



AGENDA
BOARD OF SUPERVISORS
AD HOC EMERGENCY MEDICAL SERVICES COMMITTEE
COUNTY OF MONO
STATE OF CALIFORNIA

Lee Vining Community Center

October 1, 2015

NOTE: In compliance with the Americans with Disabilities Act if you need special assistance to participate in this meeting, please contact the Clerk of the Board at (760) 932-5534. Notification 48 hours prior to the meeting will enable the County to make reasonable arrangements to ensure accessibility to this meeting (See 42 USCS 12132, 28CFR 35.130).

Full agenda packets are available for the public to review in the Office of the Clerk of the Board (Annex I - 74 North School Street, Bridgeport, CA 93517), and in the County Offices located in Minaret Mall, 2nd Floor (437 Old Mammoth Road, Mammoth Lakes CA 93546). Any writing distributed less than 72 hours prior to the meeting will be available for public inspection in the Office of the Clerk of the Board (Annex I - 74 North School Street, Bridgeport, CA 93517). **ON THE WEB:** You can view the upcoming agenda at www.monocounty.ca.gov. If you would like to receive an automatic copy of this agenda by email, please send your request to Bob Musil, Clerk of the Board: bmusil@mono.ca.gov.

1:00 PM Call meeting to Order

 Pledge of Allegiance

1. OPPORTUNITY FOR THE PUBLIC TO ADDRESS THE BOARD

on items of public interest that are within the subject matter jurisdiction of the Board. (Speakers may be limited in speaking time dependent upon the press of business and number of persons wishing to address the Board.)

2. AGENDA ITEMS

A. Symons Presentation

Departments: Clerk of the Board
30 minutes

Advisory presentation by Symons Ambulance to the Ad Hoc EMS Committee.

Recommended Action: None.

Fiscal Impact: None.

B. East Fork Presentation

Departments: Clerk of the Board

30 minutes

Advisory presentation by East Fork Ambulance to the Ad Hoc EMS Committee.

Recommended Action: None.

Fiscal Impact: None.

C. Mono County Paramedics Presentation

Departments: Clerk of the Board

30 minutes

Advisory presentation by Mono County Paramedics to the Ad Hoc EMS Committee.

Recommended Action: None.

Fiscal Impact: None.

D. Question and Answer Panel with Symons, East Fork, and Mono County Paramedics

Departments: Clerk of the Board

45 minutes

Advisory and informational question and answer session with Symons, East Fork, and Mono County Paramedics.

ADJOURN



**OFFICE OF THE CLERK
OF THE BOARD OF SUPERVISORS**

EMS AD HOC AGENDA REQUEST

Print

MEETING DATE	October 1, 2015	DEPARTMENT
ADDITIONAL DEPARTMENTS		
TIME REQUIRED	30 minutes	PERSONS APPEARING BEFORE THE BOARD
SUBJECT	Symons Presentation	

AGENDA DESCRIPTION:

(A brief general description of what the Board will hear, discuss, consider, or act upon)

Advisory presentation by Symons Ambulance to the Ad Hoc EMS Committee.

RECOMMENDED ACTION:

None.

FISCAL IMPACT:

None.

CONTACT NAME: Helen Nunn

PHONE/EMAIL: x5534 / hnunn@mono.ca.gov

SUBMIT THE ORIGINAL DOCUMENT WITH ATTACHMENTS TO THE OFFICE OF THE COUNTY ADMINISTRATOR **PRIOR TO 5:00 P.M. ON THE FRIDAY 32 DAYS PRECEDING THE BOARD MEETING**

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History

Time

Who

Approval

County Administrative Office

County Counsel

9/24/2015 6:42 PM

Finance

Yes



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OF THE BOARD OF SUPERVISORS**

EMS AD HOC AGENDA REQUEST

Print

MEETING DATE	October 1, 2015	DEPARTMENT	
ADDITIONAL DEPARTMENTS			
TIME REQUIRED	30 minutes	PERSONS APPEARING BEFORE THE BOARD	
SUBJECT	East Fork Presentation		

AGENDA DESCRIPTION:

(A brief general description of what the Board will hear, discuss, consider, or act upon)

Advisory presentation by East Fork Ambulance to the Ad Hoc EMS Committee.

RECOMMENDED ACTION:

None.

FISCAL IMPACT:

None.

CONTACT NAME: Helen Nunn

PHONE/EMAIL: x5534 / hnunn@mono.ca.gov

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Yes



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OF THE BOARD OF SUPERVISORS**

EMS AD HOC AGENDA REQUEST

Print

MEETING DATE	October 1, 2015	DEPARTMENT
ADDITIONAL DEPARTMENTS		
TIME REQUIRED	30 minutes	PERSONS APPEARING BEFORE THE BOARD
SUBJECT	Mono County Paramedics Presentation	

AGENDA DESCRIPTION:

(A brief general description of what the Board will hear, discuss, consider, or act upon)

Advisory presentation by Mono County Paramedics to the Ad Hoc EMS Committee.

RECOMMENDED ACTION:

None.

FISCAL IMPACT:

None.

CONTACT NAME: Helen Nunn

PHONE/EMAIL: x5534 / hnunn@mono.ca.gov

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[Presentation](#)

[Considerations](#)

[EMS Scope of Practice](#)

[Summit County, CO news](#)

History**Time****Who****Approval**

County Administrative Office

County Counsel

9/24/2015 6:42 PM

Finance

Yes

*Mono County Paramedic Fire Rescue
Association's*

Presentation to EMS Ad Hoc

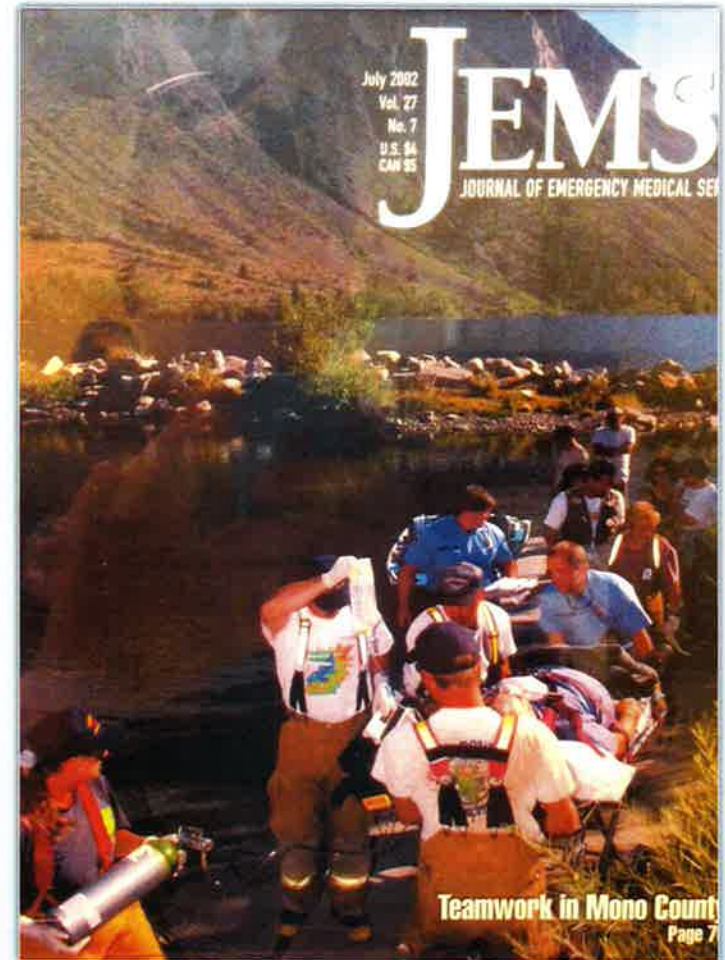
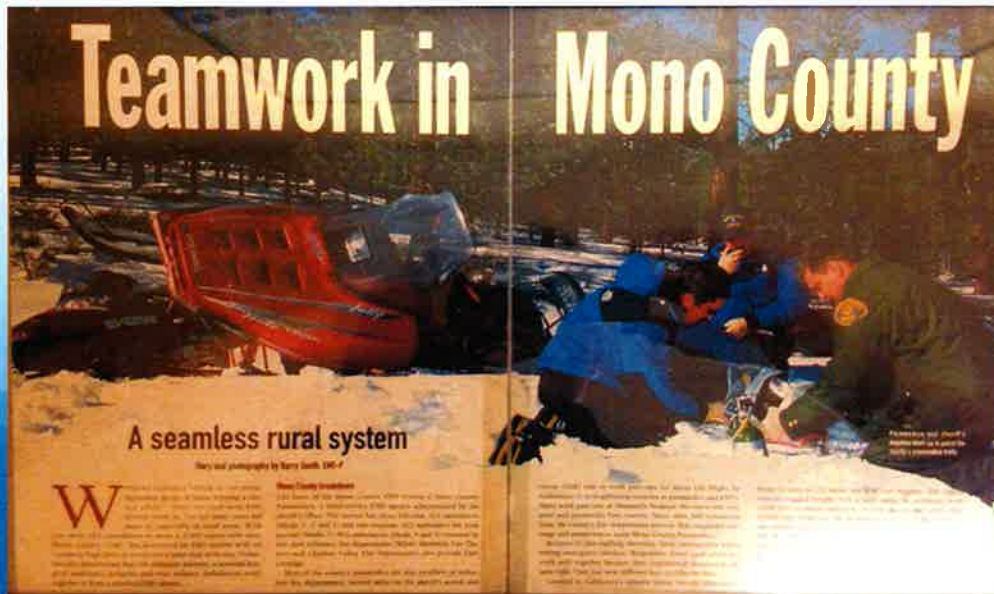
Committee

October 1, 2015



Mono County was featured as a national model for rural EMS in 2002

- The question is not “How did we go from there to here in 13 years?”
- Rather, “How do we continue to be a national model for EMS for the next 13 years, despite tough financial times?”



*Teamwork in Mono County,
Journal of Emergency Medical
Services, July 2002*

EMS Ad Hoc Committee

Solutions proposed by the Committee:

1. Add Value

- Increase productivity, services and capability of existing program
- Fire services and Fire Dept. consolidation

2. Increase Revenue

- Billing, Reimbursements, Subscriptions, Taxes, Grants

3. Reduce Program Costs

- Privatization
- Cut wages and benefits
- Alternate deployment models

EMS Ad Hoc Committee

Solutions proposed by the Committee (continued):

4. Expand Service in District 2

- Expansion
- Alternate deployment (squads or QRVs)

5. Improve Leadership, Measurement, and Planning

- The essential ingredient for any direction the committee chooses
- Without leadership, measurement, and planning failure is certain

High Quality, Fiscally Sustainable, and Countywide



- It is relatively easy to design a high quality and countywide system. The two overlap considerably
- It is much harder to design one that is also fiscally sustainable
- There is a significant difference between “fiscally sustainable” and “inexpensive”

MCEMS Currently Provides Excellent Service

Better data collection & advocacy would help demonstrate:

- Top Quality Patient Care
- “Phenomenally Good” response times
- Virtually countywide Fire/EMS/Rescue response 24-7-365
- Residents, visitors, and patients satisfied with care/service
- Adapted to remote mountain environment
- VFDs, Law Enforcement, DA rely upon our good relationship
- Informal Community Paramedicine: CPR/AED training, BP clinics, TB tests, & Follow up
- Extensive local knowledge
- Cost/Unit less than other CA public ALS



Bryan and Nico receiving the CareFlight Golden Rotor Award for outstanding patient care and advocacy



Add Value to Existing System

- Community Paramedicine
- Critical Care Transport
- Countywide EMT/AEMT Instruction
- Cardiac Arrest Survival Initiative: CPR Education, Public Access Defibrillation
- Grants: AEDs, Monitors, Vehicles, Public Health initiatives
- Ice Rescue, Rope Rescue, RIT, increased SAR role
- Safety/Prevention Program: bike helmets, car seat inspection, etc.
- Comprehensive Continuous Quality Improvement Program
- Measure everything. Measure, Improve, Repeat



Add Value by Consolidation with Fire

Concept needs to be more clearly defined by the committee

Pros

- EMS and Fire: “natural fit”
- Readiness costs are fixed. Have existing employees do more
- Specialization isn't feasible in remote/rural setting.
Versatility has value

Cons

- Political reality
- Questionable cost savings
- Legal issues (7K exemption)
- Challenges with reserve employees
- Undoing what has already been undone



Increase Revenue

Billing

- LDTs: Critical Care cert (Current MOU disincentive)
- Rate increases
- Collection rate

State/Federal Assistance

- GEMT
- Grants
- Fire number

Tax/Fee Increases

- Summit County's example
- MMSA Response Fee/Lift Ticket Supplement
- TOT/Sales increase



A leader with knowledge and experience to navigate these issues

District 2 Coverage

- System status management has little utility in a geographically-large rural area
- From a purely operational standpoint, 2 ALS ambulances in Bishop provides superior South County coverage
- Costs of putting a squad/QRV or ambulance in Tri-Valley vs. costs of training and incentivizing VFDs to handle existing call volume

Revenue Neutral Plan for Dist. 2 Coverage

- Break-up M1: 1 ALS squad in Walker, 1 in Tri-Valley
- Automatic aid from M7 when in Bridgeport
- M4/M5 continue for transport
- 1 Chief in ALS Squad w/ office @ Long Valley Fire Station
- Back-up Ambulance in Walker
- Mutual Aid: MWTC, EFFPD, CareFlight, Symons (or other Bishop provider)

**Challenges & disadvantages of this system need to be strongly considered*



Reduce Program Costs

- Privatize
- Wages and Benefits are currently 90% of expenses. Nothing left to cut
- Collective bargaining is the appropriate, and legal, venue for discussion of this topic
- Chief Frievalt's ideas of NTE % is a good one
- We are paid more than a private when benefits are included, but less than FF/PM in CA
- We are reasonable people who want a future here. But we need a direction other than "down"
- Association can't and won't offer concessions here
- But we **can** offer exceptional service and dedication



Leadership, Measurement and Planning

- You can't improve what you don't measure
- A vision of where EMS in Mono County is headed and a strong leader to enact it is essential, regardless of the direction the committee chooses
- Association's ideal leader: wears the uniform, advocates, communicates. Inspires but also holds accountable all members. Public EMS/Fire management background
- Stand Alone Department
- Strategic Plan
- Board of Commissioners?



Where We Fit In Mono County's Strategic Plan



Why Our Model is Superior

Everything we offer that a private doesn't

- Local knowledge, roots, and control
- Automatic aid to VFDs, Ice Rescue, Backcountry Rescue, Rope Rescue, Swift Water Rescue, RIT
- Training for communities and VFDs (EMT, first aid, CPR, etc.)
- Cardiac Arrest Survival, Public Access AED, and other public health programs
- Blood pressure clinics
- Community Paramedicine
- Exceptional Patient Care!



Closing Thoughts

- EMS will have a taxpayer impact: public, private, or contracted
- While there is no legal obligation to provide it, there is a strong moral and ethical obligation
- An outdoor recreation based economy, especially in a remote area, requires a strong EMS/Healthcare system
- EMS is part of the infrastructure required for healthy communities and a strong recreation based economy

*Thank you for
listening!*

Questions?



Considerations when comparing Mono County to other EMS Systems in California

Presented to the Mono County EMS Ad Hoc Committee by the
Mono County Paramedic Fire Rescue Association

- Mono County has 2 ski areas: Mammoth and June Mountain. Nearly 40% of MCEMS responses are to the ski areas. According to the *Fitch Report*, 70% of MCEMS's patients do not reside in Mono County and 78% of total billing is collected from visitors.
- Mammoth Mountain Ski Area (MMSA) has between 900K and 1.4 million ski visits per year, making it the busiest ski area in CA.
- Mammoth Mountain Ski Patrol has more incidents than any other ski patrol in CA. And unlike other CA ski resorts, there is no orthopedic clinic in the Mammoth and June base areas. Thus, many musculoskeletal injuries such as dislocated shoulders and broken legs, which would be treated in the base area clinic at other resorts, require transport by Mono County Paramedics.
- Given the above information, it can be concluded that MMSA has the most 911 requests for service of any ski area in CA.
- In Dr. Johnson's *Report to the EMS Ad Hoc Committee* on EMS systems in CA counties with less than 40K population, the only county with a major ski resort is Alpine County, which contains Kirkwood Mountain Resort.
- Lake Valley Fire Department, a career ALS fire department based in El Dorado County's South Lake Tahoe region, provides Kirkwood's 911 EMS coverage.
- El Dorado, Placer and Nevada Counties have more than 40K population because their western sections are part of the Sacramento Metro area but their eastern sections are rural and mountainous with large ski resorts, just like Mono. Municipal ALS fire departments provide the EMS in these sections of their counties.
- In fact, all major mountain resorts in CA have EMS coverage from career municipal ALS fire departments. Here is the list of major ski resorts and their EMS providers:
 - Big Bear Area: Big Bear City Fire
 - Mountain High: San Bernardino County Fire
 - Heavenly: South Lake Tahoe Fire
 - Sierra at Tahoe: Lake Valley Fire

- Homewood: North Tahoe Fire
 - Alpine Meadows: North Tahoe Fire
 - Squaw Valley: has its own ALS Fire Dept. with North Tahoe Fire transporting
 - Northstar: an ALS Fire Dept. with Truckee Fire transporting
 - Sugar Bowl: Truckee Fire
 - Donner Pass Resorts: Truckee Fire
- While there are a few smaller ski areas that are served by private ambulance at the ALS level, all CA ski resort towns have professional full time ALS EMS.
 - Mono County's EMS system is unique. There are county run EMS systems in other states, including several that serve rural mountainous areas with ski areas in other states, such as Eagle, Grand, and Summit Counties in CO, Bonner County in ID, and Taos County in NM. But there are no such systems in CA.
 - Mono County's EMS deployment system puts multiple units in the resort areas during periods of high ski area call volume, while providing the added benefit of covering the rural and non-resort sections of the county during the times that the ski areas are not driving call volume.
 - Other mountain towns with ski resorts, in CA and in other states, are a worthwhile comparison to Mono County. Eastern El Dorado, Nevada and Placer Counties are most similar to Mono County in that they are California counties rural with areas of resort development, with large and medium sized ski areas. The economy in these areas is tourism and outdoor recreation based, creating large seasonal fluctuations in population and call volume, just like Mono County. In such areas, EMS is exclusively provided by full time fire departments at the ALS level.

EMS Levels of Service

Presented to the Mono County EMS Ad Hoc Committee by the
Mono County Paramedic Fire Rescue Association

Background

This document is intended to provide the committee with accurate information about levels of education, training and certification in EMS, so that the committee can work with common understanding as it considers changes in Mono County's EMS system. Like most medical professions, EMS is complex and has its own set of jargon and abbreviations. Members of the committee who do not have a background in EMS have expressed confusion about the difference between an EMT and a Paramedic, and between ALS and BLS levels of care. This document aims to clarify this topic and provide reference for the committee as it moves forward.

There is no single nationwide standard on EMS scope of practice, but most states, including California, are moving towards adoption of common standards developed by the National Registry of EMTs (NREMT), the National Highway Traffic Safety Administration (NHTSA), the U.S. Department of Transportation (US DOT) and other educational and medical stakeholders. According to these standards, there are currently 4 levels of EMS provider:

- EMR (Emergency Medical Responder, or "First Responder"),
- EMT (Emergency Medical Technician, or EMT-Basic, EMT-1)
- AEMT (Advanced EMT, or EMT-Intermediate)
- Paramedic (EMT-P)

EMRs and EMTs provide Basic Life Support (BLS); AEMTs provide Intermediate Life Support (ILS or Limited ALS, LALS); Paramedics provide Advanced Life Support (ALS).

These four levels of care are discussed in greater detail below. Approximate educational hours listed for each level of training are based on the US DOT's *National EMS Education Standards* and *National Standard Curricula*, which are non-mandatory guidelines. Actual education hours vary based on state, locality, and educational institution. The hours listed are for initial training only; each level has its own requirements for recertification, with higher levels of care requiring greater continuing education hours.

Level of Provider	Hours of Training	"Scope of Practice"
EMR	60	Basic Life Support (BLS)
EMT	180	
AEMT	340	Limited Advanced Life Support (LALS)
Paramedic	1200-1800	Advanced Life Support (ALS)

Emergency Medical Responder (~60 hours of education)

According to the NHTSA's 2009 document *National EMS Education Standards*,

The primary focus of the Emergency Medical Responder is to initiate immediate lifesaving care to critical patients who access the emergency medical system. This individual possesses the basic knowledge and skills necessary to provide lifesaving interventions while awaiting additional EMS response and to assist higher level personnel at the scene and during transport. Emergency Medical Responders perform basic interventions with minimal equipment.

EMRs are generally police officers, volunteer firefighters, and other first responders whose primary role is not emergency medical care. EMRs are not typically involved in patient transportation and cannot staff an ambulance. Their scope of practice is similar to EMTs (CPR, bleeding control, AED use) but they generally deliver unsupervised patient care only in the minutes before arrival of more advanced providers.

Long Valley Fire Department, one of Mono County's larger volunteer fire districts, has adopted EMR as the minimum level of EMS training for its members. Mammoth and June Ski Patrols also have EMR as their minimum training standard. There are currently a small handful of additional EMRs in Mono County's other volunteer fire districts. The minimum training requirement for the majority of Mono County's volunteer departments is 8 hours of CPR and First Aid Training.

Emergency Medical Technician (~180 hours of education)

As BLS level providers, EMTs can perform non-invasive procedures and skills such as bleeding control, positive pressure ventilation, naso- and oropharyngeal airway control, supplemental oxygen administration, pulse oximetry, oral suction, CPR/AED, splinting, and spinal immobilization. Depending on local protocols, EMTs may be able to administer certain basic medications, such as epinephrine auto injectors, oral glucose, aspirin, nitroglycerin, and albuterol. EMT is the lowest level of provider that can staff an ambulance and transport patients. The *National EMS Education Standards* states that the EMT:

provides basic emergency medical care and transportation for critical and emergent patients who access the emergency medical system...possesses the basic knowledge and skills necessary to provide patient care and transportation...functions as part of a comprehensive EMS response, under medical oversight... [and] performs interventions with the basic equipment typically found on an ambulance.

Simply put, the EMT is the entry-level position in EMS.

ICEMA's EMT scope of practice is notably smaller than the scope permitted by CalEMSA (see Appendix A). The state allows EMTs with special permission from their medical director to carry and administer aspirin for myocardial infarction, epinephrine auto-injectors for severe allergic reaction, naloxone for narcotic overdose, CPAP (continuous positive airway pressure) for respiratory emergencies, and perilyngeal airway tubes for airway control in critical patients. EMTs in the ICEMA region are not permitted to perform any of these skills

Most of Mono County's volunteer fire districts have several members who are EMTs, although there are some departments who do not currently have any ICEMA certified EMTs. When Mono County Paramedics are delayed or unavailable, there is no

system in place to guarantee that a volunteer EMT will respond; however, volunteer EMTs are generally available on such calls and they direct patient care until MCEMS arrives. The minimum level of EMS training for Mammoth Lakes Fire, Mono County's only career/hybrid department, is EMT. Mammoth Fire will staff a BLS level ambulance with two EMTs when MCEMS units are unavailable due to call volume.

Chalfant Valley Fire and White Mountain Fire, the two departments located in the Tri-Valley, each have a BLS ambulance. These two units are MCEMS's retired rigs and the departments are partially reimbursed for these ambulances from MCEMS's budget on a per call basis. Historically, Symons Ambulance has responded to the Tri-Valley, Paradise, and Swall Meadows with an ALS ambulance from the Bishop area when requested. Recently, two main factors have compromised the traditional level of EMS service in the southernmost regions of the county, particularly the Tri-Valley: Symons no longer staffs two ambulances in Bishop and the Tri-Valley fire departments have struggled to recruit and retain EMTs to staff their ambulances. Because of this struggle to sustain EMS service, MCEMS is now responding to all Tri-Valley EMS calls from the Mammoth and/or June stations; however the response time to these calls is approximately one hour.

Advanced Emergency Medical Technician (~340 hours of education)

In the United States, AEMTs reside on a spectrum in between EMTs and paramedics, depending on state and local protocols. They can provide several paramedic level advanced life-saving interventions, however AEMTs do not have the extensive educational requirements of paramedics. AEMTs can perform all EMT/BLS level skills; additionally, they can gain IV access to administer fluids and give 2 to 10 additional medications, such as dextrose for hypoglycemia.

Cal-EMSA adopted AEMT standards only within the last decade, so there are very few LALS providers in California. However, many nearby fire districts in Nevada have provided care at the AEMT level for decades. There are currently no LALS providers in Mono County, and although ICEMA does provide for AEMT level care, it is unknown to this author whether there are any AEMT providers in the ICEMA region. ICEMA AEMTs can administer several interventions and medications that ICEMA EMTs cannot, such as: albuterol, aspirin, dextrose, glucagon, epinephrine (for allergic reaction but not cardiac arrest), nitroglycerin, and perilyngeal airway tubes.

Paramedic (~1200-1800 hours of education)

Paramedics are the highest level of pre-hospital emergency care provider. The NHTSA's *National EMS Education Standards* distinguish paramedics as "allied health professionals whose primary focus is to provide advanced emergency medical care for critical and emergent patients." Unlike other EMS workers, paramedics possess "complex knowledge and skills necessary to provide patient care and transportation."

In addition to all BLS and LALS skills and procedures, paramedics can perform the following advanced skills: endotracheal intubation, nasotracheal intubation, intraosseous fluid and medication administration, cardiac monitoring and rhythm interpretation, 12 lead EKG, synchronized cardioversion, transcutaneous pacing, manual defibrillation, needle cricothyrotomy, and needle chest decompression. In the ICEMA region, paramedics can administer 25 medications, including pain, cardiac, anti-seizure,

respiratory, and anti-nausea medications. Of note, ICEMA paramedics can administer CPAP for patients with respiratory emergencies, an intervention that has been proven to reduce mortality, cost, hospital admission, and intubation rates (Hubble, et al, *PrehospEmergCare* 2006 & Masip, et al, *JAMA* 2005).

MCEMS is the county's primary ALS level provider; of its 24 current full-time members, seventeen are working paramedics, three are paramedics working as EMTs, one is an AEMT working as an EMT, and three are EMTs. There are currently eight part-time reserve employees, two of whom are paramedics working as EMTs; the remainder are EMTs. Ten MCEMS employees are affiliated with local fire districts; all operate at the BLS level when under the employ of the fire districts, regardless of their level of certification. In order to operate as an ALS level provider, MCEMS must staff each of its four ambulances 24/7/365 with at least one paramedic.

The only other ALS provider stationed in Mono County is the Marine Corps Mountain Warfare Training Center Fire Department (MWTC Fire). Within the last two years, they have begun to staff one ALS ambulance with two paramedics on a full-time basis. MWTC has primary coverage responsibility for all calls on Hwy 108 and the eight miles of Hwy 395 between Devil's Gate and Chris Flat Campground. MWTC is available for calls elsewhere in the county on a mutual aid basis, but maintain primary coverage responsibility for the base, its soldiers and its staff.

Case Study: New onset anaphylaxis in Bridgeport

In order to demonstrate how the above levels of service fit into real world applications, the difference will be examined between BLS level care and the ALS care currently provided by MCEMS. For comparison, a hypothetical case of a severe allergic reaction in Bridgeport will be used.

Anaphylaxis is a serious and potentially fatal allergic reaction that is often rapid in onset, with respiratory (airway swelling, bronchoconstriction, wheezing) and circulatory (fluid loss, vessel leakage and dilation, coronary artery spasm) compromise. It is caused by the immune system "overreacting" to an allergen such as nuts, shellfish, latex, medication, or insect stings. People with known risk for anaphylaxis often carry emergency medications but in this case, as it is often, the patient has never previously had a serious allergic reaction and does not have any medication.

Upon arrival, EMTs assess the patient for facial swelling, airway swelling, abnormal lung sounds like wheezing and stridor, hives, poor skin perfusion, and altered level of consciousness. They obtain vital signs to determine if the patient is in shock (low blood pressure) or respiratory failure (increasing respiratory rate with low oxygen saturation). Recognizing a critical patient, the EMTs provide high-flow oxygen and rapidly package the patient for transport. If the patient deteriorates into respiratory failure, EMTs will assist ventilation with a bag-valve mask (BVM). The closest hospitals to Bridgeport (Mammoth Hospital and Carson Valley Medical Center) are both one-hour drive, so a CareFlight helicopter medevac is requested. When weather and availability permit, CareFlight has a minimum ETA to Bridgeport of 30 minutes from time of request; helicopters will not fly in inclement weather or high winds. Assessment, oxygen and extended transport are the extent of BLS care for a new onset anaphylaxis patient in rural Mono County.

For this same patient, paramedics perform a similar assessment, with the addition of EKG monitoring for cardiac issues and end-tidal CO₂ for respiratory compromise. Upon recognition of anaphylaxis, paramedics can give two different concentrations of epinephrine, a powerful bronchodilator and vasoconstrictor, which can immediately reverse the progression of shock and respiratory failure associated with anaphylaxis. In addition, they can give: IV fluid to support blood pressure and perfusion; albuterol and ipratropium, two inhaled medications that open air passages; and diphenhydramine (Benadryl) injections to help prevent a rebound reaction. To further support the patient's respiratory status, paramedics can apply CPAP, and intubate, if necessary. In sum, paramedics provide similar anaphylaxis care to that of a hospital emergency department.

EMT (BLS)	Paramedic (ALS)
Assess vital signs Administer oxygen Provide assisted ventilations if needed Transport patient to nearest hospital	All BLS Skills Administer nebulized medications Establish IV, administer fluids Inject epinephrine Administer Benadryl Apply CPAP treatment if needed Monitor EKG Monitor patient's exhaled CO ₂ levels Place breathing tube if needed (intubation)

Conclusion

The EMS Ad Hoc Committee faces the challenging task of saving money while enacting positive change to the county's EMS system. To navigate this difficult course, the committee must have good quality information and common understanding of terms and ideas. It is our hope that this document helps the committee members in this regard.

Many of the committee's proposals involve changes in the current ALS staffing model, which would inevitably result in increased participation in EMS by the county's eleven fire districts. It is difficult to say to what degree the districts have funding, desire, or ability to provide for this increase. There is likely a wide variety of opinion and capability between the leadership of the various districts, but most operate on small budgets and tight margins. Increased EMS responsibilities for the districts, while far from impossible, would require significant investment in education, equipment, infrastructure, and oversight. Vision, political will, stable leadership, and cooperation between stakeholders would also be in high demand for such a task. In fact, such qualities are probably necessary regardless of the direction that the committee chooses.

As the EMS Ad Hoc Committee considers these changes to the county's EMS system, it is important to understand the various options for level of service, the current realities of local EMS, and employ clear terminology that is grounded in accurate understanding. It is our hope that this document aids in these goals and that the information herein is received in this spirit.

Appendix A: California Emergency Medical Services Authority (Cal-EMSA) Scope of Practice Position Summary (4/2015)

[http://www.emsa.ca.gov/Media/Default/PDF/SOPSummary_4-2015.pdf]

ITEM	EXAMPLES	CLASS	FA/CPR	EMR	EMT	AEMT	EMT-P
Airway and Breathing							
Airway Suctioning		BLS	Red	Green	Green	Green	Green
Automatic Transport Ventilators (ATV)		LALS	Red	Red	Red	Red	Green
Bag Valve Mask	BVM	BLS	Red	Green	Green	Green	Green
Contiuous/Biphasic Positive Airway Pressure	CPAP, BiPAP	BLS	Red	Red	Green	Green	Green
Endotracheal Intubation		ALS	Red	Red	Red	Red	Green
Facilitated Intubation	Non-paralytic Sedative	ALS	Red	Red	Red	Red	Yellow
Humidifier		BLS	Red	Green	Green	Green	Green
Laryngeal Mask Airway	LMA	ALS	Red	Red	Red	Red	Red
Manually Triggered Ventilators (MTV)		ALS	Red	Red	Green	Green	Green
Nasopharyngeal Airway Adjunct - NPA	NPA	BLS	Red	Green	Green	Green	Green
Nasotracheal Intubation		ALS	Red	Red	Red	Red	Yellow
Oropharyngeal Airway Adjuncts - OPA	OPA	BLS	Red	Green	Green	Green	Green
Pediatric Endotracheal Intubation		ALS	Red	Red	Red	Red	Yellow
Perilaryngeal Airway Adjunct	King Tube, Combi-Tube	LALS	Red	Red	Yellow	Green	Green
Positive Pressure Ventilation		BLS	Red	Yellow	Green	Green	Green
Rapid Sequence Intubation	Paralytic Sedative	ALS	Red	Red	Red	Red	Red
Supplemental Oxygen Therapy	Nasal Canula, NRB, Venturi	BLS	Red	Yellow	Green	Green	Green
Visualize Airway with Larygoscope & Remove FBO		ALS	Red	Red	Red	Red	Green
Cardiac and Medical							
Automated External Defibrillator		BLS	Red	Green	Green	Green	Green
Blood Chemistry Analysis		ALS	Red	Red	Red	Red	Yellow
Blood Glucose Monitoring		LALS	Red	Red	Red	Green	Green
Cardioversion	Synchronized electrical	ALS	Red	Red	Red	Yellow	Green
Defibrillation		ALS	Red	Red	Red	Red	Green
EKG Interpretation	3 lead, 12 Lead	ALS	Red	Red	Red	Red	Green
Magnets for Internal Implantable Defibrillators		ALS	Red	Red	Red	Red	Yellow
Mechanical CPR Device		BLS	Red	Red	Green	Green	Green
Nasogastric/Orogastric Suction		ALS	Red	Red	Red	Red	Green
ResQPOD		ALS	Red	Red	Green	Green	Green
TB Testing			Red	Red	Red	Red	Red
Transcutaneous Pacing		ALS	Red	Red	Red	Red	Green
Vagal Maneuvers	Valsalva Maneuver, Carotid Sinus Massage	ALS	Red	Red	Red	Red	Green
Patient Assessment							
Auto Blood Pressure		BLS	Red	Red	Green	Green	Green
Capnography	ETCO2	ALS	Red	Red	Red	Red	Green
CO-oximetry		BLS	Red	Red	Red	Red	Green
Manual Blood Pressure		BLS	Red	Green	Green	Green	Green
Pulse Oximetry		BLS	Red	Red	Green	Green	Green
Venous Blood Sampling		LALS	Red	Red	Red	Red	Green
Pharmacological Intervention							
Activated Charcoal		LALS	Red	Red	Red	Red	Green
Administer Aspirin	Chest pain of suspected ischemic origin	LALS	Red	Red	Yellow	Green	Green
Administer Oral Glucose	Hypoglycemia suspected	BLS	Red	Red	Green	Green	Green
Assisting Patient with Prescribed Medication	DMI, AutoInjector, Nitro	BLS	Red	Red	Green	Green	Green
Beta Agonists		LALS	Red	Red	Red	Red	Green
Drug Administration Other Than by IV	Nitro; ASA; Glucagon; Beta-2 Agonists; Naloxone; Epi	LALS	Red	Red	Red	Red	Green
Emergency Immunizations			Red	Red	Red	Red	Yellow
Epinephrine Administration		LALS	Red	Red	Red	Red	Green
Epinephrine AutoInjector			Red	Red	Yellow	Green	Green
Glucagon Administration		LALS	Red	Red	Red	Red	Green
IO Infusion		ALS	Red	Red	Red	Yellow	Green
IV Drug Adminstraion		ALS	Red	Red	Red	Red	Green
IV Fluid Therapy	Non-medicated	LALS	Red	Red	Red	Red	Green
Naloxone Administration		LALS	Red	Red	Red	Red	Green
Nerve Agent Autoinjectors	Mark-I	LALS	Red	Yellow	Yellow	Green	Green
Peripheral IV Insertion		LALS	Red	Red	Red	Red	Green
Trauma							
Hemostatic Agents		BLS	Red	Green	Green	Green	Green
Joint Reduction		ALS	Red	Red	Red	Red	Green
Needle Cricothyrotomy			Red	Red	Red	Red	Green
Needle Thoracostomy	Chest decompression	ALS	Red	Red	Red	Red	Green
Pneumatic Anti-Shock Garment (PASG)		BLS	Red	Red	Red	Red	Red
Surgical Cricothyrotomy		ALS	Red	Red	Red	Red	Yellow
Topical Calcium Gluconate	HF Acid Burn Treatment	BLS	Red	Green	Green	Green	Green
Tourniquet			Red	Green	Green	Green	Green

KEY: Red=Skill Not Permitted, Yellow=Skilled Permitted with Medical Director Special Approval, Green=Skill Permitted



Caddie Nath
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July 21, 2013

Critical condition: What's ailing the Summit County Ambulance Service



Caddie Nath/cnath@summitdaily.com Paramedic Bill Hanley and his partner unload a stretcher from an ambulance at St. Anthony's Summit Medical Center in Frisco preparing to pick up a patient for a transport to a Denver-area hospital.

Editor's note: This is the first in a three-part series dealing with the financial problems currently facing the ambulance service, as well as the implications of and possible resolutions to the shortfall. Part two will deal with the impact of the budget crunch on local emergency medical personnel and the agency. Part three will cover a potential merger between the ambulance and fire services and other proposed solutions to the problem.

FRISCO — It's 3 p.m. and paramedic Billy Hanley is securing an elderly patient in the back of an ambulance, using Google translate on his iPhone to communicate with the man, who speaks very little English.

It's an improvised solution, but it's working and the patient is grateful.

He tells Hanley he is an excellent specialist.

But being able to roll with changing circumstances, like having a patient who speaks little or no English, is a crucial aspect of his job, particularly in a place like Summit County where so many people are visiting from somewhere else.

"That's a key component in being a good EMT, is common sense, street smarts and good communication skills," he says as he attaches electrodes to the chest, and sets up an IV to deliver potassium to his system. "You meet really cool people in the back of an ambulance."

The patient is suffering from colitis, a painful condition that causes an inflammation of the bowels, and Hanley has to be able to monitor his vitals and make him comfortable for the next hour, ensuring he receives the same level of care he would in a hospital.

This is a long-distance transport to Lakewood.

It's the kind of call that used to be the Summit County Ambulance Service's bread and butter, generating more than \$3,000 in revenue — nearly double the income from a ride within Summit County.

"In theory this would be how you would make money to sustain an ambulance service," Hanley said. "But times are changing."

The recession, changing health insurance policies and a new, more capable hospital facility in Summit have taken their toll on the once self-sustaining government agency.

SCAS is one of the last remaining ambulance services on the West Slope that operates as an enterprise fund, meaning it's run by the county government but financed like a business. For a long time, the model was successful. SCAS's collection rates once dwarfed those of other counties, with the agency recouping nearly 70 percent of its billings while other services struggled to hit even 50 percent.

But then the economy changed directions. Fewer people came to vacation in Summit County and call volumes dropped in the High Country. A rise in unemployment meant that even when calls did come in, more patients were uninsured or underinsured.

In addition, a growing number of people — roughly 15 percent of those SCAS transports — have health care coverage through Medicare, which pays out only 28 cents on every dollar billed by the ambulance service.

"By accepting Medicare, we are legally obligated to completely write off the remaining 72 cents and cannot bill the patient for the balance," SCAS director Marc Burdick said in an email to the Summit Daily.

And revenue from SCAS's long-distance transports began to evaporate after St. Anthony's Summit Medical Center opened its doors, eliminating the need to take many patients to hospitals on the Front Range.

"The hospital opening was an extremely good thing for our community. It's exactly what our community needed," Burdick said. "But it affected us."

Burdick has found ways to continue to deliver the same level of service with far less money. Training budgets have been slashed, equipment and vehicles that would otherwise have been replaced have been allowed to age and positions have been eliminated.

But in 2012 SCAS faced a \$347,000 budget shortfall, and had to receive a taxpayer subsidy from Summit County government. This year, the shortfall is expected to hit \$430,000.

In the next few years, the gap is expected to approach \$1 million, and county leaders are confronted with a difficult decision: how to save emergency services.

"This is largely due to continued increased expenses and a need to get back on track with capital," Burdick stated. "Also, the certainty of healthcare and reimbursements is not known and, given efforts to control costs, will only result in reduced revenues for ambulance."

The Summit Board of County Commissioners commissioned a study of the issue — dubbed the Almont report, which has not yet been released to the public — intended to explore a number of possible solutions, but officials say they won't be making a decision on how to deal with the budget shortfall in emergency services in the near future.

"All the communities around us have gone to some sort of tax support underneath in order to solve this problem successfully," Commissioner Thomas Davidson said. "But I don't have my mind made up yet. We're going to go slowly. We're going to be very careful and thoughtful with this."

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Caddie Nath

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July 22, 2013

Critical condition: Summit County Ambulance Service cutting costs without cutting corners



Motion blur of speeding ambulance

Read Part 1 of the three-part series here,

[http://www.summitdaily.com/news/7358180-113/summit-ambulance-county-scastarget="blank">http://www.summitdaily.com/news/7358180-113/summit-ambulance-county-scas](http://www.summitdaily.com/news/7358180-113/summit-ambulance-county-scastarget=)

Editor's note: This is the second in a three-part series dealing with the financial problems currently facing the ambulance service, as well as the implications of and possible resolutions to the shortfall. Part one covered the causes and extent of the budget crunch. Part three will cover a potential merger between the ambulance and fire services and other proposed solutions to the problem.

For the Summit County Ambulance Service, operations are as tight as they can be.

In the years since the economic downturn and a changing health care landscape plunged the once-profitable agency into the red, director Marc Burdick has had to find a variety of ways to reduce spending without impacting the quality of care delivered to patients in the back of the ambulance.

"SCAS has made numerous cuts to positions, capital, medical supplies and training," he stated in an email to the Summit Daily. "Whenever possible, if the EMS system is 'slow' we will send extra ambulance staff home early to save money. We do everything we can to reduce costs."

"SCAS has made numerous cuts to positions, capital, medical supplies and training," he stated in an email to the Summit Daily. "Whenever possible, if the EMS system is 'slow' we will send extra ambulance staff home early to save money. We do everything we can to reduce costs."

Until recently, the ambulance service operated without any cost to taxpayers. It was one of the county's few enterprise funds; a department that is administered publicly but funded entirely by the fees it charged for services. But revenue began to dry up during the Great Recession, when call volumes declined and an increasing number of patients were uninsured or underinsured. SCAS's collections for service have dropped from 69 percent to as little as 63 percent in recent years, and Summit County government has begun subsidizing the department with taxpayer dollars to allow it to continue operating.

To help make ends meet, the agency has scaled back ambulance coverage across the county, removing one 12-hour-per-day vehicle year round, and cutting another year-round vehicle that served Keystone 10 hours per day on the weekends.

Five positions have also been eliminated, including three paramedic II jobs.

"As staff left for a variety of reasons, we did not fill those positions," Burdick stated. "The paramedic II position is fairly unique and SCAS uses these positions to fill a variety of specialized areas such as supporting training, quality improvement, disaster preparedness and the public access defibrillation program."

Training budgets have also been cut, and the agency is holding off on replacing aging equipment and ambulances.

For members of the staff, the financial pinch is always there. Now, with Summit County officials exploring ways to resolve the ambulance service's financial problems — including privatizing the agency or merging it with the fire service — so is concern for their jobs.

"This is tough for them, what they're watching and seeing," Commissioner Thomas Davidson said. "They've been so professional."

Paramedics and emergency medical technicians (EMTs) with the ambulance service, like Billy Hanley, have worked hard to get there. Hanley worked for another ambulance service for more than five years before he says he was “good enough” to sign on with SCAS.

“That was a personal challenge,” he said. “This is my own little paradise.”

Today, he is also a member of the Summit County Rescue Group, is raising a family in the county and, like most of his co-workers, holds a second job.

For him, being a paramedic in Summit County isn’t a job, it’s a career.

But the future of that career may be in jeopardy as county officials weigh a number of different options to handle the ambulance service’s current financial situation. No decision has been made, or is even imminent, Davidson said, but options on the table do include merging EMS with the county’s fire services, a course that could mean an undetermined number of layoffs.

Sitting in the small, comfortable living quarters provided to SCAS paramedics and EMTs during their 24-hour shifts, Hanley said the budget crunch, as well as the lack of job security does weigh on the staff. But it does not distract them from their responsibilities as medical providers.

“I think people are striving to make themselves better in light of the situation,” he said. “Because what are you going to do, start to crumble? That’s not the kind of people we are. If someone’s near cardiac arrest, that’s where we shine.”

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Caddie Nath
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July 23, 2013

Critical condition: Finding a future for Summit County Ambulance Service



Summit County Ambulance Service personnel carry a patient on a stretcher.

Web extra:

Read parts 1 and 2 of the series here,

Part 1: <http://www.summitdaily.com/news/7358180-113/summit-ambulance-county-scas>

Part 2: <http://www.summitdaily.com/news/7360701-113/ambulance-county-service-summit>

Part 3: <http://www.summitdaily.com/news/7360701-113/ambulance-county-service-summit>

Editor's note: This is last in a three-part series covering the current financial crisis facing the Summit County Ambulance Service. Part one examined the root causes of the SCAS budget shortfall and part two addressed its impacts. Both stories are available online at [summitdaily.com](http://www.summitdaily.com).

In the Upper Blue Basin, it's not uncommon for two ambulances to respond to an emergency medical call: one from the Red, White and Blue Fire Protection District and one from the Summit County Ambulance Service (SCAS).

It's the kind of overlap that is being re-examined as SCAS faces a budget shortfall that is in the hundreds of thousands of dollars and rising.

"There's not a quick fix on the horizon," county manager Gary Martinez said. "We really need to find a new financial model in order for us to be successful going forward."

The ambulance service, a department under Summit County government that until recently was funded entirely by fees charged to patients without support from tax dollars, was hit hard by the recession. During the economic downturn, its call volumes dropped and bill collections plummeted from 69 percent to roughly 63 percent as more patients were uninsured or underinsured. The Summit Board of County Commissioners has kept the agency running by backfilling its budget with taxpayer dollars in recent years, but with the deficit on track to climb as high as \$1 million, officials are now looking for more sustainable ways to continue to provide emergency medical services to Summit County into the future.

"There's not a quick fix on the horizon," county manager Gary Martinez said. "We really need to find a new financial model in order for us to be successful going forward."

In their search for that model, officials commissioned a study to look at the feasibility of merging the ambulance service, in whole or in part, with local fire districts. The result is what has been dubbed the Almont report, an analysis of the fiscal problems within SCAS that reportedly also includes a number of alternatives for transferring, either partially or completely, ambulance responsibilities to the three fire departments in Summit County.

Local fire officials say they don't have a specific implementation plan in place, but they do think a fire-based ambulance model is possible in Summit County and might even be profitable, as much of the needed infrastructure, training and staff already exists within the tax-funded fire districts. Summit County wouldn't be the first to take such an approach. Grand Junction and other places around the state have already merged EMS with fire successfully, officials said.

"It's widely utilized because it works," Lake Dillon Fire chief Dave Parmley said. "It's taking advantage of that resource being combined under

one command system.”

Loosely, a fire-based model in Summit County would likely leave the existing 911 emergency dispatch — a central, county-run agency — unchanged. Each fire district would be staffed with ambulances and would handle medical calls within its boundaries, providing aid to one another as needed, which is the current setup for fire response. A single division for training and billing would be established for all three departments.

The approach would also allow ambulances to be placed at more locations around the county — the existing fire stations, which outnumber ambulance stations by more than 2-to-1.

“We did some work to analyze and examine how it might look, both functionally and from a funding budget standpoint,” Parmley said. “And with that we’re optimistic that you could do something that would not only add value but would provide a cost effective approach.”

But some of those who would be at the very center of a merger between EMS and fire are skeptical that it’s the best idea.

Emergency medical technician Jim Farquhar, like most ambulance service employees, has a second job. He’s a firefighter for the Copper Mountain Fire Department.

He thinks it would be difficult for a fire department with only 12 employees to increase its staff by 50 percent to bring on the additional six people it would take to operate a single ambulance around the clock

He said he’s not convinced it would be the best approach on the front lines of an emergency either, when the fire service would need to be prepared to handle not only fires, hazardous materials situations, on-scene medical care and extenuating circumstances — like extricating a trapped victim from a car — but also the longer term medical care of a patient during transport to a hospital.

“Here, we do what we do,” he said of SCAS. “I really have the best of both worlds. I have my apple cart perfectly balanced. I would see it being upset if this ambulance service went away. It would be bad.”

Fire service officials say their firefighters have the same level of training, are subject to the same tests and laws and — given the proper equipment — could deliver the same level of care as paramedics and emergency medical personnel with the ambulance service.

The Almont report may also explore a collaborative approach, which would split the responsibilities of emergency medical service between the fire districts and SCAS. A kind of cooperative agreement already exists between EMS and the Red, White and Blue, which can provide medical transports when SCAS is busy or unavailable. In those instances, the fire department keeps 55 percent of the money collected from the call. Fire officials say they’ve tried to extend the agreement, but the ambulance service has been hesitant to do so because it would mean giving up much-needed revenue.

But to Red, White and Blue chief Jim Keating, revenue isn’t the most important consideration. He said he hopes to find ways to give his teams more opportunities to use their paramedic and EMS training.

“We’ve developed a culture of EMS in this department,” he said. “Our paramedics rarely have the opportunity practice what they went to school and continue to receive education for.”

County officials may also consider asking voters to approve either continuing to support the ambulance service into the future — a model that has worked in Eagle County for several years — or privatizing the system. But whatever the final decision, it isn’t likely to be made soon.

County officials say they’re not leaning toward any one option over the others, and that they plan to have additional conversations with the EMS staff and finalize the Almont report before taking any kind of action.

The \$19,500 Almont report has not yet been released publicly.

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Summit Daily staff report
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November 2, 2014

Summit County's \$30 million question: An overview of ballot item 1A

Summit County's ballot item 1A is asking voters to authorize a tax increase to fund a bundle of public safety and water quality initiatives.

In total, 1A is requesting \$3.73 million in temporary annual funding over eight years — about \$30 million by the time the tax “sunsets” — for 911 system upgrades, ambulance service and water quality improvements.

The ballot language does not specify the amount of annual funding each portion would receive, but county officials estimate the breakdown as follows: \$1.45 million for updates to Summit's emergency dispatch system, \$1.65 million for ambulance services and about \$600,000 for water quality improvements such as toxic mine reclamation and hazardous household waste disposal.

The ballot item, if supported by voters, would result in an annual increase of \$19.25 per \$100,000 of residential property value for eight years.

“Several ambulance services receive a portion of their funding from property taxes, including in nearby Eagle County and Steamboat Springs.”

Assistant county manager Scott Vargo

911 UPGRADES

If approved, ballot item 1A would generate \$11.6 million over eight years to make several changes to the county's 911 dispatch system: A new Next Generation 911 system enabling texting and photo sharing, two new staff positions, an expansion of the county's communication tower network and additional capital expenses such as a new phone system.

Summit County officials say that the current 911 system is stymied by aging technology and increasingly unreliable funding.

In Summit County, 911 funding is partially provided by surcharges on newly created phone numbers, including both landlines and cell phone lines registered locally. Landlines are down 20 percent from 2007 to 2013. That trend is expected to continue as more and more people go wireless. And unless people register their cellphones in Summit County, the money won't go toward funding local 911 services.

In 2014, those \$1.50-per-line surcharges are expected to amount to about \$619,000 for Summit County. The county has requested that the Colorado Public Utility Commission allow it to increase the surcharge to \$1.95. However, officials say it is unclear where the commission will approve the fee increase or if such an increase will offset expected drops in revenue.

The other 911-related problem the county faces is how its current system does not match up well with caller behavior patterns that have been shaped by new wireless technologies.

People are increasingly reliant on their smartphones, and not their sense of direction, to find their way around.

A frequent roadblock dispatchers encounter with callers is a lack of geographic awareness.

“What's the location of the emergency?” is the first question a 911 dispatcher will ask. However, about 25 percent of callers cannot answer that question with any measure of specificity, county officials say. They see mountains. Trees.

“In a lot of cases, people really don't have any idea where they are,” said Bill Pessemier, the director of communications for Summit County, in a 2013 interview. “If we don't have that address, it can cause a delay in time, maybe a minute or two or three. People rely on the GPS capability. They don't realize it's not as accurate as they think. People still assume that when you call 911, dispatchers know exactly where they are.”

But in a time that is increasingly forsaking landlines — 80 percent of 911 calls now come from cell phones — it is becoming more difficult for dispatchers to ascertain where to send emergency responders. Even with GPS, cell phone locations are harder to pinpoint than landline locations.

Cell phones, particularly smartphones, do have one advantage over landlines, though. They can send texts and photos.

Many 911 callers assume dispatchers can receive such communications. However, Summit County's current system, which is roughly 10 years old, cannot. Most 911 dispatch systems in the state cannot receive texts or photos.

For Summit's emergency responders that kind of information can be critical in a place known for its vast swaths of rugged backcountry and poorly marked buildings, as well as hordes of bandwidth-hungry, iPhone-clutching visitors. A text also is more likely to get to a 911 dispatcher if the communications system is taxed during the high season.

County officials say the funding will enable it to shave call response times significantly. According to the National Fire Protection Association,

a 911 emergency call should be processed in 90 seconds, 90 percent of the time. Summit County's call times, including non-emergency calls, are currently double that on average, assistant county manager Scott Vargo said.

AMBULANCE FUNDING

Ballot item 1A will infuse the cash-strapped Summit County Ambulance Service with \$13.2 million over eight years.

Summit County's is one of the last remaining ambulance services on the Western Slope that operates as an enterprise fund. That means it's part of the county government, but financed like a business.

For a long time, the model worked. Its collection rates once dwarfed those of other counties, with the agency recouping nearly 70 percent of its billings while other services struggled to hit even 50 percent.

Then, in 2007, the Great Recession hit. Fewer people came to vacation in Summit County and call volumes dropped in the High Country. A rise in unemployment meant that even when calls did come in, more patients were uninsured or underinsured.

In addition, a growing number of people — roughly 15 percent of transports — have health care coverage through Medicare, which pays out only 28 cents on every dollar billed by the ambulance service.

"By accepting Medicare, we are legally obligated to completely write off the remaining 72 cents and cannot bill the patient for the balance," ambulance service director Marc Burdick told the Summit Daily in a 2013 interview.

Today, the collection rate is 60 percent. Four of 10 transports don't pay for service. Collection rates are projected to drop to 52 percent over the next eight years, according to county officials.

Long-distance transports to Denver used to be SCAS' lifeblood, generating more than \$3,000 per call. That's almost double the revenue from an in-county transport.

However, long-distance transports began to evaporate after St. Anthony Summit Medical Center opened its doors, eliminating the need to take many patients to hospitals on the Front Range.

"The hospital opening was an extremely good thing for our community. It's exactly what our community needed," Burdick told the Daily. "But it affected us."

The current funding deficit is \$600,000. County officials say that is likely to grow to \$2 million in eight years as collection rates decrease and operational expenses like fuel, vehicle replacements and employee costs increase.

"We've done a good job for a long time of operating the ambulance as a fee-for-service enterprise, but there isn't an ambulance service in the mountains that can survive without a second source of revenue," Commissioner Thomas Davidson said in an interview last month. "It's important to note that we'll still be providing the service at a better rate and that offering a discount is incredibly important for our local population."

Over the past year, Summit County officials explored ways to resolve the ambulance service's financial problems, including privatizing the agency or merging it with fire service agencies with emergency medical response capabilities. The county recently reached a partnership with the Red, White and Blue Fire Protection District. It's also pursuing partnerships with Lake Dillon Fire-Rescue and Copper Mountain Fire Rescue.

However, county officials believe that an increase in property taxes is necessary to maintain basic services.

The measure would provide about \$1.65 million per year in funding for ambulance services. Should the ballot measure pass, county residents and property owners who receive ambulance services would be eligible for a fee discount in order to recognize their contributions to the system via the mill levy.

"What we're asking isn't anything out of the ordinary," Vargo said. "Several ambulance services receive a portion of their funding from property taxes, including in nearby Eagle County and Steamboat Springs."

WATER QUALITY

Mountain drinking water is supposed to be some of the cleanest, purest, tastiest water on earth.

In Summit County, though, water and the greater environment face continued threats from toxic metals leftover from mining generations ago and hazardous waste improperly disposed of today.

Summit County officials want to make it easier to protect water quality and clean up environmental dangers, so they've designated that part of the funding raised by the tax increase proposed in ballot measure 1A be used for those purposes.

About \$630,000 a year would go toward environmental protection efforts, including cleaning up the toxic impacts of old mines.

"It's a really conservative ask," said County Commissioner Karn Stiegelmeier. "We could spend truly billions of dollars to actually clean up the mess that we have."

Assistant county manager Thad Noll said a little more than half of the environmental protection portion — or \$300,000 a year — would go toward mining reclamation and habitat restoration projects, like the Pennsylvania Mine cleanup underway in the Peru Creek drainage near Montezuma and the Swan River restoration project along Tiger Road near Breckenridge.

"We always go after lots of funding sources to pay for those things," Noll said, describing a reliance on partnerships with other government agencies and nonprofits.

The county doesn't have a designated fund for cleanups and pays for its portion of project funding with money from the general fund or the Open Space and Trails Department budget, he said.

The rest of the roughly \$630,000 of funding raised every year from the measure would be used to encourage residents to properly discard household hazardous waste.

Noll said the county would eliminate the current fee residents pay to drop off hazardous waste at the landfill and start offering disposal on Saturday mornings for those who can't make it Monday through Friday.

The money would also finance a few hazardous waste collection events around the county every year.

"We really want to make it easy for people to do the right thing," Noll said.

The county has tried various fee structures for hazardous waste disposal at the landfill, he said, with the idea that people generating more hazardous waste in their homes should pay more to dispose of it. That hasn't worked.

"Most people don't want to pay that fee, and the fee doesn't come close to the cost of getting rid of it," he said.

People end up putting hazardous waste like paint in with their garbage, throwing away pesticides in their yards and flushing prescriptions pills down their drains, Noll said.

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Summit Daily staff report
news@summitdaily.com

December 16, 2014

Summit County \$24.5 million budget buoyed by new, voter-approved revenue

The Summit Board of County Commissioners this week passed the 2015 budget, approving a \$24.5 million general fund as well as major capital improvements.

"Summit County is on sound financial footing," Commissioner Karn Stiegelmeier said in a written statement. "Our property tax revenues are still weighed down by the effects of the recession, but the recent passage of Measure 1A and rising sales tax revenues are helping to relieve those pressures."

THE 1A EFFECT

Summit County voters on Nov. 4 overwhelmingly supported a ballot initiative that will infuse a cash-strapped ambulance service with \$1.65 million annually over eight years. The initiative also will secure \$1.4 million annually for 911 system upgrades and \$600,000 each year for water quality improvements such as toxic mine reclamation and hazardous household waste disposal. More than 60 percent of voters got behind the tax proposal, which will result in an annual increase of \$19.25 per \$100,000 of residential property value. The tax hike sunsets in 2022.

"We're going to go through a very deliberate process of identifying, analyzing and comparing available vendors and systems so that we can select the option that will best take us into the future of 911 communications."
Commissioner Thomas Davidson

In total, 1A will give the county a nearly \$30 million shot in the arm, bringing property tax revenue a bit closer to pre-recession levels. 2015 property tax revenues, which make up one-third of general fund revenues, are projected to be about \$700,000 lower than they were in 2011, even with the passage of 1A. 2015 is the first year for which sales tax revenues are projected to return to pre-recession levels; sales tax revenues make up 17 percent of general fund revenues.

CAPITAL PROJECTS

Among Summit County's 2015 capital projects, major repairs are planned for Montezuma Road, where flooding in the Snake River created extensive road damage in June. The county is also planning to conduct Phase 1 of the Summit Cove Loop Project, which will include roadway improvements and the installation of bicycle/pedestrian lanes in Summit Cove. Needed roadway improvements are also planned for Copper Road and other locations across the county. All told, Summit County plans to spend about \$1.6 million on road construction projects in 2015.

Also on the list is the remodel of the former South Branch Library building to house the district attorney and probation offices, which have outgrown their current facilities. The new South Branch Library will be located in the newly restored Breckenridge Grand Vacations Community Center on Harris Street in Breckenridge, slated to open in January.

The Snake River Wastewater Treatment Plant will undertake a \$1.5 million project to improve plant efficiency. The project will significantly cut the plant's electricity use, eliminate the use of certain chemicals in the wastewater treatment process and result in cleaner effluent water discharged into Dillon Reservoir.

From the new Safety First Fund, created through the passage of 1A, Summit County Ambulance Service will spend \$320,000 to replace two aging ambulances. The ambulance service is applying for a grant from the state that would provide reimbursement for half the cost. The Summit County Communications Center, home to local 911 dispatch services, will begin the process of identifying a Next Generation 911 system, which will have the ability to accept digital information (voice, photos, video and text) from the public and easily deliver it to first responders.

"We're going to go through a very deliberate process of identifying, analyzing and comparing available vendors and systems so that we can select the option that will best take us into the future of 911 communications," Commissioner Thomas Davidson said in a written statement.

The Safety First Fund will provide \$630,000 for water quality protections in 2015. Of that, \$300,000 will be allocated to the restoration of the Swan River, a multi-year project with several partner organizations to rehabilitate riparian habitat that was destroyed by dredge mining during the early 1900s.

The Open Space Department also will begin prioritizing stream segments throughout the county in need of cleanup from past mining activity.

To address modern-day water quality threats, Summit County will host collection events for free disposal of household hazardous waste, electronics and pharmaceuticals; dates for the events will be finalized by January. Summit County residents will be able to drop off hazardous waste at the Summit County Resource Allocation Park on an ongoing basis following the first collection event.



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September 2, 2015

Summit County ambulance, fire districts join forces for emergencies



Red, White and Blue Fire Rescue firefighters Aaron Schlachter, left, and Brad Gleditsch prepare the fire district's 24-7-365 ambulance for its next call on Wednesday, Sept. 2, 2015. The fire district is not affected by the recent county agreement with Lake Dillon Fire-Rescue and Copper Mountain Fire Department, which will use the three parties' existing staff and physical resources to add a fifth 24-7-365 ambulance unit in the county starting Oct. 1.



Red, White and Blue Fire Rescue firefighter Aaron Schlachter stands next to the fire district's 24-7-365 ambulance as Brad Gleditsch, inside, preps the vehicle for its next call on Wednesday, Sept. 2, 2015. The fire district is not affected by the recent county agreement with Lake Dillon Fire-Rescue and Copper Mountain Fire Department, which will use the three parties' existing staff and physical resources to add a fifth 24-7-365 ambulance unit in the county starting Oct. 1.



Unlike the other two fire districts in Summit County, Red, White and Blue Fire Rescue in Breckenridge has its own 24-7-365 ambulance staffed by employees who aren't yet trained for out-of-county transports. Lake Dillon Fire-Rescue and Copper Mountain Fire Department recently made agreements with the county to share existing staff and physical resources to add a fifth 24-7-365 ambulance unit in the county starting Oct. 1. The county will then operate four 24-7-365 units, two with Lake Dillon and Copper assistance, in addition to Red, White and Blue's one unit.

BY THE NUMBERS

- 4: Ambulances now staffed in Summit County 24-7-365; increasing to 5 in October
- 20: Estimate of Summit County Ambulance Services employees brought on per diem in high seasons
- 45: Estimate of the total number of Summit County Ambulance Service employees
- 60: Average percent of bills collected by the county ambulance service
- 400: Medical transports to St. Anthony Summit Medical Center made by Red, White & Blue Fire in 2015

600: Annual out-of-county medical transports made by Summit County ambulances

4,000: Emergency calls currently received by Summit County dispatch a year

Summit County community leaders called it a step forward.

County government officials recently announced an agreement with two of the three fire districts in Summit that is expected to improve local emergency response and save money.

Starting Oct. 1, the county will co-staff two ambulances with Lake Dillon Fire-Rescue and one from Copper Mountain Fire Department, and the three entities will use their existing resources to raise the number of 24-7-365 ambulances in the county from four to five.

HOW IT WORKS

The county will split up one of its two-person ambulance crews, which are trained to make out-of-county transports. Then those people will be paired with people from the two fire districts to create two new units from the current one.

The change means the county can add another year-round ambulance to its fleet of three while also reducing seasonal ambulance staffing, said Scott Vargo, assistant county manager.

In the past, the county added at least one 12-hour ambulance crew in the winter and often two or three during holidays using a pool of about 20 employees who might work one or two shifts a month.

The county can still do that, Vargo said, but it won't need to as often with the additional ambulance, which leads to the cost savings. The seasonal positions won't be cut, but those workers will see fewer shifts.

Cross-staffing also means cross-training.

Fire district employees all have at least EMT training, but the districts are working on increasing the number of employees trained for out-of-county transports with help from the county.

Plus the fire districts handle some matters the county ambulance service doesn't, like aspects of car accidents and hazardous materials incidents, that county employees might become more involved with in the future.

County manager Gary Martinez said, "As our ambulance people get cross-trained, they would be able to work on some fire-related matters as well."

WHAT ABOUT BRECK?

The new county agreement won't have much of an effect on Red, White & Blue Fire Rescue, the fire district serving Breckenridge and Blue River.

Unlike the other two districts, Red, White & Blue has its own ambulances. The district staffs one full-time ambulance with its own employees and keeps its second for rare occasions in the winter when two staffed units are needed.

Red, White & Blue recently formalized a different kind of agreement with the county that started Jan. 1. In it, the fire district agreed to respond first to all medical emergencies from Hoosier Pass to Coyne Valley Road, a change the district has phased in over the last couple years.

The district has completed 400 transports to St. Anthony Summit Medical Center so far in 2015, said Jim Keating, fire chief. Before, when Red, White & Blue responded only when the county couldn't, the district typically completed about 30 a year.

Keating said the change has made much better use of his district's employees, who embrace EMS, and residents have given positive feedback. He supports the county agreement with the other two districts.

"We're really excited that they're coming on board and taking the next step to actually become involved in the EMS system," he said. "It's worked extremely well in our system."

One challenge with the Red, White & Blue ambulance, Vargo said, is that those employees aren't trained for longer-distance transports and aren't co-staffed with a county employee who is, which means the district's ambulance is allowed to drive down to Denver or Vail only if all the county ambulances are unavailable.

The county ambulance service is working to train the Red, White & Blue employees for out-of-county transports as soon as possible and then will focus on training for Lake Dillon and Copper employees.

WHY THE CHANGE?

The new agreement is one of several steps to integrate fire district and county ambulance services in a more efficient emergency response model, Martinez said.

In November, voters passed a property tax increase projected to provide \$30 million over eight years for local public safety and water quality improvements.

Some of that new tax funding goes toward the cash-strapped county ambulance service, which is a fee-for-service operation that was subsidized by the county general fund in recent years.

The ambulance service was operating in the red after call volumes dropped with the Great Recession and the ambulances transported more patients with Medicare and Medicaid, which don't reimburse the service for the majority of its costs.

The collection rate is now 60 percent, and county officials projected in 2014 that the collection rate would drop to 52 percent over the next eight years. Meanwhile the county responds to nearly 4,000 calls a year, Vargo said, and that number is growing.

The property tax increase sunsets in eight years, and Martinez said the county is hopeful it can make changes with the temporary extra funding that will allow the ambulance service to operate without deficits in the future.

"We think we have a new model that will work," he said. "These are all great steps, all in the right direction."

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OF THE BOARD OF SUPERVISORS**

EMS AD HOC AGENDA REQUEST

Print

MEETING DATE	October 1, 2015	DEPARTMENT	
ADDITIONAL DEPARTMENTS			
TIME REQUIRED	45 minutes	PERSONS APPEARING BEFORE THE BOARD	
SUBJECT	Question and Answer Panel with Symons, East Fork, and Mono County Paramedics		

AGENDA DESCRIPTION:

(A brief general description of what the Board will hear, discuss, consider, or act upon)

Advisory and informational question and answer session with Symons, East Fork, and Mono County Paramedics.

RECOMMENDED ACTION:

FISCAL IMPACT:

CONTACT NAME: Helen Nunn
PHONE/EMAIL: x5534 / hnunn@mono.ca.gov

SUBMIT THE ORIGINAL DOCUMENT WITH ATTACHMENTS TO THE OFFICE OF THE COUNTY ADMINISTRATOR **PRIOR TO 5:00 P.M. ON THE FRIDAY 32 DAYS PRECEDING THE BOARD MEETING**

SEND COPIES TO:

MINUTE ORDER REQUESTED:

YES NO

ATTACHMENTS:

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No Attachments Available

History

Time	Who	Approval
	County Administrative Office	

County Counsel

9/24/2015 6:42 PM

Finance

Yes
