CBC REPORT CALLS FOR TRANSFORMING THE NYC FIRE DEPARTMENT TO ENHANCE RESPONSE TO MEDICAL EMERGENCIES

The Department Responds Primarily to Medical Incidents, Not Fires – But Has Not Been Fundamentally Transformed Since Its Merger with the Emergency Medical Service in 1996


Of the 1.2 million incidents to which FDNY vehicles responded in 2014, 75 percent were medical incidents– compared to only 5 percent fire-related incidents. Since 1998, the first year for which comparable data are available post-merger, the number of fire-related incidents declined 49 percent over the period; in contrast, the volume of medical emergencies to which the FDNY responded increased by more than one-third. The number of medical incidents to which the FDNY responded (879,298) was about 15 times that of fire-related incidents (61,952) and more than 30 times that of structural fires (26,531).

Despite the preponderance of medical incidents and the continued decline in fire incidents, most of the department’s resources– 71 percent of the $3.8 billion budget and two-thirds of personnel– are devoted to staffing fire units. EMS operations are just 13 percent of the budget.

The FDNY has addressed the mismatch between incidents and resources by training and requiring firefighters to respond to certain medical emergencies. Nevertheless, the workloads of the two major service divisions differ notably, and the current arrangement is costly and redundant.

Bolder strategies are needed to rethink FDNY services in order to better accommodate the growing demand for medical emergency responses and reduced need for firefighting activities:
Short-term: Staff for more efficient ambulance responses by changing advance life support (ALS) ambulance staffing to one paramedic and one EMT. It would not diminish the quality of care and would yield about $5 million in savings, which could be reinvested to expand the number of ambulance tours.

Medium-term: Increase the medical training of firefighters so they can handle more situations without reliance on a separate ambulance and its staff. Training firefighters as EMTs is already a common practice among departments in major U.S. cities including Chicago, Dallas, Houston and Phoenix. Medical incidents to which firefighters are dispatched could be handled more effectively and efficiently in cases that do not require transport, and fire companies could respond to a wider range of medical incidents.

Long-term: Fundamentally reorganize the department. The relationships between the two services should be redefined, and the financial and human resources provided for each type of emergency service should be rebalanced. This will require rethinking not only personnel training, but the types of equipment needed and the use, placement, and deployment of these assets. It is no small task and will require extensive analysis of neighborhood demographic, building, and service trends; new and more nimble staffing arrangements that must be implemented through collective bargaining; and procurement of new technologies.

FDNY leadership has identified integration of fire and EMS services as a long-run goal and has cautiously begun this process. Interim objectives include increasing the number of EMS tours and more training for firefighters in handling medical conditions, but future strategies should be more extensive.

“The Fire Department is not well structured to respond efficiently to New York City’s current needs,” said CBC President Carol Kellermann.

“New York City should be leading the nation in the design of emergency medical and fire services,” said CBC Co-Director of Research Charles Brecher. “Instead the Fire Department’s structure is behind the times.”

The new report is available at www.cbcny.org.