

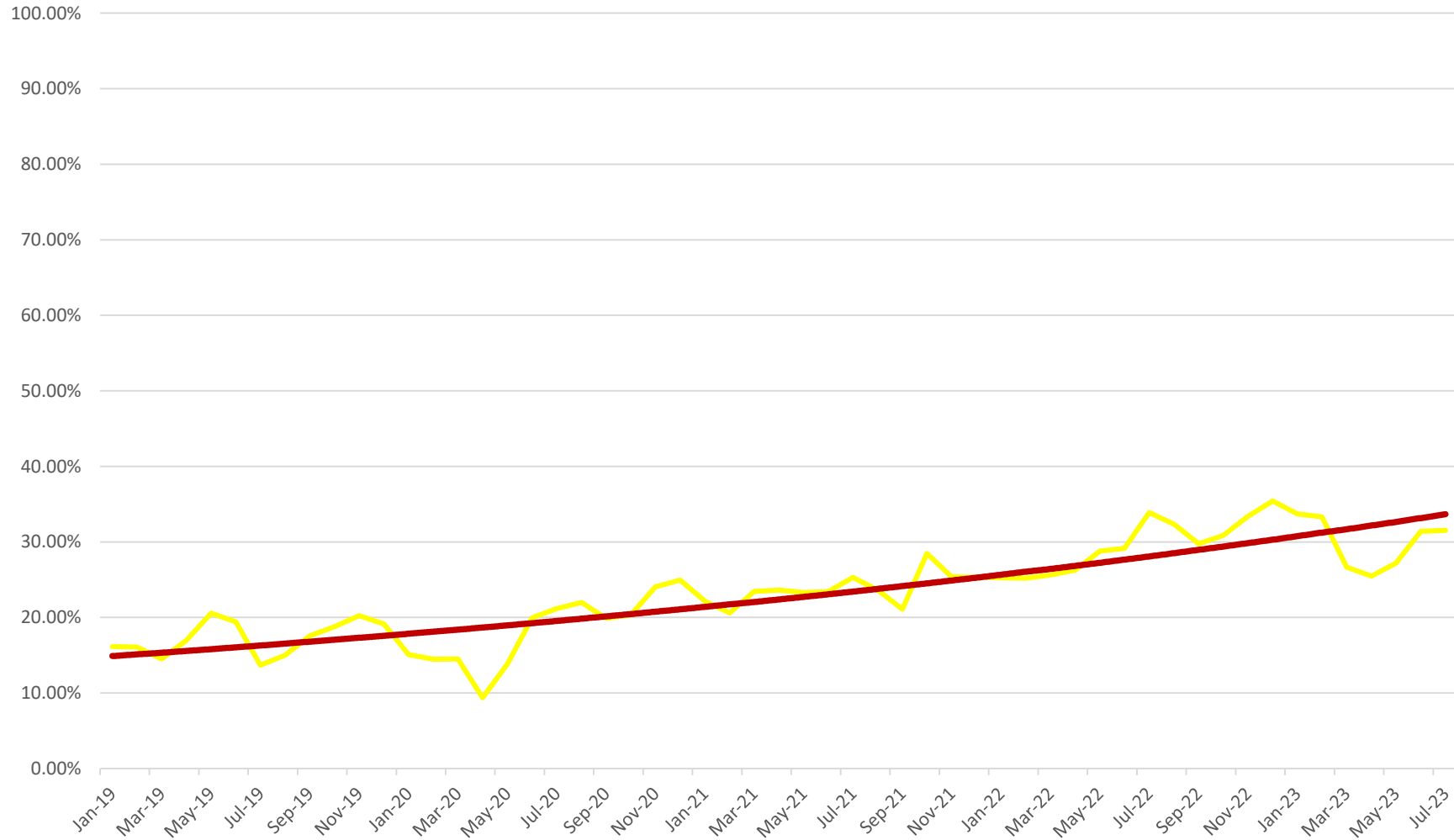
EMS Sworn Overtime Expenditures Since FY 2018

- OT expenditures increasing over time
 - Pay scale increases
 - Increases in vacancies created by new positions and attrition
- Sworn OT increasing approximately 16% for FY23
 - Pay scale increases for FY23
 - Paid double-time for extra duty at beginning of fiscal year
 - Not currently paying double-time

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Overtime Percent of All Hours Since January 2019



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Civilian Overtime Expenses Since FY2018

- Civilian OT expenses increased since pre-pandemic
 - Increase in pay rates
 - Vacancies due to attrition and added positions
 - Organizational needs
 - Billing backlog
 - EMS Operations Scheduling section
 - Human Resources
- Civilian OT expenses increased in FY23
 - Increase pay rates
 - Vacancies in Scheduling section

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Drivers of Overtime and Extra Duty

- Civilian
 - Vacancies
 - Operational needs
 - Backlog in billing
 - Schedulers
 - Human Resources
 - Support staff
 - Logistics, supply, fleet during events
- Sworn
 - Vacancies
 - Special Events
 - Pilot Programs
 - Airport medics
 - Rainey Street
 - CASTMed
 - Emergency conditions
 - Weather
 - Pandemic

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Sworn Overtime Hours Expenditures

- 245,356 hours are encompassed in the \$12,553,563 spent in overtime for FY23
- All sworn staff have some amount of clocked overtime
 - Paid at 1.5 times hourly rate currently
 - Paid at 2 times hourly rate in early part of FY23 (discontinued)

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Overtime policies and guidelines

- No defined limit to overtime, but supervisor is responsible for monitoring
- Field and Communications staff are assigned an On-Call Personnel (OCP) day once per month.
 - Paid \$5 per hour for the day they remain on-call
 - If called in, paid 1.5 times hourly rate (based on productive hours in week)
- OP-06.07 - Scheduling Operations General Guidelines
 - *Personnel must have an 8-hour rest period between duty assignments. An employee can request an exception through a Division Chief.*

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Workload and Staffing Changes and Needs

- Reduced the use of mandatory overtime to staff ambulances
 - Eliminated “Accumulative List”
 - Reduced OCP day from 2 or 3 days per month to once every 28 days
- Staffing needed
 - Communication vacancies
 - Clinical Specialist vacancies

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