

A Public Official's Guide to Emergency Medical Services in Cleveland

Updated for Nov 2021



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Produced by the Cleveland Association of Rescue Employees (CARE) Local 1975

Quick Facts

- Cleveland EMS (CEMS) was founded in 1975.
- CEMS follows the [Third-Service Response Model](#), where a separate municipal division outside of the police and fire departments is responsible for prehospital care and transport.
- [Call Volume](#) increased 37% from 2011-2019. Calls decreased slightly in 2020 due to CoVID-19. CEMS responds to more calls per capita than other cities at 0.28 calls/resident in 2019.
- From 2017-2018 CEMS expanded to meet this rising call volume. This expansion was funded by the Issue 32 tax increase.
- CEMS is scheduled to staff 25 [ALS ambulances](#) during the daytime and 21 at night. Due to staff shortages, ambulance closures have become common in the last 6 months of 2021.
- As of Nov 2021, CEMS is short 71 employees from its budgeted level of 332 employees.
- 52% of CEMS staff is female or comes from a minority background.
- All CEMS providers are EMTs and must become paramedics within 3 years of hire.
- All new hires undergo a 12-14 week academy and 2-4 week field internship. A class of 36 EMS cadets is scheduled to graduate in early 2022 (will bring staffing to 296 total employees).
- CEMS also provides [Emergency Medical Dispatching](#),
- In recent years, community outreach activities such as community CPR, naloxone distribution, health screenings and special event medicine have been curtailed or cancelled.
- CEMS provides in-house continuing education and previously provided medical training to CPD.
- CEMS [ambulances](#) travel 30,000-50,000 miles a year. 45% of the fleet is in poor condition. CEMS is scheduled to receive \$7.8 million in ARPA funds for fleet and equipment upgrades.
- CEMS is a bargain, utilizing only 5% of the general fund, while CFD takes up 15% and CPD 32%.
- CEMS is not spending the additional monies afforded by Issue 32. CEMS has gone from refunding \$1-2 million pre 2017, to refunding \$3-4 million post 2017.
- CEMS recoups approximately \$13-\$16 million annually that is deposited back into the general fund by billing medical insurance companies.
- CEMS wages are not competitive, leading to difficulties recruiting and retaining paramedics.
- CEMS Ambulance billing rates, at \$350 for a BLS trip, \$450 for an ALS trip, and \$10 per mile, have remained unchanged since 2004. Many other cities charge much more for EMS trips.
- CARE 1975 is the union for CEMS [EMTs, paramedics, and dispatchers](#). In addition to negotiating a contract, CARE also engages the public via community outreach, maintains a mental health peer support group, and advocates for policies and practices that improve working conditions for CEMS employees, including vehicle replacements and a 25-year retirement.
- The administrative offices of Cleveland [EMS](#) can be contacted from 9am-4pm at 216-664-2555. For emergencies, please call 911.
- Contact President Paul Melhuish directly at 216-543-9066 or info@care1975.com. We also have a website: <https://www.care1975.com>, [Facebook](#), and [Twitter](#)

History

Prior to 1975, transportation of the sick and injured was the primary responsibility of the Cleveland Police Department. They were assisted by Fire Department Rescue Squads and private ambulances, which were mostly operated by funeral homes. Training consisted of basic first aid classes. Patients were often transported to the hospitals in hearses or the same vans used to haul prisoners to jail. As illustrated by this 1955 photo, medical equipment consisted of little more than a cot and a blanket.



Photos courtesy of the Cleveland Police Museum

When city councilman Michael Zone passed away from a heart attack after waiting nearly an hour for an ambulance, his wife, Mary Zone, decided that something had to be done. She assumed his city council seat and introduced legislation for a separate service dedicated exclusively to prehospital care. On October 13, 1975, Cleveland EMS responded to its first call.



LEFT: The original 12 ambulances outside City Hall in Oct, 1975. RIGHT: CEMS medics provide advanced care.

Today, Cleveland EMS continues to operate a **Third-Service Response Model** separate from the Police and Fire Departments. This model has a distinct advantage, because it provides an independent division focused solely on providing the best prehospital care. Other cities that structure their EMS systems under the fire department have experienced a chronic underfunding of EMS despite a sharp increase in the number of calls for medical assistance. A **recent report from New York City**, where EMS is under the fire department (FDNY), details how the FDNY spends less than 30% of its budget on EMS, even though 75% of emergency calls are for medical assistance. Other cities that utilize the **Third Service Response Model** include Boston, Pittsburgh, and New Orleans.

Serving the Community

911 Response: The primary duty of Cleveland EMS (CEMS) is to respond to 911 calls for medical assistance within the City of Cleveland. CEMS paramedics are the lead prehospital providers for patients that experience asthma attacks, car accidents, alcohol and drug overdoses, gunshot wounds, heart attacks, strokes, seizures, sudden cardiac arrest, and other medical/social conditions or events that require a public safety response. CEMS also dispatches an ambulance to every structure fire within the city and works with the Cleveland Police Department (CPD) to mitigate mental health emergencies.



CEMS paramedics provide care to a patient experiencing a heat emergency during the Cavs championship parade, one of hundreds of such encounters that day.

CEMS is currently scheduled to staff 25 ALS ambulances during the daytime and 21 at night. CEMS EMTs and paramedics work 12 hours shifts, either from 0700-1900 or 1900-0700. Each ambulance is staffed with two providers, at least one of whom is a paramedic. For a current list of CEMS base locations, see the CARE 1975 [website](#). As of November 2021, CEMS is short 71 employees (261/332, -20% of workforce). leading to ambulance shutdowns. For a detailed staffing and demographic breakdown of the CEMS workforce see the separate PDF breakdowns.

CEMS is assisted by the 35 companies of the Cleveland Fire Department (CFD) through the [First Responder](#) program. This program sends EMT-trained firefighters to medical emergencies to provide medical care prior to the arrival of CEMS. In approximately 1-2% of cases, CFD will accompany EMS to the hospital, typically driving the ambulance and assisting EMS with patient care.

Emergency Medical Dispatching: CEMS utilizes professional [Emergency Medical Dispatchers](#), who undergo extensive training in the [Medical Priority Dispatch System](#), to answer 911 calls for medical assistance. These dispatchers ask a series of questions to prioritize emergency calls and provide life-saving instructions over the phone on topics such as bleeding control, childbirth, and CPR.

Community Outreach: In the past, CEMS provided a variety of outreach programs including, CPR training, senior health screenings, and educational visits with a child-friendly mini-ambulance. These programs have been suspended or abolished over the past few years. CEMS still manages the public-access AED program for all city buildings and CEMS paramedics still distribute take-home [Naloxone](#) kits through a partnership with [MetroHealth's Project DAWN](#).

Special Event Medical Coverage: CEMS provides standby medical coverage for both public and private special events. This allows for an immediate medical response at crowded or high-risk events while reducing the demand for the regular 911 ambulances. These units are staffed using paramedics on overtime who utilize ATV ambulances. Private events are charged a \$100/hour fee to cover to costs of the paramedics and equipment. To request a unit, contact EMS Headquarters at 216-664-2555. Note that due to shortstaffing, CEMS is currently turning away some requests for special event coverage.

Training

In August 2021, CEMS started the second civilian – EMT class. This program afforded those with no previous training the chance to become Ohio EMTs. CEMS also hires individuals who are already certified as EMTs or paramedics. A cadet academy comprised of 36 EMTs and paramedics is scheduled to graduate in early 2022. This would bring staffing to 296/332, (-10% of workforce).



Members of the 2020 civilian - EMT class during hands-on training scenarios.

All EMTs are required to become paramedics within three years of hire. Paramedic certification is an intense process that requires the largest time commitment of any public safety worker. CEMS employees must pay \$5,000-\$10,000 to attend a paramedic course out-of-pocket. They also must attend classes and clinicals while off-duty and are still required to work their normal scheduled shifts.

Ohio Certification	Training Hours Required
EMT	120 hours
Firefighter II	260 hours
Basic Ohio Police Officer Training Course	600 hours
Paramedic	1000 hours

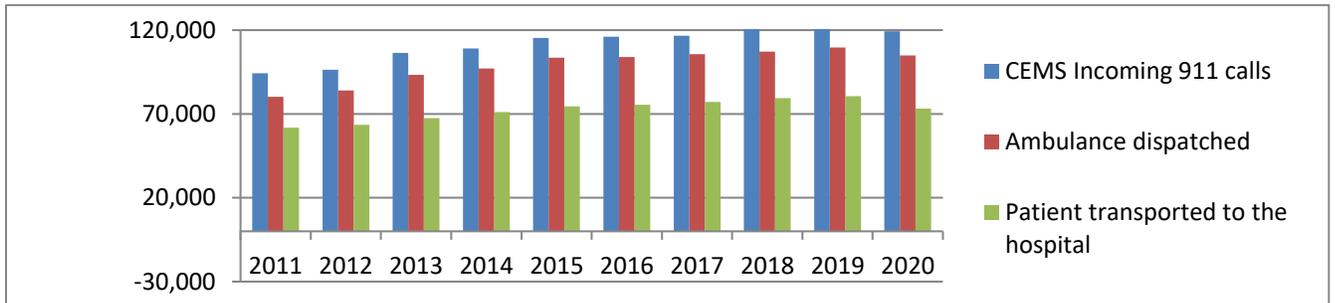
CEMS Academy: In addition to obtaining state certifications as EMTs or paramedics, all new hires, known as cadets, go through a three-month in-house training program and one-month field internship collectively known as the CEMS Academy. During the academy, cadets receive continuing medical education, review agency specific protocols and equipment, engage in physical training, and ride along with veteran paramedics on ambulances. At the end of the academy, all cadets must pass a physical agility test and a functioning test that demonstrates their proficiency in CEMS protocols.

Continuing Education: In addition to the academy, the education department provides the CE necessary for CEMS providers to maintain state EMT and paramedic certifications.

Educating Other City Agencies: CEMS used to provide CPR/AED training for all new city employees. In the past, CEMS also provided first-aid classes to all Cleveland Police (CPD) officers, training them in CPR/AED use, bleeding control techniques, and Naloxone administration. Both of these training initiatives are currently not running.

Call Volume

From 2011 to 2019, CEMS experienced a 37% increase in call volume. Call volume decreased slightly in 2020 due to CoVID-19, but we anticipate it will rebound in 2021 as people resume their pre-CoVID activities.



While CEMS has increased from 15 ambulances in 2011 to 18 ambulances in 2012, then to 25 daytime and 21 nighttime ambulances in 2018, the steadily increasing call volume means that ambulance crews still are very busy. To see more call volume statistics, visit the CARE 1975 [website](#).

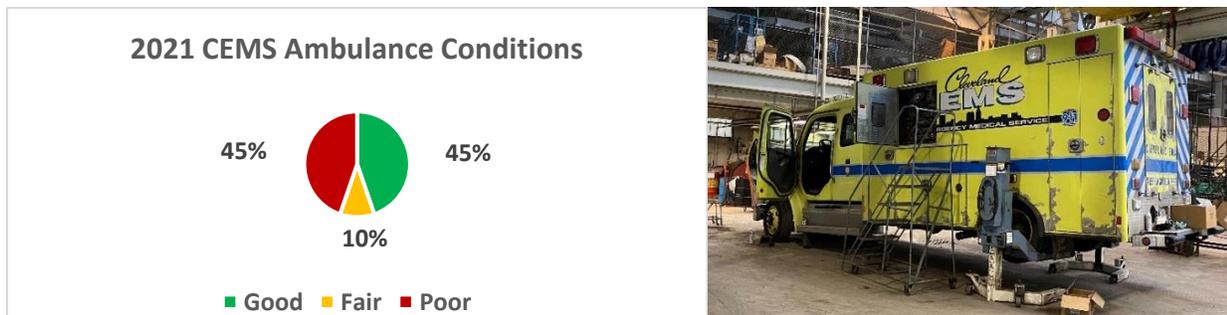
Cleveland EMS also responds to far more EMS calls per capita than similar-sized cities:

City	Population	2019 call volume	Calls per resident
Cleveland	385,282	109,633	0.28
Baltimore	609,032	158,053	0.26
Pittsburgh	302,205	59,368	0.20
Boston	684,379	127,802	0.19
New Orleans	390,845	69,285	0.18
Seattle	724,305	72,980	0.10

Ambulance Fleet

After conducting a nationwide survey of urban EMS systems, it has been determined that the average ambulance spends 4.8 years or 163,833 miles in frontline 911 service. It is then placed into reserve status for another 3-4 years and is permanently retired at an average of 7.8 years or 200,714 miles.

Currently 17 of 38 ambulances, 45% of the CEMS fleet, has over 300,000 miles, is considered in poor condition, and should be replaced.

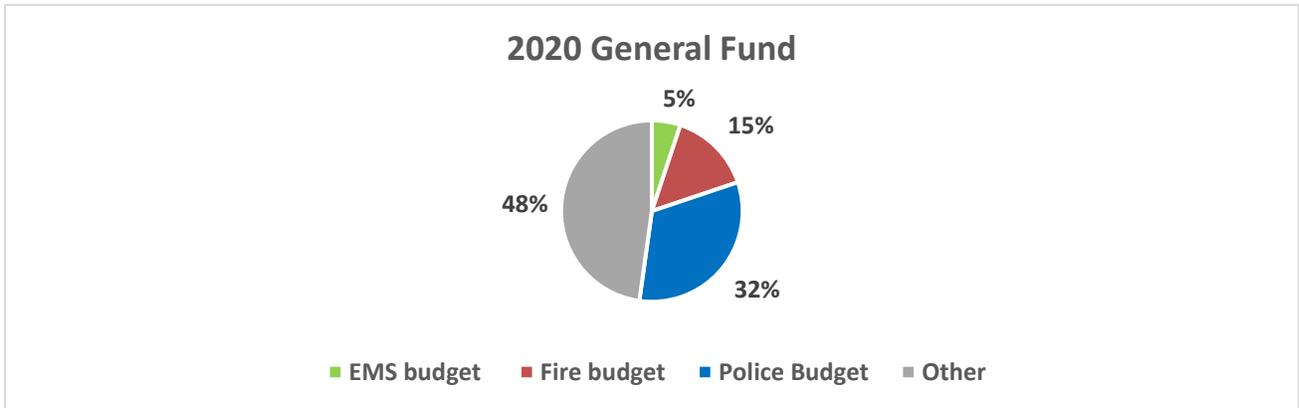


A CEMS ambulance awaits repairs at the maintenance shop.

Council has proposed spending \$7.8 million of ARPA funds on CEMS ambulance and equipment. This funding would stabilize our fleet for the next few years. Long-term, CARE recommends a vehicle replacement program where 4 new ambulances are purchased every year.

Budget

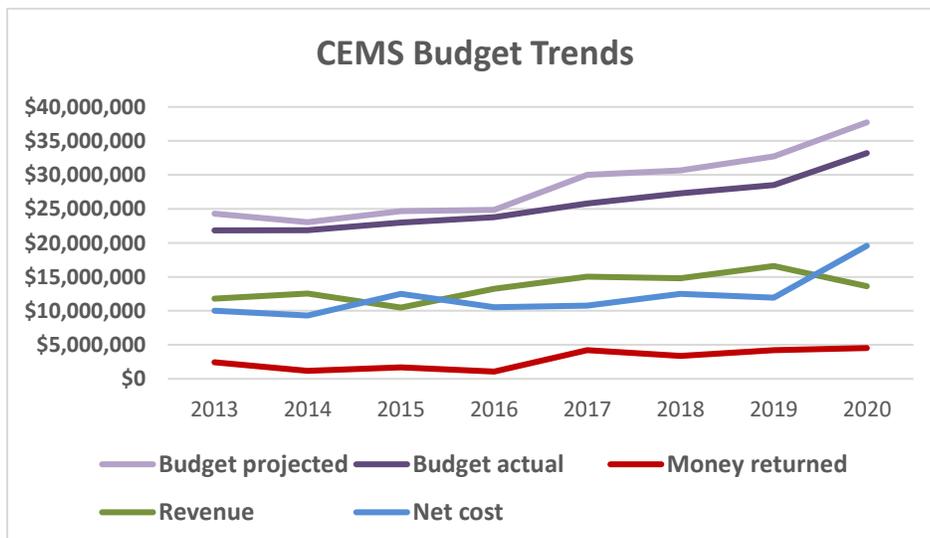
Despite handling a large volume of emergency calls, CEMS remains a bargain for the city. CEMS is allocated just 4-5% of the general fund, which is by far the least of any Public Safety Division.



Source: City of Cleveland Budget Books

The graph below shows budget trends for CEMS over the last few years. There are several things worth noting:

- A sharp increase in the projected budget can be noted after the 2017 Issue 32 tax increase. This does not translate into an increased actual budget, however, as the amount of unspent money returned into the general fund doubled from approximately \$1-2 million per year prior to 2017 to \$3-4 million per year after 2017. To put it another way, CEMS management is not spending the Issue 32 monies allocated to the service, but rather returning it to the general fund.
- The increase in budget has been offset by an increase in billing revenue. This means the overall cost of running EMS (Actual budget – Revenue) has remained relatively constant.
- CEMS generates more revenue than any other safety service, recovering over \$16 million in 2019 by billing medical insurance companies.
- CEMS Ambulance billing rates, at \$350 for a BLS trip, \$450 for an ALS trip, and \$10 per mile, have remained unchanged since 2004. Many other cities charge much more for EMS trips. See Appendix B
- For complete 2007-2019 CEMS budget figures, see [Appendix A](#)



Source: City of Cleveland Budget Books

EMS Compensation

Cleveland EMS paramedics currently make approximately \$6,000 - \$12,000 less than Cleveland police officers and Cleveland firefighters. They also make less than other 3rd service EMS agencies across the nation. In addition, the entry-level wages are lower than many private ambulance companies. This makes it exceedingly difficult to recruit and retain paramedics in Cleveland.

Municipal Agency	Hourly start	Hourly top-out	Private Ambulance	Hourly Start	Hourly Top-out
Cleveland EMS*	\$15.00	\$29.51	Cleveland EMS*	\$15.00	\$29.51
New Castle County	\$20.91	\$32.44	Physicians	\$18.50	\$33.00
Pittsburgh	\$23.23	\$34.92	Donald Martens	\$22.00	\$25.00
FDNY EMS	\$25.90	\$36.38	Midwest Medical	\$24.00	\$26.00
Austin Travis	\$26.73	\$40.12			
Boston	\$37.14	\$45.19			

**Denotes training wage. Wage increases to \$20.23 after approx 90 - 120 days*

City Agency	Annual Start	Annual Top-Out	Start Difference	Top-out Difference
CEMS medic	\$42,082	\$61,395	-\$12,773	-\$6,186
CFD	\$57,025	\$67,581	\$0	-\$38
CPD	\$54,855	\$67,619	-\$2,170	\$0



The Role of CARE Local 1975.

The Cleveland Association of Rescue Employees Local 1975 is the union that represents the EMTs, paramedics, and EMDs who work for Cleveland EMS. Captains (supervisors) have a separate union that is part of the Communication Workers of America. It should be noted that as a public safety union, CARE 1975 is prohibited from striking by the same state law the established Ohio's State Employee Relations Board (SERB). In place of the power to strike, the Ohio Legislature afforded public safety unions binding arbitration to settle grievances.

In addition to being the exclusive bargaining unit, CARE 1975 has committed to improving CEMS and the City of Cleveland community as a whole.

Community Outreach

CARE 1975 participates in a variety of community outreach activities, including bleeding control lessons and charity events such as the Officer Down softball tournament.



CARE members volunteer at Tackle the Tower to benefit Ronald McDonald House (left) and teach bleeding control techniques at a community event (right).

Union Solutions

CARE 1975 is actively working to improve CEMS, both for employees and for the citizens we serve. Some of our recent initiatives include:

- Advocating for a contract that recognizes mental health issues as an injury.
- Advocating for a scheduled vehicle replacement program to increase ambulance reliability.
- Exploring ways to reduce attrition within CEMS, including working with legislators at the state and local levels to obtain a 25-year retirement plan similar to other public safety agencies.

Contact Us:

CARE 1975 representatives are happy to answer any questions you may have about CARE 1975 or CEMS.

Visit our website at <https://www.care1975.com/>

Connect with us on Facebook via the handle [@CARELOCAL1975](#) or on Twitter: [@CARE_1975](#)

Contact President Paul Melhuish at 216-543-9066 or Pmelhuish@care1975.com.

Glossary

Certification Levels:

Advanced Life Support (ALS): Advanced treatments that can only be provided by **paramedics**. These typically include cardiac rhythm analysis, manual defibrillation, placement of advanced breathing tubes also known as endotracheal intubation, initiating intravenous (IV) therapy, and administering dozens of medications under structured guidelines approved by a physician **medical director**.

Basic Life Support (BLS): Basic treatments that can be provided by both **EMTs** and **paramedics**. These typically include **CPR**, use of an **AED**, bleeding control, oxygen administration, splinting and immobilization of injured limbs, obtaining vital signs, lifting and moving patients, driving an **ambulance**, and the non-invasive administration of a very limited number of medications such as nasal **Naloxone**.

Emergency Medical Dispatcher (EMD): A telephone operator specifically trained to triage medical calls and provide medical instructions over the telephone.

Emergency Medical Technician (EMT): A healthcare provider who has obtained the entry-level certification required to work on an **ambulance**. An EMT can only provide **BLS** care. EMTs receive about 120 hours of training.

Medical Director: The physician responsible for an **EMS** system. This physician establishes structured protocols outlining how medical care will be provided within an **EMS** system. All **EMTs** and **paramedics** within an **EMS** system function underneath the medical license of the Physician Medical Director.

Paramedic: An advanced healthcare provider responsible for the majority of prehospital care. Only paramedics can provide **ALS** care. Paramedics receive at least of 1,000 hours of initial training.

Operational Terms:

Ambulance: A vehicle specifically designed to provide emergency treatment and transport of an ill or injured person. An ambulance is always equipped with a cot or stretcher. The standard CEMS ambulance is mounted on a truck chassis, and is easily recognizable by the lime-green color. CEMS also utilizes 7 smaller ATV ambulances for special event medical coverage. These ATV ambulances are used to provide patient care in crowded or hard-to-reach areas.



Standard CEMS Ambulance (left). Specialized ATV ambulance used for Special Event Medical Coverage (right).

Operational Terms Continued:

Call Volume: The amount of emergency calls answered over a specific time period, often a year.

Emergency Medical Services (EMS): A formal system of prehospital medical professionals, typically [EMTs](#) and [paramedics](#), who function under the direction of a Physician Medical Director to provide prehospital emergency care and transport.

First Responder: A non-transport response unit staffed with [EMTs](#) or [paramedics](#) designed to provide care prior to the arrival of an [ambulance](#), or to assist the [ambulance](#) crew with a critical patient.

Functioning Test (Protocol Test): A two-part test that measures a healthcare provider's proficiency in a specific agency's protocols for providing patient care. Providers must take both a written test and demonstrate proficiency in hands-on skills.

Medical Priority Dispatch System: A system of questions utilized by an [EMD](#) to triage 911 calls for medical assistance and provide pre-arrival instructions in critical situations, such as uncontrolled bleeding, childbirth, or [sudden cardiac arrest](#).

Third-Service Response Model: An [EMS](#) system run by a municipality that is not part of the police department or the fire service.

Medical terms, devices and medications:

AED: An Automated External Defibrillator is a device that is applied in conjunction with [CPR](#) during [Sudden Cardiac Arrest](#). The AED analyzes the cardiac rhythm and defibrillates (gives an electric shock) to try and restore a heartbeat.

CPR: Cardiopulmonary Resuscitation is a coordinated system of external chest compressions and breaths that keeps blood flowing to vital organs during [Sudden Cardiac Arrest](#).

Post-Traumatic Stress Disorder (PTSD): A mental health condition that sometimes affects those who experience traumatic, horrific, or stressful events. Studies have shown that it disproportionately affects first responders.

Sudden Cardiac Arrest: When a patient collapses, is unconscious, not breathing, and has no heartbeat. Death is certain without the rapid administration of [CPR](#), use of an [AED](#), and the timely application of [ALS](#) care.

Naloxone (Narcan): A medication given to reverse the effects of an opioid overdose. Common opioids include heroin, fentanyl, Percocet, OxyContin, and morphine.



In Cleveland City Hall, AEDs can be found by the elevators (left and center). A take-home naloxone kit (right).

Appendices

Budget year	Budget projected	Budget actual	Money returned	Revenue	Overall cost
2007	\$23,017,429	\$22,695,853	\$321,576	\$11,434,499	\$11,261,354
2008	\$23,458,159	\$23,665,803	-\$207,644	\$12,142,783	\$11,523,020
2009	\$23,431,238	\$22,919,607	\$511,631	\$9,745,668	\$13,173,939
2010	\$21,429,594	\$20,651,314	\$778,280	\$10,911,570	\$9,739,744
2011	\$21,712,969	\$20,232,276	\$1,480,693	\$11,613,051	\$8,619,225
2012	\$21,925,577	\$20,670,398	\$1,255,179	\$12,157,686	\$8,512,712
2013	\$24,289,898	\$21,834,731	\$2,455,167	\$11,817,771	\$10,016,960
2014	\$23,043,311	\$21,858,606	\$1,184,705	\$12,546,971	\$9,311,635
2015	\$24,652,323	\$22,979,540	\$1,672,783	\$10,479,578	\$12,499,962
2016	\$24,852,593	\$23,787,352	\$1,065,241	\$13,238,915	\$10,548,437
2017	\$30,027,375	\$25,802,943	\$4,224,432	\$15,016,306	\$10,786,637
2018	\$30,656,897	\$27,269,201	\$3,387,696	\$14,779,517	\$12,489,684
2019	\$32,738,147	\$28,520,290	\$4,217,857	\$16,594,478	\$11,925,812
2020	\$37,730,532	\$33,202,139	\$4,528,393	\$13,629,298	\$19,572,841

Ambulance Transport Rates 2020

City	BLS	ALS	Mileage
Cleveland	\$350	\$450	\$10
Washington DC	\$428	\$508	\$6.55
Dayton	\$512	\$870	\$11.78
Raleigh	\$540	\$641	\$11.43
Jacksonville	\$550	\$635	\$10
Louisville	\$610	\$760	\$14
New York	\$775	\$1,310	\$15
Charlotte	\$818	\$1,095	\$27
Austin	\$831	\$901	\$13.50
New Orleans	\$975	\$1,396	\$20
Los Angeles	\$1,030	\$1,452	\$19
Madison	\$1,075	\$1,075	\$16
San Diego	\$1,631	\$1,933	n/a
Chicago	\$2,342	\$2,734	\$19

Appendices

Frontline Ambulances

License	Code	Make	Model	Year	Mileage	Condition
AMB1	15H223	Freightliner	Excellance	2018	130,212	Good
AMB4	15H201	Freightliner	Excellance	2018	122,606	Good
AMB6	15H205	Freightliner	Excellance	2018	109,499	Good
AMB7	15H202	Freightliner	Excellance	2018	136,990	Good
AMB10	15H203	Freightliner	Excellance	2018	109,829	Good
AMB11	15H164	Freightliner	Excellance	2016	257,803	Fair
AMB13	15H103	Freightliner	Excellance	2013	305,246	Poor
AMB17	15H104	Freightliner	Excellance	2013	308,072	Poor
AMB20	15H204	Freightliner	Excellance	2018	100,907	Good
AMB21	15H059	Freightliner	Excellance	2010	329,914	Poor
AMB22	15H161	Freightliner	Excellance	2015	233,788	Good
AMB23	15H165	Freightliner	Excellance	2016	271,589	Fair
AMB24	15H280	Freightliner	Excellance	2020	32,699	Good
AMB26	15H107	Freightliner	Excellance	2013	282,738	Fair
AMB28	15H061	Freightliner	Excellance	2011	317,767	Poor
AMB30	15H281	Freightliner	Excellance	2020	40,273	Good
AMB31	15H277	Freightliner	Excellance	2019	52,870	Good
AMB33	15H169	Freightliner	Excellance	2015	235,036	Good
AMB36	15H224	Freightliner	Excellance	2018	121,991	Good
AMB38	15H090	Freightliner	Excellance	2012	279,174	Fair
AMB39	15H226	Freightliner	Excellance	2018	89,311	Good
AMB40	15H166	Freightliner	Excellance	2016	225,892	Good
AMB41	15H278	Freightliner	Excellance	2019	52,780	Good
AMB42	15H225	Freightliner	Excellance	2018	106,517	Good
AMB43	15H162	Freightliner	Excellance	2015	197,731	Good

Spare Ambulances

X2	7H1146	International	Excellance	2006	325,152	Poor
X7	7H1141	International	Excellance	2006	380,217	Poor
X13	7H1143	International	Excellance	2006	297,333	Poor
X50	15H050	Freightliner	Braun	2010	331,069	Poor
X51	15H051	Freightliner	Braun	2010	344,000	Poor
X54	15H054	Freightliner	Excellance	2010	366,282	Poor
X56	15H052	Freightliner	Excellance	2010	375,111	Poor
X59	15H055	Freightliner	Excellance	2010	361,518	Poor
X60	15H053	Freightliner	Excellance	2009	345,067	Poor
X61	15H105	Freightliner	Excellance	2013	317,776	Poor
X62	15H060	Freightliner	Excellance	2011	353,431	Poor
X63	15H091	Freightliner	Excellance	2012	314,091	Poor