

EMS Oversight Board Annual Report

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Acronyms

AED	Automated External Defibrillator
ALS	Advanced Life Support
ANSI	American National Standards Institute
BLS	Basic Life Support
CPR	Cardiopulmonary Resuscitation
CQI	Continuous Quality Improvement
EMS	Emergency Medical Services
EMT	Emergency Medical Technician
EMT-B	Emergency Medical Technician Basic
EMT-IV Tech	Emergency Medical Technician IV Tech
EMT-P	Emergency Medical Technician Paramedic
QA	Quality Assurance
RRU	Rapid Response Unit
RSI	Rapid Sequence Intubation
SOG	Standard Operating Guideline
SPFD	Stevens Point Fire Department

EMS Oversight Board Purpose

The Portage County Board of Supervisors created the EMS Oversight Board by Resolution 109 2006-2008 adopted on April 17, 2007. By law, the EMS Board is a public body, subject to the requirement of Wisconsin's open meeting and open records law.

The charter of the Board is the oversight of the clinical, administrative, qualitative measures and operations of the Portage County EMS System. The Board will review study and oversee the system, and provide qualitative standards for the providers.

The Board is requested to prepare an annual report for the County, City and Amherst Fire and Safety District with a performance review and evaluation of all policies and performance standards.

By the creation of the EMS Oversight Board it is not intended to abrogate the responsibilities of the Police and Fire Commissions as set forth in s. 62.13 Wis. Statutes or the Fire and Safety District as set forth in s. 61.65 Wis. Statutes.

EMS Oversight Board Composition

<u>NAME</u>	<u>APPOINTED</u>	<u>TERM EXIRES</u>	<u>Representing</u>
Jeanne Dodge	July 2007	April 2012	County Board
Don Jankowski	April 2010	April 2012	County Board
Tom Mallison	April 2009	April 2012	City Council
Randal Stroik	April 2009	April 2012	City Council
Don Spierings	December 2008	April 2012	Amherst Fire Dist.
Mike Pagel	July 2007	April 2011	Town Representative
Tim Kluck	July 2007	April 2011	Village Representative
Linda Johnson	July 2009	April 2011	Medical System Rep.

Advisors to EMS Oversight Board

<u>NAME</u>	<u>REPRESENTING</u>
Dave Allen, Service Provider	Amherst Ambulance Service
Victor Voss, Fire Chief	Amherst Fire District
Tracey Kujawa, Assistant Chief EMS	Stevens Point Fire Department
John Zinda, Fire Chief	Stevens Point Fire Department
Dr. Mike Curtis	Saint Michael's Hospital
Mike McKenna	Portage County Corporation Counsel
Jennifer Jossie	Portage County Finance Director
Sandra Curtis	Portage County Emergency Management Director
Patty Dreier	Portage County Executive
Maury Rice	Liaison, Stevens Point Police & Fire Commission
Jeff Morris	Administrative Director, Stevens Point Police Dept
Gary Johnson, EMS Director	United Emergency Medical Response
Portage County EMS Association	
Portage County Public Safety/Emergency Management Committee	
Saint Michael's EMS Advisory Council	

All Portage County Fire Departments provide on-scene support to EMS response agencies throughout the County. They also serve in an advisory capacity to the EMS system.

Portage County EMS Partners

First Responder Groups:

Name of Service	First Responders	EMT-Basic	EMT-I Tech	EMT-P
Almond EMS	9	2		
Amherst EMS		3	8	6
Bancroft EMS	9	1		
Dewey EMS		11		
Grant EMS	7			
Hull EMS	1	9		
Plover EMS		9	5	3
Rosholt EMS	14			
Rudolph EMS	17	13	2	2
Sharon EMS	6	4		
Stockton EMS		5	5	

Industrial First Responder Groups:

McCain Foods	16	1		
Worzalla Publishing	12	1		

Ambulance Service Providers:

Stevens Point Fire Department 31 EMT-Paramedic 7 EMT-Intermediate

The primary response area for Stevens Point Fire Department/Portage County Ambulance Service is as follows:

- 13 towns
- 7 villages
- City of Stevens Point

The Stevens Point Fire Department provided 183 inter-facility transfers during 2009.

The Stevens Point Fire Department and Amherst Ambulance Service have adopted an ALS (Advance Life Support) intercept policy for advanced level of care. SPFD responds with Amherst Ambulance when requested or when paged by dispatch.

Amherst Ambulance Service 21 EMT-Intermediate Technician

The primary response area for Amherst Ambulance is the following municipalities along with call volume for 2009:

- Village of Amherst = 52
- Village of Amherst Junction = 17
- Town of Amherst =37
- Town of Lanark =41
- Town of New Hope = 14
- Town of Belmont = 16

- Mutual Aid to town of Stockton = 1
During 2009 Amherst Ambulance responded 184 calls for service resulting in 184 patients.

See maps titled, "Portage County Ambulance Service" and "Portage County First Responders."

Mutual Aid Partners

The Stevens Point Fire Department maintains signed Mutual Aid Agreements with the following EMS providers:

- Wisconsin Rapids Fire Department
- Mosinee Fire and EMS
- Wausau Fire Department/Wausau EMS
- Iola Ambulance
- Waupaca Area Ambulance
- United Emergency Medical Response Ambulance
- Waushara County Emergency Services/Waushara EMS
- Marshfield Fire And Rescue Department

The Amherst Ambulance Service maintains signed Mutual Aid agreements with the following EMS providers:

- Iola Ambulance Service
- Waupaca Area Ambulance Ltd.
- Waushara County EMS

All Portage County Fire Department provide on-scene support to EMS providers throughout the County.

Rapid Response Unit (RRU)

In late 2005, Mark Toyota donated a Toyota 4Runner to Portage County for an EMS pilot project. In February 2009, Mark Toyota sponsored a Safety Fair that featured the RRU.

During 2009 the RRU was housed at the Stevens Point Fire Department, Station 1 at 1701 Franklin Street, on a daily basis. SPFD deployed the unit when staffing allowed and/or when an incident deemed it necessary. During 2009 SPFD deployed the unit for 478.5 hours. Portage County LTE staff provided EMS coverage at "Special Events" throughout the County. Six LTE staff covered about 50 Special Events during 2009.

Current funding for Rapid Response Unit:

- Mark Toyota continues to support the program by providing a "no cost" lease for the duration of the program.
- Portage County funded all operating costs of the vehicle including supplies, fuel, maintenance, insurance and staffing costs.

PERFORMANCE MEASURES

Performance measures to continuously measure the effectiveness of the EMS program have been set by the Medical Director, the EMS Coordinator, and the Service Directors. By contract, the EMS Oversight Board maintains primary responsibility for adherence to the process. Performance measures include monitoring systems in areas of Clinical Excellence, Customer Satisfaction, Response Time Reliability and Fiscal Stewardship.

During 2009-2010 the EMS Oversight Board worked cooperatively with the EMS providers and the Medical Director to establish systems to address the above performance measures. The Board added "EMS Operational Safety" as an additional performance measure to be addressed. The EMS Oversight Board has also promoted and demonstrated a cultural change of cooperation and mutual support between all EMS providers. As a result, the Board has added "Organizational Culture" as an additional performance measures for the next contract period.

Clinical Excellence

The Portage County EMS Medical Director, the service providers, the County EMS Coordinator along with Saint Michael's Hospital have continued the quality assurance program with several enhancements;

QA (Quality Assurance) Program

All providers of EMS services in the Portage County EMS System are encouraged to participate in the established QA program. This program focuses on quality review on a case-by-case basis when someone identifies a concern about a particular run. This quality review can be initiated by a provider at any level of the system (dispatch, first responder, ambulance provider, hospital or medical director). The provider can request the Medical Director or the Service Director to perform a QA review of a specific medical case.

CQI (Continuous Quality Improvement)

The EMS Medical Director, in cooperation with the Stevens Point Fire Department, the Amherst Ambulance Service and United Emergency Medical Response has developed a

mechanism to track and monitor specific interventions and protocol adherence for the following medical emergencies:

- 1.) Cardiac chest pain
- 2.) Respiratory distress
- 3.) Altered level of consciousness.

Below is a summary of the quality indicators which are used in the CQI process:

I. Vital Signs Complete

- A. Did the ambulance crew document a complete set of vital signs?
- B. Blood pressure, pulse rate, respiratory rate, respiratory effort, SpO2

II. First Vital Signs

- A. Did the ambulance crew get the first complete set of vital signs within 10 or 15 minutes of “at patient” time?
- B. Ambulance crew is still required to get a set of vital signs even if first responders got a set PTA.
- C. Portage County is currently monitoring the 10 and 15 minute mark. Marathon County services are only looking at the 15 minute mark.

III. Second Vital Signs

- A. Did the ambulance crew get a second complete set of vital signs before turning over care of the patient?
- B. An exclusion is noted if the crew is with the patient for <15 minutes.

IV. Oxygen

- A. Did the patient get supplemental oxygen?
- B. An exclusion is noted if the patient’s SpO2 is >95%.

V. Lung sounds

- A. Did the ambulance crew document auscultation of the patient’s lung sounds?

VI. Monitor

- A. Was the patient’s EKG monitored?

VII. IV

- A. Was an IV attempted on the patient?
- B. If an IV was attempted, was it established on the first attempt?
- C. If an IV was attempted, was it established successfully by the initial crew attempting it?
 1. IVs established by an intercepting service are not counted.

VIII. Glucose check

- A. On a patient with any reported degree of altered level of consciousness, regardless of cause, is a glucose level checked?

IX. Nebulizer therapy

- A. On a respiratory distress patient, if a nebulized medication is indicated, is it done?

X. CPAP

- A. On a respiratory distress patient, if CPAP is indicated, is it done?

XI. Aspirin

- A. On a chest pain patient that the provider believes to be of cardiac origin, is aspirin given?

XII. Nitroglycerin

- A. On a chest pain patient that the provider believes to be of cardiac origin, is nitroglycerin given?

XIII. 12 Lead

- A. On a chest pain patient that the provider believes to be of cardiac origin, is a 12 Lead EKG performed?
B. When a heart attack is identified, is the hospital immediately notified?

XIV. Quality indicators for trauma and cardiac arrest are being developed.

Exclusionary criteria: It is understood that there are occasionally reasonable explanations for not being able to do an assessment or intervention. When documented these cases are excluded from calculations. Examples of exclusionary criteria include:

- Not available
- Patient uncooperative
- Patient refuses
- Patient inaccessible
- Patient expired
- Patient not transported
- Contraindicated per protocol
- Patient contact time <15 minutes
- Room air SpO2 >95%
- Other reasons documented

The EMS Quality Circle meets monthly to compare data among local providers.

After Action Reviews

The Portage County EMS System, under the direction of the EMS Medical Director and the Service Director of EMS at the Stevens Point fire Department, has worked to develop a system which objectively reviews multi-casualty and/or multi-jurisdictional EMS incidents. Three incidents were reviewed during 2009. The process focuses on every aspect of the

event from dispatch to delivering the patient to the appropriate level of medical care. Through the review process, participants are encouraged to discuss elements of the event that went right, elements that could have gone better, and what corrective measures could be implemented to improve the next major response. All involved responders are invited to the “closed door” discussion which is conducted in a confidential manner to protect patient information and any pending investigations.

RSI (Rapid Sequence Intubations)

An electronic database tracking the key components of this EMS procedure is being maintained and monitored for outcome effectiveness. This database is being maintained by the Service Director at SPFD. This procedure is performed only by the Stevens Point Fire Department Paramedics. Twelve RSIs were performed in 2009.

Customer Satisfaction

1. During 2009, the LTE paramedics employed by Portage County distributed Customer Satisfaction Surveys at Special Events throughout the County. Since the last annual report in June 2009, 26 surveys have been completed and returned during that time. A summary of the results of the survey are attached for review. (See Attachment 1 for Rapid Response Unit survey results)
2. Amherst Ambulance Service is currently sending satisfaction surveys to all patients treated and transported by the service. (See Attachment 2 for Amherst Ambulance Service survey results)
3. Prior to the adoption of the three-year ambulance contract, a survey was sent to each municipality asking their opinion of the proposed contract. Of 27 municipalities, 17 agreed to the idea of a three-year contract and one (the town of Eau Pleine) disagreed. Nine municipalities did not respond.

Response Time Reliability

The EMS Oversight Board has recognized the First Responder Groups as the backbone of the Portage County EMS System. First Responders, especially those trained to the EMT-Basic level, can provide essential care to stabilize the patient until the transport unit

arrives. The Board has offered financial support in the form of the First Responder grant program to the First Responder groups to assist with recruitment and retention of trained responders to help keep the EMS groups strong and viable. Each year, a set of service benchmarks are chosen that are required for groups to receive First Responder grant funding. In 2009, groups were required to submit a red lights and sirens policy; develop a retention/compensation plan for volunteers; and complete Traffic Incident Management training. In 2010, groups are required to ensure their pagers and radios are narrowband compliant; sign a mutual aid agreement; complete ICS 100 training for first responders and ICS 100 and ICS 200 training for leadership; and complete a skills lab. Starting in 2010, failure of groups to meet these requirements will result in a deduction in the amount of grant funds received.

The EMS Oversight Board supports the continuation of the County's financial support to the town of Grant for their contracted service with United Emergency Medical Response. The continuation of this contract ensures better response time reliability for the citizens of the town of Grant.

Fiscal Stewardship

The EMS Oversight Board reviewed the after-hours transportation needs of patients being discharged from Saint Michael's Hospital Emergency Department. The Board determined using an ambulance to return patients to their residence was an inappropriate use of 911 resources. A contract with Ambulance Alternatives DBA Ambu-Lift was developed during 2008 and will continue into 2010 to provide after business hours transportation. Ambu-Lift provided more than 100 transports during 2009 at a cost of \$7,155.

The EMS system continues to purchase medical supplies, utilizing group purchasing power, to supply all first responder groups (up to three bags per EMS unit). Portage County has continued to fund all first responder training needs to reduce the financial burden on the EMS groups. Act 102 Funds (EMS Funding Assistance Program) have been utilized for this purpose. Some limitations and restrictions have been imposed to protect the integrity of the funding source.

In 2010, \$34,000 in capital improvement project funds were used to purchase new automated external defibrillators (AEDs) to replace the older models in Portage County Sheriff's Department and Stevens Point Police Department squad cars. First Responder groups also were encouraged to purchase the new AEDs.

EMS Operational Safety

EMS Provider Safety is a part of the EMS Oversight Board's list of Performance Standards. During 2009 the Board established rules for the development of a red lights and sirens policy for all EMS groups. The Quality Circle reviews the usage of red lights and sirens in response to medical emergencies by all service providers, including ambulances.

The implementation of the policy was one of the criteria added to the 2009 grant funding requirements. In 2010, ambulances in Stevens Point and Amherst were outfitted with chevron striping on the rear of the vehicles to improve visibility. In the future, all newly purchased ambulances will have the chevron striping, as well.

EMS Oversight Board 2009-2010 Highlights

July 2009 Joint meeting of EMS Oversight Board, Finance and Public safety held to explain goals of upcoming EMS contract. Mallison elected as vice chair of EMS Oversight Board. Board voted to continue EMS Coordinator, Rapid Response Unit, Ambu-Lift transportation agreement and funding for contract between town of Grant and Higgins Ambulance for 2010.

August 2009 Linda Johnson attended her first meeting as an EMS Oversight Board member. Board approved 3 Rivers billing company's recommended increase in cost of various procedures.

September 2009 Emergency Management Director Sandra Curtis requested capital improvement project funds to replace AEDs in Portage County and city squads. EMS Coordinator Michael Fraley helped to implement a new protocol regarding the initiation and termination of resuscitation in the field.

October 2009 The Board approved the three-year ambulance contract.

November 2009 Sandra Curtis presented a timeline of action items within the new ambulance contract that will be addressed. These items will mostly be addressed by the Technical Team.

December 2009 Amherst Ambulance purchased and equipped a Mass Casualty Incident trailer that is available for use by emergency responder groups in the county.

January 2010 Higgins Ambulance changed its name to United Emergency Medical Response. Board approved Linda Johnson to be board liaison to the EMS Quality Circle Committee. The board approved Human Resources' recommendation to change the status of RRU employees from LTE to casual on-call, which resulted in a decrease in the hourly rate of RRU paramedics to reflect that they are generally working in non-emergency response mode at special events.

February 2010 New AEDs for Portage County and Stevens Point law enforcement were put into service. The Board approved the funding distribution and requirements for the 2010 First Responder grant, which was created and recommended by the EMS Association.

March 2010 Four new paramedics were hired to staff the Rapid Response Unit. The Technical Team presented a revised timeline of contract initiatives. At the annual Joint EMS, Public Safety and Stevens Point Police and Fire Commission meeting, 2009 annual reports from Amherst Ambulance and Stevens Point Fire Department were presented. The reconciliation of ambulance accounts for 2009 for Amherst and Stevens Point was also approved at the joint meeting.

April 2010 Finance Director gave a 2009 financial overview. United Emergency Medical Response presented its annual report. Bids for a new ambulance have been received and are being reviewed by Tracey Kujawa and Sandra Curtis.

May 2010 Developed EMS Oversight Board Annual Report.

EMS Oversight Board
Rules of Operation

Mission/Core Purpose

The mission of the EMS Oversight Board is to develop policy and procedure recommendations for the efficient delivery of EMS services to all citizens of Portage County. The Board will oversee the clinical, administrative, qualitative measures and operations of the Portage County EMS system. The Board will work in compliance with the Wisconsin Open Meeting Law.

The basis for the development of the EMS Oversight Board was created by County Board Resolution 109 2006-2008 adopted on April 17, 2007.

CHAIRPERSON & VICE CHAIRPERSON:

The Board will elect a Chairperson and Vice Chairperson for a term of two years. The Chairperson and Vice Chairperson will be elected at the first EMS Board meeting following the County Board appointment of the EMS Board members, in the even numbered years; 2010 , 2012, 2014, etc. The Chairperson will preside over meetings of the Board. The Vice Chairperson will preside over meetings in the absence of the Chairperson to assure the continuity of operations. Both the Chair and the Vice Chair must be members of the Board and will hold only one elected position.

COORDINATOR OF INFORMATION:

The EMS Oversight Board will designate a Coordinator of Information who will serve at the pleasure of the Board. The Coordinator of Information will undertake those duties and responsibilities as assigned by the EMS Oversight Board. The Coordinator of Information shall be the point of contact for the Board and shall ensure compliance with the contract between the County and the providers. In order to assure the proper minutes of all meetings, the Coordinator of Information will appoint a Recording Secretary. The Secretary will keep minutes of the business conducted at the EMS Board and other duties as assigned by the Coordinator of Information. The Recording Secretary will be a paid staff person.

EMS COORDINATOR:

The Board will hire or contract for an EMS Coordinator. The EMS Coordinator will report directly to the Emergency Management Director. The Coordinator will oversee the licensing, policy implementation, and data collection of the EMS system, as directed by the Service Providers. The Coordinator will assist the Medical Director and the service providers in functions related to quality assurance (QA), Continuous quality improvement (CQI), after incident reviews. The Coordinator will assist the medical Director and the Service Providers with protocol review, revision and implementation. The Coordinator will attend EMS Association, EMS Oversight Board meetings and other committee meetings as necessary and directed by the EM Director.

MEETING LOCATION, DATES AND TIMES:

The EMS Oversight Board has established a routine meeting location of the Portage County Courthouse Annex Building, 1462 Strongs Avenue, Stevens Point. However, the meeting location may change from time to time at the discretion of the Chair. The Board will meet every month or more often at the discretion of the Chair. The meetings will be scheduled on the third Thursday of every month. However, meeting dates and times may change from time to time at the discretion of the Chair. Special meetings of the board may be called by the Chair with minimum public notice of 24 hours prior to the meeting.

AGENDA ITEMS:

Items to be included in the agenda will be submitted to the Coordinator of Information at least five working days prior to the Board meeting unless an emergency condition is present. The agenda will be compiled and distributed to the Board members, local media, and others who request copies, at least 24 hours prior to the meeting. Agenda items may not be added on the floor of the meeting.

PUBLIC OPPORTUNITY:

The EMS Board will in every agenda provide an opportunity to receive public comments and input. Members of the public who wish to address the Board on specific agenda items must first register their request, with such comments subject to the reasonable control of the Board Chair as set forth in Robert's Rules of Order. The board will encourage public input and will seek out experts to assist in the decision making process.

QUORUM:

A quorum will consist of five members of the EMS Oversight Board.

VOTING:

A majority vote of members present, where a quorum exists, is necessary for passage of an agenda item. A formal vote, by roll call of the Board, may be required for some actions.

MINUTES:

Minutes of all meetings will be approved by the Board at a subsequent meeting. Approved minutes will be filed with the County Clerk and will be posted on the County website.

BOARD PRIORITIES:

The Board will develop a plan to oversee the qualitative measures and operations of the Portage County EMS System.

- The Board will develop strategies for providing EMS service most efficiently to the entire County maintaining a balance between economic efficiency and providing adequate funding at all levels within the system.
- The Board will encourage initiatives to alleviate increased call volume.
- The Board will develop a system to monitor quality assurance standards to assure clinical excellence and enhance continuous quality improvement throughout the EMS System.
- The Board will develop a plan to monitor and measure customer satisfaction throughout the EMS system.
- The Board will develop a plan to enhance and protect the overall safety of all providers within the EMS system.
- The Board will encourage input into the planning process, and provide for ongoing communication with key stakeholder groups.

The Board will prepare an annual report for the County, the City and Amherst Fire and Safety District addressing the above components. The annual report will also provide a performance review and evaluation of all policies and performance standards of the service providers.

Final recommendations from the board will be forwarded for consideration and adoption to the following entities:

- Portage County Public Safety/Emergency Management Committee and the County Board
- Stevens Point Police & Fire Commission and the City of Stevens Point Common Council
- Amherst Fire and Safety District.

DECISION MAKING:

- The EMS Oversight Board will work in compliance with the Wisconsin Open Meetings Law.
- The EMS Board will develop evidence-based decisions, utilizing EMS system experts, citizen input, economic considerations, and system-wide quality of service considerations.
- The EMS Board will match or align decisions with the mission and values of the Board

COMMUNICATIONS:

The EMS Oversight Board will follow Robert's Rule of Order in conducting Board meetings.

- The EMS Board will provide regular updates to appropriate county and municipal committees and boards related to the Board's discussions and recommendations.
- The EMS Board will encourage public input and involvement and will seek out experts to assist in the decision making processes as appropriate.
- The EMS Board will provide information/education to the general public on issues germane to the discussions surrounding the EMS system.
- The EMS Board will develop a communication plan for public outreach and interaction to provide consistent messages.
- EMS Oversight Board members will work collaboratively to effectively manage conflicts that may arise as part of their work. The Board will bring issues to the table and foster open, honest and respectful communications.

ADOPTION AND AMENDMENTS OF THE RULES OF OPERATION:

Adoption of these rules or approval of amendments to the rules can be made at any regular or special meeting of the Board. The Rules of Operation will be reviewed annually to assure compliance with the mission of the Board. Over time, the Board will clarify its role and authority through ongoing discussions with input from other committees, boards and commissions.

The above Rules of Operation were adopted by the Portage County EMS Oversight Board on May 15, 2008.

Updated:
January 2009 with Organizational Chart added

2010-2011 EMS Oversight Board Recommendations

1. Continue the EMS Coordinator for 2011

The individual in this contracted position will continue to work cooperatively with the EMS Oversight Board, the EMS Medical Director and all service providers in the following areas:

- Assist with the coordination of licensing of the County EMS groups
- Assist with EMS training for all first responder groups
- Update EMS protocols
- Collect and analyze data to measure system performance
- Coordinate pre-hospital CQI reports
- Facilitate after-action reviews on multi-casualty, multi-jurisdictional incidents
- Support county committees, boards and other governing bodies
- Coordinate EMS QA functions

The EMS Oversight Board recommends that the EMS Coordinator position become permanent.

2. Contract with United Emergency Medical Response in 2011

The EMS Oversight Board recommends Portage County enter into a one-year contract with United Emergency Medical Response effective Jan. 1, 2011, to provide EMS coverage of the town of Grant. United Emergency Medical Response will be held to the same performance standards as other services contracted by Portage County. United Emergency Medical Response was upgraded to the EMT-Paramedic level in mid-2009. This upgrade will now provide the citizens of the town of Grant the same level of care enjoyed by all other citizens throughout Portage County. The leadership at United Emergency Medical Response has expressed willingness to cooperate and participate in the performance standards established by the Portage County EMS Board.

3. Rapid Response Unit continuation

A. The EMS Oversight Board recommends the continued use of the RRU for Special Event coverage and for Stevens Point Fire Department lieutenants at incidents in 2010.

B. For 2011, the Board recommends that the current RRU be redeployed, housed and operated from the Amherst Station. Currently the County employs six paramedics to provide coverage at various special events. This continuation is dependent on the generous ongoing support of Mark Toyota with the annual free lease agreement.

C. A second RRU should be incorporated into the system in 2011, which would be housed at the Stevens Point Fire Department and used by lieutenants as field supervisors on a daily basis. With the addition of the second RRU, a user fee plan for Special Events to help defray the costs of the vehicle and generate revenue will be developed.

4. **First Responder funding continuation**

The EMS Oversight Board continued the funding level for the First Responder grant at \$75,000 in 2010. The Board will continue to monitor the spending of the funds to assure the needs of the First Responder groups are being met as well as meeting the spending priorities set by the Board. The Board recommends continuing the grant at its current funding level for 2011. In 2011, a uniform standard for all First Responder groups will be established.

5. **Ambulance Alternatives DBA Ambu-Lift contract continuation**

The EMS Oversight Board is recommending the continuation of the contract between Ambu-Lift and the County for non-emergent after-hours transportation services. This transportation is provided for patients who have been medically cleared to return to their place of residence after treatment in the emergency department. The patients served by this contract have been primarily the very elderly with no other means of transportation. Ambu-Lift provided more than 100 transports during 2009 at a cost of \$7,155. (Since Jan. 1, 2009, we have directed 3 Rivers Billing Inc. to bill each patient two times before dismissing the claim. In 2009, 3 Rivers Billing collected \$1,775 from patients who used this service.)

6. **Develop a revised deployment strategy for ambulance services**

By Jan. 1, 2011, service providers will develop and implement a plan to redeploy an ambulance to Plover with a flexible schedule based on past run criteria. The goal of this strategy is to enable both the Stevens Point Fire Department and Amherst Ambulance to realize their performance benchmarks of clinical excellence, customer satisfaction, response time reliability, operational safety and system organization that supports a culture of cooperation and mutual support.

7. **Upgrade Amherst Ambulance to EMT-Intermediate level**

Amherst Ambulance will upgrade to the EMT-Intermediate level of service July 1, 2010. With this upgraded level of service, the Board recommends that Amherst Ambulance be assigned additional primary response territory. (See map titled, "Portage County: Proposed 2011 Ambulance Service.") The Board further recommends the development of a move-up strategy between Amherst and the Stevens Point Fire Department to ensure timely service to patients.

8. **Develop a plan for monitoring customer satisfaction**

The development of a plan for monitoring customer satisfaction will address two customers: Patients and key stakeholders. The EMS Oversight Board recommends that a uniform customer satisfaction survey be developed for patients. The Board recommends contracting with an independent company that can facilitate the survey for a cost of no more than \$5,000.

Initiatives will be implemented to keep key stakeholders (e.g. politicians, municipal boards, taxpayers) informed of the ongoing progress in the EMS system.

9. **Develop a protocol to handle inter-facility transfers**

Effective June 1, 2010, Ministry Health Care will be providing inter-facility transfers from 11 a.m. to 11 p.m. to help relieve the burden on the Stevens Point Fire Department.

10. **Implement a comprehensive consumer education program**

As the county takes steps to improve the EMS system, it will be important to inform the public of the changes it is making. Investing in consumer education can further improve the safety of our community. The Board seeks to have a consumer education program plan developed by the Technical Team and approved by the Board prior to Jan. 1, 2011, and to allocate \$2,500 in 2011 for the funding of the program. The Board recommends the funding of educational programs like CPR, continuing to use the RRU at Special Events and utilizing the media to effectively market the EMS system.

11. **Study methods to enhance dispatch services to improve provider response**

The EMS Oversight Board suggests that the current dispatch protocols, policies and procedures be examined for ways to improve response times and response quality of providers. The county and city should also discuss the possibility of a feasibility study for an independent dispatch center for all public safety agencies.

12. **2011 budgetary implications:**

Customer Satisfaction Survey	\$5,000
<u>Consumer Education</u>	<u>\$2,500</u>
Total:	\$7,500

ATTACHMENT 2

Amherst Fire District – Ambulance Patient Surveys for 2009

84 patient evaluations compiled

Response Time: 74 Excellent
7 Good
1 Fair
0 Poor
2 No Response

Quality of Care: 80 Excellent
4 Good
0 Fair
0 Poor
0 No Response

Professionalism: 81 Excellent
2 Good
1 Fair
0 Poor
0 No Response

Respect: 82 Excellent
2 Fair
0 Good
0 Poor
0 No Response.

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