

**Narrative for Attachment to DOH-3777**

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## **Introduction**

North Area Volunteer Ambulance Corps seeks to amend its current Ambulance Service Certificate to include 18 blocks of commercial, residential, and rural property in two different locales. At the core of this request is the continuation of the established response patterns that have been in effect for 38 (since 1970) years. In many regards how each of the interested parties arrived at this point is as important as the “litmus test” of determining the approval of this application.

The method by which ambulance response areas have been determined in Onondaga County seems to be rather unique in comparison to the rest of New York State. Historically fire chiefs have decided which ambulance service responded to their fire protection districts, with some rather blatant disregard for Ambulance Service Certificates and primary operating territories. These decisions seem to have been reasonable; factors such as proximity, level of care, and working relationships influenced how the chiefs made their decisions. There was little incentive (other than pride) to be overly territorial. Today, the costs of operating an EMS agency are rising faster than reimbursements, the pool of talent is dwindling, and the requests for service are increasing for every EMS agency. Despite the fact that there is no shortage of calls, there is great incentive to be more efficient and territorial.

In October of 2006 the Northern Onondaga Volunteer Ambulance (NOVA) highlighted the effects of this continued practice in Onondaga County. At times these discussions appear contentious, the reality is that were it not for NOVA challenging NAVAC’s historical response to the North Medical Center campus, each of our organizations would be behaving the same way as we have been (with each other’s knowledge) for the past 38 years.

This challenge also brought to light another locale to which NAVAC has consistently responded as the primary ambulance service, but is also not specified on NAVAC’s Ambulance Service Certificate. Specifically this area is along East Taft Road in the Town of Cicero.

These two geographic areas on opposite sides of NAVAC’s primary operating territory suffer from the same ailments.

- Boundaries that were created with what appears to have been little insight to established response patterns.
- A lack of consideration to the effects upon these boundaries of the evolution and maturation of the EMS system and the community as a whole.

In light of these points it is important to appreciate the value of bringing this to everyone’s attention; specifically the level of intestinal fortitude by John Marko and NOVA to raise the issue. There have been many opportunities over the past 38 years to formalize these past decisions as what has become conventional behavior and what is best for the public.

Needless to say we have a problem to solve and a decision to be made. The concept of “public need” is at the core of such a decision. In this case to prove public need is unique. With the implementation of ambulance service certificates in 1975, here in northern Onondaga County, there was an understanding that NAVAC would continue to serve with the fire departments to the areas that we have been responding to since 1970. NAVAC is challenged to prove a “need” based on NAVAC’s own successful performance.

Thirty-three years ago (after the 1975 implementation of ambulance service certificates) there was an understanding that NAVAC would respond to these areas that are in discussion. The decisions that were made over the past 38 years were made in the public interest which is at the core of the public need principle.

The test of need in this case is not just a matter of “an absence of service”, “re-allocation of resources”, a “reduction of availability”, or an “improvement of existing resources”. The concept of “Public Need” is inherently rooted in the ability to perform. In this case the tests of public need are an absence of service and an evaluation of how well NAVAC has served these areas for the past 38 years. For NAVAC to serve an area for financial reasons is not a part of our motivation to serve the public interest. It could be perceived that a sophisticated opportunist would wait for an area to mature financially and then request to serve that area. NAVAC has matured with our community and our peer agencies, we only ask that we continue to work with our partners of 38 years.

What follows is the written request that fulfills the requirements and recommendations of Article 30 of the NYS Public Health Law, NYS Department of Health Policy Statement 06-06, and Central New York Regional EMS Council Policy Statement 07-01.

#### **Application for New EMS Service, Expansion of Primary Operating Territory or Transfer of Ownership**

The North Area Volunteer Ambulance Corps, Inc. (NAVAC) is applying to amend its original Ambulance Operating Certificate, under the “expansion” provision of New York State Public Health Law.

There is an important issue of semantics in this statement however. NAVAC does not desire to expand our primary operating territory beyond the area that we have been consistently serving as the primary responding ambulance since 1970. In that regard we view this as a “correction” to our operating certificate rather than an expansion. The Public Health Law however includes no provision for correction and instead defines applications for “new EMS service” and “expansion”. For the sake of conformity and consistency the term “expansion” will be used throughout this document, with the aforementioned explanation always implied.

NAVAC’s current Ambulance Operating Certificate (Tab #4) specifies a primary territory as

“The North Syracuse Central School District”

Our application specifies the proposed new or *expanded* primary operating territory as

“The North Syracuse Central School District, and the Bridgeport Fire Department, Cicero Fire Department, Hinsdale Fire Department, Mattydale Fire Department, North Syracuse Fire Department, and South Bay Fire Department protection districts as defined on October 15, 2008.”

### **How We Got Here**

In October of 2006 NAVAC, headquartered in North Syracuse, New York, was challenged by the Northern Onondaga Volunteer Ambulance, Inc. (NOVA), a neighboring Emergency Medical Service organization, over its right to service the southeastern portion of the Town of Clay. Specifically the challenge referenced the North Medical Center (NMC) Campus and a few surrounding streets in the community known as Pitcher Hill. NAVAC was notified of the challenge by a representative of the New York State Bureau of Emergency Medical Services (BEMS). As this was the only authority to inform us of the issue, NAVAC directed all of its communications to BEMS.

The matter was brought to BEMS by NOVA. In addressing this with NAVAC, BEMS explained the “grandfathering” process that was then in effect and instructed NAVAC to provide detailed information relating to its operations prior to April 15, 1975 (Tab #6). Upon review of this information BEMS applied the longstanding practice of “grandfathering” (section 3009 of Article 30) and amended NAVAC’s Ambulance Operating Certificate to include the areas in question.

Since, a law suit was filed by NOVA, Brewerton Volunteer Fire Department Ambulance Inc., Mr. John Marko, Mr. Michael Stassi, and Mr. Dan Prietti stating that BEMS did not have the authority to “grandfather” ambulance service certificate under 3009. Judge Brian DeJoseph on May 28, 2008 appropriately determined that only John Marko had standing to bring the suit and that BEMS did not have the authority to “grandfather” ambulance service certificate using 3009. Judge DeJoseph also ruled that for NAVAC to undergo an expansion of their ambulance service certificate they must follow the procedure outlined in Article 30 of the New York State Public Health Law requiring an expansion of an Ambulance Service Certificate. Judge DeJoseph provided a 90 day stay period for enforcement of the decision from May 27, 2008 (see page 13 of Article 78 Decision No. 07-3411) for NAVAC to file for a correction of their current Ambulance Service Certificate.

To date no challenge has been raised regarding our service of the area along East Taft Road.

### **The North Area Volunteer Ambulance Corps (NAVAC)**

NAVAC responded to its first EMS call on October 24, 1970. Like many EMS services NAVAC’s origins are rooted in the fire service. In NAVAC’s case 50 community minded volunteers, many of them active members of the Bridgeport, Cicero, Clay, Hinsdale, Mattydale, North Syracuse, South Bay, and Syracuse Airport fire departments, recognized the inherent weakness of relying upon funeral home – operated ambulances to serve the northern suburbs. As a result they created NAVAC, purchased one new ambulance and one used ambulance, and began providing emergency ambulance service to the “north area” or more specifically the suburbs of northern Onondaga County.

Today NAVAC is headquartered at 603 North Main Street in North Syracuse. A blended organization, NAVAC is staffed by 143 volunteers and 35 career members. NAVAC serves approximately 32,000 homes and 60,500 people in a 62 square mile area, and responded to over 6,500 emergency calls in 2007. Our ambulances are staffed to the paramedic level 99% of the time. For the past ten years the northern suburbs that NAVAC serves have been the fastest growing suburbs in Onondaga County.

NAVAC is a 24 hour a day operation, and our staffing is continually evaluated to meet the community's demand for our services. During the day (0630-1830) our staffing goal is four advanced life support ambulances. On weekdays one of these ambulances is staged at the Mattydale Fire Department and a first response vehicle ("Squad 58") is staged at the South Bay Fire Department. For the evening (1830-2330) three vehicles are staffed, and two are staffed on the overnight (2330-0630).

In addition to providing traditional emergency ambulance service NAVAC has responded to the needs of the community by undertaking a number of other emergency services related projects. Three of the more notable projects are a wilderness search and rescue program, an air medical/rescue program in conjunction with the New York State Police, and a fire/emergency scene rehabilitation program.

Recognizing that the leading cause of death of firefighters nationwide is heart attack, NAVAC undertook a project to prevent this tragedy in the eight fire departments that we serve. In close cooperation with these departments we developed policies and procedures, and more importantly an attitude, for providing adequate rest, nutrition, and medical monitoring for their members working at emergency scenes. These departments contributed funding and equipment to us so that we could purchase and equip a truck specifically for this firefighter rehabilitation program. This truck, along with an ALS ambulance, is automatically dispatched to all working fires in the protection districts of these eight fire departments.

Quite a few years ago NAVAC recognized that the medical care our patients receive begins with the arrival of the fire department rescue, and that this first responder care has a profound impact upon the patient's condition when he is delivered to the definitive care of the receiving hospital and ultimately his final outcome. In light of that NAVAC's Training Department has worked hard to develop and deliver on-going emergency medical training to the fire departments we serve. Specifically NAVAC's Training Director leads the development of a training program each month, and then it is delivered by a team of instructors approximately ten times at various locations in our service area. The Cicero, Hinsdale, Mattydale, North Syracuse, and South Bay fire departments are very active participants in this program, as is the Urgent Care at North Medical Center.

#### *NAVAC's Primary Operating Territory*

As previously stated the Ambulance Service Certificate issued to NAVAC by the New York State Department of Health specifies the "North Syracuse Central School District" as its primary operating territory. The school district encompasses 62 square miles in the Towns of Clay, Cicero, DeWitt, and Salina and the Village of North Syracuse.

Our research of the original application for our operating certificate, and interviews with individuals active in NAVAC at that time have been unable to yield any insight into the rationale for describing the primary operating territory by reference to the school district. A map of the area is included (Tab #7).

We are not aware of any change to the definition of our primary operating territory since this certificate was originally issued. Our research has not yielded any evidence that the geographic area comprising the primary operating territory has changed since its original specification.

### *Mutual Aid*

NAVAC is a signer of the Onondaga County Emergency Medical Services Ambulance Mutual Aid Agreement.

### *Communications*

The Onondaga County Department of Emergency Communications dispatches and maintains the status of all of NAVAC's vehicles. All of our community education materials instruct persons in need of emergency medical care to seek help by dialing 911.

### *Medical Control*

NAVAC is registered as an advanced life support agency with the Central New York EMS Program, under the supervision and medical direction of Dan Olsson, DO.

Patsy Iannolo, MD is NAVAC's Medical Director. He is board-certified both in Emergency Medicine and Internal Medicine and has a PhD in pharmacology. He is on the academic staff at SUNY Hospital in addition to his private practice and his emergency department career at Oswego Hospital. He is involved in most reviews where there is a medical protocol issue. Dr. Iannolo is very active in the development of operational procedures or protocol changes in the region. He meets with the CQI committee on a regular basis to provide his perspective and he reviews all calls involving the use of controlled substances to assure quality and compliance with regulations.

### *Continuous Quality Improvement Process*

NAVAC has a multi-faceted program for continually evaluating and improving the quality of the services we provide.

NAVAC empowers its personnel to make decisions regarding the performance of their jobs and holds them accountable for the decisions that they make. Our CQI committee monitors this accountability through its review process. Under direction of the Director of Quality this committee reviews the general performance of the organization's processes as well as specific events brought to its attention. The purpose of the review is to ascertain the cause of any deficiencies, and to correct them through education of personnel and adjustment to the production process.

The Executive Director and NAVAC's Medical Director act as "checks" in the CQI process so as to insure appropriate process, procedure, and to resolve any potential conflict of interest.

NAVAC's quality director and even operational staff interact frequently with the CQI Coordinator of the CNYEMS Program to not only report matters when required but also to consult and collaborate on matters in a pro-active fashion.

NAVAC actively participates in Onondaga County's CQI committee, and reliably attends meetings of this body.

In light of the recognition of the critical role played by fire department rescues / first responders as previously described, our Quality Director initiated a program by which NAVAC hosts and facilitates a meeting with his counterparts in these eight fire departments three or four times a year. The simple and straightforward purpose is to review and improve our local emergency medical services system. This has been going on consistently for approximately eight years, and has proven very popular and successful.

**Description of the Proposed Expanded Primary Operating Territory**

As previously stated this application is not for the purpose of expanding the physical area to which NAVAC responds, but rather to modify our Ambulance Service Certificate to reflect the area to which NAVAC has been consistently responding as the primary ambulance service since October 1970.

Onondaga County Fire Control, the precursor to the Onondaga County Department of Emergency Communications (“911 Center”) dispatched ambulances according to fire protection district boundaries, and at the specification of fire chiefs. (See letter Tab #8). Since its inception NAVAC has been the primary ambulance dispatched to the entirety of the protection district of each of the Bridgeport, Cicero, Hinsdale, Mattydale, North Syracuse, South Bay, and Syracuse Airport fire departments. The Syracuse Airport Fire Department no longer exists and the airport is now served by the City of Syracuse Fire Department; NAVAC continues however to be the primary ambulance for the airport. Additionally NAVAC has been the primary ambulance dispatched to a portion of the Clay Fire Department protection district, with NOVA and Brewerton ambulances also responding to portions of this district because of proximity.

The locales and streets described hereafter are all located within the fire protection districts of the Bridgeport, Hinsdale, Mattydale, and North Syracuse fire departments, NAVAC has been the primary ambulance service dispatched to them since October 1970, however they are outside of the North Syracuse Central School District and thus our primary operating territory as currently specified on our Ambulance Service Certificate.

The specific streets and blocks that currently exist in the area which NAVAC has been servicing and for which we are applying for an *expansion* are:

North Medical Center Campus

Janus Park Drive – all properties  
5100 West Taft Road  
5112 West Taft Road

Town of Clay

Buckley Road – 7162 – 7227  
Dolshire Drive – All  
Hibiscus Drive – 100 and 200 blocks  
Marilyn Avenue – 300 and 400 blocks  
Sandra Drive - 300 block

Town of Salina

Dolshire Terrace South  
Needles Drive  
Needles Lane  
Odessa Circle  
Orchard Road East and West  
Princeton Court  
Shane Drive  
Vickery Road

Town of Cicero

East Taft Road – 6475 to Route 298 on north side of road

The areas in the Town of Clay and Town of Salina described above are commonly referred to as the Pitcher Hill Community. They are distinguished because different EMS agencies are certified to operate in them. These areas are more clearly illustrated in the maps contained in Tab #13.

The East Taft Road area poses a rather interesting case. The boundary of the North Syracuse School District makes a turn and runs along the back (north) property lines of the residences along the north side of the road. These same houses are in the Town of Cicero and the Bridgeport fire protection district. While NAVAC has been responding to these properties for 38 years, the only ambulance service that actually has operating authority is Rural Metro Medical Services (RMMS). The houses on the south side of the road however are in the towns of Dewitt and Manlius, and similarly are in different fire protection districts and ambulance primary operating territories. This is also illustrated in the maps contained in Tab #13.

### **Geography And Special Considerations Relating to the Proposed *Expanded Primary Operating Territory***

#### *Western Expansion Area*

The western *expansion* area, the Pitcher Hill Community and the North Medical Center campus, is predominately suburban. It contains some businesses, and a 1950s/1960s vintage neighborhood. Growth is minimal as the area is already quite mature. There are no significant seasonal population changes in this area.

#### *North Medical Center*

Of obvious interest is the North Medical Center campus. The North Medical Center existed in the 1970s as a rather humble office for seven family practice physicians. Since then it has undergone at least two major expansions. Today this is a five story building containing an urgent care, ambulatory surgery center, and many physician offices. Additionally there are two more buildings containing physician offices, and an assisted-living facility (Park Rose Estates). NAVAC responded to approximately 1300 emergency calls in 2007; NAVAC does not perform “inter-facility” or “routine” transports.

#### *Eastern Expansion Area*

The eastern *expansion* area is rural farmland. East Taft Road has 32 residential and two commercial properties. A unique feature of this geographic area is the Cicero Swamp. NAVAC gets very few requests for assistance in Cicero Swamp; when we do it is more likely to be for a lost hunter or a motor vehicle accident. The swamp provides an additional challenge as it does not provide a simple straight travel to both the South Bay and Bridgeport fire protection districts.

Another notable point relating to this area is that NAVAC ambulances leave our current primary operating territory for a brief period (specifically from 6475 East Taft Road to route 298) when responding to locations in our primary operating territory on Route 298.

**Existing Agencies In The Proposed *Expanded Primary Operating Territory***

There are currently two agencies that possess Ambulance Service Certificates with primary operating territories overlaying portions of the area into which NAVAC seeks *expansion*.

- Rural Metro Medical Services (RMMS) possesses a certificate with a primary operating territory that includes all of Onondaga County
- NOVA possesses a certificate specifying a primary operating territory as the “Town of Clay”

In relating these primary operating territories to the area of proposed *expansion*:

- The Pitcher Hill Community is located in both the Town of Clay and in the Town of Salina
  - In the Town of Clay portion of this neighborhood both RMMS and NOVA currently have operating authority.
  - In the Town of Salina portion of this neighborhood only RMMS currently has operating authority
  - Response to this locale requires travel past the North Medical Center; consequently response times to this community are directly proportionate to those to North Medical Center as described below.
- The North Medical Center campus is in the Town of Clay. As a result both RMMS and NOVA currently have operating authority
  - Mapquest.com reports NOVA’s response from their station on John Glenn Blvd to North Medical Center to be 3.34 miles
  - Mapquest.com reports NAVAC’s response from their station on Main Street to North Medical Center to be 2.56 miles
  - Rural Metro posts ambulances at various locations; consequently determining response time is difficult
- The East Taft Road area is in the Town of Cicero. As a result RMMS is the only other agency with operating authority there.
  - Mapquest reports NAVAC’s response from their station on Main Street to this local to be 6.1 miles.
  - Rural Metro posts ambulances at various locations; consequently determining response time is difficult

**Call Volume In The Proposed *Expanded* Primary Operating Territory**

NAVAC has been experiencing approximately 10% growth in call volume over the past four years and in 2007 responded to almost 6600 calls throughout our entire service area. Our average response time was 7.12 minutes. Because these statistics already include our role as the primary responder to the *expanded* operating territory, there would be no change in volume or response time should the Council approves this application.

As previously mentioned NAVAC is continually reviewing call patterns and adapting our scheduling and even vehicle staging in response to this. This has been evidenced twice in the past 10 years. On the first occasion the Mattydale Fire Department recognized that our staging an ambulance in their station would significantly reduce the response times to incidents in the Mattydale and Hinsdale fire protection districts. As a result NAVAC began a program that has been very successful for the residents of that community and has yielded a strong working relationship between our organizations. On a second occasion the Bridgeport Fire Chief and Town of Cicero Supervisor together recognized a weakness in fire department rescue response during week day hours. As a result of some discussion and planning NAVAC has been staging a one person response vehicle in the station of the South Bay Fire Department for the purpose of shortening EMS response in the northeast portion of the Town of Cicero.

NAVAC catalogues and reviews data from patient care reports for the purpose call volume and distribution analysis. Times are those recorded by Onondaga County Department of Emergency Communications.

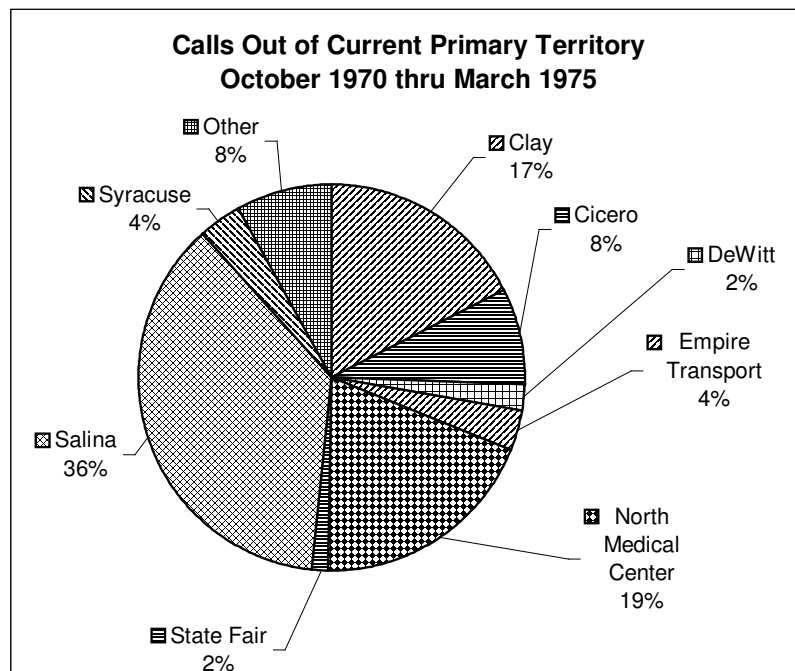
*Historical Perspective*

As previously described NAVAC was asked by the BEMS to provide response statistics to substantiate the areas we were serving prior to 1975. As this data would have been used in the preparation of the application for our original Ambulance Service Certificate and we are seeking what amounts to a correction to that application we are including that data in this application.

Prior to 1975 NAVAC frequently responded to calls outside of the current primary operating territory, and was an active and dependable provider. This is evident by NAVAC's participation in the Empire Transport program and the frequency that they were requested to respond to locales outside of the current ambulance service certificate definition.

Tab #16 lists all calls outside of the current primary operating territory to which NAVAC responded between October 1970 and March 31, 1975.

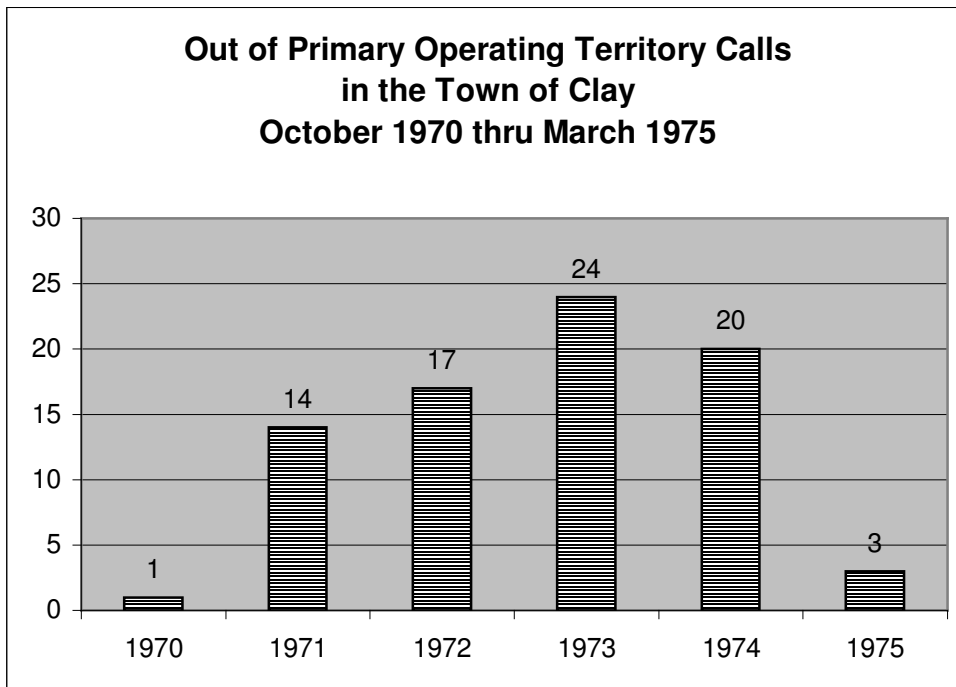
Following is a graphical distribution of the total calls outside of the current primary operating territory to which NAVAC responded during the period of October 24, 1970 through March 31, 1975. It is possible to present all of our call pattern information from 1975 to present in this manner if requested; however this would be a very time consuming and costly undertaking.



The graphical distribution reveals that the majority of NAVAC's calls outside of the current primary operating territory are clustered in the Town of Salina, the Town of Clay, the North Medical Center, and the Town of Cicero. The Other category is a compilation of many different calls to different locales with no discernable pattern or consistency.

*Town of Clay*

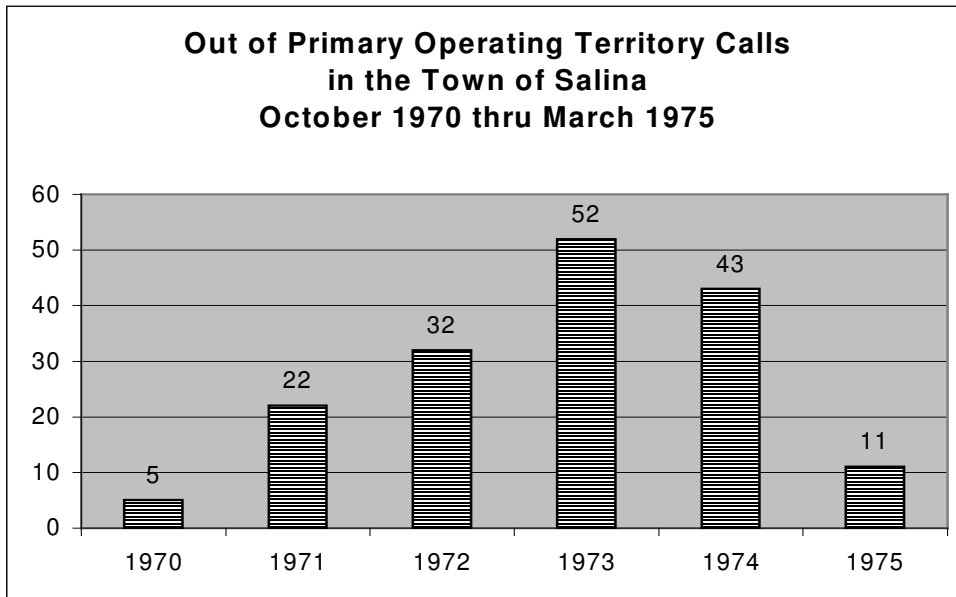
Analysis of out of primary operating territory responses to the Town of Clay must keep in consideration that the North Medical Center is located within the town but data for responses to that facility has been segregated in this report.



Tab #15 lists all of the calls that NAVAC responded to North Medical Center from October 24, 1970 to April 1, 1975.

*Town of Salina*

NAVAC responded to the Town of Salina out of the current primary operating territory a total of 168 times during this period of time. There was a consistent increase in the number of times that NAVAC responded to this area in Salina. Much of the geographic area that NAVAC responded to was along Buckley Road south to Seventh North Street, and along Onondaga Lake Parkway to the Village of Liverpool.



### **Impact of Expansion**

The effect of the *expansion* of NAVAC's Ambulance Service Certificate will be minimal; it will formalize what NAVAC has been doing regularly and consistently since October 1970. There are no negative impacts that will result from this decision because nothing is going to change. Specifically:

- Response areas and patterns remain the same for NAVAC and all neighboring EMS agencies
- Staffing needs and levels remain the same for NAVAC and all neighboring EMS agencies
- Cost structures remain the same for NAVAC and all neighboring EMS agencies

There is a matter of simple practicality relating to the area along East Taft Road. Should the *expansion* not be granted NAVAC's responses to calls on Route 298 will entail our responding through our primary operating territory to the point that it ends on East Taft Road, leaving our primary operating territory and responding through that of another agency, and then returning to it as we turn north on to Route 298 north of Taft Road.

There will however be a far more profound impact upon NAVAC, neighboring EMS agencies, and the EMS system in the northern suburbs should this *expansion* not be approved. In EMS: Management Beyond the Street, 2<sup>nd</sup> Ed. Joseph Fitch describes that EMS systems are comprised of far more than merely ambulance services, and in fact include medical first response, medical oversight, and other EMS services.

NAVAC's partnership with the eight aforementioned fire departments has comprised an EMS system for the communities we jointly serve. Our primary response area exactly overlays the Bridgeport (in Onondaga County), Cicero, Hinsdale, Mattydale, North Syracuse, South Bay, and Syracuse airport fire department response areas, and a portion of that of Clay Fire Department as previously described. We respond jointly with these departments to every emergency medical call, automobile accident, and other incidents involving the [potential] illness or injury of people. We train together in preparation for incidents as a part of the previously described training program; similarly we review and strive to improve the services we provide through our CQI meetings. The effectiveness of this system and more importantly the quality of service that is provided to the public is going to be undermined if NAVAC is forced to stop responding to portions of the Bridgeport, Hinsdale, Mattydale, and North Syracuse fire protection districts. The system will become fragmented, and instead of having one primary ambulance service each of the aforementioned departments will now have to maintain relationships with two primary ambulance services. The working relationships will not be as close, the number of people involved in the patient care process will be greatly increased and consequently more difficult to manage, the quality meetings will require the attendance of three ambulance services instead of one in order to be successful, and there will not be as consistent training between fire department and ambulance personnel as there is today.

The firefighter rehabilitation program will also be undermined if NAVAC will not be the ambulance service dispatched to all of the fire scenes in the protection districts of the Bridgeport, Hinsdale, Mattydale, and North Syracuse fire departments. Those fire departments, who have come to rely upon this program, will have NAVAC at 75% of their fires and another agency at the remaining 25%. Again each fire department will have to maintain relationships with two different ambulance services in order to receive firefighter rehabilitation services.

Finally there is the matter of principle and/or fairness. NAVAC was used to respond to an area, specifically the North Medical Center campus and the Pitcher Hill Community, when requests for service were inconsistent and unpredictable. In that circumstance it was difficult to prepare and staff to service that area, and ultimately more expensive. NAVAC however shouldered that burden and provided the service that was needed. Now that calls in these areas are more predictable and another agency perceives it to be a lucrative area to service there is an attempt to push NAVAC out.

We would be remiss in not pointing out that denying this application also yields a positive impact for NOVA, as the originator of the complaint, as that organization would benefit from the revenue generated by the acute increase of approximately 1300 calls each year.

As was clearly pointed out in the Dryden case what is instrumental to the public need analysis is the impact on the system. Approving the *expansion* of NAVAC's Ambulance Service Certificate would preserve the advantages and stability of the afforded by the EMS system as it exists today in these fire protection districts and the number of programs upon which it is built.

### **Public Need**

#### **Public Need as *Demonstrated absence, reduced availability.***

The New York State Department of Health in Policy Statement 06-06 defines public need as:

*“The demonstrated absence, reduced availability or an inadequate level of care in ambulance or emergency medical service available to a geographic area which is not readily correctable through the reallocation or improvement of existing resources”*

Let us acknowledge that prior to 1975 EMS services responded to whichever address they were sent to by either personal requests or by conventional agreements (“box alarms, proximity, working relationships etc). After 1975, the Moyers Corners Fire Department was operating an ambulance. Again, we believe, that conventional wisdom of the respective fire chiefs – specifically those of the Moyers Corners and North Syracuse fire departments – was instrumental in deciding which EMS service responded within their respective districts. The MCFD ambulance responded to all EMS calls within the MCFD response area, and NAVAC responded to all EMS calls within the North Syracuse Fire Department district. Simply put MCFD ambulance was never the primary responding EMS agency to these areas in question (reference letters in Tab #8, Tab #9, Tab #11, Tab #12, and Tab #18.

In approximately 1998 MCFD separated the ambulance from the fire department to become NOVA. From 1998 to 2006 NOVA never made inquiries with regards to providing EMS service to many of these areas. NOVA continued the policy and practice of demonstrated absence of service to the south east portion of the Town of Clay.

### **Organizational Responsibility**

The reason that we are requesting to *expand* our primary operating territory is because since 1975 each interested organization approved of the established practice and subsequent policy of NAVAC responding to these areas.

Each year NAVAC has had an opportunity to amend our ambulance service certificate to insure that these areas in question were included in their primary response area.

Each year MCFD or NOVA had an opportunity to discuss any issues but did not do so. This kind of discussion should have never been more timely or important than during the transition of MCFD's ambulance service certificate to NOVA.

### **Conclusion and Summary**

The request to *expand* NAVAC's ambulance service certificate is rooted in several facts:

- 1) NAVAC is not seeking to provide service to any area that we have not been continuously serving as our primary response area since 1970.
- 2) NAVAC has historically responded to these areas because other agencies never have. The leadership of all interested organizations expected that NAVAC would continue to behave the same way continuously.
- 3) Only one locale of the proposed *expansion* has been contested.
- 4) NAVAC has had a performance level, measured by response time, that gets a paramedic to the scene in an average of less than 9 minutes.
- 5) NAVAC is the closest EMS service to each of these areas that we seek to include in our *expanded* Ambulance Service Certificate. Time and distance with the right people with the right tools does make a difference when there is a medical crisis.
- 6) NAVAC is an integral part of an established EMS system that serves each of these locales. A change of NAVAC's role will have a negative impact upon that system.
- 7) NAVAC has a demonstrated history of being able to adapt to the demands, changes, and responsibilities to those that we serve.
- 8) The *expansion* of NAVAC's Ambulance Service Certificate through the approval of this application would be consistent with the expansions of both Dryden Ambulance and Western Area Volunteer Emergency Services that have been approved by the Central New York Regional EMS Council in the past few years.

This leads us to the question of “why?” Why has this issue come about now, and without neighborly discussion between our organizations? We believe that this is a matter of desire or “want” - a want for the revenue of 1300 calls annually. NOVA’s legal representation has even based his argument against a request to extend Judge DeJoseph’s stay on the basis of revenue. (Tab #18). This is not a case of NAVAC having failed to serve the public need, or failing to perform to the public trust and interest.

Since NAVAC’s inception our organization has put service to our community at the forefront of our priorities, and we have continually adapted to the growing needs of those that look to us for that service. We have evolved with our community, adapted as needed (now expected), and through this have become very attached to those that we serve. Our motivation is to continue to serve those fire departments and residents that we have been serving for the past 38 years. When there is a fire at 5100 West Taft Road, a vehicle accident on Bailey Road in Pitcher Hill, or a medical emergency on East Taft Road, we feel it is in the best interest of the EMS system and ultimately our community for NAVAC to be working side by side with the same fire departments with which we have done so for the past 38 years. This system and our performance are not broken; we ask that you formalize what all of us have agreed to for 38 years, and amend our Ambulance Service Certificate to include the areas that we have described above.