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FROM THE OFFICE OF THE CITY MANAGER

August 25, 2025

To: Mayor and City Council Members

From: Frank Nastasi, City Manager
Robert J. Bruner, Deputy City Manager
Chris Wilson, Assistant City Manager
Dylan Clark, Senior Management Analyst

Subject: City Council Agenda Questions & Answers – 08.25.2025

The following are communications that City Administration would like Council to be made aware of. In order to ensure that all questions are received and answered, all City Council Questions should be sent to the CITY MANAGER DISTRIBUTION GROUP e-mail address.

From: Councilman Chanda
Sent: 08/24/2025 at 4:21 PM
Subject: Late Submittal on Agenda item I-9 (August 25,2025 Council meeting)

My question is about the Agenda Item I-9 (SPR8 BEST VALUE AWARD - EMERGENCY MEDICAL SERVICES)

From Page 4 of the supporting document of Agenda Item I-9

"Provide advanced life support ambulance and related services at a Minimum Response Time Standard of 6 minutes 00 seconds for 90% of emergency responses, 24 hours, 7 days, 365 days a year. Services shall include the following dedicated vehicles: 5 ALS 7am – 7 pm and 4 ALS 7 pm – 7am"

Q1: How many ALS Ambulances are allocated for Troy by the current provider, Universal Macomb Ambulance?

Q2: How do we ensure that these vehicles (5 during daytime and 4 during night) will be dedicated to Troy and will be staffed with appropriate medical personnel?

Q3: Which local Municipalities are using them today and how is the performance?

Q4: How do we make sure that our desired response time (of 6 minutes 00 seconds for 90% of emergency responses) is indeed being achieved? Do we have "teeth in the contract" which will enable us to take action if response time goal not met in a statistical sense ?

Answers: Pete Hullinger – Fire Chief

Q1: How many ALS Ambulances are allocated for Troy by the current provider, Universal Macomb Ambulance?

Currently, only 3 units are required per the current contract. During the day it is 3 ALS units and at night it is 2 ALS with a PFR. They are also bringing additional units during the day due to demand and it varies between 4 and 5 units.

Q2: How do we ensure that these vehicles (5 during daytime and 4 during night) will be dedicated to Troy and will be staffed with appropriate medical personnel?

The contract requires AVL in the units which is vehicle tracking via GPS. We are reliant on the provider to insure they are scheduling the units and staffing them appropriately.

Q3: Which local Municipalities are using them today and how is the performance?

Star EMS currently provides services for Pontiac, Bloomfield Hills and Franklin-Bingham. I spoke with representatives from these agencies regarding their services. The main recurring comment is that the units have long response times as these agencies do not have dedicated units but use a performance base model.

Q4: How do we make sure that our desired response time (of 6 minutes 00 seconds for 90% of emergency responses) is indeed being achieved? Do we have "teeth in the contract" which will enable us to take action if response time goal not met in a statistical sense ?

We are requiring Star to provide call processing and dispatching reports to monitor their performance. There is no "teeth" in this contract other than the ability for the city to terminate this contract. When talking with the EMS providers prior to going out to bid, several indicated they would not bid the contract if there were financial penalties, thus the city chose not to put any in the contract.

This RFP and award are only steps in the process. Per the March meeting with City Council, we needed to put an RFP out for EMS, which we did and as the current contract expires on December 31, 2025, we need to have a contract with a private provider in place to continue EMS services. Administration will monitor performance under the new contract and provide Council with the information needed for any future decisions.

From: Councilman Hamilton
Sent: 08/24/2025 at 11:08 PM
Subject: Agenda

- 1.) Please describe the main differences between this contract with Star EMS and with Universal.
- 2.) How have response times been recently under the new contract with Universal?
- 3.) How has dispatch time and turnout time changed as well, compared to what we saw in the Fitch report (3.3 min for dispatch time for emergent calls, 1.5 min for turnout time for emergent calls)? What were the main root causes of the 3.3 min, and what can be/has been done to improve that?
- 4.) With star ems in place, can we plan to hire internal resources as well to assist the contract where needed? I know when we previously discussed in-housing ems, it was stated it would take 1.5-2 years before it could be implemented. Council recognized that we would still need a contractor during that transition era, and thus we went for the RFP. It looks like we got a good result there, with a contract that purports to deliver more. But I'm still wondering if the groundwork for some minimal in-housing could also take place to assist, and if that's being considered?

Answers: Pete Hullinger – Fire Chief

1.) Please describe the main differences between this contract with Star EMS and with Universal.

There are no major differences other than there being two deployment options to choose from, performance based (which is a blend of PFR, BLS and ALS units) or the option of dedicated only ALS units and response times requirements. Currently, it is 8 minutes 90% of the time for priority one calls and the new contract will be 6 minutes 90% of the time for priority one calls.

2.) How have response times been recently under the new contract with Universal?

In June and July of 2025, Universal has met the 90% response time requirement of 8 minutes or less for priority one calls. Their running yearly average is at 86% for this. Keep in mind on average there are 300 priority one calls a month and at a 10% error rate in response that means 30 high priority calls a month have poor response times.

3.) How has dispatch time and turnout time changed as well, compared to what we saw in the Fitch report (3.3 min for dispatch time for emergent calls, 1.5 min for turnout time for emergent calls)? What were the main root causes of the 3.3 min, and what can be/has been done to improve that?

The City of Troy takes the initial 911 call. During this initial call, they need to identify the issue, its location and who is calling. This is done in roughly 30 to 45 seconds. If police or fire are needed, they are dispatched simultaneous as the call taker is processing the information units are being dispatched. When a medical call is identified and EMS is needed, Troy dispatch must then call the EMS provider via phone and transfer the caller to them. Then the EMS provider must begin the process over of identifying where the incident is, who is calling and what the issue is then get their ambulances dispatched. Since Troy only handles a small portion of the EMS dispatching, we rely on the private provider to call process in a timely manner, the new contract does call out that this must be done in 90 seconds or less which is the national standard.

4.) With star ems in place, can we plan to hire internal resources as well to assist the contract where needed? I know when we previously discussed in-housing ems, it was stated it would take 1.5-2 years before it could be implemented. Council recognized that we would still need a contractor during that transition era, and thus we went for the RFP. It looks like we got a good result there, with a contract that purports to deliver more. But I'm still wondering if the groundwork for some minimal in-housing could also take place to assist, and if that's being considered?

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From: Councilwoman Hodorek
Sent: 08/25/2025 at 10:29 AM
Subject: Agenda Question

I-09 SPR8 BEST VALUE AWARD - EMERGENCY MEDICAL SERVICES

One of the challenges identified in our study session was related to dispatch handoff adding to response time. Can you confirm this is being addressed?

Answer: Pete Hullinger – Fire Chief

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