



Watertown City Council

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Watertown, MA 02472
Phone: 617-972-6470

ELECTED
OFFICIALS:

Mark S. Sideris,
Council President

Vincent J. Piccirilli,
Jr.,
Vice President &
District C Councillor

John M. Airasian,
Councillor At Large

Caroline Bays,
Councillor At Large

John G. Gannon,
Councillor At Large

Anthony Palomba,
Councillor At Large

Nicole Gardner,
District A Councillor

Lisa J. Feltner,
District B Councillor

Emily Izzo,
District D Councillor

Committee of the Budget and Fiscal Oversight Meeting April 29, 2025 Report May 13, 2025

The Committee convened on Tuesday, April 29 at 6:00 pm in the Richard E. Mastrangelo Council Chambers, with remote participation by Zoom. The meeting was originally posted for the Louis P. Andrews Upper Conference Room, but was moved due to the number of attendees.

Present were Vincent Piccirilli, Chair; Emily Izzo, Vice Chair and Nicole Gardner, Secretary. Staff present were City Manager George Proakis, Fire Chief Ryan Nicholson, Lieutenant David Meagher, Auditor Megan Langan, Treasurer/Collector Melissa Morrissey, Assistant City Manager for Finance Ari Sky, Deputy City Manager Emily Monea, Council Analyst Doug Newton, and Human Resources Director Colleen Doyle on zoom. Also present were Council President Mark Sideris, and Councillors John Airasian, Caroline Bays, Anthony Palomba, as well as Lisa Feltner on zoom. See below the list of members of the public and the Fire Department present in person and by zoom.

Councillor Piccirilli called the meeting to order at 6:09 pm. The purpose of the meeting was to continue discussing the cost and benefits of adding a second ambulance to the Watertown Fire Department, and to make a recommendation to the City Council. The Committee received a memo from Chief Nicholson addressing the questions raised by the Committee in the first meeting on March 6 (Attachment A).

Councillor Piccirilli opened the floor to public comment. Residents Susan Fish, Russ Arico, Carolyn Fish, Joan Gumbleton, and Angie Kounelis voiced strong support for improving EMS services by adding a second Fire Department ambulance, emphasizing the urgent need to address slow response times and staff burnout. Several highlighted the emotional and safety risks tied to delays, especially for vulnerable populations such as seniors and schoolchildren. A recurring theme was trust in local Watertown Fire Department paramedics over private EMS. Residents urged the city to make public safety a top budget priority, noting that this issue has been discussed for years and cannot be postponed further. Olivia Cobe, a WFD paramedic, emphasized the commitment of Watertown's EMS personnel to high-quality patient care and urged support for the second ambulance. The Committee also received several emails of support from residents (Attachment D).

Next, Chief Nicholson gave a presentation describing the current model used, outlining the key issues that need to be addressed, analyzing various options available, and making a recommendation that Watertown adopt a two WFD Ambulance model. (Attachment B).

Key points about the current model:

- **Capacity:** The current WFD ambulance is operating at full capacity of about 2,000 transports per year, and all additional calls are sent to the private backup.

- **District Analysis:** Districts 1 and 3 have longer response times from outside ambulances, validating concerns over coverage in the West End.
- **Revenue & Lost Transport Data:** Annually, \$1.4M–\$1.5M in revenue is earned through billing. Lost revenue from calls handled by outside providers is projected to rise due to increasing call volumes. Discussion included billing changes, insurance reimbursement trends, and future financial risk from Medicare/Medicaid adjustments.
- **Response Time Trends:** Response times overall are declining, and are below the NFPA 90% compliance goal. Notably, during the 2019 two-ambulance pilot, compliance reached 90.8%.
- **Call Types & Projections:** Rescue calls are expected to exceed 4,000 by 2034.

The Chief identified two key issues with the current model:

1. **Response Time:** Watertown has 88 firefighters, including 16 paramedics. In 2024, nearly 4,000 rescue calls were logged, with 2/3 handled by the Watertown ambulance and 1/3 by outside providers. WFD meets NFPA standards 96% of the time, but the outside provider meets it only 44% of the time and this is declining. As a result, the overall average response time does not meet NFPA 1710 Standard for ALS Ambulance Response Time.
2. **Staffing Challenges:** There is a significant strain on EMS personnel due to increased call volume and paramedic shortages statewide and nationally. Since implementing ALS in 2017, Watertown has had 12 paramedics resign—an unusually high number compared to previous decades. Currently, although 16 paramedics are listed, only 12–13 are active. Chief Nicholson said the current model is likely to fail due to staff burnout and increasing response times.

The Chief next introduced a scoring system (1–5 scale, where 5 is best), which he used to evaluate and compare current and alternative EMS models across five categories:

- Response Quality
- Response Time
- Staff Morale
- Revenue
- Cost Impact

The current hybrid model, consisting of one Watertown Fire Department Advanced Life Support (ALS) ambulance with a private backup responder, scored 16 points on this scale, as follows:

- Response Quality: 4
- Response Time: 2
- Staff Morale: 2
- Revenue Potential: 3
- Cost Impact: 5

The Chief then gave a detailed description and evaluation of the following six other potential EMS models that could be used:

1. Full private EMS responders.
2. The current model with dedicated private backup responders.
3. The current model with an additional Watertown impact ALS ambulance.

4. Two WFD ambulances, one ALS and one Basic Life Support (BLS), as tested in 2019.
5. A private ambulance company with non-transporting WFD paramedics providing on site care.
6. Two WFD ambulances, each staffed with an EMT and a paramedic.

For each alternative, the Committee held a robust discussion of the operating and financial pros and cons. Key points for each are summarized below.

Full private EMS Responders model scored 12 points, the lowest of any model evaluated. While it would have improved response time due to dedicated trucks, it would result in limited control and oversight, revenue loss, reduced morale, and diminished pride in local care.

The current model with dedicated backup responders scored 17 points. It also would improve response times, however costs are higher than the current model, and the issues with morale and sustainability persist.

The current model with an additional impact ALS ambulance also scored 17 points. In this model, a second ambulance would be added during peak hours (e.g., 7:00 AM–3:00 PM and 3:00 PM–11:00 PM), rather than 24 hours per day. The pros of this model is that it would distribute workload during when the need is highest, capture more revenue, and shorten response time. The cons are that it could result in the siloing of ambulance staff, and that a shift schedule could be unattractive to recruits, potentially harming morale and retention. Councilor Piccirilli asked whether a phased-in, part-time second ambulance would make sense in Year 1 (for example, a 12-hour shift with four personnel) before scaling to full 24-hour service. The Chief responded this would introduce internal scheduling and structural challenges, although additional staff could help alleviate some overtime pressure in the short term.

Two WFD ambulances, one ALS and one Basic Life Support (BLS) also scored 17 points. The 2019 pilot showed this model had operational flaws, particularly in dispatch logic and matching call levels. The ALS ambulance handled most first calls, with the BLS ambulance underused or limited to lower-priority calls. While it did result in some increase in revenue capture, private ALS providers still had to be pulled in for higher-level calls, leading to revenue loss. Increased overtime resulted in higher costs.

A private ambulance company with non-transporting WFD paramedics scored 18 points. Under this model, Watertown paramedics provide on the scene care, but transport is handled by a private ambulance company. This model provides high quality initial care, reduces time to respond, and improves morale, but the entire transport revenue is lost to private providers, and there is no oversight to the quality of care during transport. While it requires no new staffing, the City would lose an estimated \$1.4M in annual revenue. In discussing this option, the Manager emphasized that this model is financially infeasible for Watertown given revenue constraints.

Two WFD ambulances, each staffed with an EMT and a paramedic, scored 21 points, the highest of any model. Under this model the Fire Departments would have two fully staffed ALS ambulances using a paramedic-basic model. The call volume (~3,000/year) would be distributed across both units (~1,500 each). The staffing is projected to meet the city's needs for the next decade. The timeline to implement is estimated to be 4 months from budget approval to full staffing and deployment.

- The pros include increased internal EMS coverage, reduced reliance on mutual aid, better response times, improved morale, better recruitment and retention, and more revenue retained. Additional revenue from captured transports conservatively estimated could be \$500,000, annually. The Manager and Mr. Sky emphasized the volatility of federal reimbursement rates and the importance of budgeting conservatively.
- The con is that this model would have the highest upfront cost due to eight new staff, increased personnel, supply, and capital costs. Estimated additional cost in FY26: ~\$985,000 (includes \$100,000 ambulance debt service).

Councilor Gardner asked about EMT salary figures and differences between public data and internal figures. Chief Nicholson and the Manager clarified that salaries reflect collective bargaining agreements, including stipends and differentials, and Watertown targets competitive wages to avoid recruitment issues. Furthermore, average figures from statewide databases likely reflect communities with different cost structures and staffing needs.

In summary, the proposed two WFD ambulances model, each staffed with an EMT and a paramedic, scored the highest overall across the five evaluation categories of quality of care, response time, morale, revenue impact, and cost.

The Committee acknowledged that staffing such a model would take time and that ramping up a second ambulance would likely require a phased approach. It was suggested that partial implementation, such as operating the second ambulance on select days, might begin before full staffing is achieved. A four-month timeline to get staff on board was again referenced as a realistic period once a plan was approved and budgeted.

President Sideris thanked staff for the data-driven presentation. He noted that the discussion highlighted compelling reasons – particularly in resident service – to move forward with the second ambulance, even if implementation does not align with the July 1st fiscal year. He also noted there could be other potential staffing benefits.

Councilor Piccirilli asked if the Administration was comfortable with the estimated difference between revenues and costs of ~\$400,000 as a starting point. The Manager responded that \$400,000 was a reasonable estimate for year one, assuming current reimbursement rates and new-hire salary levels. He cautioned that costs could increase to ~\$600,000 over time due to salary step increases and potential changes in federal reimbursements (notably Medicare and Medicaid). He noted the city's stabilization funds as a short-term financial cushion but highlighted the need for sustainable revenue planning for long-term salary commitments.

Councilor Piccirilli shared his own revenue growth analysis, noting that over the past 10 years, ambulance transports have grown at 6.6% annually, while ambulance revenue has grown at 8.8%. He stated that this trend suggests growing value and revenue potential over time.

Finally, Councilor Piccirilli thanked Chief Nicholson for a very thorough presentation, and asked the Committee to consider two motions for recommendations to the full Council:

1. Benchmarking to national standards is how we can measure how good a job we are doing to provide services, and Watertown should explicitly make the NFPA Standard 1710 for ALS response time a Key Performance Indicator (Attachment C).

2. It appears that the most efficient and cost-effective way to meet the NFPA 1710 standard for ALS response time, as well as to improve recruiting and retaining paramedics, is with two WFD ambulances.

➔ **ACTION ITEM:** Councilor Gardner made a motion that the Committee recommends the City Council asks the Administration to make the NFPA 1710 standard for ALS ambulance response time, being a maximum of 9 minutes for 90% of calls, a Key Performance Indicator for the Watertown Fire Department, to be reported annually, and to provide adequate support to meet this goal. Councilor Izzo seconded the motion, which passed unanimously.

➔ **ACTION ITEM:** Councilor Gardner made a motion that the Committee finds that adding a second ALS ambulance to the Watertown Fire Department is the most cost-effective way to meet the NFPA 1710 standard for ALS response time, as well as being the most cost-effective way to recruit and retain paramedics to maintain the existing ALS service in Watertown, and recommends that the City Council ask the Administration to determine how to best move forward with this. Councilor Izzo seconded the motion, which passed unanimously.

The Manager noted that staff will now begin planning next steps and return to the Council with options. He reaffirmed that city finances remain healthy but acknowledged general revenue risks such as changes to federal healthcare reimbursements, hotel taxes, or motor vehicle excise taxes. He emphasized the importance of preserving flexibility in stabilization funds to buffer against such risks.

The meeting adjourned at 8:11pm by a unanimous vote.

Report prepared by Nicole Gardner

List of other attendees (*on zoom):

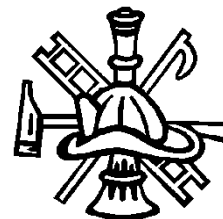
Eva-Jayne Dykstra	Susan Maynard	Phyllis Patterson	Helen Dempsey
Susan Fish	Carolyn Fish	Kulwant Babra	AJ Geswell
Anthony Caruso	Bobby Kelland	Kevin Sanderson	Jeffrey McNamara
Ralph Mele	Kevin MacDonald	Ryan Gleason	Tom McManus
Paul LaFauci	Patrick McManus	Olivia Cobe	John Russo
Jeff Campbell	David Gardner	Russ Arico	Joan Gumbleton*
Frank Byrne*	Linda Scott*	Ryan Hoey*	Sean C*
Toros Torosian*	Elodia Thomas*	Angie Kounelis*	

Attachments:

- A. Chief Nicholson memo April 28, 2025
- B. Chief Nicholson presentation
- C. NFPA 1710 Standard Section 4.1.2.4
- D. Emails received from the public



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RYAN A. NICHOLSON
 Chief of Department

To: Committee of the Budget & Fiscal Oversight

From: Chief Ryan A. Nicholson

Date: April 28, 2025

RE: Additional information supporting a second ALS ambulance

In preparation for the Budget and Fiscal Oversight Committee, the City Administration is preparing a presentation providing more background on the City's ambulance service options and their impacts and benefits. I look forward to sharing that with the committee at the meeting. In addition to the presentation, I'm providing the following items in response to the requests from the BFO meeting on March 6, 2025. Each numbered response corresponds to the request as outlined in the committee report.

Performance & Response Time

- 1- The committee was seeking a further breakdown of information regarding call types; ALS vs BLS.

	Watertown		
	2022	2023	2024
ALS	47.40%	46.20%	37.20%
BLS	52.60%	53.80%	62.80%

Over the past three years slightly more than half of the calls our ambulance transported were treated as Basic Life Support (BLS) calls. Comparatively, over that same time period the private ambulance treated over $\frac{3}{4}$ of the transports as Advanced Life Support (ALS). A private ambulance company will tend to classify a call as ALS in many situations where the fire department would not do so, and this may be related to the higher reimbursement rate for ALS calls.

	Private Backup Provider		
	2022	2023	2024
ALS	75.20%	84.80%	83.90%
BLS	24.80%	15.20%	16.10%

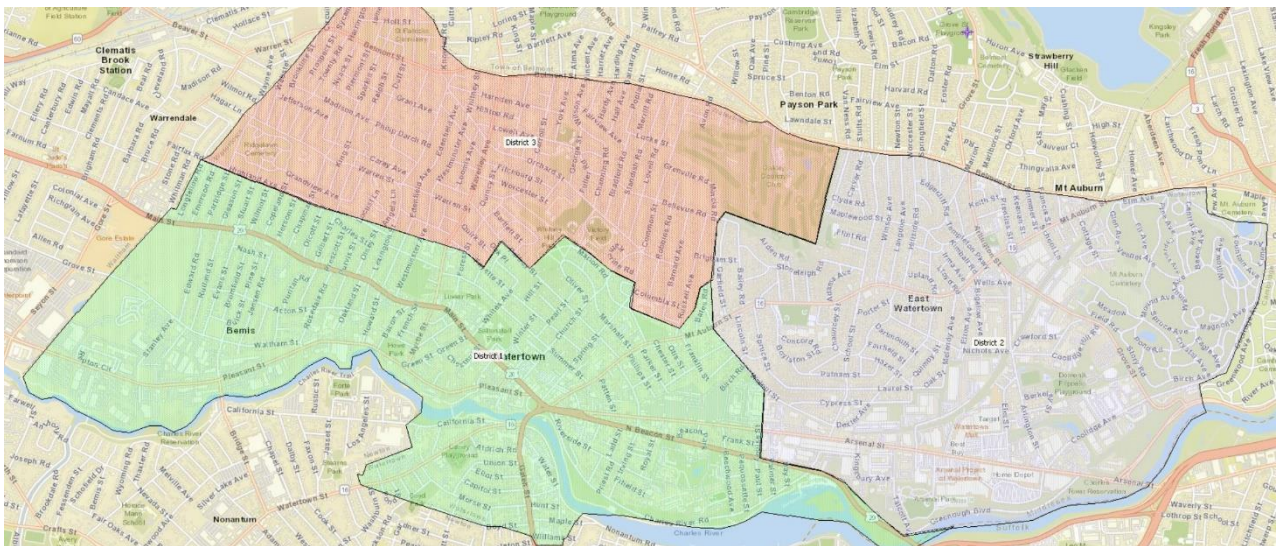
- 2- The committee was seeking aggregate response time of outside ambulances and the Watertown ambulance.

	% under 9 min
2019	88.8%
2020	88.0%
2021	84.8%
2022	82.6%
2023	81.3%
2024	79.6%

Since 2019 the percentage of calls meeting the NFPA for all ambulance responses in Watertown has been declining. Important to note is that during the two-ambulance trial in 2019, the standard was met with 90.8% of responses better than 9 minutes.

- 3- The committee was seeking a response time breakdown geographically since the backup provider is typically responding from Cambridge.

	2022			2023			2024		
	Dist 1	Dist 2	Dist 3	Dist 1	Dist 2	Dist 3	Dist 1	Dist 2	Dist 3
Pro	10.28	8.41	9.86	10.80	8.49	10.34	11.05	8.65	10.85
Wat	5.00	6.11	4.14	5.66	6.40	4.19	5.61	6.69	4.26



Where District 1 includes central, west, and south Watertown. District 2 is generally east Watertown. District 3 encompasses north and west Watertown. As shown in the data, response time from the Watertown ambulance to all districts averages under 7 minutes. The times are faster to District 3 where the ambulance is stationed and longer to District 2. Comparatively, Pro ambulances from Cambridge take longer on average to reach Districts 1 and 3, which encompass west Watertown.

- 4- The committee asked for response times experienced by residents given that a fire apparatus is also dispatched with an ambulance to initiate care at the Basic Life Support Level.

	2024	2023	2022	2021	2020	2019
1st unit Response Time	4.17	4.1	3.92	3.73	3.85	3.58

Average response times are lower since fire apparatus are stationed across the city. Even though all WFD members are trained as EMT Basics and have the equipment, skills, and ability to initiate care, in many cases early access to ALS and expeditious transport to a hospital are critical.

- 5- The committee was seeking more details on the 2019 6-month 2 ambulance trial.

In FY20 a trial was approved to operate a second ambulance – a BLS – using overtime to staff. The proposal was approved with the notion that the revenue received would offset the overtime costs associated with staffing the truck 24/7. The trial had a number of flaws. First, the calculation used to estimate the overtime was incorrectly calculated with the historical staffing data used. Not all the required overtime hours were accounted for in the historical data leading to underestimating the projected required overtime. Second, the ALS and BLS model proved to cause difficulties in dispatching such that the ALS ambulance remained the default transporting unit and the BLS unit would generally only respond to secondary calls. This didn't have the desired effect of balancing the workload between the two units. Further, on the calls the BLS ambulance responded to, an ALS unit from the backup provider was also dispatched more frequently than not. As demonstrated in bullet 1, private ambulances treat a high percentage of transports as ALS. Thus, on many of the calls our BLS ambulance responded to, the patient ended up being transported by the private ambulance as an ALS call. This led to lost revenue since we weren't the transporting unit.

	7/26/19- 12/31/19	7/26/19- 12/31/19
Transports	958	Med1- ALS 821
Revenue	\$537,815	Res1- BLS 137
		Pro 238
		Total 1196
		1 yr proj. 2970

The second BLS ambulance was actually in service for 147 days in 2019. Important lessons learned were that we cannot operate a second ambulance using overtime. This only creates more stress for our employees and will lead to further malcontent and burnout. Additionally, the separate ALS and BLS model created unforeseen challenges with delivery. The proposed P/B model addresses these issues and creates a more flexible model. Two P/B ambulances can respond geographically and provide improved ALS coverage more of the time.

- 6- Please see the attached contract with Pro EMS.

The agreement with Pro is for backup services, not primary ALS response. They provide a response standard of <11:59 90% of the time. In speaking with other private backup services, the time is not always included in these types of backup or mutual aid agreements. Pro EMS provided a high-level estimate (not intended to be an exact bid for services) of what it would cost to provide primary level of ALS response as a backup to our ambulance (see attached).

- 7- The committee was seeking more information regarding other communities' fire-based EMS services.

	BLS	ALS	2023 Trans	BLS Trans	ALS Trans
Belmont		1	1693	965	728
Burlington	1	1	2505	1497	1008
Everett	2		2957	2083	874
Lexington		2	2376		
Lynn		1	1214	0	1214
Melrose	-	1	1800	1200	600
Neeham		2	2500	1200	1300
Reading		1	1200	600	600
Weston	2		1299	942	357
Winchester		1	2500	1250	1250
Woburn	2		4000	2800	1200

*Everett is projected from 5 mos of data (new service)

** Melrose is shifting to full private model 7/1/25

Cost & Revenue Data

- 1- The committee asked for more information on transport rate payor breakdown and any forecast indicators available.

Payor	FY24		FY23		FY22	
Medicare	\$435,518.54	28.0%	\$398,690.15	29.3%	\$336,506.16	24.4%
Medicaid	\$137,188.61	8.8%	\$138,307.46	10.1%	\$115,877.44	8.4%
Insurance	\$971,371.78	62.5%	\$811,294.36	59.5%	\$911,253.76	66.2%
Patient	\$10,719.80	0.7%	\$14,686.35	1.1%	\$13,684.25	1.0%
Total	\$1,554,798.73		\$1,362,978.32		\$1,377,321.61	

Medicare and Medicaid make up approximately 1/3 of the payor breakdown, with the remainder being billed to private insurance companies and patients. Medicaid seldom changes their rates. The last change was a slight increase 5 years ago. Medicare adjusts annually on January 1. The 2025 increase was 2.4%. The last time Medicare decreased was 7 years ago. However, given the impacts of uncertainty surrounding federal revenue estimates, Medicaid and Medicare revenues could be impacted by budget actions at the federal level and therefore by subject to subsequent revisions.

In 2010 there was an attempt to cap billing rates at 125% of Medicare. This would have meant a 30-40% decrease in EMS revenues, essentially collapsing EMS service, public and private.

There is a current push at the state level to require insurance companies to pay the entire fee, as opposed to paying their coverage amount and shifting the remainder to the patient. This would increase revenue that is currently lost to forgiveness or non-collection. This legislation has been enacted in several states across the country already.

2- Updated benefits placeholder as calculated by the City Auditor.

Description	PC228
Pension	4,108.10
Health Insurance	2,567.02
Medicare	1,191.35
Unemployment	5,000.00
	12,866.47

Paycode 228 is a 1st step Paramedic. It can be assumed that a 1st step EMT would have less impact financially.

3- The committee has asked to see projected staffing costs for the next five years.

	EMT	Medic	8 positions	w/ benefits
Step 1	\$86,080.64	\$88,014.67	\$696,381.24	\$798,847.20
Step 2	\$91,535.22	\$93,469.26	\$740,017.92	\$845,111.32
Step 3	\$96,980.29	\$98,914.45	\$783,578.96	\$891,295.16
Step 4	\$102,429.90	\$104,363.94	\$827,175.36	\$937,516.56
Step 5	\$109,197.98	\$111,132.01	\$881,319.96	\$994,921.28
Step 10	\$112,321.49	\$114,255.65	\$906,308.56	\$1,022,853.00

Initially, an additional budget request was seeking funding for 8 EMT-B staff, which would staff a second ambulance at the BLS level. Due to the challenges with the BLS second ambulance during the pilot, and as we have reviewed data on ALS response time, it became clear that the P/B model is the superior model. To implement this model, we anticipate a need to hire four EMTs and four Paramedics (which have a slightly higher salary). There will be a minimal number of calls, where both ambulances are in the midst of transporting patients, where a backup ambulance will still be required.

4- The committee was seeking more detailed information on potential revenue, including projected revenue to go along with the historical data.

	2019	2020	2021	2022	2023	2024
Transports Lost	743	749	874	857	881	891
Net Revenue Per Trans	\$716	\$759	\$701	\$693	\$683	\$662
Revenue Lost	\$531,884	\$568,439	\$612,674	\$593,901	\$601,723	\$589,842

2025	2026	2027	2028	2029	2030	2031	2032	2033	2034
944	976	1,008	1,040	1,072	1104	1136	1,168	1,200	1,232
\$652	\$637	\$623	\$608	\$594	\$579	\$565	\$551	\$536	\$522
\$615,488	\$621,712	\$627,984	\$632,320	\$636,768	\$639,216	\$641,840	\$643,568	\$643,200	\$643,104

The projections assume the linear trend from 2019 to 2024 continues in the 2025 to 2034 time period, though it is unlikely that the net revenue per transport rate continues to decrease linearly. Billing companies changed in 2021 and may account for a slightly lower collection rate due to collection practices.

The chart from the first presentation included $\frac{3}{4}$ captured which may have caused some confusion on the potential revenue. Conservatively the City could expect to collect $\frac{3}{4}$ of the lost revenue, however in 2019 during the two-ambulance trial we responded to 83% of medical calls with our ambulances and therefore could have collected 83% of the revenue had we been operating with two ALS ambulances. There will be a minimal number of calls, where both ambulances are in the midst of transporting patients, where a backup ambulance will still be required.

- 5- Please see attached billing rate spreadsheet
- 6- The committee had questions about how hardship cases are handled.

As noted above, the vast majority of transport costs are covered by insurance. Individual bills that are a hardship can be appealed through a form. The patient would submit a form to Pro EMS billing requesting hardship right off. The form would then be forwarded to the Fire Chief, who, in consultation with the City Auditor, would provide a disposition. Historically, if the request is reasonable the hardship is granted. As evidenced by the write-off amounts, Pro EMS has lenient policies regarding their collection methods. Outstanding Watertown bills are never reported to credit bureaus.

- 7- The committee asked for a review of the feasibility of staffing a second ambulance during peak hours, as opposed to 24/7.

Implementing an impact-shift ambulance could be accomplished by hiring less staff (Three as opposed to 8 additional staff would allow the city to add an ambulance during one 8-hour shift per day. Six additional staff would allow 2 8-hour shifts per day, leaving only the overnight without second ambulance coverage.) and creating a new work rotation for the select few. However, the negative implications outweigh the salary savings. By creating a new rotation, we will essentially be building up the silos within the department that WFD has been working hard to break down between non-paramedics and paramedics. Essentially creating two separate departments will amplify the us vs them problem. Additionally, the biggest issue we have is with recruitment and retention. Having a less desirable impact shift will just exacerbate the problem. The 24/72-hour schedule is desirable in our field. Finally, an impact shift only addresses the issues around response time and workload balance for a part of the time. In 2024, 46.5% of medical responses were between 8 AM and 4 PM. Though slightly elevated during these hours, still more than half of the calls are happening outside of these hours. Between the hours of 7 AM to 11 PM we would have covered 82.6% of the calls in 2024, but with just two additional staff we can accomplish full coverage using the same shift rotation.

I look forward to discussing this with you at the meeting on April 29th.

AGREEMENT

THIS AGREEMENT is made and entered into this 5th day of December 2024, by and between the City of Watertown (MA), (hereinafter referred to as "Watertown") and Professional Ambulance and Oxygen Service, Inc., (hereinafter referred to as "Pro EMS").

WHEREAS, Pro EMS is a Massachusetts corporation which provides Advanced Life Support Services (collectively known as and hereinafter referred to as "ALS Services") within the Commonwealth of Massachusetts, and is duly licensed by the Massachusetts Department of Public Health as an ALS ambulance service.

WHEREAS, Watertown is duly licensed by the Massachusetts Department of Public Health as an ambulance service, and Watertown desires to contract for ALS Services.

WHEREAS, Watertown is desirous of providing its residents and other persons in the Watertown area with quality and reliable ALS Services;

WHEREAS, Pro EMS desires to provide such ALS Services to Watertown; and

WHEREAS, Watertown has determined it to be in its best interest that Pro EMS be named as the entity primarily and exclusively responsible for providing such ALS services.

NOW, THEREFORE, in consideration of mutual promises contained herein, and intending to be legally bound thereby, the parties mutually agree as follows:

1. **TERM AND TERMINATION.** This Agreement shall be for a three (3) year period commencing on December 5, 2024. This Agreement may be terminated by either party for any reason upon sixty (60) days written notice.
2. **WATERTOWN'S DUTY.** Watertown shall provide Pro EMS with the following:
 - a) Direct all calls for emergency Paramedic Intercept Service and ambulance back-up received by Watertown to Pro EMS.
 - b) Provide BLS transport services pursuant to this Agreement.
3. **PRO EMS'S DUTY.** Pro EMS shall provide Watertown with the following:
 - a) Paramedic Intercept Service and ambulance back-up for all calls received by Watertown.
 - b) Paramedic Intercept Service and ambulance back-up will be provided 24 hours per day, 7 days per week, in accordance with the terms of this Agreement and in accordance with all federal, state, and local laws and regulations, including but not limited to: following state and federal standards for vehicles, transporting patients and

crew as set forth in all applicable waivers; meeting equipment and licensure requirements; and meeting compliance and performance standards.

- c) Pro EMS shall endeavor to meet a response time criteria of <11:59 minutes, 90% of the time for all responses ALS and BLS; clock starting upon receipt of complete location information from Watertown and stopping upon arrival at scene.

4. **ACCESS TO INFORMATION ABOUT PARAMEDIC INTERCEPT RESPONSES.** Watertown may, at any time, have access to, and request documentation of all calls on which Pro EMS is dispatched pursuant to this Agreement. Such documentation includes the following:

- (1) Time the call was received;
- (2) Time the responding unit is en route to the scene;
- (3) Time the unit arrives at the scene;
- (4) Time the unit departs the scene for the medical facility;
- (5) Time the unit arrives at the medical facility;
- (6) Time the unit is back in service.
- (7) All trip reports and clinical standards reports as requested

5. **POTENTIAL UNAVAILABILITY OF PRO EMS.** Watertown expressly understands and acknowledges that Pro EMS may be unavailable at times due to high demand, emergencies or other unforeseen circumstances within or outside of the service area. Watertown understands that Pro EMS will be the primary Paramedic Intercept Service dispatched, but, due to high demand, emergencies, or other unforeseen circumstances, Pro EMS may be unavailable. In that case, Pro EMS is responsible for dispatching a backup paramedic service provider utilizing best efforts.

6. **BILLING FOR PARAMEDIC INTERCEPT SERVICES.** The billing and collection of fees for paramedic intercept services provided hereunder shall be billed by Watertown in accordance with federal and state laws and regulations.

7. **CONSIDERATION FOR PARAMEDIC INTERCEPT SERVICES.** Watertown and Pro EMS agree that Watertown shall reimburse Pro EMS \$450.00 for each completed paramedic intercept resulting in an ALS transport.

8. **CONTROLLING LAW.** This Agreement shall be construed in accordance with the laws of the Commonwealth of Massachusetts.

9. **ENTIRE AGREEMENT.** This Agreement constitutes the entire understanding and Agreement between the parties and no modification or amendment hereto shall be valid unless in writing and signed by representatives of both parties. In the event any provision, term or condition of this Agreement is rendered unenforceable by a court of law or statute, it shall not affect the enforceability of any other provision, term or condition.

10. **NOTICES.** Except when otherwise required by law, all notices pursuant to this Agreement shall be in writing, and until otherwise specified in a written notice, shall be sent to the parties at the following addresses:

Pro EMS:

Mr. C. Daniel Wagner
Pro EMS
31 Smith Place
Cambridge, MA 02138

City of Watertown:

Mr. George Proakis
City Manager
City of Watertown
149 Main Street
Watertown, MA 02472

A notice shall be deemed to have been properly delivered for all purposes if personally delivered, or if deposited into first class mail in the United States Postal Service, or if sent by overnight delivery service, prepaid, to the addresses set forth above. Both parties are responsible for notifying the other party of any changes in the mailing addresses set forth above. Each such notice shall be deemed to have been received by the addressee on the date delivered, if personally delivered; the next business day, if sent by overnight delivery service; or three (3) days after mailing in the United States Postal Service.

11. INSURANCE AND INDEMNIFICATION.

a) The CONTRACTOR shall obtain and maintain in full force and effect during the term of this Agreement the insurance coverage in companies licensed to do business in the Commonwealth of Massachusetts, and acceptable to the CITY, as set forth below:

General Liability

Bodily Injury Liability	\$1,000,000 per occurrence
Property Damage Liability	\$1,000,000 per occurrence
(or combined single limit)	\$1,000,000 per occurrence

Automobile Liability

Bodily Injury Liability	\$1,000,000 per occurrence
Property Damage Liability	\$1,000,000 per occurrence
(or combined single limit)	\$1,000,000 per occurrence

Workers' Compensation Insurance

Coverage for all employees in accordance with Massachusetts General Laws

Professional Liability Insurance

Minimum Coverage	\$1,000,000 per occurrence
------------------	----------------------------

b) All policies shall identify the CITY as an additional insured (except Workers' Compensation) and shall provide that the CITY shall receive written notification at least 30 days prior to the effective date of any amendment or cancellation. Certificates evidencing all such coverages shall be provided to the CITY upon the

execution of this Agreement. Each such certificate shall specifically refer to this Agreement and shall state that such insurance is as required by this Agreement. Failure to provide or to continue in force such insurance shall be deemed a material breach of this Agreement and shall be grounds for immediate termination.

- c) Mutual Hold Harmless and Indemnification. Both parties shall hold each other harmless and indemnify and defend the other party and the other party's shareholders, directors, officers, agents and employees against any and all claims, causes of action, injuries and damages to the extent caused by an act or omission on the part of the indemnifying party or the indemnifying party's agents, contractors or employees and arising out of the performance of this Agreement. This provision shall include all costs and disbursements, including without limitation court costs and attorneys' fees.

12. CONSTRUCTION AND COMPLIANCE.

- a) Severability. In the event that any one or more of the provisions contained in this Agreement shall for any reason be made illegal by any statute or regulation or held by any court or by the Office of Inspector General (OIG) of the United States Department of Health and Human Services to be invalid, illegal, or unenforceable in any respect, such invalidity, illegality, or unenforceability shall not affect any other provisions and the Agreement shall be construed as if such invalid, illegal, or unenforceable provision had never been contained in it.
- b) Compliance. The parties intend to comply fully with all applicable state and federal laws and regulations, including but not limited to the Balanced Budget Act of 1997, the Social Security Act, the federal Anti-Kickback Statute, the federal False Claims Act, and all applicable state and federal fraud and abuse laws and rules. Insofar as any terms or conditions of this Agreement are determined by any court or by the OIG to be contrary to any such statutes or regulations, the parties will promptly and in good faith confer and resolve any issues so as to make the performance of this Agreement consistent with all applicable statutes and regulations.
- c) Notification of Actual or Potential Violation of Law. If either party becomes aware of any actual or potential violations by the other party, whether intentional or inadvertent, of any applicable state or federal statutes or regulations, it shall promptly notify the other party.
- d) Cooperation in Reporting Complaints. The parties agree that complaints or unusual incidents involving personnel, equipment or services of the other party will be promptly reported in writing to the other party, and will be described in an incident report, detailing the circumstances surrounding the complaint or incident, the persons or entities involved, the date and time of the events at issue, and a description of the events at issue.

13. HIPAA BUSINESS ASSOCIATE ASSURANCES.

a) Privacy Rule

- 1) Watertown, in its capacity as a Business Associate, shall carry out its obligations under this Agreement in compliance with the Privacy Regulations pursuant to Public Law 104-191 of August 21, 1996, known as the Health Insurance Portability and Accountability Act of 1996, Subtitle F-Administrative Simplification, Section 261, *et seq.*, as amended (“HIPAA”), to protect the privacy of any personally identifiable protected health information (“PHI”) that is collected, processed or learned as a result of the services provided by it hereunder. In conformity therewith, Watertown agrees that it will:
 - (a) Not use or further disclose PHI except as permitted under this Agreement or required by law;
 - (b) Use appropriate safeguards to prevent use or disclosure of PHI except as permitted by this Agreement;
 - (c) Mitigate, to the extent practicable, any harmful effect that is known to Watertown of a use or disclosure of PHI by Watertown in violation of this Agreement.
 - (d) Report to Pro EMS any use or disclosure of PHI by Watertown in violation of this Agreement.
 - (e) Ensure that any agents or subcontractors to whom Watertown provides PHI, or who have access to PHI, agree to the same restrictions and conditions that apply to Watertown with respect to such PHI;
 - (f) Make PHI available to Pro EMS and to the individual who has a right to access as required under HIPAA within 30 days of the request by Pro EMS regarding the individual;
 - (g) Incorporate any amendments to PHI when notified to do so by Pro EMS;
 - (h) Provide an accounting of all uses or disclosures of PHI made by Watertown as required under the HIPAA Privacy Rule within 30 days;
 - (i) Make its internal practices, books and records relating to the use and disclosure of PHI available to the Secretary of the Department of Health and Human Services for purposes of determining Pro EMS’s compliance with HIPAA; and

- (j) At the termination of this Agreement, return or destroy all PHI received from, or created or received by Watertown on behalf of Pro EMS, and if return is infeasible, the protections of this Agreement will extend to such PHI.
- 2) The specific uses and disclosures of PHI that may be made by Watertown on behalf of Pro EMS include:
- (a) Any uses or disclosures in performing any of the duties of Watertown set forth in this Agreement;
 - (b) Uses required for the proper management of Watertown as a business associate.
 - (c) Other uses and disclosures of PHI that are enumerated within this Agreement.
 - (d) Other uses or disclosures of PHI as permitted by the HIPAA Privacy Rule.
- b) Security Rule. Watertown, in its capacity as a Business Associate, shall carry out its obligations under this Agreement in compliance with the Security Regulations pursuant to Public Law 104-191 of August 21, 1996, known as the Health Insurance Portability and Accountability Act of 1996, Subtitle F – Administrative Simplification, Sections 261, *et seq.*, as amended ("HIPAA"), regarding the security of electronic protected health information ("e-PHI") that is received as a result of the services provided by Watertown under the terms of this Agreement. In conformity therewith, Watertown agrees that it will:
- 1) Implement administrative, physical, and technical safeguards that reasonably and appropriately protect the confidentiality, integrity, and availability of the electronic protected health information that it creates, receives, maintains, or transmits on behalf of Pro EMS as required in the Security Rule;
 - 2) Ensure that any agent of Watertown, including a subcontractor, to whom it provides such information, agrees to implement reasonable and appropriate safeguards to protect protected health information; and
 - 3) Report to Pro EMS any security incident of which Watertown becomes aware.
- c) Notwithstanding any other provisions of this Agreement, this Agreement may be terminated by Pro EMS, in its sole discretion, if Pro EMS determines that Watertown has violated a term or provision of this Paragraph pertaining to Watertown's obligations as a Business Associate of Pro EMS, or if Watertown engages in conduct which would, if committed by Pro EMS, result in a violation of the HIPAA Privacy Rule or HIPAA Security Rule by Pro EMS.

14. **AUTHORIZATION OF AGREEMENT.** Each party represents and warrants, each to the other with respect to itself, that the execution and delivery of this Agreement has been duly authorized and the individuals executing this Agreement on behalf of each party respectfully has full power and authority to do so.
15. **INDEPENDENT CONTRACTOR RELATIONSHIP.** The relationship of the parties is that of independent contractors. Neither party shall be deemed to be the agent, partner or fiduciary of the other, and neither is authorized to take any action binding upon the other.

IN WITNESS WHEREOF, the parties hereto have executed this Agreement on the date first written above.

**PROFESSIONAL AMBULANCE AND
OXYGEN SERVICE, INC.**

CITY OF WATERTOWN (MA)

C. Daniel Wagner
Signature

MR. 12/23/27
Signature

CEO
Title

City Manager
Title

C. Daniel Wagner
Printed Name

Gene Prankis
Printed Name

Staffing a Second Ambulance

WATERTOWN FIRE DEPARTMENT

Committee of the Budget & Fiscal Oversight
April 29, 2025

Current Challenges

Challenge

1

Response Times from Outside Ambulances

Response times from outside ambulances are currently exceeding the National Fire Protection Association's 1710 guidelines for ALS response times. This shortcoming comes at the risk of negative medical outcomes for Watertown patients.

Challenge

2

Staffing Challenges

The current model is negatively impacting the City's recruitment and retention efforts with the WFD. Including:

- Low quality of life for current paramedics,
- Stress, fatigue, and injuries all leading to job burnout
- Unsustainable ALS system for the annual increases in call volume.

Rating the Models | Impacts



Response Quality

The quality and control over the delivery of services.



Response Time

The quickness of arrival in the delivery of services.



Staff Morale

The impacts on fire staff spirits, influencing pride, recruiting and retention.



Revenue

The impacts on the amount of money collected from service delivery.



Cost Impact

The impact of the cost to complete the prospective model.

Rating the Models | The Rating



Rating

1

Lowest levels of efficiencies in long-term cost and service delivery, deteriorating impacts on morale, no control of service, and no revenue collected.

Rating

2

Inefficiencies in service delivery and long-term cost, poor morale, minimal control and revenue collected.

Rating

3

Moderate efficiencies in delivery and long-term cost of service provision, intermediate morale, often split service control and revenue collection.

Rating

4

Efficient delivery and long-term service provision, positive staff morale, primary control over full service and over revenue collected.

Rating

5

Most efficient service delivery, high levels of staff morale, full control over services provided and revenue collected.

Current Model

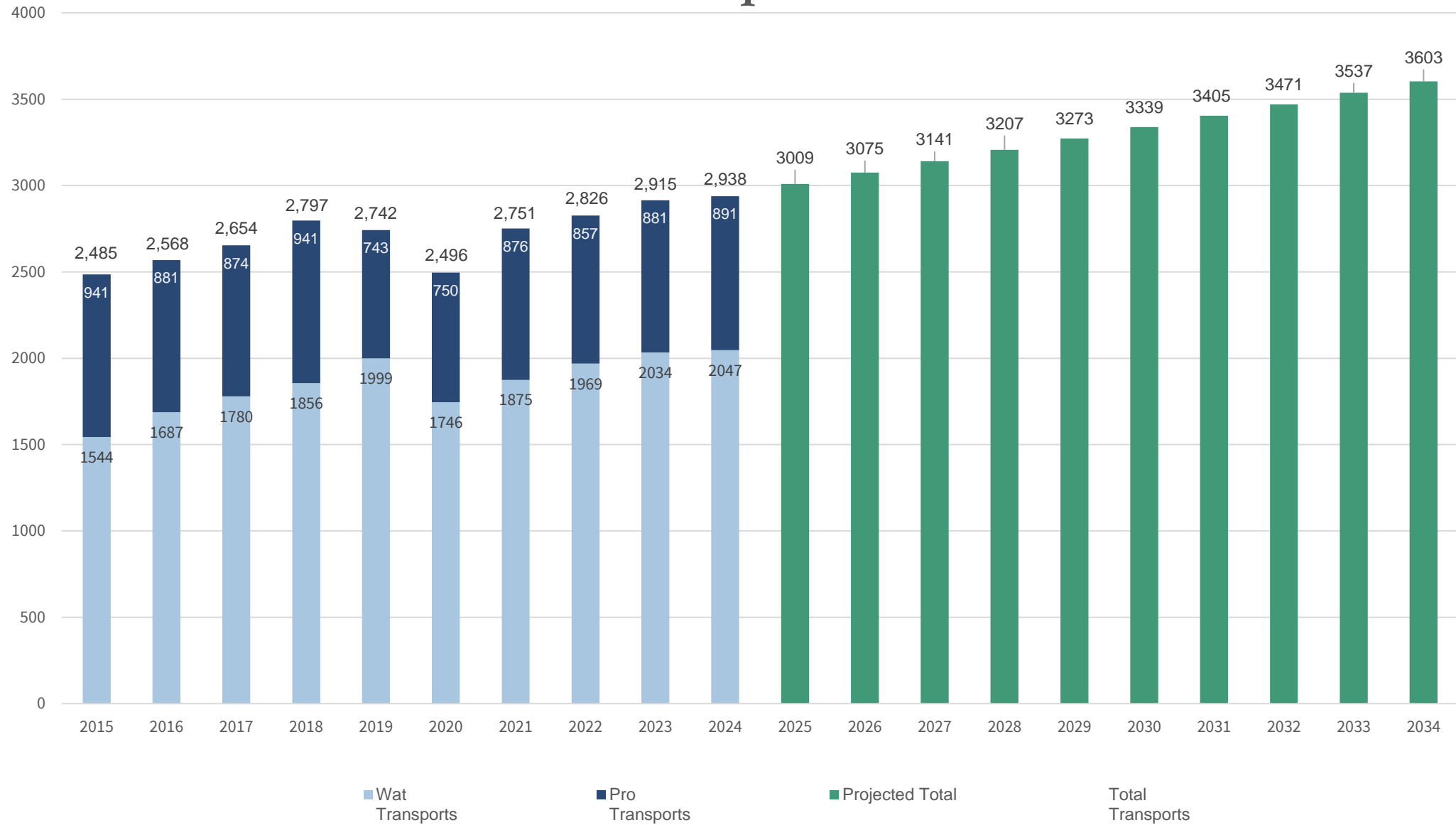
1 ALS Ambulance; Private
Ambulance Back-Up Provider

Current Model

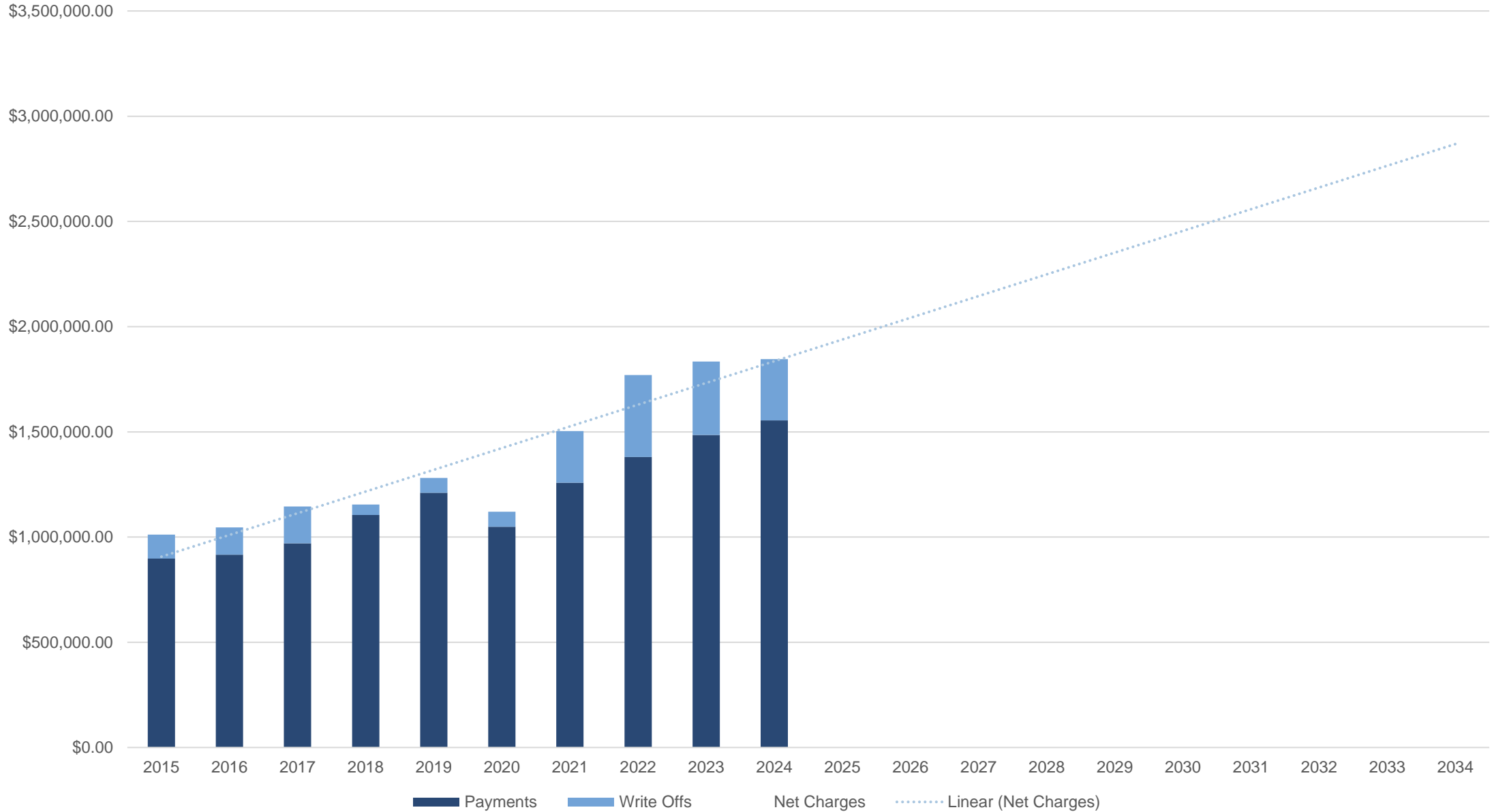
Model Overview

- Watertown currently staffs one Advanced Life Support (ALS) ambulance
- WFD currently has a total of 88 Firefighters.
- In 2024, WFD received nearly 4000 ambulance calls, with about 2/3 of them being fulfilled by the WFD ALS ambulance.
- WFD contracts out the services to fulfill the remaining 1/3 of calls to Pro EMS in Cambridge
- 96% of the calls completed by WFD ALS are within the National Fire Protection Association's standards of under 9-minutes, while outside ambulances (i.e., Pro EMS) are complying with standard on 44% of calls
- WFD ALS likely to fail – unsustainable model

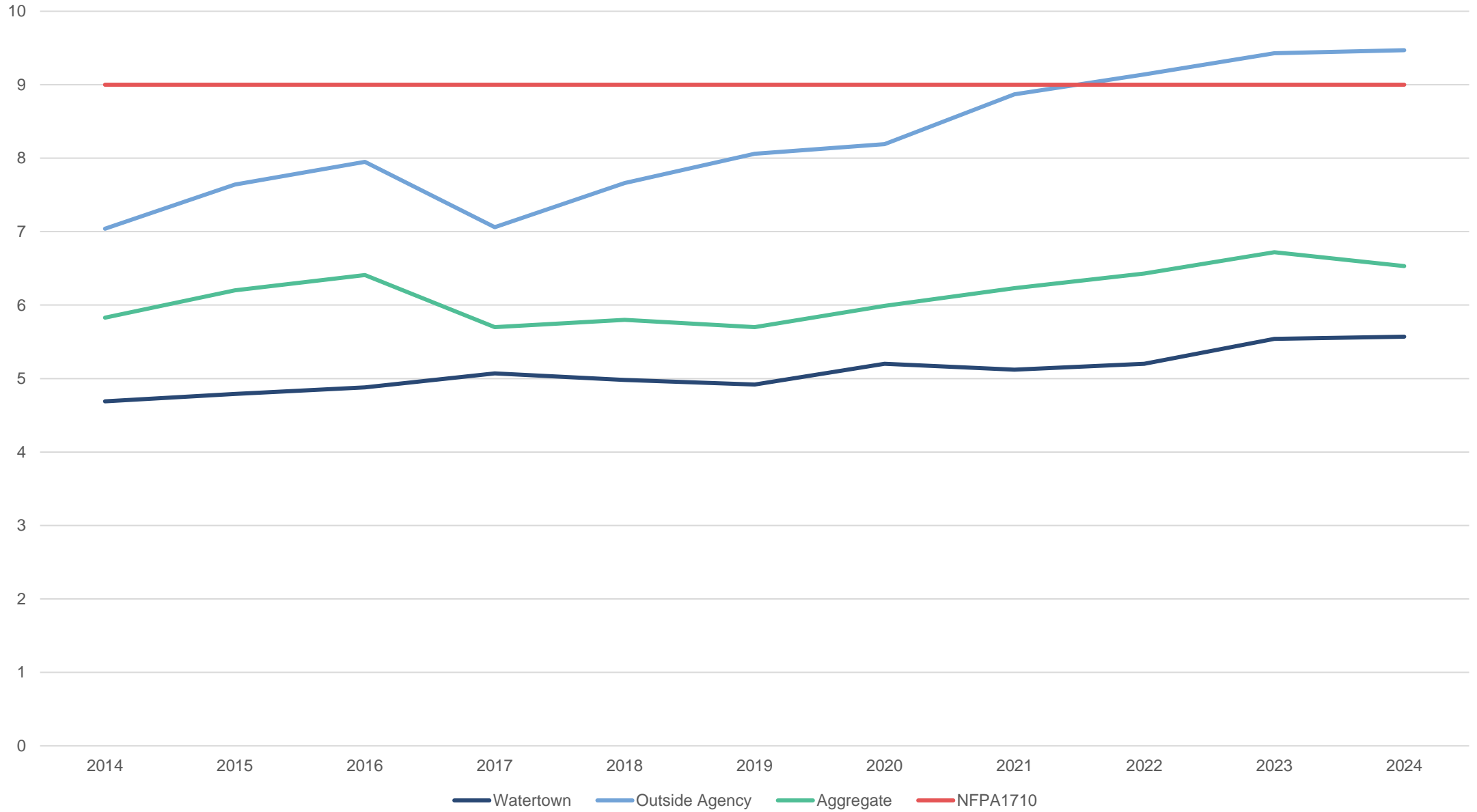
Transports



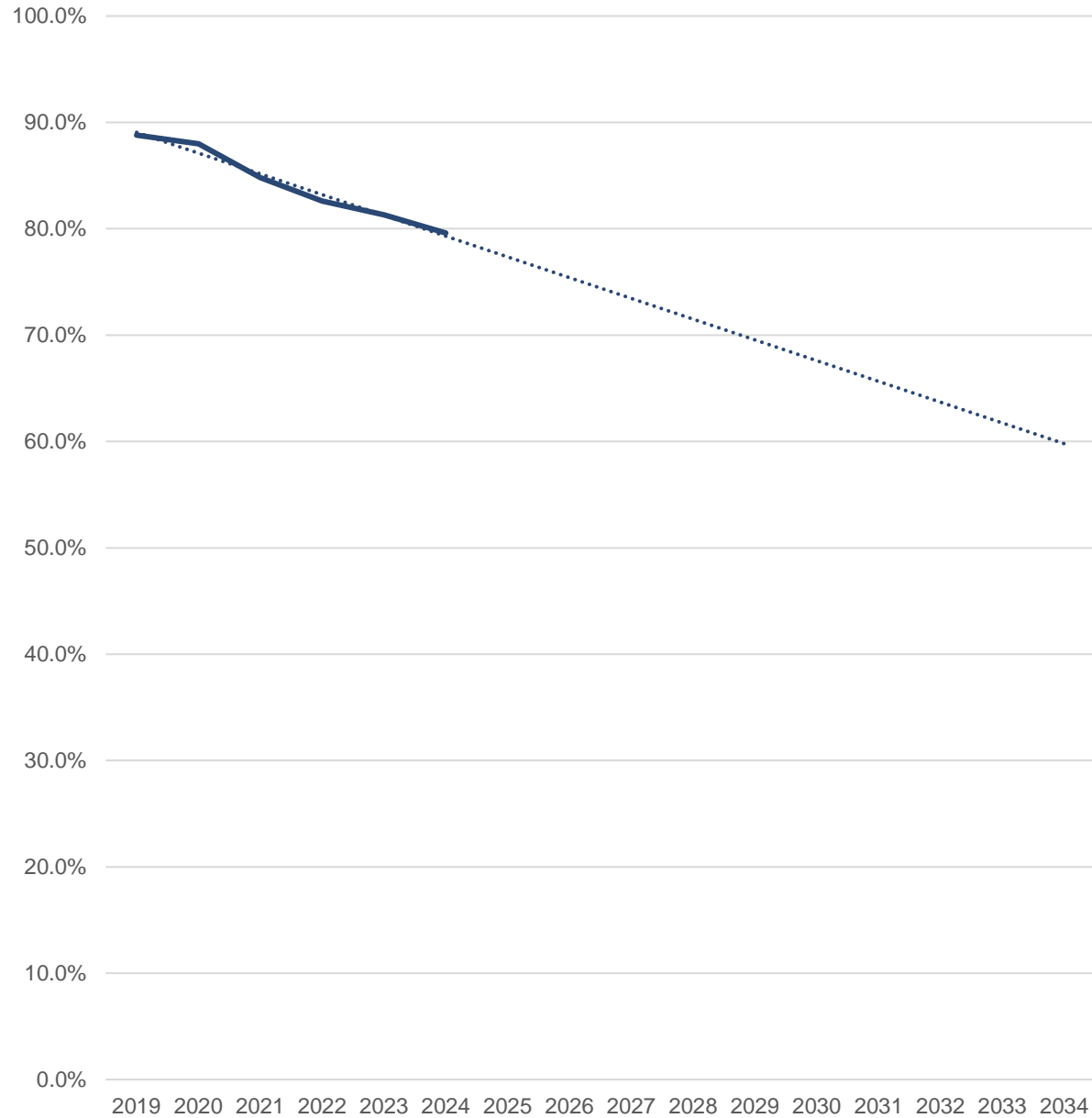
Net Charges



Response Time



% under 9 min



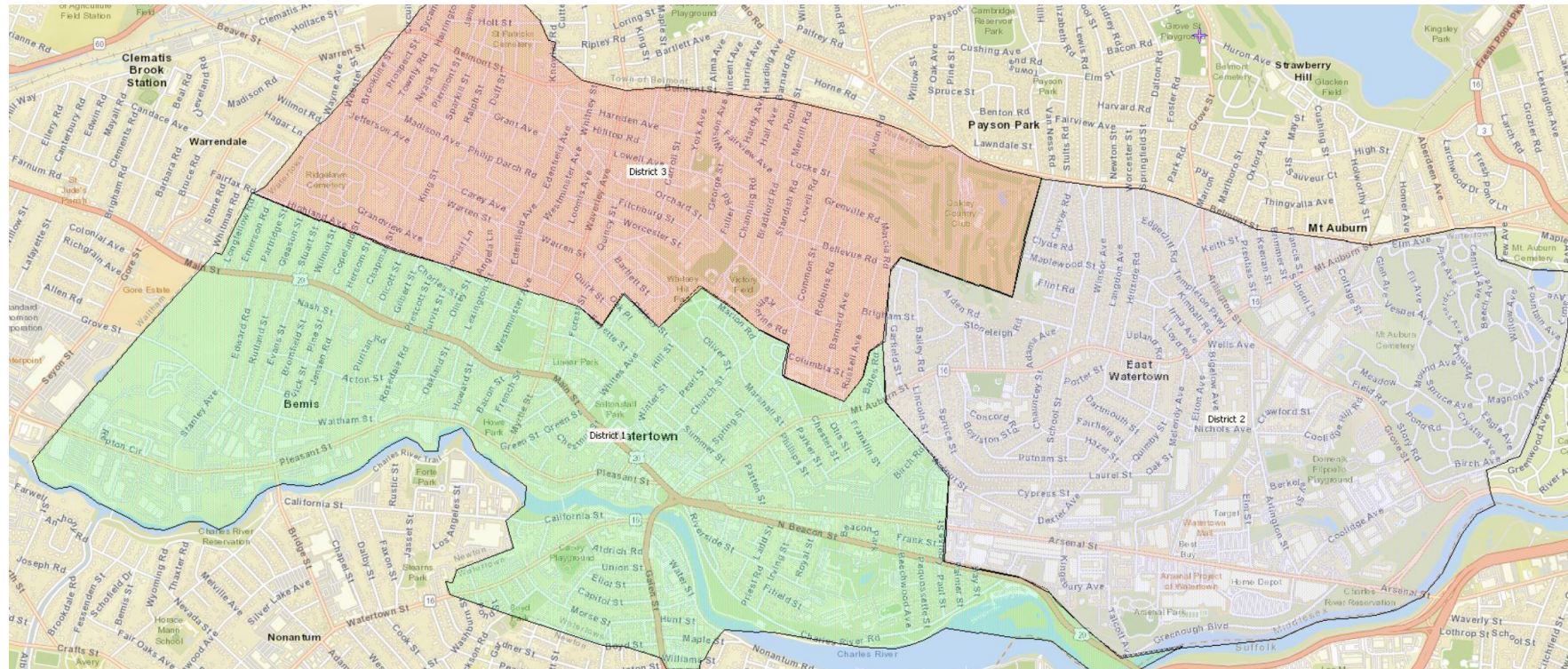
Year	% under 9 min
2019	88.8%
2020	88.0%
2021	84.8%
2022	82.6%
2023	81.3%
2024	79.6%

2019 with 2 Ambulances

90.80%

District Breakdown of Ambulance Response Time

	2022			2023			2024		
	Dist 1	Dist 2	Dist 3	Dist 1	Dist 2	Dist 3	Dist 1	Dist 2	Dist 3
Outside	10.28	8.41	9.86	10.80	8.49	10.34	11.05	8.65	10.85
Watertown	5.00	6.11	4.14	5.66	6.40	4.19	5.61	6.69	4.26



Revenue Lost Reflection

	2019	2020	2021	2022	2023	2024
Transports Lost	743	749	874	857	881	891
Net Revenue Per Trans	\$716	\$759	\$701	\$693	\$683	\$662
Revenue Lost	\$531,884	\$568,439	\$612,674	\$593,901	\$601,723	\$589,842

Revenue Lost Projection

	2025	2026	2027	2028	2029	2030	2031	2032	2033	2034
Transports Lost	944	976	1,008	1,040	1,072	1104	1136	1,168	1,200	1,232
Projected Revenue per Trans	\$652	\$637	\$623	\$608	\$594	\$579	\$565	\$551	\$536	\$522
Project Revenue Loss	\$615,488	\$621,712	\$627,984	\$632,320	\$636,768	\$639,216	\$641,840	\$643,568	\$643,200	\$643,104

Current Model

Impacts	Score
Response Quality	4
Response Time	3
Morale	2
Revenue	3
Cost Impact	4
Total	16



Full Private EMS

Dedicated Private Ambulances
Waltham & Newton's current model

Full Private EMS

Model Overview







- Model used in Waltham & Newton
- Private ambulance company will contract with city and agree to terms such as amount of coverage (# of trucks) and response time
- Fire Companies would still respond to calls for assistance, but virtually all patient care is conducted by employees of the private company
- All revenue is retained by the private company
- Little oversight or control over non-city employees

Scoring the Model & Comparing to Current

Current Model

Impacts	Score
Response Quality	4
Response Time	3
Morale	2
Revenue	3
Cost Impact	4
Total	16

Full Private EMS

Impacts	Score	Trend	Influence
Response Quality	1		A private system would include very little oversight and control over the quality of the response given.
Response Time	4		Slight improvement in response time from dedicated private ambulances. Concern still for availability of dedicated private ambulances
Morale	1		Employees lose the sense of pride and ownership of treating their patients.
Revenue	1		All revenue would be retained by the private company in this case, and no WFD ambulances would be transporting.
Cost Impact	5		The cost to the City would decrease significantly, however at the expense of the response quality, staff morale, and revenue.
Total	12		

Current Model with Dedicated Backups

1 WFD ALS Ambulance; Improved
private backup response time

Current Model with Dedicated Backups

Model Overview

- Firefighter/Paramedic provided response for 2/3 of calls
- Improved private backup response time for a cost
- Continued lost revenue to private ambulance service
- No change to Firefighter/Paramedic morale or job satisfaction
- Continued recruitment and retainment difficulties
- WFD ALS likely to fail – unsustainable model

Current Model

Impacts	Score
Response Quality	4
Response Time	3
Morale	2
Revenue	3
Cost Impact	4
Total	16

Current Model with Dedicated Backups

Impacts	Score	Trend	Influence
Response Quality	4	—	
Response Time	5	↑↑	Improved response time from backup.
Morale	2	—	
Revenue	3	—	
Cost Impact	3	↓	Substantial cost associated, estimated \$600,000 to fulfill the dedicated private backup ambulance needs.
Total	17	—	

Current Model with Additional Impact Ambulance

1 WFD ALS Ambulance; Add
second daytime ALS ambulance

Current Model with Additional Impact Ambulance







Model Overview

- Keep current 24-hour ALS ambulance & add a second ALS ambulance during daytime hours by creating a new schedule
- Less staff needed to accomplish the impact coverage
- Some additional revenue captured by City of Watertown
- Some workload distribution for Firefighter/Paramedics
- Creates silos within the department – detrimental to morale
- Increased difficulty recruiting & retaining for a less desirable schedule

Current Model

Impacts	Score
Response Quality	4
Response Time	3
Morale	2
Revenue	3
Cost Impact	4
Total	16

Current Model with Additional Impact Amb.

Impacts	Score	Trend	Influence
Response Quality	4		Still substantially relying on private ambulance service.
Response Time	4		Improvement during impact hours.
Morale	2		Improved workload balance during impact hours. Creating silos within department with differing schedules. Difficulties recruiting non-24-hour shift.
Revenue	4		Some additional revenue captured during impact hours.
Cost Impact	3		Need for 3 additional staff.
Total	17		

1 WFD ALS Ambulance

1 WFD BLS Ambulance

1 ALS & 1 BLS ambulance
2019 Model

1 WFD ALS Ambulance

1 WFD BLS Ambulance

Model Overview

- Delivery model used in 2019 trial
- 8 additional staff required to implement
- During 5 months in 2019 WFD responded to 83% of EMS calls
- During the 5-month trial 9min NFPA standard was met
- Difficult to dispatch appropriately and not flexible
- Still requires private ALS for subsequent ALS calls

Scoring the Model & Comparing to Current

Current Model

Impacts	Score
Response Quality	4
Response Time	3
Morale	2
Revenue	3
Cost Impact	4
Total	16

1 WFD ALS Ambulance 1 WFD BLS Ambulance

Impacts	Score	Trend	Influence
Response Quality	4	—	
Response Time	4	↑	Improved response time for BLS calls but still relying on privates for a second ALS unit.
Morale	3	↑	Improved workload balance but difficulties in dispatching leads to ALS ambulance being the default first unit.
Revenue	4	↑	Some additional revenue captured but still reliant on outside ALS for subsequent calls.
Cost Impact	2	↓↓	8 additional staff needed to implement.
Total	17	↑	

Private EMS with WFD Medics

Model used in Cambridge
Private Ambulance Company with
Non-transporting WFD Paramedics

Private EMS with WFD Medics







Model Overview

- Model used in Cambridge
- Firefighter/Paramedics assigned to squad to provide initial ALS care
- Private ambulance company will contract with city and agree to terms such as amount of coverage (# of trucks) and response time
- Patient is transferred to private company for continuation of care and transport to hospital
- All revenue is retained by the private company
- Little or no oversight of non-city employees

Current Model

Impacts	Score
Response Quality	4
Response Time	3
Morale	2
Revenue	3
Cost Impact	4
Total	16

Private EMS with WFD Medics

Impacts	Score	Trend	Influence
Response Quality	3		Early access to ALS, but transport is handled by non-WFD employees.
Response Time	5		Early access to WFD ALS. Dedicated private transporting units provide improved response time.
Morale	5		WFD paramedics still providing some patient care without the added demands of transporting.
Revenue	1		All revenue is lost to transporting service.
Cost Impact	4		No more staff needed; however, ALS related equipment and material costs still exist.
Total	18		

2 Watertown Fire Department P/B Ambulances

2 WFD EMT-B & Paramedic
ambulances

2 Watertown Fire Department P/B Ambulances

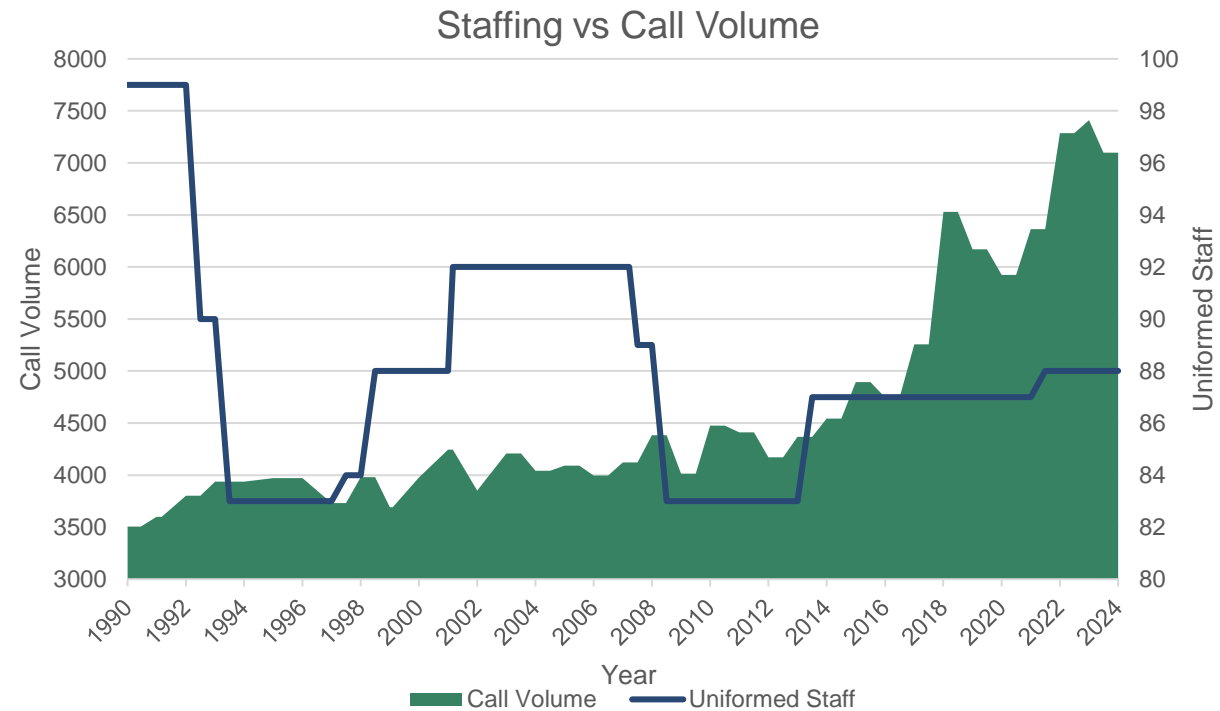
Model Overview

- 2 WFD EMT-B & Paramedic ambulances responding geographically
- Improved response time
- Less reliant on private ambulance backup
- Distributed workload for Firefighter/Paramedics leading to increased morale and job satisfaction
- More desirable EMS system to work for leading to recruitment and retention improvements
- Increased revenue for the City of Watertown
- Improved training and experience for EMT-Bs
- Watertown employees treating more Watertown patients
- Increased minimum staffing to assist on all calls including fires

Staffing & Budget Overview

FY 2026

	Staffing	Personnel Budget
Current	88	\$13,019,053
Proposed	96	\$13,715,434



Fiscal Year 2026 Cost Estimate

Item		Total
Step 1 Paramedic	\$88,015	\$352,060
Step 1 EMT B	\$86,081	\$344,324
Benefits	\$12,750/\$12,866	\$102,464
Additional Overtime	\$8,694	\$69,555
Cost of 2 nd Amb (CIP)	Annual Debt Service	\$100,000
Additional Supplies	25% increase	\$16,601
Total		\$985,469

Staff Step Overview

	EMT	Medic	8 Positions	w/ Benefits
Step 1	\$86,080.64	\$88,014.67	\$696,381.24	\$798,847.20
Step 2	\$91,535.22	\$93,469.26	\$740,017.92	\$845,111.32
Step 3	\$96,980.29	\$98,914.45	\$783,578.96	\$891,295.16
Step 4	\$102,429.90	\$104,363.94	\$827,175.36	\$937,516.56
Step 5	\$109,197.98	\$111,132.01	\$881,319.96	\$994,921.28
Step 10	\$112,321.49	\$114,255.65	\$906,308.56	\$1,022,853.00

Current Model

Impacts	Score
Response Quality	4
Response Time	3
Morale	2
Revenue	3
Cost Impact	4
Total	16

2 Watertown Fire Department P/B Ambulances

Impacts	Score	Trend	Influence
Response Quality	5	↑	WFD treating more patients.
Response Time	5	↑↑	More calls handled by WFD ambulances.
Morale	4	↑↑	Balanced workload leading to job satisfaction. Additional benefit of improving recruitment and retention.
Revenue	5	↑↑	More transports by WFD.
Cost Impact	2	↓↓	8 additional staff needed to implement. However, increased revenue from additional transports will help offset.
Total	21	↑	

Summary

Model	Response Quality	Response Time	Morale	Revenue	Cost Impact	TOTAL
Full Private	1	4	1	1	5	12
Current	4	3	2	3	4	16
Current w/ Ded Private Backup	4	5	2	3	3	17
Current w/ Impact	4	4	2	4	3	17
1 WFD ALS & 1 WFD BLS	4	4	3	4	2	17
Private EMS w/ WFD Medics	3	5	5	1	4	18
2 WFD P/B	5	5	4	5	2	21

Closing Thoughts

We return to the original problems:

1. Response times from outside ambulances are exceeding the National Fire Protection Associations 1710 guidelines for response times.
2. The current model is impacting recruitment and retention efforts due to high stress, fatigue, and injuries, leading to burnout, as well as the unsustainability of the ALS system.

A Proposed Solution: 2 WFD P/B Ambulances

- Adding a second ambulance will bring the City's response times to below 9 minutes over 90% of the time, positively impacting our community's health and safety.
- A second ambulance will increase morale, build upon a strong culture at WFD, and make us an employer of choice.
- A second ambulance will create a more sustainable, cost-effective model that brings in the most revenue for the City, while also maximizing the quality and timing of service we provide to the community.

3.3.53 Time.

3.3.53.1 Alarm Answering Time. The time interval that begins when the alarm is received at the communication center and ends when the alarm is acknowledged at the communication center.

3.3.53.2 Alarm Handling Time. The time interval from the receipt of the alarm at the primary PSAP until the beginning of the transmittal of the response information via voice or electronic means to emergency response facilities (ERFs) or the emergency response units (ERUs) in the field.

3.3.53.3 Alarm Processing Time. The time interval from when the alarm is acknowledged at the communication center until response information begins to be transmitted via voice or electronic means to emergency response facilities (ERFs) and emergency response units (ERUs).

3.3.53.4 Alarm Transfer Time. The time interval from the receipt of the emergency alarm at the PSAP until the alarm is first received at the communication center.

3.3.53.5* Initiating Action/Intervention Time. The time interval from when a unit arrives on the scene to the initiation of emergency mitigation.

3.3.53.6* Total Response Time. The time interval from the receipt of the alarm at the primary PSAP to when the first emergency response unit is initiating action or intervening to control the incident.

3.3.53.7 Travel Time. The time interval that begins when a unit is en route to the emergency incident and ends when the unit arrives at the scene.

3.3.53.8 Turnout Time. The time interval that begins when the emergency response facilities (ERFs) and emergency response units (ERUs) notification process begins by either an audible alarm or visual annunciation or both and ends at the beginning point of travel time.

3.3.54 Total Response Time. See 3.3.53.6.

3.3.55 Travel Time. See 3.3.53.7.

3.3.56 Turnout Time. See 3.3.53.8.

Chapter 4 Organization

4.1 Fire Department Organizational Statement.

4.1.1* The authority having jurisdiction (AHJ) shall maintain a written statement or policy that establishes the following:

- (1) Existence of the fire department
- (2) Services that the fire department is required to provide
- (3) Basic organizational structure
- (4) Expected number of fire department members
- (5) Functions that fire department members are expected to perform

4.1.2* The fire department organizational statement shall provide service delivery objectives, including specific time objectives for each major service component [i.e., fire suppression, emergency medical services (EMS), special operations, aircraft rescue and fire fighting, marine rescue and fire fighting, and/or wildland fire fighting] and objectives for the percentage of responses that meet the time objectives.

4.1.2.1 The fire department shall establish the following objectives:

- (1) Alarm handling time to be completed in accordance with 4.1.2.3.
- (2) 80 seconds for turnout time for fire and special operations response and 60 seconds turnout time for EMS response
- (3)*240 seconds or less travel time for the arrival of the first arriving engine company at a fire suppression incident and 480 seconds or less travel time for the deployment of an initial full alarm assignment at a fire suppression incident
- (4) 240 seconds or less travel time for the arrival of a unit with first responder with automatic external defibrillator (AED) or higher level capability at an emergency medical incident
- (5) 480 seconds or less travel time for the arrival of an advanced life support (ALS) unit at an emergency medical incident, where this service is provided by the fire department provided a first responder with AED or basic life support (BLS) unit arrived in 240 seconds or less travel time

4.1.2.2 The fire department shall document the initiating action/intervention time.

4.1.2.3 Alarm Handling.

4.1.2.3.1 The fire department shall establish a performance objective of having an alarm answering time of not more than 15 seconds for at least 95 percent of the alarms received and not more than 40 seconds for at least 99 percent of the alarms received, as specified by NFPA 1221.

4.1.2.3.2 When the alarm is received at a public safety answering point (PSAP) and transferred to a secondary answering point or communication center, the agency responsible for the PSAP shall establish a performance objective of having an alarm transfer time of not more than 30 seconds for at least 95 percent of all alarms processed, as specified by NFPA 1221.

4.1.2.3.3 The fire department shall establish a performance objective of having an alarm processing time of not more than 60 seconds for at least 90 percent of the alarms and not more than 90 seconds for at least 99 percent of the alarms, as specified by NFPA 1221.

4.1.2.4 The fire department shall establish a performance objective of not less than 90 percent for the achievement of each turnout time and travel time objective specified in 4.1.2.1.

4.1.2.5 Evaluations.

4.1.2.5.1* The fire department shall evaluate its level of service and deployment delivery and alarm handling time, turnout time, and travel time objectives on an annual basis.

4.1.2.5.2* The evaluations shall be based on emergency incident data relating to level of service, deployment, and the achievement of each time objective in each geographic area within the jurisdiction of the fire department.

4.1.2.6 The fire department shall provide the AHJ with a written report annually.

4.1.2.6.1 The annual report shall define the geographic areas and/or circumstances in which the requirements of this standard are not being met.

4.1.2.6.2 The annual report shall explain the predictable consequences of these deficiencies and address the steps that are necessary to achieve compliance.



Support for Additional Staffing for Watertown Fire Department

From Helen Dempsey

Date Thu 4/17/2025 2:12 PM

To Piccirilli, Vincent J <vpiccirilli@watertown-ma.gov>

Dear Vinnie,

I am writing to you as one of your constituents and also as Chair of the COA Board. One of the major issues in front of the City Council is the Fire Department's Request for funds for an additional eight firefighters to staff a second ambulance. I won't reiterate the statistics on the excellence of our first responders here in Watertown. You already know that.

As a longtime resident I know a lot of Watertown people. As Chair of the COA Board I know large numbers of Watertown seniors. I spend a lot of time talking to neighbors as well as to seniors who are looking for information or simply for a listening ear. Seniors, especially as the years go on, tend to have many health problems and they make up the largest percentage of residents needing emergency services. But we also have younger residents with serious health problems, people who have moved to Watertown because of proximity to several top-notch hospitals. Everyone I talk to has nothing but praise for our Fire and Police first responders, and it is the Fire Department that handles the nitty-gritty of medical emergencies.

The best example I can give is my own experience when, 2 1/2 years ago, I had a burst, perforated appendix. It all happened very quickly, and when I called 911, both Police and Fire Department personnel were here at my house within 2 minutes. I was rushed to the hospital, and after a very quick CT scan, I was brought immediately to the OR, where I had emergency surgery late at night. The doctors told me afterwards that if I had arrived even a little later, I would have died. As it was, I was extremely ill, with many complications, and was in hospital, flat on my back for 10 days. I was so fortunate to have such excellent first responders. Not only were they medically competent, but they were kind and very caring—because, of course, I was terrified as well as very ill.

Having to wait possibly 20 or more minutes for a Pro ambulance to arrive from Cambridge, then add on prep and travel time, would have made the difference between life or death for me, and I know that this is true for many others with varying kinds of conditions.

In closing, the Fire Department needs funds for an additional eight firefighters to staff a second ambulance. If the investment is not made now, FY26, we will certainly see our ALS ambulance service fail, likely by the summer, due to the WFD's inability to recruit or retain paramedics. This will have disastrous effects to the quality of service provided to the community, and that in turn will make Watertown a much less desirable place to live.

Please don't let Watertown be so focused on cosmetics, statistics and consultants that it is forgetting about the ordinary people who live here.

Thank you for taking the time to read this.

Sincerely,
Helen Dempsey
Chair, Watertown COA Board

April 29 Budget and Fiscal Oversight Meeting

From Natalie Zakarian

Date Wed 4/23/2025 11:30 PM

To Piccirilli, Vincent J <vpiccirilli@watertown-ma.gov>; Izzo, Emily <eizzo@watertown-ma.gov>; Nicole Gardner <ngardner@watertown-ma.gov>

April 23, 2025

Dear Councillors Piccirilli, Izzo and Gardner,

I am writing about a budget request that has meaning for everyone in Watertown - expectant mothers, infants and toddlers, school children, people over 50 and people who go to work every day. This is the \$800,000 request by the Fire Department to add 8 more firefighters so that Watertown will have a complete paramedic staff for the second ambulance.

Currently, Watertown has to depend on Pro-Ambulance, based in Cambridge, as back-up response which often results in a 15-20 minute response time for those individuals undergoing a crisis situation.

The difficult question for the Committee regarding this request is the fact that the \$800,000 is a permanent addition to the budget. Yet, unless Watertown acts during this budget season, the Advanced Life Support that the Fire Department gives will become sub-par. The Chief forecasts it will be difficult to recruit and retain properly trained paramedics if Watertown cannot support a fully staffed second ambulance.

I hope you will give this request your utmost consideration.

Yours truly,

Natalie Zakarian

Funding for Additional Paramedics for the Watertown Fire Department

From Eva Jayne

Date Wed 4/23/2025 12:54 PM

To Piccirilli, Vincent J <vpiccirilli@watertown-ma.gov>; Nicole Gardner <ngardner@watertown-ma.gov>; Izzo, Emily <eizzo@watertown-ma.gov>

Cc Feltner, Lisa <lfeltner@watertown-ma.gov>

To Budget and Fiscal Oversight Committee Chairperson Vincent Piccirilli and Members Nicole Gardner and Emily Izzo,

I'm a 30-year resident of District 4 who is adding my plea to those of other Watertown citizens who are urging you to authorize funding to hire an additional eight paramedics for the Watertown Fire Department (WFD). This will not only provide staffing for a second ambulance but ensure the continuation of the vital service we have in place now. As members of the Budget and Fiscal Oversight Committee, I'm begging you to reverse your decision not to provide this funding in the Fiscal Year 2026 budget. I ask you to approve it not only for the citizens for whom you are responsible but for yourselves and your families. We all need to be protected; we all need the professional medical care provided by our paramedics whose main inspiration and purpose in working at their jobs is to help those in distress.

WFD Chief Ryan Nicholson has previously highlighted his genuine concerns to the Committee about current and potential staff shortages and has provided you with the documentation you requested that proves his concerns are valid. He also noted that a good portion of the expended funding would be recovered via insurance payments for the medical treatment and transport to a hospital. Our current extremely dedicated, highly motivated paramedic staff, who are professionally trained to provide advanced life support (ALS) services, are enormously overworked due to the volume of calls to which they respond.

Please note that while our paramedics' first duty is to respond to and provide advanced aid for medical issues, this duty changes during response to an active fire. When they arrive at such an incident and unless an injury has already occurred or happens during the fire, their assignment is to provide additional firefighter support; therefore, they are often performing double duty. The WFD paramedics are presently understaffed; and for that reason, they are frequently required to work an extra 24 to 48 hours after their regular 24-hour shift. This schedule cannot continue without harming their own physical and mental health and may force some to seek opportunities for a better work and personal life balance elsewhere.

If the current and future paramedic staffing situation is not resolved now to fund the hiring of additional paramedics, the City of Watertown will likely lose its entire paramedic service before the end of 2025. While our firefighters and police officers have received emergency medical training to provide basic CPR, wound care, and splinting, they cannot perform ALS-related responsibilities such as starting IVs, administering vital medications, or providing advanced airway management. Normally, the WFD's ALS-trained paramedics respond to an emergency in approximately 4-5 minutes. If we lose this service, anyone in medical distress could wait 15-20 minutes for a private ambulance and ALS-trained personnel to arrive and assist. Is this what you want for Watertown?

The citizens of Watertown are depending on the Budget and Fiscal Oversight Committee members to

approve the funding necessary to hire eight new paramedics, assuring us now and in the future that prioritizing public health and safety will always come first before other city projects. To do anything less would be irresponsible and dangerous and would send the message that our city's leaders are heartless in caring about the lives of the citizens they have vowed to serve. PLEASE DO THE RIGHT AND NECESSARY THING FOR US; APPROVE THIS FUNDING FOR THE WFD.

Respectfully,

Eva-Jayne Dykstra

190 Mt. Auburn Street

Need for Second Ambulance on April 29 Council Agenda

From Joan Gumbleton

Date Mon 4/28/2025 11:47 AM

To City Councilors <citycouncilors@watertown-ma.gov>

Dear Councilors,

I know you will be discussing a Second Ambulance Proposal Tuesday night. Knowing that there will be ongoing costs involved with the addition of such a vehicle and the appropriate support personnel, I still do feel we need to have this.

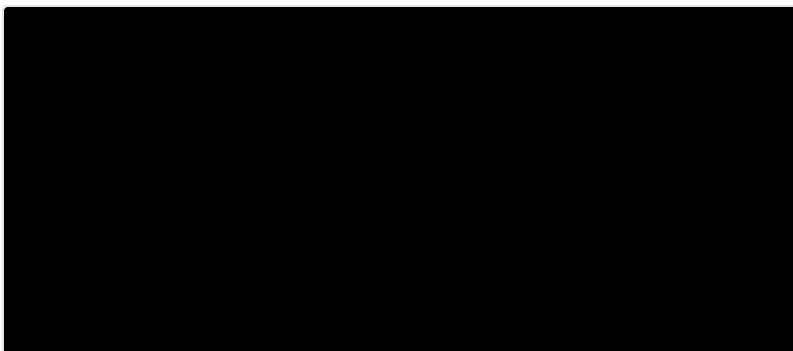
From what I understand, we already have the ambulance so the discussion is on hiring and training the needed personnel. We are a growing city with growing demands and we already have a good number of senior citizens and others who have serious medical issues and none of us is getting younger! I believe public safety is and should be a main focus of local government and I urge you to seriously consider going forward with this motion. We've hired many other staff members downtown that don't seem to have direct effects on our health and safety like this line item would.

If we need to cut something else from the budget to accommodate this key budget item cost, let's do it. In these uncertain economic times businesses have to make tough choices on what they can do or would like to do. City services should have the same priorities and plan accordingly. We don't need to stress out our public safety personnel unnecessarily if we can provide extra help to make their schedules better and keep them here.

From what I've read, we actually get money back from insurance coverage for calls if we answer them with Watertown resources. If we use other outside services, we don't and there is always the time factor to consider. Ambulances based here should be able to respond to emergencies in a more timely manner.

Here is a link to Watertown News on April 3 where I made a fairly lengthy comment. I hope you will take the time to read it.

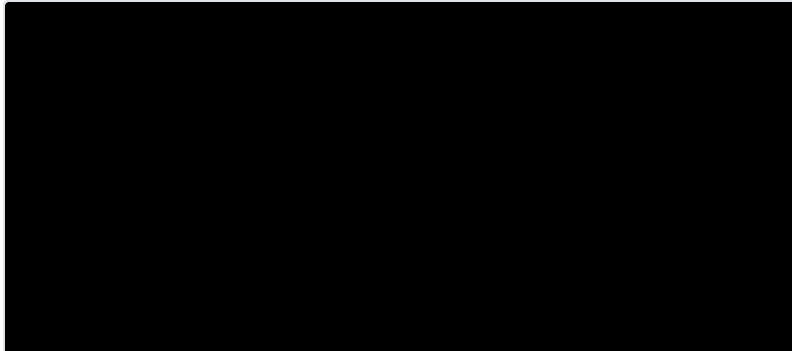
[OP-ED: Watertown's Budget — What Are the Priorities?](#)



OP-ED: Watertown's Budget — What Are the Priorities?

By Linda ScottWatertown Resident PART 1: Watertown's Days of Plenty Over the last few years, there's been a sort...

Here is also a link to the subject of having two ambulances in Watertown News going back to May 24, 2019. So this is not a new issue and it would be nice to get it resolved once and for all.
[Budget Increase Allows Watertown Fire Department to Run Two Ambulances](#)



Budget Increase Allows Watertown Fire Department to Run Two Ambulances

By adding additional staffing, the Watertown Fire Department plans to run a second ambulance, which will enable ...

Again, I urge you to support this endeavor. Local services for local people usually have more of a benefit to all.

Thank you in advance for your consideration of this important agenda item.

Regards,

Joan Gumbleton
32 Falmouth Rd.

P.S. Please enter this email into the records for the Council meeting on April 29.

Watertown Budget and Fiscal Oversight Committee - 4.29.25

Hi. I'm Susan Fish and I live on Palfrey Street. This is an important meeting tonight. I realize the facts have been stated and additional questions, if any, will be answered. As I mentioned at the Council meeting last week, I'm very concerned about longer response times when ProEMS answers a 911 call and would like to share a couple of thoughts.

I imagine we agree good care and prompt response times are vital to a successful emergency response system. But what level of **PRIORITY** do we assign to improving our EMS when there many improvements before the City. We are a growing city and with that, we see a need for updates and changes, and new revenues are always being sought. There's a plan to improve Watertown Square, renovate Saltonstall Park, and look at Victory Field to name a few. Though I don't particularly follow City Hall, I've been told there have been a number of new positions/assistants funded by the City in the last couple of years. I'm assuming money well spent. But the question I have is **IF** the **PRIORITY** had been excellent emergency care and response times for all of Watertown, your families, your constituents, would the same choices have been made. Could there have been modifications to "make it all work." I know, that dreaded phrase no supervisor wants to hear: Make it work! Perhaps if funding is not immediately known, what can be a work around for the coming year? How can you make an effort to retain well-trained paramedics, acknowledging you respect their expertise **AND** their expectation for quality of life. Is it important enough to "make it work?" I hope you'll consider **THIS** a priority moving forward.

I'll end with a more personal thought. For those of us who have survived cancer or a serious medical surgery or condition, have dealt with the never ending fatigue and uncertainty as we make our way back to our lives "before," and have become so aware and frankly amazed that we find ourselves on the other side of an experience you'd wish on no one, think about this. Though **ALWAYS** a tragedy for anyone, how do your family and loved ones come to terms with the fact they lost you because of a delayed response time. How painful to wonder if it could have been prevented. I don't have an answer for that one...

Thank you for the opportunity to speak. I look forward to your recommendation and attending the City Council's discussion to follow.