mayors, 13 commission or council members, 10 city managers or county administrators, and three individuals that categorized themselves as other. Eight (25 percent) of the policy makers indicated they were unfamiliar with community based healthcare services. Three policy makers did not answer the question.

The composition of the policy makers that answered they were unfamiliar with community based healthcare services was five city managers (50 percent of the surveyed city managers), two council/commission members, and one commission chairperson.

The policy maker demographics indicated that 9 (28 percent) were from communities with population of under 10,000. (See figure 2). Nineteen percent (6 of 32) of the policy makers were from communities with populations of 150,000 or greater. Twenty-six of the thirty-two (81 percent) policy makers surveyed were from communities with a population under 150,000. None of the policy makers surveyed thought they were representing a rural community. Nine policy makers felt they represented urban communities and 13 felt they represented suburban communities. Seventeen policy makers wanted the survey results.

Figure 2



3. Do those current policy makers in local government have opinions on who should provide Community Based Healthcare Services?

The Policy Maker Community Based Healthcare Services Survey enabled Policy makers to select from a set of possible answers. The question, "Whom do you believe should provide the service", was prefaced by the definition of community based healthcare services. The choices provided were: county public health service, private healthcare provider, fire service based EMS, private EMS service, volunteer organizations, and other. (See table 1). Those completing the survey could select more than one choice. All surveys completed had at least one selection made to this question and a total of 45 organizational selections were made by policy makers answering this question. The choice most selected (42 percent) by policy makers, was fire service based EMS. The second most often selected choice (31 percent) was county public health service.

Table 1

Policy Maker Organizational Selections for Community Based Healthcare Services

County Public Health Service	14
Private Healthcare Provider	5
Fire Service Based EMS	19
Private EMS Service	2
Volunteer Organization	3
Other	2

4. What laws exist today that would prohibit or allow Pinellas County fire service paramedics to provide Community Based Healthcare Services?

At the local level Pinellas County fire service EMS providers are impacted by their contract with the Pinellas County EMS Authority (Emergency Medical Services ALS First Responder Agreement, Pinellas County EMS Authority, September 1997).

This contract permitted the fire service EMS providers to deliver the following services: respond an ALS First Responder Unit to the scene of a medical emergency; perform

on-scene patient care utilizing paramedics and EMT's; continue patient care when contractor's paramedic accompanied the patient during transport by the Authority's ambulance provider or helicopter transport; and transport of patients to a medical facility in extreme circumstances. Section 710 Future/Additional Services, recognized that the future healthcare delivery may include EMS in pathway management, expanded scope of practice, primary care services, or other activities. The contractor and EMS Authority agreed to cooperate in effecting such services, evaluating the relationship of such services, and evaluating the impact of such services on the EMS system.

Florida State Statute Chapter 401 Medical Telecommunications and Transportation, Part III Medical Transportation Services, governs EMS throughout the State. By definition EMT's are only allowed to perform basic life support and paramedics are only allowed to perform basic and advanced life support. The term "basic life support" also includes other techniques, which have been approved and are performed under conditions specified by rules of the Florida Department of Health.

The rules mentioned above are the Rules of the Department of Health and Rehabilitative Services, Chapter 10D-66, Florida Administrative Code, 1994. Subsections 10D-66.056 and 10D-66.057 provide EMT's and paramedics' functions and training requirements.

Title XXIX, Florida State Statute Chapter 381 Public Health, lays the responsibility for public health on the Florida Department of Health. The Department's focus was to be on ensuring the availability of and access to preventative and primary healthcare including: episodic care, chronic disease prevention, immunization, nutrition, and health education and promotion. Subsection 381.0011 Duties and Powers of the Department of Health, charged the Department with assessing the public health status through data collection, with special attention to future needs that may result from population growth, technological advancement, new societal priorities, or other changes. Further, the Department was to cooperate with and accept assistance from federal, state, and local officials for prevention and suppression of communicable diseases, illnesses, injuries, and hazards to human health. The Department was to cooperate with other departments, local officials, and private boards and organizations for the improvement and preservation of the public health. Subsection 381.005 Primary and Preventative Health Services, included acute episodic care, chronic disease prevention, child immunization, and health education and promotion.

Florida State Statute Chapter 458 Medical Practice, subsection 458.3485 Medical Assistant applied to this research question. By definition a medical assistant may perform procedures, see patients, and assist in all aspects of medical practice under the direction and responsibility of a licensed physician. Certification is not required but may be obtained. The duties a medical assistant may perform include: performing clinical procedures; administering first aid; assist with patient examination and treatment; operate medical equipment, collect routine laboratory specimens; administer medications; perform basic laboratory procedures; and perform dialysis procedures, including home dialysis.

DISCUSSION

The results of the two survey instruments are consistent with authors and researchers examined in the literature review. The fire service in Florida is heading in the direction of community based healthcare services. However, the movement is being lead by a small group. Few of those completing the fire service survey were unfamiliar with community based healthcare services. Most were familiar with the term but were not in the business, nor contemplating being in the business of community based healthcare services. It was interesting that 26 fire service respondents indicated they were providing some sort of community based healthcare services. There seemed to be a great interest in the survey instrument. Many of the departments surveyed (48 percent) wanted the survey results. The review of the legal literature seems to clearly indicate that many of the expanded scope practices are outside of the intent of the Florida legislature.

The review of Chapter 401, Part III Medical Transportation Services, Florida State Statutes was informative. Most authors and researchers felt that this statute clearly limits EMT's and paramedics to advanced life support and basic life support duties. The last sentence in the definition of basic life support said the term basic life support also included other techniques, which have been approved, … by the rules of the Department of Health. Several fire service survey respondents indicated they were planning some sort of community based healthcare services as soon as the legislation could be modified. It would seem that a legislative change is unnecessary. A movement by the emergency medical services community in

Florida could secure rules promulgated by the Department of Health that would allow community based healthcare services to be provided by EMT's and paramedics.

The review of Title XXIX, Public Health, Chapter 381 Florida State Statutes 1997, supports this. The mission of the Department of Health was intended to foster conditions in which people can be healthy. The Legislature wanted the focus of the Department of Health to be on assuring that all Floridians' had access to primary and preventative healthcare. These included: episodic care, chronic disease prevention, immunization, nutrition, and health education and promotion. These are the very hallmarks of a community based healthcare program. The Department of Health is charged with the duty to assess the public health with special attention to the future needs that may result from, … new societal changes, or other changes. Certainly the changes in Medicaid, Medicare, and the Managed Care Organizations providing healthcare to millions of Americans should be construed as a major societal priority. It is also the Department of Health's duty to cooperate with and accept assistance from local officials and private organizations. These cooperative efforts are directed at improving the health of the community by suppressing communicable disease, illnesses, injuries, and hazards to human health.

Subsection 401.245 in Chapter 401 Part III created an EMS advisory council. The Legislature charged the advisory council with discussing significant issues facing the EMS and trauma care communities. The advisory council also is expected to assist the Department of Health with their biennial review of rules and legislation. Clearly the movement to managed care and community based healthcare services is a significant issue. The Advisory Council should examine the Emergency Medical Rules (10D-66 F.A.C.) to see that paramedics and EMT's can be involved in community based healthcare service provision. Obviously, the folks that arrive at the scene of medical emergencies first ought to have the best ideas for intervention and prevention.

The Medical Assistant Legislation (Chapter 458 Medical Practice, subsection 458.3485, FSS, 1997) seems to hold a lot of promise for the fire service EMS providers wanting to provide community based healthcare services. The legislation allows any licensed physician to have a medical assistant operate under their supervision and responsibility. Dr. R. Bruce Pettyjohn, Medical Director, Pinellas County EMS, felt that he had the ability to make Pinellas paramedics medical assistants by a simple memorandum (personal communication, March 10, 1997). Dr. Pettyjohn also felt that any fire service based EMS

provider could seek physicians within their own communities to accept responsibility for paramedic medical assistants.

The policy makers surveyed felt that if community based healthcare services are going to be provided that the fire service EMS providers should be heavily involved. The demographics of the policy maker survey are consistent with actual community size in Pinellas. It is important to note that the policy makers were clearly indicating that a network of the providers given them to choose from should be involved with community based healthcare services. This is right on with the literature review. Over and over again authors and researchers called for the cooperative efforts of all healthcare agencies. To overcome many of the negative opinions consensus must be sought by all parties involved. Without the cooperation of all community healthcare providers, both public and private, working together to promote a healthy community the community will never achieve its potential. Clearly, the HMO's and MCO's are looking for large geographical cooperatives to provide community based healthcare services.

Much of the literature pointed the fire service EMS providers in the direction of health promotion and injury and illness prevention. Jeff Barnard, Administration Executive, Office of the Medical Director in Pinellas County echoed this belief (personal communication, March 10, 1998). Mr. Barnard felt that immunization programs; pre-school physicals; injury control, maintenance, and prevention; and community health surveillance were all areas that fire service paramedics could have a positive impact. He also felt that public education dealing with seat belt use, child car seats, drowning, and elderly falls were areas that the fire service EMS providers could impact community health.

The literature review and the survey information all point to the implementation of community based healthcare services. The fire service organizations within Pinellas County that provide emergency medical services must influence their own destinies in this area. If they do not someone else will.

RECOMMENDATIONS

The recommendations stemming from this study are:

1. The Oldsmar Fire Department should facilitate a meeting with other Pinellas fire service EMS providers for the purpose of opening a dialogue on community based healthcare services.
2. The Oldsmar Fire Department should seek to have the medical director declare its paramedics as medical assistants and perform a pilot program to measure the success of their efforts.
3. The Pinellas fire service EMS providers should facilitate a meeting with the County EMS Authority, the Office of the Medical Director and the private ambulance transport provider to identify alternatives for delivery of community based healthcare services.
4. The Pinellas County fire service should lead an effort to educate policy makers on community based healthcare services.
5. The Pinellas County fire service should lead an effort with the Florida Fire Chief's Association and the Florida Professional Firefighters to lobby the Florida Department of Health for rules changes to allow EMT's and paramedics the ability to perform expanded scope services.
6. The Pinellas County fire service EMS providers should meet with Pinellas County public health officials and identify methods and procedures to unify community health services provision.
7. More research should be conducted on those fire service EMS providers that are currently providing community based healthcare services.
8. Each fire service based EMS provider in Pinellas County should obtain a copy of Emergency Medical Services Agenda for the Future (NHTSA, 1996).

REFERENCES

Baltic, S. (1995, April). Many paths to better care [Editorial]. Fire Chief, 39, 7.

Bedard, L., Benjamin, G.C., Kennan, S.A., Taliafarro, E.H. (1993). Medicaid managed care and emergency care. Annals of Emergency Medicine, 22, 1746-1748.

Brame, K. (1995, May). Bankruptcy of both money and values [EMS viewpoints]. Fire Chief, 39, 24-27.

Briese, G., Hoyt, K.S., Michael, J., Swor, R., Aver, N.J., Stagekern, K., Brown, W., Allen, J.B., Muller, K. (1998, January). EMS in 2000: What role will associations play? Emergency Medical Services, 27, 31-32, 68.

Delbridge, T.R. (1996, April). The future of EMS: an achievement. Fire Chief, 40, 44-45.

Garza, M.A. (1998a, January). AM pathway triage process. Journal of Emergency Medical Services, 23, 35-41.

Garza, M.A. (1998b, February). Kaiser wants ambulance service contracts [EMS news]. Journal of Emergency Medical Services, 23, 22-23.

Garza, M.A. (1998c, February). EMS 2000 part II: Into the ED and the patients home. Journal of Emergency Medical Services, 23, 42-49.

Hedges, J.R., Hsiao, A.K. (1993). Role of emergency medical services system in regionwide health monitoring and referral. Annals of Emergency Medicine, 22:11, 1696-1702.

Krakeel, J.J. (1997, January). Following the agenda. Fire Chief, 41, 30-34.

Krumperman, K.M. (1993). Filling the gap EMS social service referrals. Journal of Emergency Medical Services, 18:2, 25-29.

Lipowitz, S. (1995, April). Taking the 'E' out of EMS. Fire Chief, 39, 37-44.

Maclean, C.B. (1993). The future role of emergency medical services systems in prevention. Annals of Emergency Medicine, 22:11, 1743-1746.

Maiero, S.J. (1996, April). Plowing through problems. Fire Chief, 40, 55-60.

Manz, D. (1996, April). Fire service EMS: problems and opportunities. Fire Chief, 40, 50-51.

Martinez, R. (1994). Injury prevention: a new perspective. Journal of the American Medical Association, 272:19, 1541-1542.

Mayfield, T. (1998, February). EMS in the nations most-populous cities. Journal of Emergency Medical Services, 23, 51-69.

Medical Practice Act, 3 FL Stat. Chap. 458.3485 (1997).

Medical Telecommunications and Transportation Act, 2 FL Stat. Chap. 401 (1997).

National Highway Traffic Safety Administration (1996). Emergency medical services agenda for the future. (DOT publication no. HS 808 441, 3). Washington, DC: U.S. Government Printing Office.

Pinellas County Code, Chap. 54 Emergency Services (1980 & Supp. 1988, 1991, 1994, 1995, 1996).

Pinellas County Emergency Medical Services Act, House Bill No. 995, Chap. 80-585, Laws of Florida (1980).

Pinellas County Emergency Medical Services Authority (1997). Emergency medical services ALS first responder agreement. Largo, FL: Author.

Riddle, K. (1995, September). Opinions sought for EMS action plan [EMS viewpoints]. Fire Chief, 39, 22-26.

Rules of the Department of Health and Rehabilitative Services, Chap.10D-66, Florida Administrative Code, Emergency Medical Services (1994).

Summer, C. (1998, January). Managing ourselves out of existence [From the publisher]. Emergency Medical Services, 27, 14.

Title XXIX Public Health Act, 2 FL Stat. Chap. 381 (1997).

Yenawine, M.A. (1996, April). EMS is healthcare. Fire Chief, 40, 46-48.

Appendix A

Florida Fire Service Community Based Health Care Services Survey

Please answer the following questions about your department:

Population Served:

Under 10,000
10,000 – 25,000
25,000 – 75,000
75,000 – 150,000
150,000 – 250,000
250,000 – 500,000
Over 500,000

Fully Paid
Combination
Volunteer

Rural
Suburban
Urban

2. How many total responses does your department handle annually?

3 How many of that total are emergency medical responses?

4. Are you familiar with Community Based Health Care Service? Yes No

5 Does your department currently provide any Community Based Health Care Service?
Yes No If yes, please describe:

6. Is your department planning to provide Community Based Health Care Services? Yes No

7. Does some other agency in your community provide Community Based Health Care Services? Yes No Do Not Know

Would you like to receive a copy of the survey results? Yes No
If yes, please provide name & address:

February 6, 1998

Dear Fire Chief,

As part of a course I am taking at the National Fire Academy, I am conducting a research project. Please take a few moments to complete the enclosed survey and return it in the enclosed stamped envelope.

Thank you for your time and valuable assistance. If you would like a copy of the survey results please note it on the survey form.

Sincerely,

Scott W. McGuff

Appendix B

Policy Maker Community Based Health Care Services Survey

1. Are you familiar with the term Community Based Health Care Services? Yes No

2. What is your position or title:

Commission Chairman	Council Member
Mayor	City Manager
Commission Member	County Administrator
Other Describe: _____	

3 Please answer the following questions about your community:

Population Served:

Under 10,000	Rural
10,000 – 25,000	Suburban
25,000 – 75,000	Urban
75,000 – 150,000	
150,000 – 250,000	
250,000 – 500,000	
Over 500,000	

4. Is your fire service provider:

Public
Private
Fully Paid
Combination
Volunteer
Other

4. If Community Based Health Care Service is defined as, "Capability that may be offered within a neighborhood or community to aid in the detection, surveillance, and support of community health", whom do you believe should provide that service?

County Public Health Service_____	Private EMS Service
Private Health Care Provider _____	Volunteer Organization
Fire Service Based EMS	Other
	Please Describe:

Would you like to receive a copy of the survey results? Yes No
If yes, please provide name & address:

February 6, 1998

Dear Government Policy Maker,

As part of a course I am taking at the National Fire Academy, I am conducting a research project. Please take a few moments to complete the enclosed survey and return it in the enclosed stamped envelope.

Thank you for your time and valuable assistance. If you would like a copy of the survey results please note it on the survey form.

Sincerely,

Scott W. McGuff

Florida Fire Service Community Based Healthcare Services Survey Results

Surveys sent:	128
Surveys received:	97
Respondents seeking survey results:	61

Department Make-up:	
All paid	66
Combination	26
Volunteer	2

Rural	27
Suburban	40
Urban	42

Population in Thousands	Numbers of Departments Responding
< 10	6
10 – 25	22
25 – 75	34
75 – 150	15
150 – 250	9
250 – 500	7
> 500	4

Responding Fire Departments Response Statistics
By Numbers of Departments

Total	Call volume	Medical
2	< 500	3
8	500 – 1,500	14
19	1,500 – 3,000	17
10	3,000 – 5,000	18
13	5,000 – 7,500	9
13	7,500 – 15,000	21
13	15,000 – 25,000	8
4	25,000 – 35,000	2
2	35,000 – 50,000	3
6	> 50,000	3

Question 4. Are you familiar with community based healthcare services?	Yes	75
	No	22
Question 5. Does your department currently provide any community based healthcare services?	Yes	26
	No	71
Question 6. Is your department planning to provide community based healthcare services?	Yes	38
	No	47
Question 7. Does some other agency in your community provide community based healthcare services?	Yes	32
	No	33
	Do not know	30

Policy Maker Community Based Healthcare Services Survey Results

Surveys sent:	50
Surveys received:	32
Respondents seeking survey results:	17

Fire Department Make-up:

Public	28	All paid	13
Private	2	Combination	6
Other	1	Volunteer	1

Population in Thousands	Numbers of Policy Makers Responding
< 10	9
10 – 25	6
25 – 75	7
75 – 150	4
150 – 250	0
250 – 500	1
> 500	5

Rural	0
Suburban	13
Urban	9

Question 4. If Community Based Health Care Service is defined as, "Capability that may be offered within a neighborhood or community to aid in the detection, surveillance, and support of community health", whom do you believe should provide that service?

County Public Health Service:	14	Private EMS Service:	2
Private Health Care Provider:	5	Volunteer Organization:	3
Fire Service Based EMS:	19	Other:	2

Comments:

Not sure, to be determined based on cost and accessibility.

Combination of above.

I think any or all of them should and could provide that service.

State –inspections of public eateries.

Florida Fire Services Community Based Healthcare Services List

The list of services was taken from comments provided by Florida fire Service survey respondents that indicated they were providing some sort of community based healthcare services.

Blood pressure screening

Child immunization

Ambulance transport

Sugar glucose checks

Non-emergency transport to doctor's offices

Flu vaccinations

Pre-op blood draws

Stroke screening

Sharps disposal

Cholesterol screening

City employee flu shots

Pre-physicals

Wellness checks

Health fairs

After hours workers compensation assessments

First aid training

CPR training

Some respondents indicated they were planning to provide:

Home health visits

12 lead EKG screenings