



THE CITY OF NEW YORK  
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**Testimony of the New York City Independent Budget Office to the  
City Council Committee on Fire and Criminal Justice Services  
February 23, 2016**

Good afternoon. My name is Bernard O'Brien and I am a senior budget and policy analyst at the New York City Independent Budget Office.

Thank you for the opportunity to testify at today's hearing concerning Intro 135, which would supplement existing Fire Department (FDNY) reporting requirements by mandating that the agency disaggregate average Emergency Medical Service (EMS) response time statistics according to the seriousness or "segment" used to classify medical emergencies.

While the additional information that would be required under Intro 135 would add an important dimension to the current set of EMS performance metrics, IBO would like to suggest some additional reporting requirements the committee might consider.

First, requiring that the FDNY report not only statistical measures of central tendency such as average response time but also measures pertaining to the distribution of response times would allow oversight bodies and the public to see how frequently medical emergencies require an inordinately long period of time before arrival of ambulance or firefighter personnel.

Consider the following from a 2013 IBO [report](#) that focused on the subset of life-threatening (Segment 1-3) medical emergencies that warrant a response by paramedic personnel onboard Advanced Life Support (ALS) ambulances. About 20 percent or roughly 300,000 medical emergencies annually are categorized by FDNY dispatchers as ALS-level incidents that call for a response by paramedics.

Based on our examination of incident-level data from 1999 through 2011, we found that the median response time associated with paramedic response to ALS-level incidents had improved from 7.9 minutes in 1999 to 6.5 minutes in 2011. However, our analysis also revealed that in 2011 there were about 54,000 ALS-level medical emergencies where paramedics did not arrive for at least 10 minutes. Moreover, in a little over 20,000 of these emergencies, the response by paramedics took over 15 minutes. The point to be stressed here is that monitoring only average or median response time

statistics limits the ability of elected officials and the public to track the number of times in which the response was much longer (or shorter) than the mean or median response.

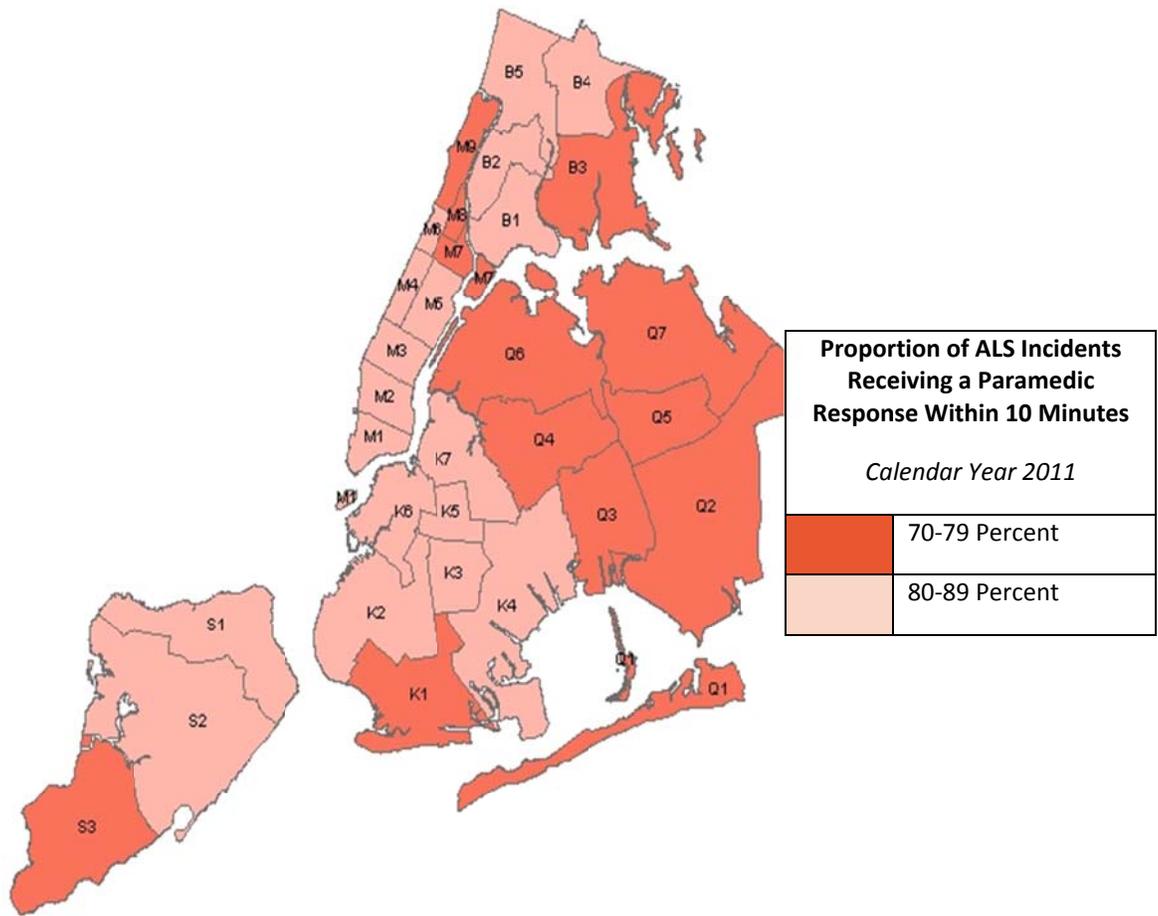
It should be noted that until 2007 the Mayor's Management Report (MMR) provided several EMS-related statistics that are no longer presented. Among the statistics dropped was the share of medical emergencies that were responded to by ambulance personnel in less than 6 minutes, less than 10 minutes, or less than 20 minutes.

For example, in 2007 the average response time associated with ambulance response to nearly 441,000 life-threatening medical emergencies was 6.6 minutes. There was also an indicator in the 2007 MMR reflecting the fact that 88 percent of these emergencies received an ambulance response within 10 minutes, which of course allowed the reader to conclude that almost 53,000 (or 12 percent) of life-threatening medical emergencies in 2007 did not receive an ambulance response within 10 minutes.

Given the importance of the information on the distribution of response times, IBO suggests that the City Council consider amending Intro 135 to include such reporting.

I would now like to turn briefly to reporting by geography. The fire department is currently required to report both fire and EMS response time statistics disaggregated at the borough level. However, given the size and diversity of the city's five boroughs, intra-borough variations may be masked when reporting takes place only at the borough-wide level.

Attached to my written testimony is a map adapted from IBO's June 2013 report. This particular map presents response time data from calendar year 2011 for each of 31 EMS dispatch areas across the city. The map shows the variations within boroughs in the share of Advanced Life Support medical emergencies that received a paramedic response within 10 minutes. One can see that except for Queens, which had a uniformly lower rate for meeting the performance goal of 10 minutes response, there was intra-borough variation across the rest of the city.



Therefore, in mandating the reporting of additional response time measures associated with medical emergencies, the Council may want to also consider requiring that such measures be disaggregated by EMS dispatch area or perhaps at the community district level rather than only borough-wide.

As a model for performance reporting that combines geographic and distributional statistics you might wish to look to Local Law 89 of 1991, which requires the New York City Police Department (NYPD) to regularly provide the City Council with response time statistics pertaining to all crime in progress radio runs within each of the city's 77 police precincts. The NYPD is required to report not only average response time figures disaggregated at the precinct level but also the proportion of reported crime-in-progress incidents in which the first arriving NYPD unit responded within 10 minutes, 20 minutes, 30 minutes, an hour, or more than an hour, respectively.

Thank you again for allowing the IBO to provide testimony at today's hearing, and I would be happy to answer any questions you might have.