Summary

TCCOG Emergency Medical Services Task Force

Department of Emergency Response Conference Room

March 8th, 2017

Present: Irene Weiser, Lisa Holmes, Doug Keefe, George Tamborelle, Patrick Brunner, Bill Goodwin, Casey Powers, Dan Klein, Lee Shurtleff, Marcia Lynch, Frank Towner, Ed Kokkelenberg

Excused: Michelle Wright, Brian Wilbur

Staff: Joe Mareane, Autumn Edwards

Irene Weiser opened the meeting at 5:10 PM and introduced Andre Hook, who is one of three students who will be working with us from Cornell Institute on Public Affairs (CIPA).

Andre introduced himself and gave some background on himself and his counter parts (Bio information is attached).

Michelle Wright will no longer be able to serve with us. Irene would like to have someone from

Next meeting topics- Lee is working on scheduling a presentation with Mark Butler, who specializes in Public Safety Law.

Lee Shurtleff presents Part II of “The Basics”- (presentation is attached)

Lee wants everyone to know that this information is something no one else has seen and he doesn’t want people to be threatened by the data.

Summary Notes

Providing EMS in Tompkins County – Part II – Who? How Much?

EMS is a function of fire protection services in all the county jurisdictions, generally as a first response (non-transporting, non-Advanced Life Support) component.

Groton Fire Department is the only entity in which ambulance services remain fully within the fire department structure. Dryden Ambulance has transitioned to a not-for-profit corporation that operates independently of the fire department, while Trumansburg Ambulance has become a stand-alone village department.

Government-provided funding for fire services in Tompkins County exceeds 15 million dollars annually, with over ten million dollars alone budgeted for Ithaca; the single career (paid) fire department in the county. An additional five million tax dollars is allocated through a variety of mechanisms (contracts, district taxing jurisdictions, municipal line items) to the other fifteen all-volunteer fire organizations.

The towns of Dryden, Ulysses, and Groton, and Villages of Groton and Trumansburg allocate an additional 1.2 million dollars to support locally-based ambulance services. Bangs Ambulance operates as a commercial enterprise and funds its costs entirely through a fee-for-service practice and does not contract with any local government.

The fire and EMS response areas differ significantly in square miles and populations covered, are traditionally community-based, and the taxes levied to directly support fire services range from 56 cents per thousand dollars assessed value to $3.25/thousand (total property tax rates average between $35-40/per thousand, including school taxes). Those paying highest rates are funding the costs of paid firefighters. It is also interesting to note that some of the jurisdictions with comparatively large geographical coverage areas contain smaller tax bases and consequently have higher tax rates.

The numbers of EMS responses differ by large amounts, with Speedsville responding to eight calls in 2016 and Ithaca to almost 2,700. Slaterville does not officially provide first-response on EMS in their jurisdiction, but will respond to motor vehicle accidents, cardiac arrests and for lifting assistance.

911 dispatched EMS calls for the transport agencies totaled 10,529 in 2016, with Dryden responding to all or parts of the Cortland County towns of Virgil and Harford, and Trumansburg contracting for service in parts of Schuyler and Seneca Counties. Trumansburg began responding by contract to calls in the Mecklenburg Fire District within the Town of Hector (Schuyler County) on February 22 due to the difficulty Schuyler County services had in providing consistent service to the area.

All the transport services are providing mutual aid assistance and stand-by at increasing levels to neighboring counties.

The costs of operating ALS and transport services are extensive. A case study in Groton shows annualized, direct ambulance expenses budgeted for over $285,000 in 2017 while contracts with the Town and Village of Groton will fund approximately $250,000 of that amount. In this case, the fire department augments and underwrites indirect expenses for workers’ compensation, housing, fuel and administrative costs.

It is important to note that while the Village provides a day-time driver from its streets department as needed, all other drivers, basic EMTs and attendants are provided through the fire department volunteer ranks, thereby limiting payroll costs (approximately $220,000/year) to just advanced life support personnel (three full-time with benefits, and a half-dozen per diem at an average hourly rate between $15-20).

The department spends approximately $30,000 per year in ambulance capital costs, over $15,000 to lease heart monitor/defibrillators, and another $18,500 for supplies (small equipment, medications, oxygen, repairs and miscellaneous). The cost of a new ambulance, with a projected life of eight years, is about $150,000, and the heart monitors/defibrillators run about $30,000 per unit.

An important point here is that the fixed costs of this service exceed a quarter million dollars annually and, salary-wise, only fund advanced life support. This equates to an operating cost of about $500 per call and includes heavy augmentation by both the village and fire department and relies on volunteers to fully meet the service needs.

Dryden maintains a volunteer roster, but is increasingly paying drivers and other staff. Similarly, since Trumansburg separated from the fire department structure, it is compensating most responders, including drivers and basic level EMTs.

While Dryden and Trumansburg do bill patients and insurers for service, those revenues fall far short of the cost of service, and these services contract with municipalities for additional subsidies. The Town of Dryden levies an ambulance tax at 43 cents per thousand, which supplements the billings revenue by over $400,000 annually. Trumansburg’s cost of operations will approach $800,000 in 2017, and billing revenues appear to only contribute around $150,000 per year.

As the Trumansburg and Groton paramedics are municipal employees, they benefit by eligibility to participate in the New York State Retirement System and the county’s municipal health insurance consortium, and, accordingly, fringe benefit costs are proportionately higher than the for-profit and not-for-profit providers. These government benefits are critical for these services to retain advanced providers.

Many of the EMS providers work for multiple employers and may only make $15 to $20 per hour.

The “Scopes of Practice” slide outlines the types of skills performed at the varying levels of certification. All the transport agencies are attempting to staff at the higher advanced life support (Critical Care 3 and Paramedic) levels. Groton and Trumansburg typically staff one ambulance around the clock (with second ambulances equipped but rarely staffed), Dryden with two and occasionally three; Bangs’ rigs are always staffed at a paramedic level, and the number deployed varies by day of week, time of day and anticipated activity levels. Bangs also runs “fly cars” to support/supplement ALS needs in the area.

The amount of training for paramedics is equivalent to attaining an associate’s degree, and the continuing education for all responders is extensive.

Basic life support providers are authorized by regional medical control to perform skills and interventions for automatic defibrillation, epi-pen administration (for allergic reactions), and medications administration for albuterol (severe asthmatics), narcan (overdoses) and aspirin (heart). In many severe medical emergencies, a fully-functioning BLS provider can initiate critical life-saving interventions while awaiting the ALS transport or fly car units. The scopes of skills exceed the basics of years past, and are subject to regional credentialing and continuing education requirements.

The rosters of certified providers indicate very significant losses over the past 14 years. Statistics provided by the Central New York Regional EMS Council indicate that community-based or non-career agencies (exclude Bangs, Ithaca FD, Airport, Cornell) have one-third fewer certified providers in 2017 than in 2003 (195 then, 131 now).

More striking are the first-response fire department rescue squads (non-ambulance) which have lost about half their certified level providers in the same period (123 then, 68 now). The ambulance services have experienced about a 12% loss, the most loss is in Groton.

In all first response squads-- except for Lansing and Cayuga Heights – there are a half-dozen or less certified EMTS responding to calls, and in many cases, the EMTs are sharing resources through mutual aid practices.

EMS incidents dispatched in the Bangs coverage area are up by 67% over 12 years and up by 70% in the other areas combined.

Ambulance services are simultaneously dispatched with the rescue squads, and because of paid, scheduled staffing and automatic backfill, these ambulance units are responding immediately. Time of arrival to the scene is mostly dependent on where the ambulances are located at any given time and distance to the emergency.

Because of the two-tiered response (utilization of first response rescue squads to emergencies in addition to ALS-staffed transport services coming from a distance), first patient contact in many rural areas was traditionally made by the rescue squad. Many of the rescue squads now lack the numbers of certified providers needed to respond consistently and reliably to their calls for service, and the ambulances must compensate for this loss of assistance. In many instances, they can no longer count on a rescue squad arriving sooner, or with any numbers of certified responders.

Thus, the issues are becoming clearer: there are many fewer volunteers and fewer certified providers responding to continually increasing numbers of EMS calls. The responders, like the general population, are aging, and the retention rates are diminishing.

Expenses to meet current expectations are increasing, and community-based services must hire staff to maintain response capability at a sometimes-staggering cost to the municipalities. The ability for local government to fund anticipated increases is questionable, given the pressure to limit property taxes.

The Task Force will want to evaluate the efficacy of the two-tiered response system, sustainability of the paramedic level services and contemplate the recruitment of future generations of providers.

The meeting was adjourned at 6:50 pm.

