Overtime Costs for City’s Ambulance Staff Up 40 Percent Since 2017

Spending by the fire department (FDNY) on overtime associated with the agency’s Emergency Medical Service (EMS) ambulance operations has increased by more than 40 percent since 2017, and it increased again by 5.4 percent during the first half of the current fiscal year ($19.6 million) compared with the same period last year ($18.6 million).

The increase in overtime spending is linked to a decrease in the ranks of FDNY paramedics and emergency medical technicians. Although there have been no cuts in budgeted EMS positions since 2017, the agency’s ability to hire new emergency service personnel has not kept pace with attrition. The challenge of maintaining EMS staffing levels was exacerbated by about 1,400 FDNY emergency medical personnel opting to become FDNY firefighters from 2013 through 2019 after taking a promotional exam uniquely available to city EMS staff. The total number of emergency medical personnel employed by the FDNY as of December 2019 was roughly 4,100, or about 400 (9 percent) fewer than at the end of fiscal year 2017. FDNY Assistant Commissioner Stephen Rush, in January 2020 testimony before the City Council, indicated that the agency is taking steps to increase training capacity and also exploring the possibility of requiring EMS personnel to serve longer than two years before they are eligible to take the promotional firefighter exam. Nevertheless, Assistant Commissioner Rush predicted it is likely to take another two years for the agency to fill the currently vacant EMS positions.

The average daily number of eight-hour ambulance tours the FDNY was able to operate dropped from 814 in 2018 to 747 in 2019, a decline of about 8 percent. The number edged up to 759 during the first six months of the current fiscal year. Every 100 EMS vacancies within the FDNY prevents the staffing of about 27 ambulance tours on straight time (i.e., not overtime).

Much of the decline in FDNY ambulance tours after 2018 has been made up by an increase in the number of tours provided by ambulances affiliated with private hospitals but participating in the 911 system. The upshot is total ambulance coverage in the city during the first half of the current fiscal year is almost at the same level as was the case two years ago. Even though the total number of tours has been roughly constant, there is data to suggest that response times have increased. The most recent Mayor’s Management Report indicated that average response time for ambulances dispatched to medical emergencies categorized as life threatening was 9 minutes and 28 seconds during the first four months of the current fiscal year, 30 seconds slower than in 2018.¹

Since 2013, the number of medical emergencies requiring an ambulance response has increased by an average of 2.5 percent annually, rising from 1.3 million in 2013 to 1.5 million in 2019. The number of reported medical

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Emergencies increased again by about 7,600 in the first six months of the current fiscal year when compared with the same period last year.

One factor contributing to increases in ambulance responses are changes in the composition of medical emergencies. In March 2019, the fire commissioner testified to the City Council that there has been a 25 percent increase over the past decade in the number of calls for emergency assistance from generally stable patients needing care for minor medical injuries or management of non-life threatening chronic diseases. There has also been an increase in the number of medical emergencies coded as involving psychiatric patients, which have risen from 91,000 in 2013 to 140,000 in 2019, annual average growth of 7.4 percent. Over the same period medical emergencies coded as drug or alcohol abuse also increased from about 78,000 in 2013 to over 110,000 in 2019, an annual average increase of 5.9 percent. All other medical emergency incidents requiring an ambulance response increased over the same period by a more modest average of 1.8 percent annually.

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Endnotes

1These average response time figures are based on the first arriving ambulance (FDNY or non-city) responding to 911 reported emergencies.
2Based on incident-level data available through the city’s Open Data portal.