Glen Oaks Volunteer Ambulance Corps

Application for Operating Area Expansion

September 2020

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Introduction

The Board of Directors of the Glen Oaks Volunteer Ambulance Corps submits the following comprehensive application for a New Yok State Department of Health (NYS DOH) Bureau of EMS expansion of operating area.

After an in depth and careful review of our current fiscal, operational and administrative components, we have concluded that the organization is properly positioned to enter into a response area expansion, that would service the communities of Bayside and Oakland Gardens, which was left without a community-based volunteer EMS service since the Bayside Community VAC ceased to operate over two years ago.

Contained within this document, is information about our organization, its current capabilities, and its ability to expand beyond its current borders.

To that end, our interest to expand is solely based on restoring the community-based volunteer EMS services to these communities, who, by no fault of their own, have been left with a void since the Bayside VAC stopped their services. We are happy to undertake this initiative and look forward to providing our recognized services to these new communities.

Application Narrative

Proposed Area of Service Expansion

The Glen Oaks Volunteer Ambulance Corps intends to expand its existing volunteer community-based EMS services into the Bayside and Oakland Gardens communities in Queens. This area is adjacent to our existing NYS DOH approved operating community of Oakland Gardens, within Queens Community Board #11.

This additional 2.9 square mile area expansion would take our service area north and west, ending at the Northernmost border of Queens Community Board #11, which is also co-terminus with the NYPD 111th Precinct patrol area boundaries. Glen Oaks VAC already operates within a portion of Community Board #11 and the NYPD 111th police precinct and have existing and established relationships with community members, elected leaders and public safety officials.

The geographical area being requested is bound by the Long Island Expwy in the South, 26th Ave in the North, Cross Island Pkwy in the East and Francis Lewis Blvd to the West. These boundaries are those that encompassed the previous Bayside Community Volunteer Ambulance Corps.

Impact Statement

A)

The New York City region contains an extremely broad spectrum of EMS resource availability. Currently, there are 22 Commercial, 13 Hospital based and 2 Municipal agencies that are currently authorized to provide EMS services in the proposed area. In addition, there are 5 Volunteer EMS agencies that border the proposed expansion area. Each agency provides varying levels and types of service to their respective service delivery areas.

Many of these agencies retain the authority to provide service within all five counties of the New York City region, while some provide service in dedicated areas, based on their delivery model or operating certificate.

The Glen Oaks Volunteer Ambulance Corps was approved to operate a Volunteer EMS service in 1973 and has since, provided Emergency Ambulance responses, local non emergent transportation, medical standbys at community events, as well as lifesaving training for the community in topics of CPR/AED, Stop the Bleed, First Aid, as well as other civic/community requested programs and speaking engagements.

Our contiguous operating communities since its inception includes the East Queens communities of Bellerose, Floral Park, Glen Oaks, New Hyde Park and Oakland Gardens.

The agency operates as a combination ALS and BLS service and complies with minimum New York State Department of Health and Regional staffing parameters, as necessitated.

Our response times to Emergency assignments average 4.25 minutes. For the previous 12 months, our organization handled 550 calls for assistance. The volume is predicated around a population that is located near health facilities and historically does not call for EMS unless they are not capable of self-transporting to their local personal care physicians or Emergency departments.

The Glen Oaks Volunteer Ambulance Corps participates in the Regional Volunteer EMS Mutual Aid Plan, as dictated in NYS DOH policy statement 12-06. When we are unable to respond to a request for response, the call is transferred to an adjoining EMS agency or the FDNY EMS 911 system, as available.

The current service delivery model provided by Municipal, Commercial and Hospital-based EMS services that have authority in the affected area can operate at the ALS level of care. Adjacent Volunteer EMS providers operate only at the BLS level. Our volunteer service operates at a combination of the BLS and ALS levels.

It is our belief that there will be no adverse financial impact to any of the above referenced service models, as this proposed area expansion will restore a previously existing community-based volunteer EMS resource that ceased to exist due to poor management, after over 50 years. The service delivery models of each of these service providers, do not support the multi-faceted approach and services of a community-centric EMS service that is designed to service a particular geographic population, that remains within their community.

As previously noted, there are also no adverse effects on existing services. There would be no loss in call volume to the commercial and hospital sectors, whose models do not include servicing and remaining in a particular community area only. It is to be noted that no other authorized provider has solicited or provided information to these prospective communities, to contact them for EMS services, nor have there been any advertisements placed in the local online and print periodicals, showing their interest to service these communities as well. The adjacent volunteer services are not adversely affected, as they have no current NYS DOH operating authority in the prescribed area, per NYS Article 30.

B)

As previously stated, the New York City region contains an extremely broad spectrum of EMS resource availability. Currently, there are 22 Commercial, 13 Hospital based, 2 Municipal and 31 Volunteer EMS agencies that provide varying levels and types of service to their respective service delivery areas.

Many of these agencies retain the authority to provide service within all five counties of the New York City region, while some or operating certificates.

The proposed area consists of Four (4) primary area hospitals. 2 of these facilities are certified as Level 1 Trauma and Thrombectomy Centers, with another, categorized as a Stroke and STEMI center. These facilities generate Non-Emergent/Non-EMS call volume that is supported by their Institution’s Core EMS Transportation network. The anticipated expansion would have no impact on these services, as they currently are self-supported, and our current service delivery model does not include specialty, interfacility and discharge EMS services.

Glen Oaks VAC currently participates in Two (2) Regional EMS participation agreements. The first is the NYC Volunteer EMS Regional Mutual Aid Plan (instituted 01/2013), which conforms to NYS DOH Policy Statement #12-03, as well as the REMSCO of NYC Mutual Aid Mobilization Plan, which was most recently instituted on behalf of the FDNY for the COVID-19 daily EMS response.

Communications systems for our agency are laid out in Three (3) ways. First, our organization maintains its own Two-Way Radio system for daily dispatch and notification. Second, is a regional system for interoperability amongst other volunteer EMS partners in Queens County. Thirdly, when operating within the EMS 911 system, our daily activity is dispatched and coordinated via the FDNY EMS Communications Center (PSAC). Our agency also employs other point-to-point methods of communicating with resources when we deploy for local and civic medical standby events.

Glen Oaks works closely with our agency Medical Director, Dr. Robert Crupi, who is intimately involved in the medical and patient care delivery aspect of our operation. Together with our Training Director and Operations Staff, they regularly discuss current and emergent procedures and how they affect our operation and patient care delivery model. Dr. Crupi regularly provides EMS Call Review Sessions, whereby, our members, as well as those in our current and neighboring region, could attend and discuss various relative EMS call scenarios. Dr. Crupi also provides the authority and oversight of our various BLS and ALS medical care capabilities and engages regularly with our Quality Improvement team. EMS Medical Direction is provided by Maimonides Medical Center's OLMC facility. Their participation includes our BLS provider encounters, as well as Advanced Life Support medical orders and support.

Our agency, via NYS DOH, REMAC, as well as internal Standard Operating Procedures, follows applicable protocols and general operating procedures, as provided, for our CFR, EMT and Paramedic providers.

Currently, Glen Oaks VAC regularly utilizes area hospitals as their final patient destination. These include, Long Island Jewish Medical Center, North Shore University Hospital and New York Presbyterian Queens. Our agency's review of this section has determined that New York Presbyterian Queens would receive an insignificant rise in patient delivery volume from our agency should this area expansion application receive approval. After discussion with our Medical Director and projecting out on potential additional delivery volume, it was determined that our anticipated additional transports to this facility would not impact their Emergency Department admission census, as we would be distributing our additional volume across all three regional area facilities.

From an economic viewpoint, this area expansion is of zero cost to the regional and other EMS delivery models. Our organization will provide community-based responses and other services to this geographical area without additional expense, while providing additional EMS resources. This method will better utilize the existing resources within our organization to augment the underserved communities of Oakland Gardens and Bayside, which, in 1957, had established a need for additional EMS resources.

Unfortunately, the vibrant Bayside Community Volunteer Ambulance Corps ceased to officially operate in May of 2018. Based on data provided for responses within this area, we believe the need for additional EMS services remain, as shown by various response time data to be provided within this document. In many cases, 911 EMS response times are close to Eight (8) Minutes for priority assignments, which is above the average when compared to all of Eastern Queens. Glen Oaks VAC maintains a 3-5 minute critical or life-threatening emergency response time, as provided by our response and care reporting data. This is significantly below the current area average. Although one would argue that the current Municipal or Commercial system could easily solve this problem by allocating additional resources to this area, the Municipal system does not retain the requisite staffing to do such deployment, as evidenced by the current and previous public promotions of “understaffing”. Currently, Basic Life Support ambulance resources are placed at the outlying areas of the intended communities, to service a larger geographical area. This opens the door to leaving this area uncovered when they are dispatched into other communities due to increased volume.

Of note, there are no Advanced Life Support (Paramedic) units deployed within this area as well. Those ambulances must travel from the CB13 (105 Pct), CB7 (109 Pct), as well as CB8 (107 Pct), based on their availability. Our ALS/BLS combination capabilities would, in fact, add Advanced Life Support EMS resources to the affected community at no expense to the municipality and community, as well as to our organization.

During EMS call surge scenarios, ambulances need to be reallocated throughout the borough, etc. to satisfy the increased need. As recent as the previous COVID-19 EMS Call surge, ambulances were not readily available and additional EMS resources were activated from the Volunteer and FEMA sectors. It is true that this was unprecedented, however, the system’s daily response model does leave room for response vacancies in this proposed expanded area.

Positive effects and benefits the new service will provide to the NYC EMS system

The proposed area expansion would benefit the community and our organization in many ways. First and foremost, the expansion would provide for improved and expanded EMS Resource utilization with existing resources immediately. There would be no inherent delay to operationalize our response within the proposed expansion area.

It also promotes an Infusion of already existing ALS and BLS resources without cost to the City of New York and patients, while assisting in the reduction in critical call response times.

As in our current service delivery model, we would provide Emergency Medical Standby teams at local community and civic events. Although we receive contributions for these services, our service and scheduling are not predicated on a predetermined mandate of fees paid for services rendered.

As has been the custom for many years, our expanded operations base would permit increased training resources and opportunities for new EMTs and Paramedics that wish to enter the region's EMS system. Many of our mentors and trainers possess decades of EMS experience and would continue to serve as a valuable tool for training new providers. These volunteer providers are able to gain experience and exposure while attending school or remaining in their current employment.

Glen Oaks will expand its outreach of offerings to the expanded communities for training in life-saving procedures - CPR/AED, First Aid, Stop the Bleed, and opiate overdose awareness.

Lastly, our agency has maintained an active and successful Youth Squad Explorer Post for over 20 years. This permits teenagers 14-17 to meet, train and develop critical thinking and lifesaving skills. Many have attained NYS Certified First Responder certifications and have become active ambulance riding providers. Over the past generations, many more have gone on to become excellent doctors, nurses, EMTs, paramedics, and respected leaders in the emergency medical field.

Public Need

A) New/Expanded Service Description

The Glen Oaks Volunteer Ambulance Corps intends to expand its currently operating area into the adjacent community, utilizing its Three (3) Modular-Type ambulances, into an adjacent area that has been left without community-based EMS since the NYS DOH operating certificate for Bayside Community VAC was surrendered in May 2018.

The additional communities that encompass this 2.9 square mile area include Bayside, Bayside Hills and Oakland Gardens. Currently, Glen Oaks VAC is authorized to operate in a portion of Oakland Gardens. This additional area would add to our existing communities of service within the Queens county of Bellerose, Floral Park, Glen Oaks, New Hyde Park and an existing part of Oakland Gardens.

Our volunteer staff comprises 75 EMTs, 10 Paramedics, 35 Dispatchers and 25 Youth Squad members. Scheduling of these EMS providers is based around a 4 Tour per day model, inclusive of in-house and on-call crews. This pattern of operation is available to the communities we service 24/7/365 and we would continue to operate a combination ALS and BLS service.

Ambulances fielded by our organization consist of staffing patterns regulated by the NYS DOH and NYC REMAC as indicated. Our minimum base crews consist of One Emergency Vehicle Operator and One EMT for a Basic Life Support crew, and One Emergency Medical Technician and Paramedic for an Advanced Life Support crew. Typically, our ambulances are staffed above this minimum with 3 EMTs on a BLS crew and 2 Paramedics and 1 EMT on an ALS crew.

Our services are made available to our service community 24 hours a day, seven days a week. We utilize in-house and on call area crews to handle the calls as indicated. Our telephone lines are answered 24/7 and have direct communication and two-way alerting of our responding volunteers.

As approved by NYS DOH and NYC REMAC, our agency is authorized to provide BLS and ALS EMS services, as dictated and available.

B) Population Demographics

Bayside is a neighborhood in the New York City borough of Queens. It is bounded by Whitestone to the northwest, the East River to the north, the Long Island Sound and Little Neck Bay to the northeast, Douglaston to the east, Bellerose and Floral Park to the southeast, Queens Village to the south, Hollis to the southwest, and Fresh Meadows to the west. It is located in Queens Community Board #11 and is patrolled by the New York City Police Department's 111th Precinct. Politically, Bayside is represented by the New York City Council's 19th and 23rd Districts.

Based on data from the 2010 United States Census, the population of Bayside was 43,808, Covering an area of 1,857.24 acres the neighborhood has a population density of 23.6 inhabitants per acre (15,100/sq mi; 5,800/km^2).

The NYC Health's 2018 Community Health Profile indicates an average life expectancy for these communities as 84.7 years. This is higher than the median life expectancy of 81.2 for all New York City neighborhoods. Most inhabitants are youth and middle-aged adults: 19% are between the ages of 0–17, 26% between 25–44, and 31% between 45–64. The ratio of college-aged and elderly residents was lower, at 6% and 18% respectively.

The population of these communities listed above is a static estimate. We project that this value significantly increases dynamically, by an additional 75% during daily business, school, restaurant, and congregant traffic. The area in question continues to see a rise in house sales, reconstruction, and business expansion, thus dictating an increased need for EMS services in the area. Many of the small one-family style homes have been converted, due to large lot sizes, into larger structures, which can now house larger or multifamily units. Although not always reflected accurately in standard population databases, these inherent increases, although not as readily identifiable, continue to play a role in the population increase, traffic flow and need for services.

C) Description of Calls

As researched via the NYC Open Data website, we have been able to determine that there were approximately 2,871 requests for EMS assistance for calendar year 2019 within the proposed expansion area. Of these calls, approximately 1,080 (38%) of these requests were of high priority, according to the FDNY EMS system of typing EMS assignments. This yields on average, 7.87 calls per 24-hour period

Based on the projections and observations, it becomes more evident that the placement of additional municipal or commercial resources would be cost-and/or volume prohibitive, as it would detract from areas currently more underserved and with even higher volumes of calls, needs or response times. However, it is apparent that permitting the expansion by Glen Oaks VAC into this area, would help reduce delays in responses to this area, without additional costs. In essence, it would better utilize existing community resources, which would in turn have a multi-beneficial outcome for the community, as well as the regional EMS system.

Glen Oaks predicted an annual increase to its annual call volume would yield an additional 350 responses, at minimum in the first year, totaling approximately 850 total responses for the new combined areas.

Direct Dial, Mutual Aid from adjacent EMS partners, 911 Activations and Inquiries when our agency is closest to a priority assignment, are the methods for the agency's receipts of requests for various levels of EMS assistance and response.

Initially, our operational plan is to post/stage an ambulance, such that we can maintain our 3-5-minute response time to our expanded, as well as the existing response areas. We will then progress to establishing a fixed facility within the area, to provide vehicle storage and crew quarters for those members responding to calls within this expanded area.

The following EMS Hospital destinations are currently utilized by our crews when transporting patients and will be employed under the area expansion. The only hospital that would be impacted by our service expansion from the norm, would be New York Presbyterian Queens. This, in part, would be due to their Level I Trauma and Stroke/Thrombectomy specialties.

Long Island Jewish Medical Center - New Hyde Park, NY

North Shore University Hospital - Manhasset, NY

New York Presbyterian Queens - Flushing, NY

St Francis Hospital - Roslyn, NY

NYU Winthrop Hospital - Mineola, NY

D) Response Times

Glen Oaks' average response time in the previous year (2019) was 4.25 Minutes and strives to maintain a response time range for all emergencies of 3-5 minutes for critical calls. The available priority EMS response statistics comparisons available for the FDNY EMS system in the previous Three (3) years (2017, 2018, 2019) in this protracted area in consideration, yielded response averages of 07:57, 08:04 and 07:47 respectively. This response time data is also compared to the same statistical values for the entire East Queens Community (East of the Van Wyck Expy), whereby these response values were lower overall at 06:50, 07:04 and 07:19 respectively in the same period. As noted, our response time values are over 2 minutes lower in each segment. This decrease can directly be linked to the patient's overall prognosis.

Data for EMS requested by local medical facilities is not readily available, nor is it reported. Historically, these facilities contract privately for services based on need and the abilities of the inherent provider.

Unfortunately, the relatively low annual call volume for this small protracted area does not dictate placement of significant levels of EMS resources. As such, although Municipal, Hospital and Commercial EMS Delivery models may assign a particular resource into a segment of this area, it is often assigned or re-deployed to calls or areas that necessitate the need. This leaves the proposed area uncovered. This then requires other resources to backfill the area's call volume, oftentimes, from greater distances than is optimal.

This circumstance is a slippery slope to navigate, as agencies must determine the placement of resources based on need and overall response times.

Our agency's model has always been community-based, thereby, we maintain our availability within our service area, thereby maintaining our target response times.

E) Quality of Service

Currently, there is no standard metric in place to develop a reporting model on the Quality of services and their effects. When you look at Certifications and baseline training, our EMTS and Paramedics are subject to the identical State and Regional credentialing programs and procedures.

However, once the clinician receives certification from the credentialing body, there appears to be a distinct disparity in their agency-based orientation and training, prior to being released as a lead provider.

Glen Oaks VAC is proud that they have developed and maintain a robust credentialing and orientation program, whereby any new entry EMT, Paramedic or Driver, must complete various required virtual-based mandatory training topics prior to their on-site physical in-person ambulance orientation and agency specific medical device and medication training/review.

We have transitioned all our records from paper to electronic, thus permitting us to monitor the expirations and status of all providers. We offer regular in-house training and call review, provided by our members who are NYS Certified Instructor Coordinators, Guest Lecturers, as well as Dr. Crupi, our agency Medical Director.

We maintain a regular QA/QI program, with regular reviews of calls and feedback to crews. GOVAC is also a participant in the West Queens Volunteer Ambulance Association's QA/QI group and maintains regular interaction with our Medical Director. Additionally, we host periodic call review sessions hosted at our Headquarters, which are moderated by our Medical Director.

As stated previously, the system is designed to handle the needs of a significantly larger population. Without the ability to blanket an area with resources, current units are required to move into other communities as needed.

This leaves a gap in daily operational service. Although the system would enjoy a larger cadre of resources, it historically cannot field the daily need, let alone increase the daily presence to offset an increased average response time in the proposed area.

Currently, the public at large has two opportunities to activate the EMS system in an emergency. One being the municipal 911 system operated by the FDNY. The other, being a commercial or hospital-based system. Both service models include an expected fee for service. That translates to the patient having responsibility to pay for services rendered, inclusive of any balance payment due after their insurance provider remits payment to the servicing agency.

With the addition of our agency to operate within this proposed expanded area, the community will now have an additional choice and may call upon us to provide service with no anticipated or expected fee for our services. Our responses from day one has never been based on a patient's or family's ability to pay for services rendered and we do not pre-qualify any patient prior to our response.

F) Mutual Aid

All EMS agencies within the State of New York are required to maintain Mutual Aid agreements (NYS DOH 12-06). There is a Regional Volunteer EMS Mutual Aid Plan that all agencies must subscribe to for compliance. All agencies are required to submit their respective Mutual Aid Matrix to the NYC Regional EMS Council for validation and approval. This plan was approved in January 2013 and GOVAC is an active participant in these agreements.

Mutual Aid, as defined, is not to be used to satisfy recurring daily operational needs, but to fulfill and backfill EMS resources on an as needed and infrequent basis.

G) Employee/Member Qualifications

Current providers maintain either an EMT Level or Paramedic Level certification. All providers that would be used to staff crews in the expanded area and would possess these same clinical and experience-based qualifications. Unlike a new service, our crews have already been responding to calls for EMS assistance in our current communities and would provide the same level of care in the proposed expanded area. The addition of this area would yield a better utilization of our existing resources and would provide additional clinical opportunities for personnel.

H) Skill Retention

Increased volume would increase patient encounters and will then, ultimately yield a more proficient staff as they are utilizing more clinical and psychomotor skills.

Based on our observation and review of area statistics, there appears to be a greater need for EMS resources. There, in no way, would be a dilution in skills due to our expanded role and activity in these new communities. All EMS resources would continue to remain active, responding to similar numbers of EMS assignments in the respective areas.

I) Communications

Currently, all radio and cellular/data communication systems utilized by EMS providers within this region function according to their system's design. Each of them has their desired or proposed output; to enable the field providers to communicate to their Headquarters or Points of Dispatch, as well as with their Online Medical Control facilities.

Glen Oaks VAC has always maintained an independent, agency managed system since its inception. In 2005, we sponsored a plan to develop a regional volunteer EMS two-way radio communication system for East Queens agencies. This system has been maintained and upgraded and is active to this day.

This area expansion request would not yield any additional burden on the system, as proposed. With Glen Oaks' existing system, as well as the regional system, day to day, as well as interoperable or collaborative operations would not be impeded and there would also be an inherent redundancy, without additional expense.

J) Fiscal Stability

Glen Oaks VAC operates on an average annual operating budget of $120-$130,000 per year. Our organization generally maintains a net positive revenue year after year and maintains at least one year of operating funds liquid to offset various disruptions in cash flow.

The ambulance inventory is all late model and regularly maintained. We continue to solicit funds from community donors, so we can maintain an optimum and reliable fleet and the proposed expanded area can easily be absorbed within our existing resources and budget. It is anticipated that additional call volume will result in some level of additional revenue.

K) Organization and Administration

The Agency is organized as a Not-for-Profit organization in New York State and maintains an Internal Revenue Service Charities Registration since it was formed.

The managing body consists of a Board of Directors (i.e.., governing board); President, First and Second Vice Presidents, who oversee Administration; Recording and Corresponding Secretaries; as well as a Treasurer and Assistant Treasurer to oversee financial transactions and accounting. Day-to-day operations are overseen by a Chief of Operations (who is appointed and is not a member of the Board of Directors) and two (2) Deputy Operations Chiefs.

After considerable discussions and reviews of all that would be required to administer and operationalize this area expansion, the Board and Operations officers endorsed the agency's intent to proceed through the application process for an EMS operating area expansion.

L) Cost Benefit Ratio

After a review conducted by our Board of Directors, it was determined that we would not inherit additional costs, should this expansion receive approval. The added fuel, equipment and maintenance, should this arise, would be directly offset by the recoupment from commercial insurers for EMS care and transportation of these additional responses and transports, as well as some likely increase in community contributions, this expansion request comes in at a cost zero factoring for our organization. This would be achieved by utilizing existing vehicles, personnel and fiscal resources currently employed by the agency. There is no additional expense, however, the benefits to the community are that they will now have another "in-community" EMS resource should they require it.

M) Community Support

For the previous 3-4 years, many members from the proposed communities have met our crews while at local events within our existing area. Various residents, elected officials and community board members, have inquired as to the status of the Bayside VAC group and whether we could come in and service the area. At the time, the operating certificate was still active, and we could not.

All of those who would now call us for service in these expanded communities would benefit from this expanded service delivery. Since Glen Oaks does not pre-qualify their patients prior to a response, everyone is served equally and not based on their ability to pay for services rendered. As such, there are no "out of pocket" expenses to the patient and they are not solicited for additional co-pays and balanced invoices.

N) Government Support

Glen Oaks VAC has held meetings with local elected officials and community board members, including a presentation to the Health committee of CB11. As supported by current elected officials, who already represent portions of our existing response area, they were able to provide validation that we are a viable and capable organization and could offer our community-based EMS model to their communities. As attested to in our letters of endorsement (Appendix C), we have the consensus and backing of community, city, state and federal elected and community stakeholders, inclusive of the FDNY, which manages the municipal EMS 911 activities, who concur with our seeking the authority to operate in this additional area.

O) Reallocation of Existing Resources

It is our belief and observation that the most beneficial solution to this problem is to approve this expansion. While Commercial EMS providers would indicate their lack of support for this direction, it would come at a cost; personnel (FTE), vehicles, equipment, and insurance. In the previous two-plus years since the Bayside Community VAC did not provide service to these communities, no interest or effort was made to solicit, advertise, or provide direct-mail information about their services. Nor, is this their typical service delivery model. In addition, no additional resources from these providers have been placed into this specific geographical area, to offset the inherent additional needs of these communities.

On the other hand, the FDNY has placed one additional basic life support ambulance in this area within the last 3-4 years. However, again, driven by their specific delivery model and system status management, these ambulances respond dynamically. As such, there are many occasions where both ambulances assigned to the perimeter areas of these areas, are dispatched to assignments away from this core area.

Our service delivery model for almost 50 years has centered around our communities. The services provided for emergencies, non-emergency medical transportation, “First Aid” teams for local community events, as well as CPR, AED and other training has remained the same since inception. It is these core objectives that keep our activities community-based and will result in our EMS crews remaining available to the communities we serve.

Overall, there are many EMS service delivery models employed by each sector of EMS within this region, each with their own core objectives to be delivered as designed, with a focus on their service population.

One could also state that our intended expansion is a reallocation/improved utilization of our existing resources. In essence, the Glen Oaks VAC, with existing resources would

fill the gap left by the demise of the Bayside Community VAC (which was not due to lack of need or resources, but apparently more to internal issues). It will restore a continuity of boundaries between existing community volunteer ambulance corps in eastern Queens, thereby enhancing mutual aid capabilities among all the adjoining services.

Currently, municipal EMS service delivery models have Basic Life Support ambulances positioned at the outskirts of the proposed expansion area. This service delivery model is based on actual call volume, vs actual response times. This strategic approach only works when ALL units are available in their respective areas. Unfortunately, it is all too common for these units to be dispatched to calls outside of this geographic area. Should a call be received by the proposed community, another neighboring ambulance resource must be dispatched, often increasing the response time. For ALS ambulances, there are no units positioned within this proposed area. Should the respective emergency call necessitate Paramedic resources, one is customarily dispatched from adjacent areas in CB #13/105 Precinct, CB #7 109 Precinct or CB 8/107 Precinct. Although the need in this proposed area is evident, the current delivery model does not dictate, nor are there additional municipal resources that could be deployed.

Statement from the Agency's Medical Director

Dr. Robert Crupi has served as our Medical Director for over 5 years. Recently, he was part of the team that assisted and supported our agency's advancement to the level of Advanced Life Support and plays an active role in EMS Call Review, internal policy and general medical advice where need. The required statement is contained in Appendix D