

PS COMMITTEE # 2  
February 19, 2009

**MEMORANDUM**

February 17, 2009

TO: Public Safety Committee  
FROM: Minna K. Davidson, Legislative Analyst *MKD*  
SUBJECT: Update – Electronic Patient Care Reporting (ePCR)

In November, 2008, the Council approved a special appropriation of \$1,595,000 for the Montgomery County Fire and Rescue Service (MCFRS) to purchase an ePCR system to meet State requirements for electronic patient care reporting (approval resolution on © 17-19). Because the specific system had not been selected, the budget information was based on estimates, and a portion of the ePCR was to be purchased with short term financing, the Public Safety Committee requested that Executive staff provide regular updates on the implementation, procurement process, and costs for the ePCR.

For the February 19 update, MCFRS staff will provide a status report on the ePCR procurement process, cost projections, project timeline, training, and other implementation issues. A briefing outline provided by MCFRS staff is attached on © 1-10. An ePCR Training Needs Assessment and Training Plan is attached on © 11-16.

When the Council approved the special appropriation, the HHS Committee Chair asked MCFRS staff to work with the hospitals and Montgomery Cares to ensure that the new ePCR will be compatible with any electronic patient records systems which they are using or developing. At the February 19 update, MCFRS staff will report on their discussions on this issue to date.

On January 13, MCFRS staff met with staff from the Department of Health and Human Services, the Primary Care Coalition, and Council staff to discuss patient records compatibility for “safety net” patients. During that discussion, it became apparent that, through the use of electronic interfaces, it may be possible for MCFRS and Montgomery Cares to collaborate to determine whether persons who may now wait until they are in a health emergency situation could be given a primary care medical home and reduce emergency room visits. A joint Public Safety and Health and Human Services Committee Session on “Emergency room diversion and patient care records, opportunities for collaboration” is scheduled for March 5.

**Discussion Questions**

1. Procurement of the ePCR was treated as an urgent matter, in part, because the Maryland Institute for Emergency Medical Services Systems (MIEMSS) initially indicated that electronic reporting must be in place by December 31, 2008. When the special appropriation was approved, MIEMSS had revised the deadline to January 1, 2010. MIEMSS has said more recently that the specific deadline date will be in a yet to be approved regulation that addresses broad data submission requirements, and that the deadline is likely to be either July or December 31, 2010.

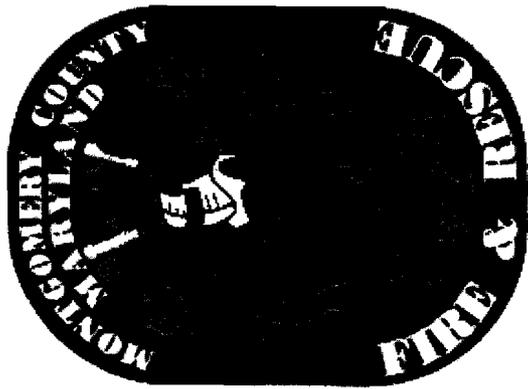
If the County purchases an ePCR system over the next few months, how will the County ensure that the system will meet the broad data submission requirements in the MIEMSS regulation, especially if the County's system is purchased before the regulation is approved?

2. What will be the procedure for determining which mobile computers and docking stations will be purchased, and for soliciting quotes for them?
3. The Training Plan assumes that most of the ePCR training will be offered through an e-course, and that a small amount of instructor-led training may also be needed for personnel who need instructor-led assistance. How will the training needs be monitored? Will the training budget allow for flexibility if the balance between electronic and instructor-led training needs to be adjusted?

**This packet contains:**

**circle #**

MCFRS briefing outline	1
ePCR Training Needs Assessment and Training Plan	11
Resolution 16-777, Special appropriation for ePCR	17



# ePCR Project Update

---

# MIEMSS Deadline Update

**From:** Robert Bass [rbass@miemss.org]  
**Sent:** Wednesday, February 04, 2009 8:21 AM  
**To:** Graham, Scott; Beth Magee  
**Cc:** Zuspan, Diane; Clay B. Stamp; John DONOHUE  
**Subject:** RE: ePCR

Scott

The specific date will be in a regulation that addresses broad data submission requirements that we are running through JAC and SEMSAC before asking the Board to approve. We are proposing either July or December 31 2010.

I apologize for our not getting back to you before now.

B.

---

---

# ePCR Procurement Status

As of February 10, 2009

- **Software RFP deadline – February 12, 2009**

- Sent to short list of 3 vendors from REOI process

- **Vendor Demonstration dates:**

Feb 23 & 24

Feb 25 & 26

- **Hardware**

Working w/ DTS to order when we get the final confirmation on needs from vendors

Meeting w/ radio shop February 9<sup>th</sup> to discuss docking station installation

---

---

# Software & Interface Cost Projections

- **Previously Projected:**

  - Software \$900,000

  - Interface Development \$100,000

- **Updated Projections from Proposals:**

  - Due to present market and product indicators we foresee the possibility of reduced costs for these items of +/- 15%

## ePCR FY09 Supplemental and FY10-15 Costs

	FY09	FY10	FY11	FY12	FY13	FY14	FY15
Master Lease Payment*	188,000	376,000	376,000	188,000	316,000	316,000	316,000
Installation of Docking Stations	120,000						
Printers	20,000	5,000	5,000	5,000	5,000	5,000	5,000
Software	900,000						
Software Maintenance and Support	67,000	100,000	100,000	100,000	100,000	100,000	100,000
Wireless Solutions	47,000	70,000	70,000	70,000	70,000	70,000	70,000
Interface Development	100,000						
Connectivity Hardware	13,000						
IT Specialist	90,000	90,000	90,000	90,000	90,000	90,000	90,000
Training	50,000						
<b>TOTAL</b>	<b>1,595,000</b>	<b>641,000</b>	<b>641,000</b>	<b>453,000</b>	<b>581,000</b>	<b>581,000</b>	<b>581,000</b>

### Up Front Cost Items

\*Six payments of \$188,000 for mobile computers (\$800,000; replaced every three years), docking stations (\$170,000; one-time), server hardware (\$70,000; replaced every three years). Replacement of computers and server hardware would start in FY13 (\$870,000) and the six lease payments would be \$158,000 each.

---

## IT Specialist Position

- Exemption and job creation paperwork sent to OMB
  - February 3- signed off by OMB and forwarded to OHR
  - Waiting for the final OHR approval to begin the hiring process
  - Anticipate approx 3 months until person is on board
-

# Project Timeline

<b>Date</b>	<b>TASK</b>
2/12	RFP Closes
2/12-3/09	Responsibility/Reference checks
2/23-2/26	Vendor Demos
3/9	Department Recommendation to Procurement
3/9	Solicit Mobile Computer Quotes
3/9	Solicit Docking Station Quotes
3/20	Contract Negotiation complete
3/20	Order Mobile Computers
3/20	Order Docking Stations
3/30	Planning Meeting w/ contractor
4/13	Configuration of Software
4/30	Receive Delivery of Mobile Computers
4/30	Begin docking station installation
5/6	Loading Software onto Mobiles
5/18	Training of Administrators
5/1-5/15	Training of Test Battalion Personnel
5/15-6/1	Beta test in 1st Battalion
6/1-7/30	Rollout training of other Battalions
7/30-8-7	Training of missed personnel
8/7	Full implementation of all Battalions

---

# Training Method

- **Highlights:**

- Train the trainer classes by contractor (they will act as super-users to assist in field)
  - Train one battalion using on-line method (2 week period)
  - Test to ensure proficiency of those personnel
  - Based on success of this method we will rollout the on-line training course to each battalion consecutively.
- The detailed training plan has been developed and is available as a separate document.
-

---

# Compatibility

- Hospitals- Have spoken w/ County hospitals and it is their present desire to receive our patient reports as a hard copy.
  - Montgomery Cares-Met w/ Becky Smith. We are continuing our discussions on the benefits of the two systems interacting and the best way to accomplish it.
  - MIEMSS data Storage- issues still remain on the MIEMSS end concerning their ability to receive data. They are still working on being able to receive data. The RFP does require the software vendor to produce an interface with MIEMSS when they resolve their issues.
-

---

# Evaluation of the new ePCR System

Presently conducting a retrospective audit of the currently-used MAIS forms to provide a comparison point in the evaluation of the new ePCR system.

- We are measuring the following:

- Presence of patient care report

- Completeness of reports

- Compliance with the MCFRS documentation method

**Overview**

Previous mass implementations of new software products over the last six years within MCFRS have all been instructor-led projects. Career personnel within the tech training instructor pool are not assigned to the IT section and function as trainers because they feel strongly about helping their comrades learn new technologies and they appreciate the small amount of overtime pay offered to act as instructors. For many of them, requiring details without pay will result in their decisions not to assist within the project; recruitment of personnel who become quality technology trainers is difficult. Even for those who initially agree to be detailed to teach throughout large-scale projects, they typically opt not to remain within the instructor pool for long.

Consistent with the existing IECS-required tech courses, the ePCR e-course will be an asynchronous Flash-based training module on the MCFRS Tech Training Website. Students will still be required to pass an assessment test (a scenario-based, hands-on exercise using the ePCR software for which the student will be required to input the proper codes to produce a realistic patient report).

**Target Population**

All career and volunteer uniformed personnel who may conduct patient care will be responsible for passing the course.

While it is sensible that Battalion Chiefs (and select others in higher ranks) will need some desktop-level reporting training, it is not likely that they will use any field-level training required of them. For this reason, I propose that we exempt career personnel at ranks of BC and higher and any volunteer Chiefs as well from the field-level training and testing.

Approximate expected numbers are as follows:

<b>Battalion</b>	<b>Career</b>	<b>Volunteer</b>	<b>Total</b>
1	200	214	414
2	200	313*	513
3	200	214	414
4	200	260	460
5	200	131	331
Totals	1000	1132	2132

Note (\*): B2 Volunteer total includes approximately 226 from BCC, some of whom should be able to attend day-side assessment tests, once coordinated into the schedule. All volunteer numbers were based upon the IECS list as of April 13, 2008, and provide a relative baseline for numbers.

Assumptions/Expectations

- Given that the department expects students to use the software in the field upon leaving class, it is expected that headquarters personnel will have defined in specific terms the expectations for system use of every individual. All related policies and procedures should be in place prior to the first train-the-trainer class.
- The vendor will lead at least two train-the-trainer sessions. Any additional sessions needed to meet the number of instructors may be run either by the vendor or Jeff Feiertag. Career instructors will attend detailed on apparatus and/or on overtime. Volunteer instructors will attend weekday sessions so that evening/weekend sessions are not necessary.

***Training Goals/Objectives***

Upon completion of the large-scale initiative, all uniformed MCFRS personnel will be able to:

- Use the mobile EMS reporting software to complete and submit patient reports, with both a mobile device (e.g., Toughbook or other wireless hardware) and desktop PC application.
- Dock the hardware at the hospital, in the unit and/or wherever deemed appropriate (TBD).
- Print reports for hospital personnel.
- Perform basic troubleshooting and know how to get help if individual troubleshooting is not successful.
- Leave class with the basic skills to begin using the software for real patient reports in the field that same day.

***Learning Methods and Assessment Tests***

For the initial training rollout, all students will take the ePCR e-course and no instructor-led classes will be offered. The e-course will be consistent with other IECS-required tech training e-courses, interactive but asynchronous in nature and Flash-based.

Upon completing the e-course, the student will be required to pass a level-two course evaluation (hands-on assessment test). The test will consist of a practical patient report run from a scenario (similar to a comprehensive course exercise). Important data points will each have a scored value. To complete this task, the student will use the ePCR software (on a Toughbook within the MCFRS training network). The report will be printed and scored (to be retained in the print archives of the Tech Training Coordinator) and the student will need to earn a minimum passing score in order to receive credit for the class.

Assessment tests will be conducted in three arenas:

- Battalion Office – One or two instructors will be sent with a small group of ePCR Toughbooks, printer and cabling to the battalion office on scheduled days for specific time blocks (e.g., 8-hours, but to be determined in coordination with the Tech Resource Scheduler and the Apparatus Scheduler). To use the training network remotely, the trainer will VNC into the CAD TRAIN application from the remote site to dispatch calls to the Toughbooks. During these blocks, detailed units will arrive at predefined times for career personnel (possibly to include on-shift BCC personnel when the schedule calls for R1 personnel to be tested) to take assessment tests. Upon completion of the test, the student will print the test and an instructor will score it on site, informing the student whether (s)he has passed or not. Before leaving the battalion office, the instructors will check off the names of those who passed via the MCFRS Tech Training Website database.
- IT Training Labs – The IT Training Coordinator will schedule specific weekdays, weekday evenings and weekend days for volunteer personnel to take their assessment tests in the IT Training Labs. Consistent with Firehouse Assessment Tests, the personnel will register for the dates/times/seats via the MCFRS Tech Training Website. Instructors will score the printed tests (consistent with the battalion office approach as well as other tech e-course assessment tests) and check off the names of those who passed the test.
- LFRD Meetings – Similar to the battalion office testing model, one or two instructors will take equipment to select LFRD meetings (obviously scheduled beforehand with the LFRD) to accommodate testing for large numbers of volunteers. Their tests will be printed and scored

on-site. If we are able to incorporate the registration process smoothly, instructors will check off the names of those who passed the test before leaving. Otherwise, the students will be considered walk-ins and those who passed will be checked off within four calendar days by the IT Training Coordinator.

The final list of LFRD meetings would be determined after discussions with the leadership of some individual corporations, but the most likely would be BCC, KVFD, RVFD and WVRS.

### ***Student Materials***

Each student will have access to a quick reference card/booklet to assist him/her in the field. The job aid will be available on the Tech Training Website and announced within the e-course.

### ***Overall Training Schedule***

Although the course will be offered on-line, we will still follow a spiral rollout format, in which we will train and test the field one battalion at a time. Catch-up assessment test dates will be available for personnel who may have missed their designated dates. This phased rollout approach ensures not only that personnel who earn credit for the course do not have to wait to begin using the software for field calls, but also that the IT and Apparatus sections have enough time to conduct their tasks related to the project for each unit (e.g., Toughbook imaging/setup and apparatus dock installation).

Successful scheduling requires that Chris Stroup is involved as the Resource Coordinator (as he has acted for other major training rollouts since 2004). This may require some overtime for him, although the number of hours will be relatively low and he may be able to do some of the work while either detailed or on duty at his station. For assessment tests, he will need to coordinate instructor details with the Scheduling Office (and/or A/C Ridgely), the Shift Chief and Battalion Chiefs.

Since the tech training website is real-time, Chiefs (LFRD as well as career Shift and Battalion) and station officers will be able to use the pages set up for them to know which personnel in their Battalions (or stations, depending upon an officer's rank) still require training; they may move personnel from one piece of apparatus to another to accommodate the need for training.

### ***Career Training Schedule***

Career personnel must be provided time within their allotted timeframes to complete the on-line training from the stations. (At the discretion of the station officers and Battalion Chiefs, times may also be coordinated for units to be detailed to the IT Training Labs for personnel to participate in the training at once with the availability of multiple PCs).

For the testing conducted at the battalion office, I'll recommend that the instructors take four Toughbooks on site in order to accommodate as many personnel simultaneously (i.e., one or two units at a time). The assessment tests should take 15-20 minutes each and, for the purposes of planning and accommodating for restroom breaks and anything else that may arise – as well as for the fact that we do not yet have a product and I cannot say for certain if the test would take 15 or 25 minutes for the average student – we can round testing sessions to 30 minutes and include scoring. If there are approximately 55 people who may need the testing on any one shift, this means that fourteen (14) sessions are needed and may be reached over seven hours. Adding in a lunch hour and time for travel to and from the training lab with hardware and paperwork, a unit of two instructors would need to be detailed for nine hours. Although three sessions would cover the majority of the battalion, we would need another three half-days to cover many of the personnel missed from kelly, sick and vacation days. After six days of testing, we will have covered the vast majority of the battalion and the remainder should either be moved around by

the scheduling office or detailed to the IT Training Labs on designated days to catch-up within a limited period of the end of testing within the battalion (e.g., 14 days).

**Comment:** Need to determine how much time to give them to take the course on PC and/or how much time IT and Apparatus need to complete battalion HW setup before testing.

### ***Volunteer Training Schedule***

Volunteer personnel should participate in training and testing following the same battalion training timeline as their career counterparts. To accommodate the volunteers' schedules, assessment tests will be held on select weekday evenings and weekend days.

Factoring out LFRD meeting night testing and considering only testing in the IT Training lab, test sessions will run two nights per week and two weekend days. Spacing testing sessions out with 15-minute gaps between tests (to allow for personnel movement and administrative tasks), thirty (30) seats may be available each weekday evening and seventy (70) each weekend day. Within one calendar week, this allows for 200 seats to be filled. If we run testing over two weeks (using all four weekend days and alternating Monday-Wednesday/Tuesday-Thursday evenings), we will have offered more than enough seats to accommodate the largest battalion. (This will also provide open seats for career personnel who missed their allotted times due to leave if they may attend on detailed units.)

### ***Instructors***

Instructors will be recruited first from within the tech training instructor pool. Additional career and/or volunteer personnel may be recruited once a required number is known and compared to the number of people who have agreed to teach as part of the project instructor pool. Typical of past projects, the instructors will represent a cross-section of the various battalion, shifts and stations (as well as LFRDs).

Once the vendor has led the train-the-trainer sessions, instructors should have some additional time to practice their skills with the technology. It is reasonable to limit this time to a week.

### ***Field Support***

During the training rollout period, field support will consist of the following:

- Level 1: In-Station Trainer/Mentors from within the tech training instructor pool
- Level 2: Jeff Feiertag by phone and/or e-mail (5 days by 8 hours)
- Level 3: Jeff Feiertag and/or MCFRS IT On-Call Personnel (emergencies only)

After the training rollout, field support should be transitioned to FRS IT HelpDesk personnel. Bonnie Bigenho (as HelpDesk manager) and any personnel from her staff designated to support the field will receive training.

### ***Overall Training-Related Timeline***

The following is an estimated timeframe for the training cycle at this point. References to days are calendar days, not necessarily work days.

- Website, Training and End-User Materials Development: 30 Days (includes at least one finished/ready machine dedicated to IT Training for use in curriculum materials development)
- Training Lab Setup: 2 Days
- Train-the-Trainer Workshops: 3 Days

- Practice Time for Trainers to Become Experts: 7 Days
- First Battalion Training and Testing: TBD (factor in time for e-course, assessment test and time needed by IT and Apparatus)
- Review Period to Assess Field Use and Tweak Training: 14 Days
- Second through Fifth Battalion Training and Testing: TBD (factor in time for e-course, assessment test and time needed by IT and Apparatus)
- Additional Volunteer and Career Catch-Up Training (Post-Full Implementation): TBD

### ***Instructor-Led Training***

Despite intending to roll out ePCR training en masse using e-learning, it is also important to prepare for instructor-led training classes. These classes will be offered along with other IECS-required instructor-led tech training classes to future new volunteers and career recruits. It is also likely that there will be a percentage of personnel during the initial rollout who need the ILT assistance. It is therefore pertinent to plan the following details.

Train-the-Trainer – As noted above, the vendor will conduct two or three TTT classes and I will recruit an instructor pool to fill the seats with both career and volunteer personnel who will serve as trainers. At the very least, they will be champions for the product in the field and also conduct front-line support in the stations after the product begins to be used.

Volunteer Training – We will schedule a number of ePCR training sessions in the IT Training Lab for volunteers within the timeframe for each battalion. Although personnel will be able to register themselves for classes, these sessions will be advertised as being intended for those who are less tech-savvy and prefer the ILT approach. Each class will run roughly 3-4 hours and conclude with the same assessment test used for the e-course students. The syllabus will consist of the same material as offered in the e-course but will obviously be run in an ILT format. Running one weekday evening class per week and two weekend day classes per month at 16 seats per class, we can accommodate up to 96 students per month. (Assuming a total of 1132 volunteers, cited to April 2008's IECS list, this represents up to 25% of the volunteers.) These classes should be run by volunteer trainers as much as possible to reduce costs and, assuming no overtime for trainers, will need to be run by trainers detailed on apparatus for the remainder of the time.

Career Training – There will be a number of career personnel who do not learn as effectively from an e-course as they would with ILT. For them, I plan to teach some classes in the training lab (during my work week schedule). To ensure that we give the e-course a fair shot, the first of these ILT classes will be delayed by a few weeks from the start of training (more specifically, these classes will begin after the first round of field assessment tests have been executed). Personnel who do not succeed in learning from the e-course – and have consequently failed their assessment tests – should be detailed to training in the lab for ILT on specific dates. These classes will either be run by the IT Training Coordinator or by detailed career members of the instructor pool. Factoring the same percentage of ILT seats to be offered as the volunteer population (25%), we will need to hold approximately four classes (at least one per shift).

### ***Training Budget Requirements***

EMS Duty Officer Classes -- EMS Duty Officer classes will include hands-on instruction on accessing patient care reports, finding incomplete reports, sending messages via the software back to the report writers, running common canned reports and running ad-hoc reports. All of this material will be covered following a half-day of basic end-user training. The two together will comprise of a full day of training, and this population will not be able to use the e-course for the

first half of the day to save on costs because they need to be trained before the rest of the end-user population. Given that the training will run approximately eight hours, these personnel cannot be detailed and will need to attend class on overtime. Between the two sessions offered for nine regular EMD Duty Officers and their 18 backup personnel (assuming an overtime rate of \$47 per hour), this training will cost approximately \$10,200 in overtime.

ECC Student Testing – ECC personnel will take the on-line course, but testing is still required and their schedules do not allow for simplicity in the process. After reviewing several different approaches, the ideal plan appears to be paying overtime to ECC personnel for their testing. With sixty people in this population and using the \$45 rate, the maximum amount would be \$2700.

E-Learning Development – While the majority of the training development will be conducted within the standard work week for the IT Training Coordinator, there will be some overtime costs associated with development in order to meet time demands as well as continue other pertinent functions associated with IT Training. An estimated maximum of 15 hours of overtime amounts to nearly \$850 and every effort will be taken to call upon overtime funds sparingly.

Website Development – Some new programming will be required on the Tech Training Website and this will amount to up to 20 hours of overtime by the training webmaster. The maximum required amount of overtime will be approximately \$900.

Resolution No.: 16-777  
 Introduced: October 28, 2008  
 Adopted: November 25, 2008

**COUNTY COUNCIL  
 FOR MONTGOMERY COUNTY, MARYLAND**

By: Council President at the Request of the County Executive

**SUBJECT:** Special Appropriation #09-237 to the FY09 Operating Budget  
Montgomery County Government  
Montgomery County Fire and Rescue Service  
Emergency Medical Service Electronic Patient Care Reporting, \$1,595,000

**Background**

1. Section 308 of the Montgomery County Charter provides that a special appropriation: (a) may be made at any time after public notice by news release; (b) must state that the special appropriation is necessary to meet an unforeseen disaster or other emergency or to act without delay in the public interest; (c) must specify the revenues necessary to finance it; and (d) must be approved by no fewer than six members of the Council.
2. The County Executive recommended the following FY09 Operating Budget appropriation increase for the Montgomery County Fire and Rescue Service:

<u>Personnel</u> <u>Services</u>	<u>Operating</u> <u>Expenses</u>	<u>Capital</u> <u>Outlay</u>	<u>Total</u>	<u>Source</u> <u>of Funds</u>
\$0	\$1,595,000	\$0	\$1,595,000	Consolidated Fire Tax District

3. The Maryland Institute for Emergency Medical Services Systems (MIEMSS) requires the replacement of paper patient care reporting systems with electronic systems. MIEMSS previously announced that paper reporting must be discontinued by December 31, 2008. MIEMSS currently anticipates eliminating data transfer from a paper process after January 1, 2010.
4. The Montgomery County Fire and Rescue Service (MCFRS) currently uses a paper version of the Maryland Ambulance Incident System to manage clinical records. (Montgomery County is one of two jurisdictions in the State that still uses paper reporting.) The paper system is obsolete and does not allow MCFRS access to data for decision-making.

5. An Electronic Patient Care Reporting system (ePCR) is a paperless program that manages clinical records to keep staff informed of the status of each patient and improve accountability, timeliness, and reliability of patient care data. The ePCR will be far more efficient than the current paper system and will provide an easily accessible data source for MCFRS decision-making.
6. The County Executive recommended a special appropriation to the FY09 Operating Budget in the amount of \$1,595,000 for the Montgomery County Fire and Rescue Service and specified that the source of funds will be the Consolidated Fire Tax District.
7. The Executive originally estimated total ePCR project cost at about \$2.3 million. Of that amount, he intended to fund approximately \$870,000 for mobile computers and server hardware through short term financing (most likely a master lease) with installment payments to be funded from operating budgets in FY09 and future years.
8. During the Public Safety Committee's review, the Executive submitted an updated cost estimate that assumed a total project cost of \$2.63 million. Although the total special appropriation remains at \$1,595,000, the Executive added funding for an IT position and training to the list of items that it would fund. To accommodate the addition, he shifted funding for docking stations from the special appropriation to short term financing, bringing the total to be short term financed to \$1,040,000. This special appropriation includes \$188,000 to be used for an FY09 installment payment, if needed.
9. The public was notified by a news release, and a public hearing was held on November 18, 2008.
10. The Public Safety Committee reviewed this special appropriation on November 6 and 20, 2008, and recommends approval with certain amendments.

**Action**

The County Council for Montgomery County, Maryland, approves the following action:

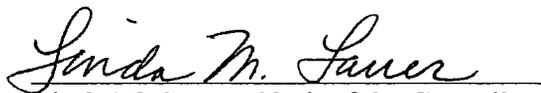
1. A special appropriation to the FY09 Operating Budget of the Montgomery County Fire and Rescue Service is approved as follows:

<u>Personnel Services</u>	<u>Operating Expenses</u>	<u>Capital Outlay</u>	<u>Total</u>	<u>Source of Funds</u>
\$140,000	\$1,455,000	\$0	\$1,595,000	Consolidated Fire Tax District

This action is necessary to act without delay in the public interest.

This appropriation includes \$188,000 for a master lease payment, if required, in FY09. If any element of the ePCR system that would be funded under the master lease is purchased by or on behalf of the County before December 31, 2008, the first master lease payment must be paid in FY09. If any element of the ePCR system that would be funded under the master lease is purchased by or on behalf of the County after that date, the first master lease payment need not be paid until FY10. If any element of the ePCR system that would be funded under the master lease is purchased by or on behalf of the County after December 31, 2008, the Executive must not spend the \$188,000 appropriated in this resolution and allocated for the master lease payment and must allow that amount to revert to the Consolidated Fire Tax District fund balance.

This is a correct copy of Council action.

  
Linda M. Lauer, Clerk of the Council