An Analysis of the Best Practices to Replicate in the Integration of the City of

Cleveland, Divisions of EMS and Fire

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A proposed research project submitted to the Ohio Fire Executive Program

19 July 2014

CERTIFICATION STATEMENT

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ABSTRACT

The process of merging or integrating two agencies into one is a formidable one. When undertaking a change of this magnitude, you need not reinvent the process. The vast majority of fire service agencies have either started providing Emergency Medical Service (EMS) delivery since it became mandated by the federal government in the mid-1970's, or have merged or integrated with some type of EMS system since then. This author's goal is to determine the best practices to model when the decision was made to do this in his home town, and not to repeat many of the mistakes that were made by other agencies when integrating or blending differing cultures together. The decision to integrate was ultimately made by the mayor, and the process began (since this study began, the integration process in Cleveland is currently at an impasse).

The idea of integration was not a new one in Cleveland; there has been a third service EMS System since 1975.The fire chief at that time did not want to undertake medical service delivery as part of the fire departments' mission. Ever since then, there has been no less than four separate proposals that this author is aware of, most of them came from the labor front, all to no avail. This time, however, the climate is ripe for a change. The EMS service in Cleveland has a high turnover rate, some years up to 12 percent. This is due to such factors as employee burnout due to a high workload, and limited opportunities for advancement. In fact, many former EMS employees now work for suburban fire departments

The cities chosen by this author to survey for this project were New York, San Francisco, Kansas City, Norfolk, Louisville, Washington DC, and St. Louis. These cities have either successfully integrated, or have had significant challenges in the integration of their EMS and Fire departments. Most of the rationale to merge or integrate in these cities was centered on

streamlining or improving service delivery. This in part was due to the change in the workload for most fire departments; less calls for structure fires and an increase for calls for emergency medical care. It should also be noted that certain nuances and/or local peculiarities are prevalent in each of the cities, thereby preventing any one jurisdiction from adhering to a 'one-size fits all' approach. Probably the best advice this author has received during this entire project was that to be successful in integration, the fire service has to fully embrace the EMS mission, and the EMS people have to buy into the team concept,which is paramount in the fire service culture. The biggest challenge will be in preserving some of the past of both agencies while forging ahead in the new, combined mission of an all-hazard, service delivery model.

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INTRODUCTION

Statement of the Problem

The American Fire Service has a longstanding tradition (Since 1863, Cleveland) of serving the community, not only as a means of providing Fire protection but also in the areas of Rescue and Emergency Medical Service delivery. EMS, which began as a third service in many communities, has not been around as long (generally started in the mid-1960's; 1975 in Cleveland). Not surprisingly, these two agencies have developed distinct and often times divergent cultures. The City of Cleveland has a third service EMS system and has recently announced that the Division of EMS and the Division of Fire will be integrated into one agency within the Department of Public Safety. To facilitate this integration, a researched based "best practices" study relative to successful techniques of combining two major service divisions into a single organization is in order.

The author of this paper will study the best practices relative to the melding of two cultures. I will also look into the attitudes of both EMS and Fire personnel as a means of determining effective methods of creating an environment that will embrace varying attitudes and values while maintaining a singleness of purpose that is vital in Public Safety agencies.

Frank Jackson, Mayor of Cleveland recently announced his intention of integrating the Division of EMS and the Division of Fire. The result of this integration will produce a new Division called Cleveland Fire, Rescue and Emergency Medical Services and will be under the direction of the Fire Chief and within the Department of Public Safety. This announcement has created a myriad of responses from personnel in the aforementioned Divisions. These responses include a sense of excitement by some as well as a sense of apprehension by others. The sense of excitement is strengthened by the hope of a more streamlined Emergency Services Division

capable of future greatness, whereas the sense of apprehension is prevalent among those who are unsure of their role in the future Division.

Committees, consisting of personnel from both Divisions were formed in order to address the various functions of each Division and the means by which they could be combined. Work groups were formed to discuss the various nuances within each Division as they relate to operations, training, procurement, human relations and dispatch functions. The goal of these work groups was to identify the positive traits of each as well as focus on combined redundancies and inefficiencies while recommending measures to eliminate or reduce them.

*The problem that this research study will address is regarding the announced proposal of integrating the two separate public safety divisions in the city into one combined division.*While there are many and varied responses to the proposed integration among the members of both Divisions there are also numerous logistical and policy issues that will need resolution and attention prior to a successful outcome. When integrating two separate agencies with seemingly different cultures and backgrounds, what behaviors and attributes will be desired and encouraged from its' members? What agencies have successfully integrated or merged in the past? What are some successful methods to keep employees motivated to perform at their best? Additionally, when employees from two different divisions are combined or integrated, what practices can be utilized to enhance the positive attributes of each while minimizing the negative impacts and keeping the focus of the primary mission intact?

The **<u>descriptive research method</u>** has been chosen for this study.

Purpose of the Study

      The purpose of this study is to provide research based information about the attitudes and behaviors (cultures) of the members of the Division of Emergency Medical Services and the Division of Fire in order to use the best practices and approaches to merge the two divisions into a single division. I will be seeking information from agencies that have experienced an integration of services both in the public and private sectors. This information will be used to incorporate the best practices into the Cleveland integration plan to maximize the chances of a successful endeavor and minimize any negative impact among the members of both organizations.

Research Questions

      The research questions this study will investigate are:

1.   What are the cultural values and behaviors of the members in the EMS and Fire Divisions and how do they compliment or conflict with the proposed integration?

2.   What practices have been successfully used to integrate two or more public service agencies into one?

3.   What models or theories of change management could be used to integrate the EMS and Fire Divisions into one unit in the Department of Public Safety?

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BACKGROUND AND SIGNIFICANCE

The modern model of delivering pre-hospital emergency medical services has been evolving since the mid-1960's. Since that time, systems have developed where there are now accepted components that can be used to describe EMS systems. The main components of a modern EMS system consist of administration, common terminology, human resources, medical oversight, operations, system regulations and policy, communications, quality assurance/performance improvement, record keeping and others. These components were identified in the federal Emergency Medical Services Act of 1973 (Ludwig, 2006), and are recommended in the implementation and operation of a successful EMS system.

Over the years there have been varying degrees of EMS delivery by the fire service. Of the 200 most populated cities in the United States, the fire service provides pre-hospital emergency medical service response in 97 percent of those cities in some fashion. Some cities, such as LosAnglesCounty, Seattle, Columbus and Miami have had paramedics on their staff and have been providing Advanced Life Support (ALS) services since the late 1960's (IAFC, 2009). Other cities have not been so successful. Cities such as WashingtonDC, San Francisco, and New York have had struggles in their attempts to merge or integrate a separate EMS system into their fire department. The significance of this study will be to look at the reasons why some cities have been successful at integration and why others have not had much success.

The City of Cleveland formeda third service in the Department of Public Safety, the Division of Emergency Medical Services (EMS) in 1975. This was done after the Fire Chief at that time, William Barry, rejected the offer to oversee the operations and administration of providing pre-hospital medical services to the citizens and visitors of Cleveland. A federal grant was awarded to the City of Cleveland, and the Cleveland Division of EMS,one of the first third

service EMS systems in the country,was formed. The grant enabled the city to purchase 12 ambulances and hire and train 120 Emergency Medical Technicians. In their first year of existence, Cleveland EMS handled over 80,000 calls for service. Cleveland Emergency Medical Service (EMS) has since grown to almost 300 employees and up to 21 Ambulances. They currently operate 18 ambulances; all of them provide ALS service. EMS also has their own administrative staff, including a separate dispatch center known as the Radio Emergency Dispatch (RED) Center thatis responsible for dispatching ambulance resources to emergency calls for service, and dynamically staging other ambulances at strategic locations throughout the city, often on street corners or parking lots. Cleveland EMS administrative functions also include areas such as procurement, training, public education, among others. Their current operating budget is just over $24 million dollars (2013 City of Cleveland Mayors Estimate).

The City of Cleveland, Division of Fire (Fire) is a fully paid, career department that has provided fire, rescue and emergency medical services to the citizens and visitors of the City of Cleveland since 1863, over 150 years. The current configuration of the Fire Division supports 22 Engine Companies, 11 Hook & Ladders, two Rescue Squads and five Battalions; presently five of the Engine Companies provide Advanced Life Support (ALS) service, all other front line apparatus provide Basic Life Support (BLS) service. In addition, the Fire Division supports a Hazardous Materials Unit and a Technical Rescue Unit. The Technical Rescue Unit is responsible for providing water rescue, high angle rescue, trench rescue, confined space rescue and many others of the specialized disciplines of technical rescue. The Fire Division also operates a communications center known as "Fire Dispatch". The administrative staff provides support to the suppression forces, and includes the Fire Prevention Bureau, Fire Investigation Unit, Storeroom, Special Services Unit, Fire Training Academy, Public Education Unit and

Mechanical Repair Unit. All of these services are included in the Fire budget of approximately $87 million dollars (2013 Mayors Estimate).

The controversial rejection of the offer to provide pre-hospital medical services in 1975 by then Fire Chief Barry has plagued the Fire Department many times, with fire company service reductions, layoffs, and perceptions and accusations that they are inferior to the third service EMS employees in providing pre-hospital medical care. There have been several proposals submitted regarding the integration or merging of the EMS and Fire Divisions over the intervening years. Comprehensive studies into this were requested and/or conducted by the city council, safety and fire administration, and the firefighters union. Some of the studies recommended the integration or merging of the EMS and Fire Divisions, others recommended they remain separate.

There is an opinion or perception regarding the so called "cultural differences" between employees of a Fire Department and those of an EMS system. The argument centers on the attitudes of firefighters in providing care to patients. Some traditionalists in the fire service claim that they joined the fire service to fight fires and if they wanted to be paramedics, they would have joined the ambulance service (FEMA, 1997). Those in the EMS system claim that there are different attitudes of those who serve in the EMS system versus those who serve on a fire department (Weiss 1998).

The claims of differing cultures between the members of an EMS system and those in the fire service will be further evaluated. A few definitions of culture as defined by Webster that would apply in this application are "the integrated pattern of human behavior that includes thought, speech, action, and artifacts and depends on man's capacity for learning and transmitting knowledge to succeeding", "the sum total of ways of living built up by a group of

human beings and transmitted from one generation to another", and finally "the behaviors and beliefs characteristic of a particular social, ethnic, or age group". Culture is also defined as the unique whole-the shared ideas, customs, assumptions, expectations, philosophy, traditions, morals, and values- that determine how a group of people will behave" (O'Toole, 1995).

These definitions may help to understand the basis of the culture or "turf" wars that have taken place over the years between EMS and Fire employees. This author has experienced firsthand resistance to personnel change, the refusal to cooperate, and also the stubbornness of people in both agencies. The difference in culture and the loyalty to ones organization has caused many issues over the years that the EMS and Fire organizations have coexisted in Cleveland. The perceivedintentionof many employees inEMS and Fire was to disrupt or undermine the other agencies mission rather than focus on the greater good. This perception was based on what was observed in the field which seemed more like a rivalry (us versus them) than being on the same team and focusing on the primary mission of serving the community.

The firefighters in Cleveland who are actively serving have provided patient care their entire careers. In 1981, the City of Cleveland started requiringthat all new Fire employees would have to obtain the Emergency Medical Technician Basic Level (EMT-B) as a condition of employment. All of the existing employees in the Fire Division at the time were also offered this training and some of the members volunteered to undertake it. Fire also started dispatching its fire suppression resources to medical alarms. At that time, Fire had two Rescue Squads, which until then would primarily only be dispatched to fire and rescue incidents. The change in the mission of Fire to expand their services caused them to start dispatching their Rescue Squads to medical incidents. Eventually, this led to the Rescue Squads transporting Basic Life Support (BLS) medical patients to the hospital when EMS resources (ambulances) were not available.

In the early 1990's, members of the Fire Division were offered Advanced Life Support (ALS), Emergency Medical Technician, Paramedic (EMT-P) training. Several members of Rescue Squad 2 (RS 2) took advantage of this training; RS 2 became the first unit in the Fire Division to provide ALS care, including transporting patients to the hospital. Eventually, because of company closures and an increased workload, the number of Rescue Squads in the Fire Division increased to four.All of the Rescue Squads eventually became ALS providers and transport units, and they augmented EMS in the pre-hospital medical service delivery system in Cleveland.

The firefighters who became paramedics did so without being formally recognized by the city in the collective bargaining agreement. This became contentious with the firefighters union because the city failed to recognize the paramedic in succeeding collective bargaining agreements. The Division of Fire recognized the fire paramedics' contribution by providing additional training compensation and opportunities to work additional overtime as a paramedic. Over the years, the fire paramedics have been promised recognition, but this still has not happened.

As stated earlier, the firefighters have had experience in delivering medical care to patients; they have been doing it as long as they have been employed in Fire. The change or transition that will be required to occur in the integration will be in the staffing of ambulances. Most firefighters haven't had to perform this job of serving in an ambulance as part of their duties, only when asked by EMS on an emergency scene to assist with a critical patient's care and transport. If a successful integration between EMS and Fire were to take place in Cleveland, the services provided would be more efficient by streamlining administrations and reducing redundancies in resources allocation in the field.The integration plan identifies more ALS

resourcesavailable to the citizens and alsomore opportunities for advancement for members of both divisions.

Since Mayor Jackson announced the integration plan, there has been movement to place as many ambulances as possible into fire stations. In the past, EMS had housed or based their ambulances mostly in hospitals, police stations and in some instances fire stations. The fire stations that EMS were based at prior to the Mayors announcement were mainly newer stations with the facilities to accommodate the many females who worked for EMS. Fire is predominately a male organization, with only five females on its uniformed staff.

The movement of additional EMS ambulances in fire stations was done to facilitate the integration and show the mayors commitment to it. On the surface, it appeared that things were moving forward with the integration. It placed the EMS and Fire employees together in the same workspace. This also saved the city some money in rental fees and allowed the members of both EMS and Fire to work together and get to know each other better. Some of the main issues that arose as a result of this move were that it was done without upgrading the facilities to accommodate the addition of the EMS employees or changing anything with the response configuration at the respective dispatch centers so the inherent redundancies continued.

Many of the older fire stations were constructed in the 1940's and 1950's, while some are even older. They were designed primarily for single gender (male) employees;there are not separate locker rooms, shower facilities, or sleeping areas to segregate the females and males. In addition, at some of these locations, there is not enough room to provide an office space for the EMS employees. The diesel exhaust extraction system in some of the fire stations wasn't modified to capture the exhaust of the newly relocated EMS vehicles. These issues among others have caused apprehension in the employees because many of them sensed these relocations

weredone prematurely without much thought given to it by the administrators. Another concern is that of the "house fund", which is used to purchase amenities at the fire station such as coffee, condiments, televisions and related cable services, exercise equipment, recliners and other "creature comforts" that are not purchased by the city. There is not an official policy on house fund regarding the required participation in it.

The current response configuration issue is a result of having two separate dispatch centers, one for EMS and one for Fire. This configuration created an obvious redundancy that is very frustrating to members in Fire. When there is a medical call in the district of a firestation that houses both an ambulance, an ALS fire engine and a BLS Hook & Ladder, each respective dispatch center receives the call and dispatches their respective resource to it. The frustration among the Fire employees is that the ALS resources from each division are being needlessly dispatched redundantly to the same alarm while the BLS resource in Fire just sits back and waits for the next fire or other type alarm.

The basis of the frustration on the part of the fire paramedics is that they believe their skills are not utilized in the most effective and efficient way,and thus feel abused and wasted as a resource. They believe that the ALS Ambulance, which is staffed with two paramedics, should be sent to the medical call and the BLS Hook & Ladder should be dispatched if the ambulance needs assistance and save the ALS Engine for another critical, life-saving call. A successful integration would eliminate many of these concerns and would enable the city to be more efficient in the utilization of their resources, thereby maximizing a patient's chance of surviving a cardiac or other life-threatening event. Regardless of the outcome of the integration, it is this author's hope that the dispatch centers of EMS and Fire combine, so the redundant, duplicative dispatching of limited emergency resources is minimized.

The need to integrate the EMS and Fire Divisions is obvious because of the many operational and administrative redundancies which occur because of their similar missions and fiscal challenges. Currently all of the resources utilized to provide Rescue and Emergency Medical Services are kept separate by both agencies. In addition to the separate Fire Dispatch Center and an EMS Radio Emergency Dispatch (RED) Center, there is also a Fire Training Academy (FTA) and a training center at EMS, a EMS Storeroom for procuring goods and services and also a Fire Storeroom that does the same thing. There are also separate administrative staffs that provide support for the field personnel in each respective agency. If the integration would occur, personnel could be interchanged where needed and extra personnel could be sent to the streets resulting in greater efficiency. This is important because both agencies are challenged to meet their budgets and often rely on overtime to maintain minimum staffing levels. The budget challenges have been felt most in Fire as they have had several service reductions since 2004. These reductions has resulted in over 25 percent fewer employees and suppression companies. EMS, because of their historically high employee turnover rates, has not had to lay off any employees.

The relationship of this research to the current issues in the Division of EMS and Fire in Cleveland is that this author will be focusing on the best integration and merging practices in both the public and private sectors. Furthermore, this author will also focus on the blending of differing cultures that Wickford describes, but will look specifically into EMS and Fire integrations and/or mergers that have taken place over the years and attempt to list the principles that have proved successful and practices to avoid. This researcher also plans on looking deeper into the perception that EMS and Fire service providers have different cultures. In addition, this researcher would like to use the information found regarding the behaviors and attributes of

different agencies and incorporate the findings into this report and recommend the best practices to model in the integration plan.

The information contained here may provide the integration team charged with formulating the new EMS and Fire service in Cleveland some guidelines to utilize in this task, especially in the development and promulgation of the policies and procedures ofthe new organization. It is this researchers hope that the research uncovered in this study will not only provide some guidance with this integration, but also to create a Division of Fire, Rescue and Emergency Medical Services that will be not just be a sum of two parts or separate divisions that have combined, but a synergistic, vital, progressive organization, much greater than each one alonewas before. *The potential impact this study could have on the Cleveland Fire Department is that the new integrated division will be more operationally efficient and effective than the two separate divisions. In addition, it is this authors hope that members of this new Division will not only thrive internally, but also in and about the community.*

LITERATURE REVIEW

The findings of others who have researched the topic of integrationwill be reviewed,summarized, and described in a way so best practices can be recommended to incorporate into this researcher's hometown integration plan. Any time two different agencies or groups are blended or integrated together, there may be challenges in trying to focus the people from those agencies on the new mission. "Organizational cultures often collide post-merger, and the fallout, particularly for small businesses, can be disastrous. When faced with a merger, keep issues related to blending cultures a top priority and take steps to ensure a smooth transition" (Wickford, 2013). There have been a multitude of companies that have merged over the years, some were successful, but many were not.

What is organizational culture? How is it relevant in the workplace? Why is culture so important to an organization and how is it measured? What influence does culture have on an organization? Organizational culture has been the focus of many research studies over the years. Numerous researchers have deliberated this topic and there are various definitions of it. One of the most prominent researchers who studied organizational culture is Edgar Schein, an author and professor. Schein proposes that many of the problems confronting leaders in organizations can be related to their inability to analyze and evaluate the culture in their organization (Schein, 1997).

As stated earlier, Webster defines culture as "the behaviors and beliefs characteristic of a particular social, ethnic, or age group". It is basically the environment in which a person is brought up. Another way to describe culture is "the way we do things around here". An organization's culture can have a strong influence on people and thisis an important concept for the leadership of an organization to understand, especially if they are trying to implement

change. Many leaders, when trying to implement new strategies or a strategic plan leading to a new vision, will discover that their strategies may fail if they are inconsistent with the organization's culture. Difficulties or issues with organizational changes often arise from the failure of the leadership to analyze their organization's existing culture (Schein, 1997).

Organizational cultures are created in part by leaders, and one of the most decisive functions of leadership is the creation, management, and sometimes destruction of culture (Schein, 1997). Schein's further explains that productive cultural change in an organization will occur only if its leaders correctly analyze the existing culture, and evaluate it against the cultural attributes needed to achieve strategic objectives. Leaders must first possess a clear understanding of the strategic objectives for their organization and identify the actions needed to reach those objectives. Culture is deep-seated and can be difficult to change in an organization, but leaders can influence or manage it.

Schein gives five guidelines for a leader regarding culture: 1.) Don't oversimplify culture or confuse it with climate, values, or corporate philosophy. Culture underlies and largely determines these other variables. Trying to change values or climate without getting at the underlying culture will be a futile effort. 2.) Don't label culture as solely a human resources aspect of an organization, affecting only its human side. The impact of culture goes far beyond the human side of the organization to affect and influence its basic mission and goals. 3.) Don't assume that the leader can manipulate culture as he or she can control many other aspects of the organization. Culture, because it is largely determined and controlled by the members of the organization, not the leaders, is different. Culture may end up controlling the leader rather than being controlled by him or her. 4.) Don't assume that there is a "correct" culture, or that a strong culture is better than a weak one. It should be apparent that different cultures may fit different

organizations and their environments, and the desirability of a strong culture depends on how well it supports the organization's strategic goals and objectives. 5.) Don't assume that all the aspects of an organization's culture are important, or will have a major impact on the functioning of the organization. Some elements of an organization's culture may have little impact on its functioning, and the leader must distinguish which elements are important, and focus on those.

Manyorganizations have developed cultures because conditions required for their formation were routine in the workforce environment. Theorists have demonstrated that the only requirements for cultural formation in an organization are that a group of employees interact over a significant period of time and be fairly successful at what they undertake. "Solutions that repeatedly appear to solve problems they encounter tend to become part of the culture. The longer the solutions seem to work in an organization, the more deeply they tend to become embedded into the culture" (Kotter and Heskett, 1994, p. 16).

Theorists have examined whether leadership can successfully manipulate an organizations culture, particularly since it is hard to find compellingly documented examples of cultural change, Kotter and Heskett argue otherwise:

> Although tough to change, corporate cultures can be made performance
> enhancing. Such change is complex, takes time, and requires leadership…This
> leadership must be guided by a realistic vision of what kinds of culture enhances
> performance- a vision that is currently hard to find in the business community or
> the literature on culture (p. 103).

Schien (1997) also believed that it was important to identify the priority issues of the organizations leadership. Organizational cultures are created in part by leaders, and one of the most constructive functions of leadership is the creation, management, and sometimes

destruction of culture (p.11). Culture in an organization is manifested from a complex set of

dynamics within the organization that is only partially influenced by the leaders' behavior and

actions. Schein further states "But if the group's survival is threatened because elements of its

culture have become maladapted, it is ultimately the function of leadership to recognize and do

something about the situation" (p. 9). A key element in the formation of an organizations culture

then seems to be the attitudes and beliefs of its leadership. Another point to remember when

assessing the culture of an organization is that different people in the same organization can have

different perceptions of the culture of the organization. This is important for leaders to consider

especially regarding the differing perceptions between the top and bottom levels of the

organization; in a fire department, these perceptions can be magnified.

Some fire departments that have integrated or merged a separate third service system like

the one presently in Cleveland are New York, St. Louis, Kansas City, and Norfolk. Other city

fire departments such as in Los Angeles County, Seattle, Columbus, Jacksonville, and Miami

had some of the first paramedics in the United States (IAFC Position Statement, 2009). In

Miami, for instance, firefighters were chosen in 1964 to provide first aid and basic

cardiopulmonary resuscitation (CPR). According to Dr. Eugene Nagel,a pioneer in the field of

Emergency Medical Services,the goal was to improve out-of-hospital cardiac survival in the

community by using lessons learned from the quick response system in the hospitals and apply it

to the pre-hospital setting (Nagel, 2007). Nagel continues:

> The fire service is dispersed throughout America and is everywhere in our
> country. It is an efficient method for offering emergency care rather than creating
> a completely separate service with separate communications, vehicles, housing,
> and personnel. It worked in Miami in the 1960's and continues to work well when
> integrated into the fire service. It is a natural fit. (p. 9)

A recommendation to change the attitudes of firefighters who do not buy in to the provision of EMS is to create an "EMS mindset" in them. The best way of doing this is to instill the new model or paradigm of providing this service from the top as a corporate value (FEMA, 1997). A shrewd chief fire executive will attempt to relate this new mission concept back to the traditional mission of the fire service- "protection of life and property". If EMS can be seen as an extension of this mission, it will be easier for the firefighters in the organization to buy into and perform this critical task.

Some recommended steps for a successful integration of EMS into the fire department culture has been outlined in a interview with Deputy Chief Mike Metro, a fire service leader in Los Angeles County who oversees operations of 170 fire stations, in 58 cities protecting 4.5 million citizens. Metro states you have to "[s]et goals and develop personnel who can help you meet those goals". He often speaks at conferences on changing the fire service culture to embrace EMS by utilizing a five-step approach:

1. Decide where the department wants to be in five years.

2. Develop the behaviors needed for an EMS culture.

3. Stock the department's library with educational resources.

4. Change performance evaluations.

5. Focus on the "why" of EMS and fire service.

Metro further states that the proud, 200-year-old traditions of the fire service are the same traditions that often hinder us from adopting the new mission of today's modern fire department, especially as it relates to the EMS components of the services we perform. However, it is possible to change the culture of our organizations and truly embrace our EMS mission (2003). This researcher will gather any data that is available on fire service integrations and other

mergers and integrations in public and private sector agencies and use the acquired information in this report to make recommendations on best practices and issues to avoid.

A focus of my research will be on the attributes and behaviors of people and organizations. When blending different agencies or cultures together, how can you keep the people in the organization motivated and focused on the required tasks? "Social scientists also examined this problem. They observed that two companies providing the services to the same customer base might have drastically different ways of achieving that goal. Researchers postulated that perhaps the clash of internal operating environments was to blame" (Weiss, 1998). The author continues, "Every company or governmental agency will have a unique approach to its job. There will be written policies and regulations to mediate the daily workload and there will also be written codes of conduct. These elements combine to form the organizational culture or milieu of the agency".

People are a vital part of any organization, and to not understand the people who work for you can be detrimental to the organizations success. To understand people effectively, it is necessary to understand the factors that affect how people behave at work (Armstrong, 2006, p239). All people are inherently different. Their attitudes, personalities, background (culture), abilities, and intelligence, vary widely. Personal characteristics can vary and are classified by Armstrong as follows:

- Competencies- abilities and skills.
- Constructs- the conceptual framework which governs how people perceive their environment.
- Expectations- what people have learned to expect about their own and other's behaviors.

- Values- what people believe to be important
- Self Regulatory Plans- the goals people set themselves and the plans they make to achieve them.

These are important factors for a leader or manager to know and consider when developing new jobs or roles for your people, especially in a newly formed organization. When assigning jobs, you should to attempt to fit people with certain characteristics to jobs that will increase their chances of success.

Another important consideration when dealing with people is their attitudes. Just like personalities, people also have attitudes, and they can differ. But more importantly, they can be influenced. An attitude can be broadly defined as an established mode of thinking. Armstrong elaborates, "Any attitude contains an assessment of whether the object to which it refers is liked or disliked". Attitudes in people can be developed through experience but they are less stable than personality traits and can change as new experiences are gained or influences absorbed (Armstrong, p.244). This is important realization for a manager dealing with people as their attitude can determine their behavior. Knowing what influences a person's attitude can help a manager or leader deal with their personnel. Within an organization, people's attitudes are affected by the following factors according to Armstrong:

- Cultural factors (values and norms)
- The behavior of management (management style)
- Policies such as those concerned with pay, recognition, promotion, and the quality of working life
- The influence of the "reference group" (the group with whom the people identify)

Closely related to attitudes of people at work are their behaviors. Behavior though, can be difficult to predict because there are so many variables in personal characteristics and situations. Behavior, as defined by Webster is "the manner of conducting oneself or the aggregate responses to internal and external stimuli". Behavior at work is dependent on both the personal characteristics of individuals (personality and attitudes) and the situation in which they are working (Armstrong p.245). It may be assumed that attitudes determine behavior, but there is not a direct link. As Arnold *et al* (1991) describes in their work, "Peoples avowed feelings and beliefs about someone or something seemed only loosely related to how they behaved toward it".

Behaviors will be influenced by the perceptions of individuals about the situation they are in according to Armstrong (pp. 244-245). This is important for the leaders and managers of an organization to consider because the behavior of an individual has a direct correlation on their performance and production, especially when they are operating independently in a service-oriented organization. The key environmental variables that can influence behavior in a work environment according to Armstrong are:

- Role characteristics such as role ambiguity and conflict

- Job autonomy and challenge

- Leader behaviors, including goal emphasis and work facilitation

- Work group characteristics, including cooperation and friendliness

- Organizational policies that directly affect individuals, such as the reward system

The attributes and behaviors of the people in your organization are important qualities to analyze, especially when incorporating change. Leaders who understand where the priorities of the people under them are focused on will have a much greater chance of success when implementing the proposed change/s.

Change is a reality of life;things just don't stay the same. While people and organizations may want to maintain the status quo, and not shake things up, elements beyond their control may necessitate a change. Budgets, management philosophies, mandates, and other influences can be the impetus for change. In the corporate world, the major motivational factors driving a merger or consolidation of companies are expansion, diversification, loss prevention or improved service (Gaughan, 2007). The main hope of a merger in the private sector is that that the result of the combination of the two entities will have a synergistic effect, meaning the sum of the two merged corporations will be greater than they would have been if they were still apart.

In the fire service, changes can be forced on a department by court order, a new state or federal regulation, union pressure, or elected officials (Smeby, p.19). The author goes on to describe that a chief fire officer is in a position to initiate change by the very nature of his or her position. Tradition and culture in the EMS and fire service are strong and the safety forces in Cleveland are no different. The key to a successful change in a department is getting the required buy-in from other members in the organization, but it should be driven from the top down. In most cases, initiating successful change takes real courage and detailed preparation. A vision needs to be developed, adopted, and shared throughout the organization. Permanent change does not occur until most of the organizations members believe in the new vision.

Change is inevitable; it is also a necessary condition for a business to survive and prosper. For public service agencies, change is driven by the need to improve service. A good example of this in the fire and emergency services is the growing number of fire departments providing emergency medical services (Smeby, pp. 45-46). Some members may be resistant to change, so leaders must educate their members and convey the importance of the required change. Change is a reality of life and most leaders are trained to understand that if their

organization does not change, it will remain stagnant. This can suffice for a period of time, and most people may not know any better. Smeby goes on to describe this further from a fire service perspective:

Public agencies can continue the status quo for many years without any outward indication that change is needed; in many cases, the public, elected officials, labor organizations, and fellow managers may not be aware that changes are needed to improve the quality of efficiency of service. However, the quality of service, equipment, training, strategy, tactics, and management practices fail if a fire and emergency service does not continually seek and embrace change. Good leaders must be willing to propose changes to correct any shortcomings in services. Leaders must recognize the ability of their organization to adopt change without forcing too much change too quickly, which drives people out of their comfort zones and promotes resistance. Leaders must be patient and persistent. Permanent change does not occur until most of the organization's members believe in the new vision.

Leaders at any level in the organization can help pave the way for change. This is called leading by example. No matter where you are at in an organization, you make choices each day. The leader has to believe in the change enough to live and abide by it in their daily life. To initiate change, a leader can not force change and expect it to be accepted in all cases. Changes can be mandated by issuing a new Standard Operating Procedure or General Order, but to be completely successful at making the change last in the future, change in an organization needs to be applied using a plan (Smeby, p. 46).

Smebys plan for change is outlined in the following steps:

1. Identify the need for change and create a sense of urgency.

2. Create a guiding coalition.

3. Develop a vision.

4. Communicate the vision.

5. Overcome barriers and resistance.

6. Create short-term wins.

7. Institutionalize change.

There have been several attempts at merging or integrating EMS systems into fire departments over the years, some have been successful, many have not. There have been case studies of why this failure occurred. Social scientists also examined the problem not only in the fire service, but also in the private industry when two companies in the same field entered a merger and following that merger, profits and productivity declined (Weiss, 1998). The main belief of why this failure or drop in efficiency occurs after a seemingly promising partnership forms is further described by Weiss:

> Upon further examination of a merger between two companies that provide the same services to the same customer base that faltered, it was discovered that they had drastically different ways of achieving that goal. Researchers postulated that the perhaps the clash of the internal operating components was to blame. Every company or governmental agency will have a unique approach to its job. There will be written policies and regulations to mediate the daily workload and there will also be a written code of conduct. These elements combine to form the organizational culture or milieu of the agency.

To successfully integrate EMS and Fire in Cleveland, several key pieces need to fall into place. First and foremost, the labor unions of each separate organization need to each have a champion for the cause and get out in front and support it. Second, the city administrators need to make this integration a priority and support it by more than words; they need to provide the necessary resources to make it a reality. Lastly, the memberships of each respective division have to fully embrace the new mission of an all-hazard, emergency response agency.

PROCEDURES

In order to investigate the key issues surrounding the questions posed in this study, the methodology used to gather the required information, and make appropriate determinations, this author used several sources to collect data. Local college libraries along with the city and county library were helpful in providing sources to research. In addition, trade publications, technical reports and the internet offered a wide variety of material on the subject.The main objectives of this project was basically twofold: to determine what practices have been successfully used to integrate two or more public service agencies into one, andto study the cultural value differences of members in the EMS and Fire Services. In addition, this author researched what models or theories of change management in both public and private sectors can or should be incorporated into the integration plan of the EMS and Fire Divisions in Cleveland. The material that was compiled was reviewed and analyzed for information relating to the project, and the pertinent data was summarized by this researched and included in various pertinent sections of this paper in addition to citing the content and sources in the literature review section.

The research methodology chosen was descriptive in nature because in order to fully study the different models of change management and differences in culture, this author determined that detailed analysis of previous integrations would be required.Although time consuming and cumbersome, I believe that a telephone survey would provide the best opportunity for a comprehensive gathering of information that is needed for this researcher's project.

This author sought other municipalities that combined or integrated their emergency services and asked them specific questions regarding their processes and experiences of that integration in the form of a telephone survey. The interview questions are based on both the

historical aspect of that particular department's transition to a fire-based EMS or "Integrated" division as Cleveland is trying to accomplish as well as identify any functional and/or practical aspects that this researcher is seeking out to enhance his own department. The results of this survey and resulting study may be utilized in the implementation of the integration of the EMS and fire services in Cleveland. In addition, it is this author's hope that other municipalities and corporations could also benefit from this research.

Telephone Interviews

Telephone interviews were conducted with a total of seven career municipal fire departments of various demographics located throughout the country. The fire departments that were chosen are departments that have had various experience in transitioning to a fire-based EMS System, both positive and negative. I chose these cities to survey based on data that I discovered while conducting research; these departments either successfully merged or integrated or had some challenges in doing so. It is the hope of this researcher that a list of recommended best practices, along with practices to avoid, will be the result of the comprehensive telephone survey.

The telephone interviews were conducted during the months of November and December of 2013 and each interview lasted between 60 and 90 minutes. The interview questions were pre-written and aided in the structure of the interview; they are posted in Appendix A.

The following seven fire departments were interviewed by telephone:

1. Saint Louis, Missouri

2. Kansas City, Missouri

3. Norfolk, Virginia

4. Louisville, Kentucky

5.   San Francisco, California

6.   New York, New York

7.   Washington, DC

<u>Definition of Terms</u>

<u>Advanced Life Support</u>. All basic life support measures, plus invasive medical procedures including intravenous therapy, cardiac defibrillation, administration of medications, use of ventilation devices and other required procedures. (IAFF, 2010)

<u>Ambulance.</u> A vehicle designed and operated for transportation of ill and injured persons, equipped and staffed to provide for first aid and life support measures during transportation. (IAFF, 2010)

<u>Automatic External Defibrillator (AED)</u>.A device that administers an electric shock through the chest wall to the heart using built-in computers to assess the patients heart rhythm and defibrillate as needed. (IAFF, 2010)

<u>Basic Life Support</u>. Generally limited to airway maintenance, ventilation support, CPR, bleeding control, splinting of fractures, management of spinal injury and transportation of the patient. (IAFF, 2010)

<u>Chain of Survival</u>. A metaphor used to communicate the interdependence of a community's emergency response to cardiac arrest. It is comprised of four links: early access, early CPR, early defibrillation and early advanced cardiac care. (IAFF, 2010)

<u>Defibrillation</u>. The delivery of a very large electrical shock to the heart which stops the abnormal activity and allows the heart to restart normally on its own. (IAFF, 2010)

Emergency Medical Services Act of 1973. This act defines EMS as a system which provides for the arrangement of personnel, facilities, and equipment for the effective and coordinated delivery in an appropriate geographical area of health care services under emergency conditions and which is administered by a public or non-profit entity which has the authority and resources to provide effective administration of the system. (IAFF 2010)

First Responder. The first individual to provide emergency care at an emergency scene. (IAFF 2010)

Privatization. The process of shifting the provision of a public service from the government to a private sector enterprise. (IAFF 2010)

Public/Private Partnership. The coordinated, collaborative effort between a private company and a government agency for providing essential services to the public.

Ventricular Fibrillation. An abnormal heart rhythm often found in cardiac arrest patients; requires cardiac defibrillation to correct.

Limitations of the Study

The limitations of this study will be mostly due the perceptions of those who were interviewed and their individual biases that they may have toward their role in their organization, either their former role or present one. This author believes that a bias could be created based on the background of an individual; if they were from an EMS background, a certain bias could form toward the mission of EMS. In essence, a person with a Fire background could form the same type of bias toward the fire service.

RESULTS

Information (data) was compiled through a series of phone interviews with the seven

cities mentioned previously. Questions ranged from topics of demographics and deployment to

issues and effects of the merger. The survey was conducted by utilizing identical questions to

each respondent. The majority of the cities began Fire/Ems mergers in the 1990's, the only

exceptions being Kansas City, which merged in 2010 and Washington D.C. in 2005. As a

summary, the following table depicts certain demographic information as well as the EMS origin

(prior to merging) in each respective city.

It should also be noted that interviews were conducted with high-ranking officials within

each department. In some instances these individuals were of lower rank at the time of their

particular cities merger. Furthermore and also notable is the fact that some interviewees came

from the EMS service while others had begun their careers through the Fire service.

Not surprisingly, in all the cities that were contacted, the decision to merge Fire with

EMS came from some entity within the city government, either the mayor, city council or

whichever form of city management that was prevalent in that respective city. This has been the

situation in this researchers home department; over the last twenty five years, no less than four

integration proposals and/or recommended studies on the feasibility of an integration has been

submitted by either the fire administration, the firefighters union, or the city administration.

Although not a direct subject of questioning, rationale for merging Fire and EMS seemed

relatively consistent among respondents. Financial savings, particularly in the short term, did not

seem to be a primary driving force in the decision making process relative to engaging in these

mergers; however, it was considered as a potential long term outcome, potential being the key

word. More often than not, the rationale was centered around the notion of streamlining or

improving service delivery. In most mid-to-large sized urban areas as well as the cities surveyed in this study the nature of alarms that Fire Departments respond to have been changing over the last couple of decades. As Departments have seen a decrease in structure fires they have encountered an increase in the volume of requests for emergency medical care. Therefore, city governments decided that merging Fire with EMS seemed to be not only a logical response to this evolution but also an obvious solution as well.

None of the respondents identified a particular integration model they followed.However, it should be noted that Kansas City indicated that they had studied the mergers that took place in the mid-late 1990's. Kansas City, which initiated its merger in 2010, had the luxury of being able to scrutinize the mergers that occurred in prior years. This enabled them to grasp potential obstacles and afforded them the opportunity to address some of these issues in the planning stages. It seems that a study of recent history, while not eliminating the obstacles or challenges inherent in a merger, is an invaluable tool when formulating a plan relative to these types of integrations. It should also be noted that certain nuances and/or local peculiarities are prevalent in each of the cities, thereby preventing any one jurisdiction from adhering to a 'one-size fits all' approach.

The question of "How could the integration have been better planned and conducted?" elicited a variety of topics among respondents. In Louisville for instance, Asst. Chief Doug Recktenwalde intimated that "better leadership and a more formidable buy-in from the top" would have served their purposes at the time. Meanwhile, Asst. Chief Dan Norville of Norfolk, would have liked to have seen "a clearer set of operational guidelines and consolidation of protocols and SOP's". Dr. Richard Gist, special assistant to the Chief in Kansas City, describes a scenario where they (KCFD) "would have taken over MAST through receivership and operated

for a year prior to integrating" (MAST is the private ambulance service that was utilized in Kansas City before integrating). Deputy Chief Jeff Myers of San Francisco cited a lack of resolution of "cultural differences" prior to implementation as a divisive issue.Asst. Chief Dan Norville of Norfolk stated that in his department, a formal "Integration Ceremony" or a memorialization of the new, integrated organization on a certain date acknowledging a new organization was viewed by many in those organizations that combined as a positive attribute; he recommended this practice along with creating a new uniform patch to minimize any perceived "turf" advantages from either former agency. In St. Louis, Chief Dennis Jenkerson would have "eliminated EMS and started over in the Fire Department".

In summary, as it relates to this question, there would seem to be as many topical considerations as there are respondents to a question of this nature. It seems that all respondents would lobby for a systematic melding of leadership with ample training and education and effective response protocols to be articulated in a clear and precise manner prior to and during the integration process.

A series of questions relative to gender and/or cultural differences were asked. These questions sought to explore prevalent issues as well as discuss the nature with which they were addressed. Traditionally, the Fire service has been a male dominated occupation, although women have played an ever increasing role more recently. Relative to gender issues, it seems as though the departments where women played a larger role prior to integration had fewer issues than the departments that were more unfamiliar with the roles of women in the Fire service. San Francisco for example, has a long history of women among their roles, cited little or no issues relative to merging Fire with EMS. St. Louis on the other hand, seems to have had little experience with women in the Fire service and noted that the capabilities of women in the Fire

service was a routine question among the male counterparts within the division. When asked how this issue was dealt with, Chief Jenkerson simply replied "lots of classes". In fact, most respondents alluded to the fact that their integrations included some form of gender equality and/or harassment training.

Generally, the survey revealed minimal challenges in regards to gender differences and the role they played relative to the creation of any significant obstacles as these integrations unfolded. Cultural differences seemed to present a more formidable challenge however. For the purposes of this study, the term "cultural differences" will be a reference to the turf wars (for lack of a better word) that have evolved as the roles of firefighters and emergency medical personnel have become progressively linked.

On July 28, 2003, an article in USA Today appeared in newspapers across the country. The article titled "Six Minutes to Live or Die, Washington D.C.: Slow Response, lack of cooperation bring deadly delays." This article exposed 30 years of internal strife between firefighters and emergency medical providers within the District of Columbia Fire and Emergency Medical Services Department.

As the city struggles to improve, it faces two problems that plague many cities: an ingrained culture of apathy and of conflict between firefighters and ambulance crews. Many firefighters resent the fact that they increasingly are being called upon to respond to medical emergencies. The ambulance crews tend to view firefighters as lazy. Secondly, lack of consistent leadership. The District of Columbia's current fire chief is the sixth in 10 years. The head of emergency medical services for the fire department recently quit his post in frustration. Without consistent leadership, even good plans to improve performance and promote better relations

between firefighters and ambulance crews have failed or were never implemented. Some decisions are quickly reversed as new leaders take over (Davis, 2003).

As this article clearly indicates, Washington D.C. has encountered significant challenges relative to integrating Emergency Medical care within the auspices of the Fire department. The challenges in D.C. are well documented and significant. These cultural differences and the challenges they present are not unique to Washington D.C. however. Most of the cities surveyed revealed that cultural differences often times acted as a barrier between relatively seamless implementation of combining services. The degree with which these barriers affected implementation among the various cities definitely varied, however.

This study posed several questions relative to the management of both Fire service personnel as well as EMS workers and how cultural differences impacted the overall goal of producing a well-oiled single division from these two entities. While questioning the individuals via phone conversation it often became quite obvious as to the particular employee's origin of initial hire (Fire or EMS) without having to pose the actual question. In some instances, integration had occurred nearly 20 years prior to our discussion, yet in the course of discussion relative to cultural issues and how they were addressed a sense of resentment towards the "other" division as well as a sense of loyalty to their own original division was palpable and pervasive. For example, while querying the city of San Francisco this researcher had the opportunity to question two high ranking individuals within the department. While both individuals are currently Deputy Chiefs, Chief Myers originated from San Francisco's Department of Public Health EMS service whereas Chief Gonzales' original appointment was within the Division of Fire. These individuals offered incongruent perspectives when discussing the effectiveness, or lack thereof, regarding the integration that took place in San Francisco. Also of note, were the

differing view-points as to the obstacles that may have led to any shortcomings with the

implementation and subsequent results of their particular integration. These "cultural"

differences are very real, and need to be factored into the integration plan and somehow

embracedor at least acknowledged by employeesof both organizations as they become one, so

the overall mission of excellent service to the citizens can be delivered.

An overview of the telephonesummary results are displayed in the tables below:

TABLE 1

CITY	POPULATION	SQUARE MILES	NUMBER OF UNIFORMS	ENGINES	STATIONS	PRIOR TO MERGE
St. Louis	319,294	62	875	9 (Plus 20 quints)	30	Third service
Kansas City	464,310	316	899	34	34	Outside agency
Norfolk	245,782	66	500	14	14	Third service
Louisville	253,128	60	500	19	21	Third service
San Francisco	1.4 million	47.5	1,700	43	44	Dept. of Public health
New York City	8.3 million	302	11,000	196	249	Third service
Washington D.C.	632,312	68.3	2,128	33	33	Third service

Overview of Surveyed Fire Departments

TABLE II

	High Impact	Moderate Impact
Positive	-Operational efficiency; minimize the redundancies -All personnel in same chain-of-command -Had a formal "Integration Ceremony" -Strong leadership and buy-in from the top (including city administration) -SOP's developed prior to integration -learned from others mistakes	-Designed a new Uniform Patch -Financial Savings -Gender/Diversity Classes
Neutral		-Should have started over with new employees
Negative	-Lack of a strategic plan -Should have better planned to address the cultural issues/ownership of the respective agencies -Lack of formalized policies/procedures prior to integration -Lack of commitment from administration	-Should have better planned to address the impact of gender issues -lack of follow-up with employees - No one "best practices" integration model or plan to follow -Lack of training of the leadership to provide them with direction/goals

Overview of Telephone Survey

*It should be noted for the purposes of this study that the City of Louisville embarked on a Fire/EMS merger in 1995, fully integrating by 1999 until a full-scale government merger with Jefferson County in 2003, which ultimately created Louisville Metro Emergency Medical Service.

DISCUSSION

The findings of this research paper revealed some things about how the delivery of pre-hospital emergency medical care is delivered in several urban cities. The focus of this research was primarily on similarly situated fire departments that had merged or integrated a third-service medical provider into their fire department. This researcher initially set out to discover best practices to utilize in the integration of EMS and Fire in his hometown fire department. Information gained in this research project offered this author various perspectives on how to accomplish the goal of combining or integrating EMS and Fire services into one agency. This author has learned that there isn't just one way to provide this service; there are several different models to choose from. According to Dr. Lorie Merrill-Moore of the International Association of Firefighters, there are over eighty different models of fire-based EMS delivery utilized in the United States fire service.

Looking at other integrations and consolidations/mergers with the intent of incorporating best practices into the Cleveland plan and to avoid other cities mistakes was the premise of undertaking this project. To analyze the questions this author posed regarding cultural issues and an integration of two agencies is a task larger than initially thought. To define and/or understand the culture of an organization or of multiple organizations is not an easily definable or measurable task. McNamara's (2008) statement regarding this topic that "[c]ultureis comprised of the assumptions, values, norms, and tangible signs of organizational members and their behaviors" leads one to believe that the study of culture is at best qualitative and not quantitative. The literature review revealed that many organizations have their own distinct culture, and there are differences in each organization's regarding the definition of their culture. As this researcher stated earlier, Webster defined culture as the behaviors and beliefs characteristic of a particular

social, ethnic, or age group. In other words, culture is subjective, based on the perception or bias of who is defining it and therefore difficult to quantify in a research paper.

The practices that other agencies used in an integration or merging of two groups into one in both the public and private sector is similarly varied. There are several tools available to attempt to measure an organizations culture; one of which is the "Denison Organizational Culture Survey". This method is suggested by Palmer (2005), who suggested that in order to measure culture and make it tangible and visible, the Denison Survey should be used. This survey utilizes a short series of questions to assess the cultural traits of an organization. These traits are then compared to the best and worst organizations in the industry. This is one way for an organization to attempt to measure its culture.

RECOMMENDATIONS

The main purpose of this research project was to determine the best practices to replicate if Cleveland EMS and Fire would integrate into an all-hazard, emergency services department. Utilizing a literature review, a detailed data analysis of information obtained, and a comprehensive telephone survey with severalsimilarly situated fire departments that had merged or integrated a third-service medical provider into their fire department, this researcher determined that the following items would be the recommended best practices for a fire department integrating with a third service, emergency medical service care provider to replicate:

1. Gather the respective command staffs of the newly integrated department and formulate a new mission statement, including its vision and values. An outside facilitator should be brought in to assist in this process. The leadership of the new organization needs to fully embrace this change.

2. Do not minimize the cultures of either organization; rather embrace the positive attributes of each one. Attempt to measure each respective organization's culture by taking the "Denison Organizational Culture Survey". Use this information as a benchmark and incorporate the constructive attributes of the results of the survey into the new organizations mission and vision for the future.

3. The newly created mission, vision and values should be posted in every firehouse and facility.

4. All administrative functions need to be consolidated to eliminate redundancies and increase the efficiency of the support staff.

5. Create new Standard Operating Procedures, General Departmental Orders and Rules & Regulations for the new department. All members need to understand and fully embrace the EMS mission and service delivery.

6. Once this is completed, formally memorialize the integration with a ceremony.New uniform patches should be created and worn by all members.

7. New employees of the organization need to be or be required to become dual-role firefighter/paramedics as a condition of employment.

8. Goals or milestones need to be formulated and mapped out so progress can be measured.

Representatives from the new administration (management), labor officials, firefighters and EMS must first believe in and agree to the new direction of the department and its leadership in order to carry the message back to their respective memberships. It is important for the leaders to remember that an organizations subculture in the workforce surround them. Organizational change cannot be introduced without first understanding its culture. Culture in and of itself is not a bad thing (McNamara, 2008). Deciding what elements of the culture that is helpful and should be preserved and what other elements need to be changed can become one of the toughest issues for its leadership. Schien remarked:

> The bottom line for leaders is that if they do not become conscious of the cultures in which they are embedded, those cultures will manage them. Cultural understanding is desirable for all of us, but is essential to leaders if they are to lead (Schein, 1997).

John Sinclair, a fire chief of Central Pierce Fire and Rescue, and also on the International association of Fire Chiefs EMS Section once said:

> To merge successfully, you must honor the traditions of the past and recognize the people who built the former system. It takes leadership at the company, battalion, and administrative level. Then you have to wait for 20 years for the dinosaurs to die.

It is this researchers hope that the best practices of other agencies that have integrated their EMS & Fire services can be duplicated by the key decision makers in the Cleveland integration plan, and the mistakes of others in similar type agencies can be avoided. The main goal of this undertaking needs to remain focused on why the fire department and EMS came into existence in the first place: to protect lifeand property.

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APPENDIX 1 – TITLE OF APPENDIX

Telephone Interview Questions

1. When did a third service EMS System merge or integrate into your department?

2. Was the integration successful in the views of the managers? The employees? The public?

3. Who made the decision to integrate?

4. How could the integration have been better planned and conducted?

5. Was a specific integration model of any type used in the process?

6. Were there any gender issues? If yes, what were they and how did you address them?

7. What was done to address any real or perceived cultural issues between the EMS and Fire Service workers?

8. What issues and effects did the integration have on the management of the EMS workers during the integration?

9. What were some of the challenges of the management of the EMS workers and how were they addressed?

10. What issues and effects did the integration have on the management of the Fire workers during the integration?

11. What were some of the challenges of the management of the Fire workers and how were they addressed?

12. What were some of the biggest obstacles to overcome during the integration?

13. Who is providing medical oversight on the scene and QA/PI?

14. Who provides Medical Direction? Full Time or Part Time w/Advisory Board?

15. What worked well in the integration process?

16. What would you have done differently in the integration process?

17. How many members are in your department?

18. What is the population that is served by your department?

19. What is the square mileage of your city?

20. How many Engines/Ladders/Rescue Squads/Ambulances does your department have? How many ALS transport units and ALS First Responders do you have?

21. What are the staffing levels of your various apparatus (Engines, Ladders, Rescues, Ambulances)?

22. How many hours a week do your employees work?

23. If you have any specialized units like HazMat, Technical Rescue, etc, how are they staffed?

24. Please provide a copy of your organizational chart.