

FEASIBILITY STUDY FOR A CITY-OPERATED, FIRE-BASED EMS SERVICE

Aurora EMS Study Committee



July 31, 2018

*Developed by the 2018 Aurora EMS Study Committee
in partnership with the City of Aurora and JEO Consulting Group*



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CHAPTER 1

INTRODUCTION

From February 2018 to July 19, 2018, the City of Aurora conducted an analysis and study process to evaluate the possibility of assuming the Emergency Medical Service (EMS) currently provided by Hamilton County Ambulance Service (HCAS). City officials initiated this effort based on significant public outcry when the Hamilton County Commissioners officially voted on January 2, 2018, to end county management of the ambulance service, effective October 1, 2018.

Three significant components of this study process include an EMS Study Committee, comprised of a range of citizens and technical experts from throughout Hamilton County, a review of peer city/peer service EMS options, and an evaluation of the “Phase 1 Study” prepared by Hamilton County’s EMS Citizen Focus Group. Details of the EMS Study Committee’s efforts and peer city/peer service review are provided in Chapter 2. Further review and discussion of the EMS Citizen Focus Group’s Final Report and other efforts by Hamilton County to address EMS are found in Chapter 10.

The EMS Study Committee’s objective is for the City of Aurora, Hamilton County, and Memorial Community Health to work together to complete and provide a feasibility study for a fire-based EMS option intended to include an Advanced Life Support (ALS) service for all citizens in Hamilton County.

EMS Study Committee Priorities and Desired Outcomes

- High level of care from EMS service
- High level of participation from each committee member/partner organization
- Determine appropriate cost for ALS-level EMS service
- Long-term financial sustainability for EMS service

CHAPTER 2

STUDY PROCESS

The EMS Study Committee

The EMS Study Committee is a 16-person group comprised of citizens and technical experts from throughout Hamilton County. The City of Aurora led the initiative of assembling this committee by asking local emergency service and medical care providers to identify individuals in their respective organizations to serve. The only members of the committee that were asked directly by city staff to participate were City of Aurora council members.

Some EMS study committee members were not able to attend all of the committee's meetings, but all have been kept informed throughout the study process by receiving meeting minutes and other reports.



Bradley Consbruck
Giltner

- Chief, Giltner Fire Department
- Member of Giltner Fire Department for 10 years
- Giltner area farmer



Brent Dethlefs
Aurora

- HCAS Interim Director
- Paramedic
- Moved to Aurora in 2004
- Worked for Ravenna Volunteer Fire Department's BLS service



Dave Long
Aurora

- Mayor of Aurora
- Retired school teacher



Diane Keller
Rural

- CEO, Memorial Community Health
- 46-year career at MCHI, passionately serving Hamilton County and surrounding area for entire adult life



Richard (Dick) Phillips
Aurora

- Retired, U.S. Postal Service
- Aurora City Council Member (Ward 2)



Dottie Anderson
Aurora

- Aurora City Council Member (Ward 3)



Eric (Rick) Melcher
Aurora

- Aurora City Administrator
- 36 years in public service industry
- Nebraska One Call Board of Directors



Jason Fry
Phillips

- Chief, Phillips Fire Department
- Works at Crescent Electric Supply in Grand Island



Jennie Kuehner
Aurora

- Attorney
- Memorial Community Health, Board Director



Kirk Handrup
Aurora

- Hamilton County Sheriff
- 34-year county employee



Lindy Mosel
Aurora

- Director of Nursing, Memorial Community Health
- Registered Nurse



Nancy Lohrmeyer*
Aurora

- Native of Aurora
- Aurora City Council Member (Ward 2)
- Insurance service provider

**served as alternate when Dottie Anderson is unable to attend meetings*



Paul Graham
Aurora

- Aurora graduate
- 22 years in the military, retired
- 24.5 years with Aurora Police Department, current Police Chief



Robert Marlatt
Aurora

- Aurora Rural Fire District President
- Former Juvenile Parole Officer
- Farmer



Tom Cox
Aurora

- City of Aurora Fire Department Chief
- Local family business owner



Wayne Roblee
Aurora

- Aurora City Council Member (Ward 1)
- President & CEO of International Sensor Systems

Kurt Johnson, co-publisher of the *Aurora News-Register*, also attended the meetings, and provided news articles in the *News-Register* covering the EMS Committee meetings.

Hamilton County Commissioners declined to participate in the EMS Study Committee indicating that the county had already conducted a study. Concerns about conflict of interest with the Hamilton County EMS Association Local 4956 were also noted.

Study Committee Process Overview

The EMS Study Committee process involved a combination of the following activities:

- Professionally facilitated bi-weekly committee meetings typically one hour in duration each
- Site visits to peer cities, facilities, and professional services providers by committee members and other city officials
- Subject matter experts making formal presentations at committee meetings
- Online research and telephone interviews
- Committee site visit of existing HCAS facility and inspection of ambulances
- Open house public meeting to share committee findings, recommendations, and to solicit public input
- Committee recommendations provided to the City of Aurora

Between February 2018 and July 19, 2018, the EMS Study Committee conducted 12 meetings covering the topics listed below. Minutes of the committee meetings are provided in Appendix B.

1. Study Committee kick-off, purpose objectives, priorities
2. Understanding of current HCAS operations
3. Licensing requirements, grant opportunities, and peer city information
4. Distribution and types of EMS calls
5. Service area and interlocal partnerships
6. On duty calls, desired response times, and handling transfers
7. Equipment and facilities
8. Staffing
9. Billing services and revenue
10. Budget and operational costs
11. Rescue 28 proposal; review of draft committee report and public meeting materials
12. Open house public meeting

The EMS Study Committee hosted an open house public meeting on July 19, 2018, from 6 to 8 p.m. at the Bremer Center in Aurora. The meeting provided the public an opportunity to learn about the study process, review the committee's findings and recommendations, and provide feedback on the committee's recommendations.

The meeting's sign-in sheets have 42 people signing into the meeting. Actual attendance is estimated to be a little more than 50, not including EMS Study Committee members. A total of 27 public comment forms were submitted at the meeting. The comment form included a question that read, "how would you like to see Hamilton County's EMS service provided?" The responses have 24 indicating a city-owned, fire-based service and one indicating a private EMS service. Two forms left the boxes unchecked, but their comments support a city-owned, fire-based service. All of the comments were transcribed and analyzed (Appendix D and C, respectively).

Peer Cities – Peer Services Locations

As part of the EMS Study Committee process, members of the committee also reached out to several communities that could provide meaningful insight regarding the development of a fire-based EMS service.

YORK, NE

On February 19, 2018, Michael Lloyd, the Fire Chief and Ambulance Director in York, NE, attended an EMS Study Committee meeting to provide the committee an overview and answer questions about York's city-owned, fire-based ambulance service. A summary of the information presented and discussed is provided below.

- The City of York and York County have an interlocal agreement to provide ambulance service and all inter-facility transfers.
- About 90% of our fire department calls are EMS related, of that 60% are 911 and 40% are inter-facility transfers.
- York Fire and Rescue has very little issue with dispatch of 911 calls. Our biggest issue comes from a few care homes that call the fire station directly for emergencies.
- There are two other ambulance services in York County, one in Henderson and one in Gresham. We only respond to those location if after two pages and no response, or if they request ALS response. All other areas of the county, each department is dual paged with us. The fire districts respond with a quick response team (QRT) and are usually on the scene first and provide some basic life support until we arrive. Once we arrive on the scene, our personnel provide advanced life support and transport service.

Staffing and Scheduling

- All of our people are used for both fire and EMS. The primary personnel that respond on the ambulance are full-time employees, backed up by volunteers.
- We have two paramedics and two EMTs per shift. All future entry level hires will be required to complete the paramedic program within three years of being hired.
- All of the employees, with the exception of the chief and assistant chief, are union. They are members of the International Association of Firefighters.
- Finding trained and qualified individuals is the biggest challenge, but this is true for all EMS providers, whether fire-based or private.
- If he could, Chief Lloyd would have all paid personnel trained and licenses at the EMT-Paramedic level, and all volunteers trained and licensed at the EMT level.
- The personnel assigned shift duties do all of the station maintenance, such as cleaning and minor repairs. They also do the vehicle and equipment inspections and minor repairs. They do all of the ordering of supplies and equipment and maintain inventory control. They complete training to maintain skills, ideally providing training for the volunteers also.

Equipment

- Ambulances are generally replaced on a rotation every six years. It was not until recently that the York ambulances were remounted on new chassis, in the past they were replaced with new.

Billing

- EMS Billing Services handles all of the billing and collections.
- The amount written off due to non-payment is roughly 10%. The industry average on total return based on billing and insurance write-offs is about 60%.
- There are only a few occasions when York Fire and Rescue is allowed to charge when not transporting a patient. We bill for "treat and release" whenever we do a lift assist to help someone up after they have fallen.
- You can also consider charging for standbys at events. Many organizations do this, however York Fire and Rescue currently does not.

Funding

- York Fire and Rescue receives a subsidy from York County. The county assesses an ambulance tax to the residents of York County outside York city limits.
- York Fire and Rescue does not receive any support from the hospital.
- York Fire and Rescue applies for and has received grants for money and equipment. The key is to stay on top of what is available. Local and national conference attendance helps with staying current.
- Public safety is expensive.

York, NE was identified as a relevant peer city for the following reasons: proximity to Aurora, frontage to Interstate 80, and its city-owned, county-wide, fire-based EMS system model.

NEBRASKA CITY, NE

On March 19, 2018, City of Aurora officials and staff travelled to Nebraska City to learn about Nebraska City's 2008 transition to a fire-based EMS. Fire Chief Alan Viox, Assistant Chief of EMS Andrew Snodgrass, and City Administrator Grayson Path hosted the Aurora visitors, sharing information and providing a tour of the city's fire and EMS facilities. A summary of the information shared is provided below.

- The Mayor of Nebraska City was approached in 2008 to take over the rescue squad (fire department and the EMS).
- Fire department and EMS are considered two separate divisions with separate budgets, but they work under one command.
- EMS averages 1.5 transfers per day.
- Averages 750 911-calls and 450 transfers annually.

- 95% of calls are handled by two people.
- City calls are handled by city departments and rural calls are handled by rural departments.
- City police and county officers also go out on calls. Police departments receive training and medical kit supplies from the city's fire and rescue departments.

Staffing and Scheduling

- Employs four full-time paramedic and three full-time AFE (apparatus fire engineers) who drive, operate and maintain the trucks and maintain the station, along with many other duties.
- Currently have seven part-time paramedics, 20 part-time EMTs, and 38 volunteer firemen.
- They are not unionized. Part-time employees do not receive benefits. Paid EMS can assist but do not put out fires. Part-time paramedics and EMTs receive hourly pay, and full-time employees are on a pay-scale.
- A house is provided for overnight stays.
- Nebraska City does not pay for classes up front. The state reimburses over 50% of their tuition.
- Transfers can interfere with personnel scheduling.

Equipment

- The city has four ambulances.
- The city purchases a new ambulance every three years, which lasts eight to nine years.
- As of March 2018, the city has two remounts and two new trucks.

Billing

- All transfers are billed.
- EMS Billing Services in Omaha, NE handles all billing.
- There are separate rates for 911 transfers and resident rates. There is no subsidy for residents.
- The city's lift policy is that if someone falls, they can be lifted at no charge once every 30 days.
- Any time supplies are used (e.g., diabetic supplies), costs will be billed.

Funding

- EMS is funded through revenue and city tax payers.
- Local foundation is very supportive and significantly contributes to costs of equipment and a variety of other department needs.

Nebraska City was identified as a relevant peer service to review for the following reasons: proximity to Interstate 29 and its transition to a city-owned, fire-based EMS, specifically as it relates to personnel and equipment needs.

CRETE, NE

On March 22, 2018, City of Aurora officials and staff travelled to Crete, NE to learn about the partnership between the volunteer fire department and local hospital. They met with Zach Williams, the Emergency Service Supervisor and Trauma Coordinator, and Dr. Amy Vertin, the Medical Director of the ER, Transfer Service, and four ALS volunteer squads. A summary of the information shared is provided below.

- Crete runs an ALS intercept service, meaning it is a BLS service “unless necessary.”
- There is a list of criteria to determine need for paramedics when the emergency location service is paged to their contracted communities (via mutual aid agreements).
- Crete Fire & Rescue is paged out of the hospital and a hospital paramedic gets in to assist on the transfer.
- It is a process to set up an ALS transfer service. Williams and Vertin suggested Aurora talk to Tim Wilson from Syracuse for additional information.

Staffing and Scheduling

- 12-hour shifts.
- When an ambulance goes out, it has one paramedic and volunteers.
- Hospital employs 4 full-time paramedics and 3 PRN paramedics, who work 36 hours one week and 48 hours the next for a guaranteed eight hours of overtime.
- EMTs pay their own expenses for classes.

Billing

- Villages charge an ALS ambulance and once their medic is on board, it goes through EMS Billing Services and then they charge for ALS transfer.
- All transport money goes to the fire department.

Funding

- Hospital charges fee to recoup time and material.

Crete was identified as a relevant peer service to review so that the EMS Study Committee could learn how hospital staff and emergency medical responders work together in a city-owned ambulance service.

City of Aurora staff also contacted Howard County to learn about a county-wide service that also covers a city (St. Paul) and relies heavily on interlocal agreements with rural fire districts. The full summary of this peer service conversation is not included because Howard County's service is a volunteer service model. Due to a greater population base and higher call frequency, it is unrealistic that enough volunteers could be recruited and maintained to implement such a system in Hamilton County.

Key Takeaways from Conversations with Peer Cities and Peer Services

From the information shared during conversation with peer cities and peer services, the EMS Study Committee identified several key takeaways:

- Of the peer cities contacted by City of Aurora officials, each had private sector ambulances services, and all of these peer cities have dropped their private sector providers and gone back to public provided services.
- Taking on as many transfers as the service can, using existing personnel and ambulances, is essential in keeping revenues equal, or close to equal, to expenses.
- There seems to be interest and willingness to create and maintain interlocal partnerships.
- All ambulance services, regardless of model, are trying to run them as economically as possible. Budgets tend to be \$800,000-\$1,000,000 per year and are very reflective of capital improvement planning (i.e., ambulances, facility, equipment).

CHAPTER 3

CURRENT

EMS OPERATION

HCAS is located in a single building with three garage bays at 916 13th St. in Aurora, NE. Hamilton County constructed the building in the early 1970s, after leasing half of a four-lot property from the City of Aurora. The City's fire department is located on the other half of the four-lot property. The HCAS building has two offices, a bathroom, and a bay area that can house three ambulances. The building was not designed to accommodate onsite staff housing.



Figure 1: Hamilton County Ambulance Service, 916 13th St.

The County currently owns and operates three ambulances.

- Ambulance 1 ("Med 283") is a 2003 Ford ambulance with 135,000 miles. It is primarily used for short-distance transfers (i.e., Grand Island), non-emergent standbys, and third 911s if the other two ambulances are in use.
- Ambulance 2 ("Med 281") is 2008 Ford ambulance with 75,000 miles. It is primarily used for long-distance transfers (i.e., Lincoln, Omaha, Hasting, Kearney), standby fires, and second 911s if the primary ambulance is already in service.

- Ambulance 3 ("Med 282") is 2015 Ford ambulance with a remounted box with 26,000 miles. It is primarily used for all 911s and standby events, minus standby fires.

HCAS is an ALS ambulance service staffed by nine full-time and 10 part-time employees (as of July 1, 2018). There are currently three full-time vacancies for authorized staffing levels, including the director position. As of July 1, 2018, current staff consists nine full-time and 10 part-time employees. Of the current 19 employees, 10 are paramedics and nine are EMTs.

Services Provided by HCAS

HCAS operates 24 hours a day, seven days a week, and 365 days per year and responds to every call made in the county. It is the only medical transporting agency in the county. HCAS handles emergent and non-emergent transfers of patients between medical facilities on an on-call basis and provides standby services for sporting and other public events. Below is a list a comprehensive list of the services provided by HCAS.

On-Duty

1. Standby football Aurora, Giltner
2. Standby baseball districts
3. Standby wrestling
4. Parades Aurora, Hampton, Giltner, Marquette
5. EMS week Aurora schools, Giltner schools
6. Blood pressure checks at senior center
7. Health checks: Aurora Elementary
8. Health fair
9. Standby cross-country Aurora schools
10. Training with MCHI
11. Training for City of Aurora Aquatic Park
12. Walk-in health checks (blood pressure, 12-lead, blood glucose, etc.)
13. Bike Helmet's
14. Standby for law enforcement (drug bust/search)
15. Standby Aurora Fire (training burns, extrication training)
16. Host training (NDHHS)
17. In-service training (all welcome)
18. Public event standbys (Hamilton County Fair, Aurora Days, Eclipse, etc.)
19. AED checks (local)
20. Trauma board with MCHI
21. In-service training MCHI
22. QA/QI Nebraska Statewide Trauma System
23. Career day at Aurora High School
24. At-home medical assistance

Off-Duty

25. CPR/AED/First-Aid training (4-H, Boy Scouts, Cub Scouts, classes for the community)
26. EMS training: Aurora Fire, Giltner, Hampton, Phillips, Marquette
27. EMS student tutoring

28. Public speaking and education (Optimist Club, Rotary Club, Christian Women Club, local churches, senior center)
29. EMS training Aurora High School athletic department/coaches
30. Assist on 911s in Aurora city limits
31. Respond to 3" 911 or additional man power requests.
32. Volunteer for EMS week (daycare/preschool ambulance education)
33. National night out
34. Host EMS appreciation dinner

Memorial Community Health, Inc

35. CPR training (hourly rate to ambulance personnel)
36. Medical training for clinical personnel as requested
37. Assist with ER's as requested and within their scope of practice in a hospital setting
38. Lift assist and manpower as requested
39. 911 patient calls to the ER
40. Transfers from Memorial Community Health, Inc. ER to other hospitals

Aurora Police Department

41. First-aid and CPR training/re-certification
42. Provides other training and supplies as requested
43. Provides maintenance for all of the AEDs
44. Helps when searching for missing juveniles/elderly/persons

Other Coordination/Cooperation

- *PD repositions furniture so ambulance personnel can get to the patient*
- *PD relays information to the medics when necessary*
- *PD assists in parking of emergency vehicles*
- *PD assists with getting necessary equipment when asked*
- *PD assists with lifting and loading Patient when requested*
- *PD assists with loading equipment when patient is stabilized*
- *PD provides traffic control when requested*

Hamilton County Sheriff's Office

45. Provides CPR for County Sheriff Department personnel
46. Responds to jail for inmates that have medical emergencies
47. Checks blood pressure for inmates when requested
48. Updates/maintenance for AEDs

Other Coordination/Cooperation

- *Provide and help direct traffic control at the scene*
- *Provide and assist with patient; loading, etc.*
- *Provide assistance with getting equipment and supplies from the ambulance at the scene*
- *Assist with driving the ambulance when requested*

Distribution of Calls

According to Hamilton County Ambulance internal statistics for the last five years (2013-2017), Hamilton County Ambulance averages responses to 706 combined calls per year. This averages to two calls per day. The average breakout of types of calls are:

Call Type	Average Annual Total
911 Calls	498
Transfers	133
Standbys	76

Average Distribution of Location for Calls

The standard for response time is four minutes to the scene for BSL and eight minutes to the scene for ALS. The average response time in 2015 for HCAS from dispatch to en route is two minutes during the hours of 0600-1700 and four minutes from the hours of 1700-0600. The current response time to the scene varies greatly due to call location. Hordville, NE, is about the farthest distance from the station in the service area and has about a 20-minute response time.

Call Location	Average Call Total
Aurora City Limits	339
Rural Outside City Limits	67
Transfers from Aurora	117

The "Golden Hour" is defined as the hour immediately following traumatic injury in which medical treatment to prevent irreversible internal damage and optimize the chance of survival is most effective. It goes beyond just getting the injured individual to a hospital but to a hospital *able to treat* the traumatic injury. The current response time of HCAS easily meets this the majority of the time, and it is anticipated that the proposed city-owned, fire-based EMS service would be able to maintain this.

Billing Services

Hamilton County uses EMS Billing Services, based in Omaha, NE, to collect billable revenue from insurance companies and private payers for services. EMS Billing Services has been the billing services provider since July 2009.

According to EMS Billing Services, publicly-run ambulance services collect an average of 80-85% for billable runs. Hamilton County is currently averaging collection of 62% billable runs. All run reports submitted to EMS Billing Services are being processed, but 38% are being turned down for various reasons, including incomplete or inaccurate run reports. These uncollected payments could amount to approximately \$273,709, according to estimates provided by EMS Billing Services.

As of June 2018, unbilled services include lift assists, non-transport (field treatment only), and intercepts.

Operating Expenses

According to the three-year income statement provided in the EMS Citizen Study Group's Final Report, the three-year average (2013-2016) annual cost of HCAS \$776,720.17, not including depreciation of the ambulances. Over the three fiscal years, this total has increased by 1.38%.

Hamilton County Ambulance Service: Expenses					
	2013-2014	2014-2015	2015-2016	Average	Change
Labor (Direct and Indirect)	\$667,218.00	\$665,650.00	\$703,981.11	\$678,949.70	5.51%
Operating Expenses	\$77,088.00	\$77,459.00	\$59,781.29	\$71,442.76	-22.45%
Supplies/Materials	\$26,108.00	\$29,356.00	\$20,326.16	\$25,263.39	-22.15%
Capital Outlay	\$3,091.00	\$ -	\$101.96	\$1,064.32	-96.70%
TOTAL EXPENSES	\$ 773,505.00	\$ 772,465.00	\$ 784,190.52	\$ 776,720.17	1.38%
<i>Ambulance Depreciation</i>	<i>\$36,000.00</i>	<i>\$36,000.00</i>	<i>\$36,000.00</i>	<i>\$36,000.00</i>	<i>0.00%</i>
<i>TOTAL COST W/ DEPRECIATION*</i>	<i>\$809,505.00</i>	<i>\$808,465.00</i>	<i>\$820,190.52</i>	<i>\$812,720.17</i>	<i>1.32%</i>

**Values shown with and without depreciation to provide a more accurate presentation of cash flow.*

Revenue Sources

According to the three-year income statement provided in the EMS Citizen Study Group's Final Report, fees collected for services are the only source of revenue for HCAS. The three-year revenue average is \$268,974.32. Over the three fiscal years, the revenue total has decreased by 15.43%.

Hamilton County Ambulance Service: Revenue					
	2013-2014	2014-2015	2015-2016	Average	Change
Fees Collected	\$ 291,524.00	\$ 268,849.00	\$ 246,549.95	\$ 268,974.32	-15.43%

Based on the data available, it is unknown how much of this revenue came from billable 911 calls or billable transfers.

Taxpayer Subsidy

Using the three-year annual operating expense average and the three-year annual revenue average, the three-year annual taxpayer subsidy average is \$507,745.85. Over the three fiscal years, as average expenses increased 1.38% and average revenue decreased 15.43%, the total taxpayer subsidy increased by 11.55%. The reason the taxpayer subsidy is increasing is a direct of result of decreasing revenues. In other words, not all billable services are being pursued and collected.

Hamilton County Ambulance Service: Taxpayer Subsidy					
	2013-2014	2014-2015	2015-2016	Average	Change
Total Expenses	\$ 773,505.00	\$ 772,465.00	\$ 784,190.52	\$ 776,720.17	1.38%
Total Revenue	\$ 291,524.00	\$ 268,849.00	\$ 246,549.95	\$ 268,974.32	-15.43%
Taxpayer Subsidy	(\$481,981.00)	(\$503,616.00)	(\$537,640.57)	(\$507,745.85)	11.55%
<i>Ambulance Depreciation</i>	<i>\$36,000.00</i>	<i>\$36,000.00</i>	<i>\$36,000.00</i>	<i>\$36,000.00</i>	<i>0.00%</i>
<i>Balance Forward w/ Depreciation*</i>	<i>(\$517,981.00)</i>	<i>(\$539,616.00)</i>	<i>(\$573,640.57)</i>	<i>(\$543,745.85)</i>	<i>10.75%</i>

**Values shown with and without depreciation to provide a more accurate presentation of cash flow.*

In 2015-2016, the net cost for Hamilton County to own and manage HCAS was \$537,640.57, which is about 5.16% of the county's total \$10,410,738 expenditures. (This would be \$573,640.57 and 5.51%, respectively, if including ambulance depreciation.)

2017-2018 HCAS Expenditures

A summary of Hamilton County's 2017-2018 expenditures (as of March 31, 2017) to own and operate HCAS is provided below. However, the true expenditures are difficult to easily determine because equipment expenses and employee benefits costs are not fully disclosed in the county budget.

Hamilton County Expenditures
As of March 31, 2017
(0100) General

		BUDGET		YEAR TO DATE		% USED
		ADOPTED	EXPENDITURES	EXPENDITURES	REMAINING	
1-0100	AMBULANCE DIRECTOR	\$55,000.00	\$ 4,583.13	\$ 43,905.32	\$ 11,094.68	80%
1-0101	ASST AMBULANCE DIRECTOR	\$ -	\$ -	\$ -	\$ -	0%
1-0300	REGULAR TIME SALARY EMPLOYEES	\$ 301,931.24	\$ 27,912.04	\$ 255,266.39	\$ 46,664.85	85%
1-0405	PART TIME AMBULANCE OFC ASST	\$ 26,000.00	\$ -	\$ -	\$ 26,000.00	0%
1-0407	MEDICAL P/T SALARY	\$ 64,240.00	\$ 5,526.74	\$ 3,993,684.00	\$ 24,303.16	62%
1-0500	OVERTIME/HOLIDAY	\$ 63,240.00	\$ -	\$ -	\$ 63,240.00	0%
1-1100	UNIFORM ALLOWANCE	\$ 5,120.76	\$84.00	\$ 2,351.61	\$ 2,769.15	46%
	LABOR TOTAL	\$ 515,532.00	\$ 38,105.91	\$ 341,460.16	\$ 174,071.84	66%
2-0100	POSTAL SERVICE	\$ 60.00	\$ -	\$ -	\$ 60.00	0%
2-0200	TELEPHONE SERICE	\$ 6,000.00	\$ 526.03	\$ 4,833.15	\$ 116,685.00	81%
2-0501	ELECTRICITY	\$ 2,100.00	\$ -	\$ 1,724.56	\$ 375.44	82%
2-0502	WATER	\$ 900.00	\$ 75.15	\$ 676.35	\$ 223.65	75%
2-0503	HEAT	\$ 2,000.00	\$ 59.43	\$ 867.05	\$ 1,132.95	43%
2-1200	PEST CONTROL	\$ -	\$ -	\$ -	\$ -	0%
2-1210	OFC EQUIP REPAIR	\$ 500.00	\$ -	\$ -	\$ 500.00	0%
2-1300	BUILDING REPAIR	\$ 3,400.00	\$ 155.24	\$ 8,452.81	\$ (5,052.81)	249%
2-1600	EQUIPMENT REPAIR	\$ 2,000.00	\$ 118.24	\$ 1,713.60	\$ 286.40	86%
2-1603	VEHICLE REPAIR	\$ -	\$ -	\$259.06	\$ (259.06)	0%
2-1610	VEHICLE REPAIR	\$ 4,000.00	\$ 187.32	\$ 3,215.68	\$ 784.32	80%
2-1700	TRAVEL EXPENSE	\$ 400.00	\$ -	\$ -	\$ 400.00	0%
2-1702	LODGEING	\$ 700.00	\$ -	\$ -	\$ 700.00	0%
2-1704	MILEAGE	\$ 650.00	\$24.82	\$ 78.33	\$ 571.67	12%
2-1751	DUES, SUBSCRIPT, REGIST, TRAINING	\$ 5,500.00	\$ 1,052.50	\$ 2,287.50	\$ 3,212.50	42%
2-1801	DUES, SUBSCRIPTIONS, REGISTRATIONS	\$ 400.00	\$ -	\$ -	\$ 400.00	0%
2*3600	AMBULANCE BILLING COSTS	\$ 41,000.00	\$ 3,152.55	\$ 29,542.14	\$ 11,457.86	72%
2*9900	MISCELLANEOUS	\$ 2,450.00	\$ 55.30	\$ 626.53	\$ 1,823.47	26%
	OPERATION EXPENSES TOTAL	\$ 72,060.00	\$ 5,406.58	\$ 54,276.76	\$ 17,783.24	75%
3-0101	SUPPLIES-OFFICE	\$ 4,500.00	\$ 220.87	\$ 2,014.76	\$ 2,485.24	45%
3-0115	AMBULANCE SUPPLY	\$ 17,000.00	\$ 737.30	\$ 7,076.49	\$ 9,923.51	42%
3-0209	FUEL	\$ 12,000.00	\$ 465.17	\$ 3,965.18	\$ 8,034.82	33%
3-0211	TIRE AND REPAIRS	\$1,200.00	\$ -	\$ -	\$ 1,200.00	0%
	SUPPLIES/MATERIALS TOTAL	\$ 34,700.00	\$ 1,453.34	\$ 13,056.43	\$ 21,643.57	38%
5-0500	EQUIPMENT	\$ 1,200.00	\$ -	\$ -	\$ 1,200.00	0%
5-0505	CAPITAL OUTLAY-REPLACE AC	\$ 7,000.00	\$ -	\$ -	\$ 7,000.00	0%
5-0557	COMMUNICATIONS EQUIPMENT	\$ 1,500.00	\$ 475.50	\$ 475.50	\$ 1,024.50	32%
5-1100	OTHER EQUIPMENT	\$ 1,000.00	\$ -	\$ 17.98	\$ 982.02	2%
	CAPITAL OUTLAY TOTAL	\$ 10,700.00	\$ 475.50	\$ 493.48	\$ 10,206.52	5%
	AMBULANCE	\$ 632,992.00	\$ 45,441.33	\$ 409,286.83	\$ 223,705.17	65%

CHAPTER 4

SERVICE AREA

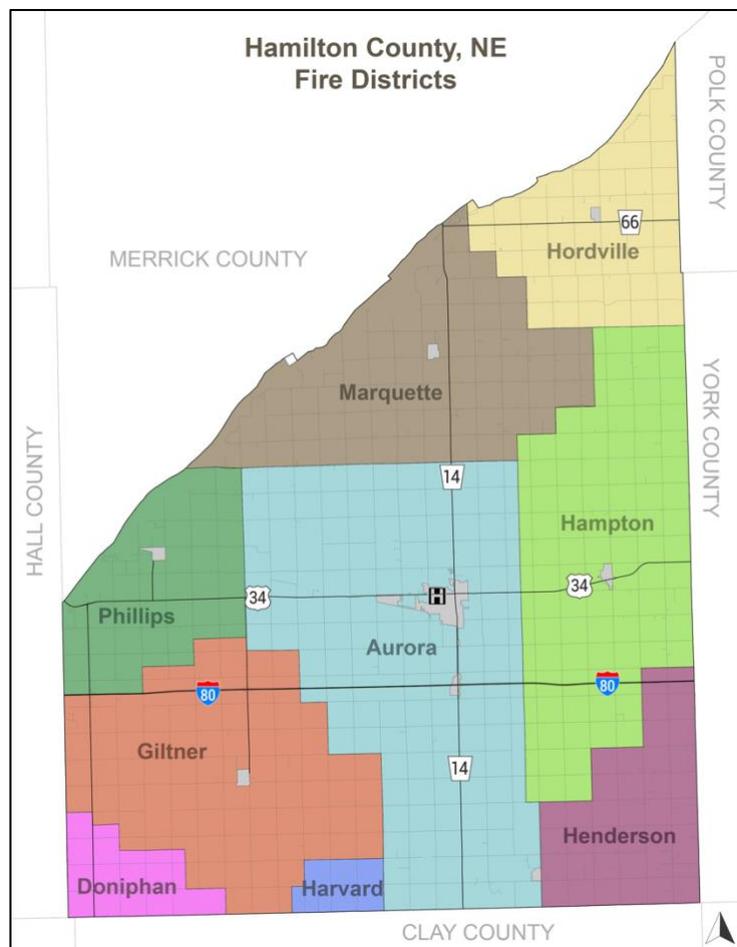
& PARTNERSHIPS

Service Area

HCAS is also currently the only ambulance service in Hamilton County. Phillips, Giltner, Hampton, and Marquette have EMTs, but they are not a transporting agency, only quick response teams (QRT). Aurora does not currently have a QRT as HCAS responds in the Aurora district and will page Aurora Fire Department if assistance is needed.

Partnerships

There are currently no interlocal agreements between Hamilton County and other fire districts in the county. Fire districts are simultaneously dispatched with HCAS if there is a call in their districts, and they work together



at the scene. Additionally, HCAS serves as a training resource for the fire districts. This includes inviting fire districts to attend monthly HCAS trainings, free of charge, for continuing education credits. The HCAS Training Officer also periodically visits fire districts with other training opportunities.

Hospital staff are also invited to HCAS's monthly trainings, and the hospital has also extended the same courtesy to HCAS employees. State instructors have also provided the hospital and HCAS shared training opportunities. Memorial Community Hospital also employs the Physician Medical Director (PMD) who serves as HCAS Medical Director, or the physician who provides guidance and oversight of an ambulance service. As HCAS operates under the PMD's medical license, the PMD conducts annual skills validation.

While no formal agreement exists, HCAS also tries to complete all the transfers from Memorial Community Hospital.

The City of Aurora contributes various in-kind support of HCAS, including maintaining and clearing the HCAS parking lot; providing snow removal for ambulance runs in inclement weather; dispatching city police for emergency calls in or near city limits; and dispatching the city fire department to motor vehicle crashes in the county and upon request to assist with fires.

Maintaining Existing and Building New Partnerships

The City of Aurora's priority for a fire-based EMS is to maintain the coordination and positive relationship which has developed among Aurora and surrounding communities. The only mutual-aid agreements currently in place are between the City of Aurora's fire department and the other fire departments in the county. Hamilton County has a mutual-aid agreement with York Fire for EMS coverage as part of HCAS's backup response plan.

Should the City of Aurora develop and run a fire-based EMS system, it is assumed there would be an interlocal agreement between the City and the County, similar to what is in place for Hall and York counties, to subsidize the service. This purpose of the subsidy would be to cover the cost of providing EMS service to residents outside of Aurora's fire district.

Positive working partnerships will also be critical to the success of providing a quality city-owned, fire-based ALS EMS that serves all of Hamilton County. As such, the City of Aurora intends to partner with:

- Hamilton County
- Hospitals and assisted livings within county boundaries
- Hospitals and assisted livings just outside county boundaries
- Hamilton County Sheriff's Department

- Aurora Police Department
- Aurora Fire Department
- Back up response with York’s fire-based EMS service
- Rural fire districts

The EMS Study Committee and City of Aurora officials also actively explored partnering more local agencies requiring transfers in order to conduct more scheduled and on-call transfers. This is discussed in greater detail in Chapter 5.

CHAPTER 5

ON-DUTY CALLS & TRANSFERS

Hamilton County Sheriff's Office dispatches all 911 calls as the Public Safety Answering Point (PSAP) within Hamilton County. Med 282 and the first call crew will respond. If the emergency is in another fire district within Hamilton County, the corresponding fire department will be simultaneously paged. If there is another call for service while the first call crew is out, the backup crew will respond in Med 281. If there is another call for service and the first two crews are out, off-duty personnel will respond in Med 283. If no off-duty personnel respond, our backup response plan goes into effect and they will page York Fire.

The Aurora Volunteer Fire Department is also dispatched and will respond with its rescue truck for any motor vehicle crashes in the county. The Aurora Volunteer Fire Department is also dispatched to structure and wild land/hay fires when requested from other fire districts in the county.

Ambulance calls require at least two personnel to run, a driver and an attendant. Typically, the attendant is a paramedic and the driver will be an EMT or paramedic. HCAS currently staffs two ambulances 24/7 with one paramedic on each ambulance and an EMT or paramedic as the driver.

Transfers

In EMS terminology, a "transfer" is the process of moving a medical patient from one facility, such as an assisted living facility or hospital, to another facility, such as a hospital, for advanced or specialty medical care. Transfers may be impromptu, based on a medical emergency, or scheduled, if the patient is medically stable but requires specialty care.

As noted in Chapter 3, HCAS is currently the only medical transporting agency in the county. It handles emergent and non-emergent transfers of patients between medical facilities on an on-call basis.

Transfers are requested by the agency needing a transfer through either the HCAS office or dispatch service by through the HCAS office by the agency needing a transfer. Oftentimes, the doctor of the requesting agency will request a paramedic for the transfer.

Transfers are handled by the backup crew and utilize Med 281 or 283 depending on the destination of the transfer. HCAS will not take a second transfer if a transfer is already in progress. Rather, HCAS will ask the hospital if it can wait for the completion of the transfer and then take it. If the transfer cannot wait, the hospital will call other service.

Due to staffing arrangements with two part-time staff during the weekday (M-F 0600-1800 excluding holidays), the backup EMT will not go on the transfer. Instead, the first call EMT or paramedic will take the transfer with the backup paramedic and the part-time employee working the backup shift will move up to first call and handle all 911s until the other crew is back in service.

Standby events, such high school football games, are handled per previously established guidelines and vary per each standby event. Typically, the first call crew will respond to the standby event in Med 282. For multiple standby events at the same time, HCAS may have on-duty and off-duty personnel respond.

HCAS averages responses to 706 combined calls per year, averaging two calls per day, including 133 transfers on average over the last five years. Staffing levels have a direct impact on whether we are able to do transfers.

Value in Doing More Transfers

As mentioned in the peer cities and peer service discussion, it appears to be that taking on as many transfers as the service can, using existing personnel and ambulance, is essential in keeping revenues equal, or close to equal, to expenses.

Based on revenue projections provided by EMS Billing Services, the projected annual revenue comprised of approximately 310 transfers per year is \$264,000. This would require the proposed fire-based EMS system to increase current transfer numbers by 177 per year (or 139%).

The EMS Study Committee actively discussed, and City of Aurora officials actively explored, the opportunity to conduct more scheduled and on-call transfers as a means to better utilize its ambulances and staff and to create more revenue for the service. Several regional

facilities are interested in gaining this service from a city-owned, fire-based ambulance service. The facilities and anticipated number of transfers are provided in the table below.

Source of Transfer	Anticipated Number of Transfers
Aurora	170/year
Central City	164/year
Henderson	5-10/month (60-120/year)
Clay Center	60/year
Harvard	20/year

In completing the anticipated number of transfers, the proposed fire-based EMS system could potentially complete anywhere from 440-500 transfers a year. At the low end, this would be an increase of 307 transfers per year (173%), and at the high end, it would be an average of 367 per year (207%).

Based on this, pursuing and completing these anticipated transfers could easily achieve and exceed the projected annual revenue of \$264,000 for 310 transfers per year.

Value in Completing More Billable Runs

Currently, 62% of the billable runs completed by HCAS are collecting revenues. This is lower than the Nebraska average of 80-85% reported by EMS Billing Services. EMS Billing Services also estimated that the EMS service could expect revenue of \$570,000 if the number of billable runs is increased from an average of 350 to 700-750 per year.

A key part of completing more billable runs is ensuring the billings are properly processed. This starts with ensuring that accurate and adequate run reports are provided to the service's billing services. More discussion on this in Chapter 8.

CHAPTER 6

FACILITY & EQUIPMENT

Facility

In 1982, Hamilton County and the City of Aurora entered into an agreement in which the City would lease half of the four-lot property to the County for an ambulance facility. The other half of the lot houses the City's fire station. As part of the agreement, the County would construct and maintain a building to house its ambulances and related facilities; the County would properly level, grade, and drain the lot, as well as provide a public ingress and egress; and the City would then assume responsibility for maintenance and control of the parking area. The agreement also serves as lease, under which the County leases the property from the City for one dollar (\$1.00) per year.

According to HCAS staff, the current condition of the existing facility is acceptable for operating three ambulances, and current staff for basic service operations. The current facility could feasibly be modified to house staff for 24-hour shifts, but this would be a short-term fix, and one of the medical units would likely have to be moved into the fire hall.

The EMS Study Committee and city officials have discussed the possible value and benefit for providing some sort of staff living quarters at the EMS facility or another nearby location. The purpose of having onsite living quarters is to provide better accommodation for both full-time staff while on shift, and to better recruit and retain part-time employees, with these factors combined to further improve overall response times to calls.

Ambulances

As previously noted in Chapter 3, the County currently owns and operates three ambulances:

- Ambulance 1 (“Med 283”) is a 2003 Ford ambulance with 135,000 miles. It is primarily used for short-distance transfers (i.e., Grand Island), non-emergent standbys, and third 911s if the other two ambulances are in use.
- Ambulance 2 (“Med 281”) is 2008 Ford ambulance with 75,000 miles. It is primarily used for long-distance transfers (i.e., Lincoln, Omaha, Hasting, Kearney), standby fires, and second 911s if the primary ambulance is already in service.
- Ambulance 3 (“Med 282”) is 2015 Ford ambulance with a remounted box with 26,000 miles. It is primarily used for all 911s and standby events, minus standby fires.



Figure 2: Hamilton County's three ambulances

Most of the equipment on the ambulances is current and up to date. A small portion, or about seven or eight pieces, of equipment on the ambulances have been purchased through grants or donation.

A significant component regarding the establishment of a city-sponsored, fire-based EMS service will be the transfer of ownership of the three Hamilton County ambulances and the EMS facility from the county to the City of Aurora, or the determination of another operational agreement for the use of these public assets by the city.

Equipment Needs

As noted in the key takeaways from peer cities and peer services conversations, ambulance service budgets are very reflective of capital improvement needs. It will be imperative for the proposed city-owned, fire-based EMS service to anticipate and plan for necessary equipment purchases and upgrades. During a tour of the existing HCAS facility, the following equipment items were noted by HCAS staff serving the EMS Study Committee as desirable or helpful:

- Ventilator (would be an asset if more transfers were to be done)
- One or two new ambulances
- Lucas device, which does compressions during CPR

Some, if not all, of the equipment wish list could be requested through local, state, or federal grants. Fire-based EMS services qualify for more grants than non-fire-based or private ambulance services.

Maintenance Costs

- Building maintenance is minimal from year to year due to current age and existing finishes. The primary building maintenance costs are to address A/C, heating, and electrical needs.
- Based on recent review of maintenance records, there is a demonstrated need for an improved maintenance schedule to anticipate ambulance needs and repairs before they become necessary.
- Annual equipment maintenance costs fluctuate significantly depending on whether an ambulance has a major engine, ambulance box or chassis replacement.
- The most common maintenance expenditure is for diesel fuel.

Several options were discussed by the study committee on putting ambulance upgrades on a predictable and reoccurring lifecycle similar to what was observed among the peer cities reviewed.

- Nebraska City, NE, operates four ambulances and has a foundation that assists with the purchase of a new ambulance every two years. Nebraska City retains its ambulances for no more than eight years.
- York, NE, operates three ambulances and replaces an ambulance once it has operated for 600,000 miles or six years, whichever comes first.

CHAPTER 7

STAFFING

HCAS currently has 11 positions authorized for the department. The service's highest staffing levels were 11 full-time employees in 2015. As of July 1, 2018, HCAS has nine full-time and 10 part-time employees, and the department director position was recently vacated.

Current Staffing and Scheduling

Call staffing must be a minimum of two personnel per ambulance. Best-case scenario staffing would be three per ambulance, or the ability to add a third person to the ambulance based on the nature of the call received, such as a cardiac arrest or multi-system trauma.

HCAS currently staffs an ABC shift schedule of 24 hours on-duty, followed by 48 hours off-duty. During the daytime, on-duty staff spend their time at the HCAS facility. Overnight, on-duty staff go home and respond if or when needed.

As noted in Chapter 5, HCAS staffs two ambulances 24/7 with one paramedic on each ambulance and an EMT or paramedic as the driver. This equates to a minimum of four personnel on staff each day.

Optimum Staffing

The EMS Study Committee and City of Aurora officials have identified that the optimum staffing levels for a city-operated fire-based EMS is nine employees, which would include eight full-time paramedics and one full-time EMS director. Having the full-time staff all be qualified as paramedics enables the department to handle the highest level of emergency healthcare for 911 calls as well as for transfers.

To provide maximum operational flexibility, the EMS Study Committee recommends having a pool of approximately 10 on-call, part-time EMTs to best ensure that all shifts can be fully staffed year-round, accommodate vacation and other leave time for full-time staff, and reduce total labor costs. Part-time employees would only be paid when they are working and receive no other benefits beyond their hourly compensation. Depending on the total staffing levels, part-time employees could expect to work 15-20 hours per week. In the study committee's discussion and based on interest expressed to City of Aurora officials, there seems to be great potential for more part-time participation if living quarters could be provided by the ambulance facility.

Optimum Scheduling

The EMS Study Committee discussed the possibility of scheduling staff for 48 hours on-duty and 48 hours off-duty. The first 24 hours on-duty would be at the station, with an overnight stay, and the second 24 hours on-duty would be first call back for 911 and transfers, which means they would return to the station if the on-duty crew goes out on a call. Providing living quarters to accommodate overnight stay could shorten the response time between the hours of 1700-0600, as well as reduce the risk of transferring infections and illnesses to families at home. It was also noted that under a 24-hour shift model, overtime would not have to be paid until after 53 hours, therefore saving some money on overtime pay.

Overtime

Currently, HCAS pays overtime for hours worked in excess of 40 hours in-house per week. In 2017-2018, Hamilton County budgeted \$63,000 for overtime and holiday pay, and the budgeted medical part-time salary was \$66,000.

In the proposed city-owned, fire-based, 24-hour shift model, ambulance service employees would fall under the "firefighter exemption" of the Fair Labor Standards Act (FLSA) and would not accrue overtime pay until 53 hours worked per week. As a result, it is anticipated that little to no overtime pay would occur. The more part-time staff the service has, the less likely overtime pay will occur for full-time staff. The proposed budget allocated \$560,000 for nine full-time staff, including one director, and \$77,000 for five to ten part-time staff.

It is worth noting that the FLSA firefighter exemption does not apply to private companies that provide fire protection or EMS, even if there is a contractual agreement with contract with a municipality, county, or state.

CHAPTER 8

BILLING SERVICES

The EMS Study Committee received a presentation from the Leslie Vaughn, President and Founder of EMS Billing Services in Omaha, NE. In addition, city officials have visited EMS Billing Services office twice to discuss the various administrative requirements and financial arrangements for third party billing services. Most of the peer cities reviewed by the committee use EMS Billing Services to collect on all billable EMS services.

Coding of ambulance calls is the most critical factor in achieving a high rate of return on billable services. This process starts with the EMS staff and the proper completion of patient information and signature forms. Once received, EMS Billing Services ensures proper coding and submission of forms for billing to the appropriate payer.

EMS Billing Services reports that all runs submitted to them by HCAS are billed, but 38% are being turned down for various reasons, namely inaccurate or incomplete run reports. This is resulting in HCAS collecting revenue from about 62% of its billable runs, which falls short of the Nebraska average of 80-85%. The proposed city-owned, fire-based EMS service must ensure that everything that is billed out is billed out correctly, with quality information and complete forms so that a better percentage of service invoices are paid.

EMS Billing Services fee structure is 15% of collected (not charged) revenue, meaning that if the ambulance service does not get paid, neither does EMS Billing Services. At 700 runs, the service fee drops to 10% of collected revenue.

Using an EMS billing service provider was determine to be a logical and worthwhile expenditure due to the complexity of EMS billing, which is very different than hospital coding (thereby eliminating a potential hospital partnership). The EMS Study Committee discussed having the City perform a periodic review of the EMS Billing Services professional services agreement and evaluate that against other billing service providers.

CHAPTER 9

BUDGET & OPERATING COSTS

Hamilton County is currently budgeting \$617,967 toward HCAS for 2017-2018. However, this does not include any costs paid through general fund, such as employee benefits.

On June 4, 2018, Hamilton County Commissioners received an update from Midwest Ambulance Service, a private sector provider, who requested a government subsidy of \$340,000 per year to provide services in place of Hamilton County. Operating costs are projected to be \$568,000, with payroll comprising 70-80% of that. Approximately \$198,000 is estimated as income from 911 calls and \$132,000 from inter-facility calls. It remains uncertain if Midwest Ambulance Service would provide the same current level of services with that fee.

Revenue Sources for City-Owned, Fire-Based EMS

The City of Aurora anticipates revenue from the following sources:

- City of Aurora: \$301,000 – One-Half of the Administration Fees*
- Hamilton County: \$301,000 + One-Half of the Administration Fees*
- Revenue from 911 Calls and Transfers: \$570,000
 - After 2018-2019, 911 calls and transfers will be separate revenue line items.

** Administration Fees for 2018-2019 would be 30% of Aurora City Administrator's time/salary for the first year. It is anticipated this fee would decrease in future years, as the management of the services shifts to the ambulance director and requires less of the City Administrator's time.*

Additional Funding Sources for City-Owned, Fire-Based EMS

In addition to revenue from collect fees and taxpayer subsidies, the City of Aurora intends to pursue grant funding opportunities and potentially solicit donations or fundraise to further support the EMS service.

The City of Aurora, at the recommendation of the EMS Study Committee, is currently pursuing a Staffing for Adequate Fire & Emergency Response (SAFER) grant. The SAFER grant is only available to cities who are starting a fire-based EMS service. The amount granted is based on the annual employee cost. The grant provides 75% of the annual employee cost in year one, 75% in year 2, and 35% in year 3. The City of Aurora is currently projecting an annual employee cost of \$650,000 for 2018-2019. Should the City be awarded this grant, that would provide the proposed EMS service approximately \$487,500. The City of Aurora intends to use funds received from this grant to establish a reserve that can be used for capital improvements. The City of Aurora will consistently pursue all other possible grants that the fire-based EMS service is eligible to receive. This includes grants for critical equipment such as ventilators and ambulances.

Proposed Budget for 2018-2019

Based on the information collected throughout the EMS Study Committee process, the City of Aurora has prepared a draft budget for the proposed city-owned, fire-based EMS service.

PROPOSED BUDGET FOR CITY-OWNED, FIRE-BASED EMS 2018-2019		
ACCOUNT#	ACCOUNT DESCRIPTION	PROPOSED
10-110-5000	SALARIES	\$650,000.00
10-110-5001	PAYROLL TAX EXP (S.S.)	\$52,000.00
10-110-5003	WORKMANS COMPENSATION	\$25,090.00
10-110-5004	HEALTH/VISION/LIFE/DENTAL	\$154,700.00
10-110-5005	PENSION	\$52,000.00
10-110-5006	UNEMPLOYMENT COMPENSATION	\$202.00
10-110-5500	OFFICE SUPPLIES	\$4,000.00
10-110-5501	COMPUTER SOFTWARE	\$2,000.00
10-110-5502	AMBULANCE SUPPLIES	\$19,000.00
10-110-5503	BOOKS & MAGAZINES	\$200.00
10-110-5504	FUEL	\$18,000.00
10-110-5505	OIL & GREASE	\$500.00
10-110-5506	TIRES/TIRE REPAIR	\$5,000.00
10-110-5600	MAINT. & REPAIRS-PARTS	\$500.00
10-110-5620	BUILDING & GROUNDS-MATERIALS	\$5,000.00
10-110-5700	UNIFORMS/SAFETY CLOTHING	\$5,200.00
10-110-6015	CONTRACT LABOR-MEDICAL BILLING SERVICES	\$50,000.00
10-110-6030	INSURANCE	\$8,000.00

10-110-6032	EMPLOYEE BONDS	\$100.00
10-110-6100	TELEPHONE	\$6,300.00
10-110-6101	ELECTRICITY-OFFICES	\$2,000.00
10-110-6110	NATURAL GAS	\$1,500.00
10-110-6200	POSTAGE	\$500.00
10-110-6210	ADVERTISING	\$500.00
10-110-6211	PRINTING	\$400.00
10-110-6300	VEHICLE/EQUIP REPAIRS	\$6,000.00
10-110-6310	BLDG REPAIRS & MAINT	\$3,000.00
10-110-6315	OTHER REPAIRS & MAINT.	\$3,000.00
10-110-6316	RADIO MAINTENANCE	\$2,000.00
10-110-6319	COMMUNITY PUBLICITY	\$1,000.00
10-110-6400	EDUCATION/CONVENTIONS	\$6,000.00
10-110-6401	TRAVEL	\$1,000.00
10-110-6410	DUES/LICENSES	\$1,000.00
10-110-6900	MISCELLANEOUS	\$1,000.00
	OPERATING EXPENSES TOTAL	\$1,086,692.00
10-110-7010	BUILDINGS & GROUNDS	\$25,000.00
10-110-7100	OTHER IMPROVEMENTS	
	CAPITAL IMPROVEMENTS TOTAL	\$25,000.00
10-110-7200	VEHICLES	\$50,000.00
10-110-7300	EQUIPMENT	\$6,000.00
10-110-7400	OFFICE EQUIPMENT/COMPUTER	\$5,000.00
	OTHER CAPITAL OUTLAY TOTAL	\$61,000.00
10-110-9500	TRANSFER TO OTHER FUNDS	
	OTHER TOTAL	
	PUBLIC SAFETY POLICE\FIRE TOTAL	\$1,172,692.00
	TOTAL PROPOSED REVENUES	\$570,000.00
	TOTAL PROPOSED EXPENSES	\$1,172,692.00
	BALANCE FORWARD	(\$602,692.00)

CHAPTER 10

REVIEW OF PRIVATE SECTOR OPTIONS

2012 Hamilton County Ambulance Service Assessment

In 2012, PrioriHealth Partners was requested by the Hamilton County Board and the City of Aurora in cooperation with the State of Nebraska Emergency Medical Services (EMS)/Trauma Program to assess the Hamilton County Ambulance Service. The intent of the assessment was to provide recommendations regarding how the service should be organized, where it belongs within the local government structure, and to provide a suggested method of cost sharing between Hamilton County and City of Aurora. The final report can be viewed on the Nebraska Department of Health and Human Services website (<http://dhhs.ne.gov/publichealth/NebraskaEMS/Resources/Forms/AllItems.aspx>).

Regarding how the service should be organized and where it belongs in the local government structure, the 2012 assessment recommended the following:

- HCAS should remain a unit of county government, with the County contracting with the City of Aurora to place the City Administrator in a position to provide administrative support and oversight. It would be appropriate to discontinue this arrangement should a future ambulance service administrator have the appropriate business knowledge to assume those responsibilities. This recommendation also noted it would be more logical for the volunteer-based Aurora Fire Department to become a sub-unit of the county ambulance services than vice versa.
- Ambulance staff pay and benefits are inadequate and should be increased to resolve a disparity in local pay for incomparable responsibility.
- Local hospital and ambulance staff could benefit from engaging in joint skills assessments and training.

- The local hospital should explore utilizing paramedics working in the hospital and being on call for the county ambulance service.

Regarding cost-sharing methods and general funding sources, the 2012 assessment recommended the following:

- The County should consider using EMS taxing districts as allowed under Nebraska law. This tax would be in addition to other existing taxes and could be used to generate adequate funding for an effective EMS system.
- Hamilton County should have two rate schedules: one for Hamilton County residents and one for non-residents. This would eliminate Hamilton County taxpayers subsidizing ambulance service for non-residents (i.e., Interstate 80 travelers).
- The City of Aurora should consider doing one bond issue to expand its fire department and a new ambulance facility.
- Local foundations should also be approached to help offset costs of an expanded or new facility.
- The County should determine a suitable cost-sharing formula to determine a fair city subsidy. The assessment recommends basing the formula on a city-to-all 911 call ratio of direct cost minus city costs and building/capital/bonding and maintenance costs.

Hamilton County did implement the recommendation to have two rate schedules.

2017 EMS Citizen Focus Group (County Initiative)

Over the course of a year between 2016-2017, 15 citizens of Hamilton County formed the EMS Citizen Focus Group. Their objective was to maintain the quality of the county's existing EMS system, but to search for ways to provide the same quality ALS services at a "substantially" reduced cost. It was also a goal of the group to "determine the fairest way to share any public subsidy required."

In September 2017, the EMS Citizen Focus Group released a final report of its research and findings. The report includes a history of HCAS, an overview of ambulance services in Nebraska, an HCAS budget overview, and an assessment of staffing levels. The report alludes to the HCAS assessment completed in 2012, but it does not provide any information regarding if or what came of the assessment's recommendations. Above all, the report focuses on the EMS Citizen Focus Group's evaluation of six alternatives to lower the cost of providing county-wide ALS EMS. The focus group ultimately recommended option six.

1. *County Owned and Managed*
2. *County Owned, Privately Managed*
3. *Privately Owned and Managed*
4. *City Owned Fire and Rescue*
5. *County Owned – Emergency Response Only (no transfers)*
6. *Hospital Provided with Partnership Support*

In review of the Hamilton County EMS Citizen Focus Group report, several items stood out to the City of Aurora 2018 EMS Study Committee.

Focus Group Lacked Key Representation

The efforts and intention of a community-based recommendation is commendable, however the citizen focus group lacked key representation. For example, there was no administrative representative of the City of Aurora or Memorial Community Hospital, both of which have significant stake in future of county-wide EMS as the largest municipality and largest hospital in Hamilton County. An Aurora city council member was approached about participating, but the council member would only participate as a business owner or private citizen, citing that city staff would be better suited to represent the City of Aurora. The council member, as a private citizen and business owner, but did not stay engaged in the process and does not appear in the list of members in the final report. The Mayor of Aurora, having been involved in the 2012 assessment, requested to serve on the committee. The mayor was not asked to participate. Additionally, the makeup of the citizen focus group only comprised of citizens from three of the county's seven fire/first responder districts (Aurora, Marquette, Hampton).

The lack of representation on the focus group is further amplified because of the nature of the focus group's recommendations. Three of the six recommendations (recommendation three, four, and six) would shift the responsibility of county-wide EMS to an entity other than Hamilton County: (1) privately owned, (2) city-owned fire and rescue, and (3) hospital provided with partnership support.

When these alternatives were identified by the focus group as worthwhile to explore, a representative of each entity should have been asked to participate in a genuine evaluation of the alternative's feasibility. The final report suggests on page 18-19 that a private ambulance service was consulted with and provided the study group a good-faith offer to purchase and run a service for two years. Though, it is possible that this information actually come from ambulance services proposal submitted by Midwest Medical to Hamilton County in May 2016. City of Aurora staff were not contacted to participate in an evaluation of the city-owned fire and rescue alternative; and after the focus group's published its final report, Memorial Community Hospital CEO Diane Keller is quoted in the *Aurora News-Register* as saying, "No one from the MCHI board or administration was on the committee or had any access to the written executive summary or full report until it became public."

An Incongruous Endorsement

Despite the well-intentioned efforts the EMS Citizen Focus Group and an endorsement from The Paramedic Foundation, the focus group overlooked seeking the input on and endorsement from the most-affected party of the final recommendation: the hospital. This oversight undermines and limited the viability of the groups' recommendation.

Upon learning of the focus group's recommendation, Memorial Community Hospital thanked the EMS Focus Group for its time and willingness to take on the task of exploring options for the county-wide ambulance service but noted it would have to evaluate the group's report in light of the hospital's focus on core health care functions, which include hospital, nursing home, assisted and independent living, and physician health clinic. In the end, Memorial Community Hospital declined to wholly own and operate a county-wide EMS service.

The EMS Citizen Study Group's recommendation might not have been rejected had the hospital been invited to contribute to and endorse the group's recommendation. The hospital's willingness be an active partner in determining the future of a county-wide EMS service is described by Memorial Community Hospital CEO Diane Keller's statement at a December 18, 2018, public hearing (as quoted in a December 20, 2018 article in the *Aurora News-Register*): "The hospital did decline to totally own and operate the EMS system, but in our letter to the city and the EMS group we made it very clear that we wanted to be involved and have a part in the final solution."

Notable Findings, No Recommendation for County to Implement Changes

One of the recurring themes in the EMS Focus Group's final report is the need to reduce costs and reduce the number of paid hours. On page 12, the report reads "reducing the number of employees is not as important as reducing the number of paid hours" and "there needs to be enough employees to avoid 'overtime.'" The same paragraph says, "good management and can eliminate overtime," followed by a discussion of various scheduling and staffing considerations. Given the focus groups findings and strong belief that Hamilton County is currently "expending too many resources and [needs] to reduce paid hours," (pg. 14), it is surprising the focus group did not recommend that Hamilton County immediately begin to modify existing schedules and staffing of HCAS to potentially achieve a reduction in labor costs. Not only would this recommendation, if implemented, help demonstrate what scheduling and staffing adjustments can achieve, it would have been a fiscally responsible action as focus group and county commissioners considered the future of HCAS.

Identified Yet Unexplored Funding Source Disparity

Page 6 of the final report describes that Nebraska EMS services are typically funded 57% by collected fees, 37% by tax dollars, and 6% by donations and fundraising. The county's EMS services is almost the opposite of this: 27% from collected fees and 73% from tax dollars. There is little to no mention of donations to or fundraising for HCAS.

This is a significant and eye-opening finding of the EMS Citizen Focus Group. Unfortunately, there was no attempt to investigate this disparity to determine why this is the case. Rather, we are left with more questions than answers:

- What can be done to increase the amount collected fees?
- Is HCAS not going on enough billable runs?
- Are patients not paying their ambulance service bills?
- Is the county's billing services contractor processing submitted run reports?
- What kind of donation and fundraising efforts have been made?
- Has HCAS always been reliant on tax dollars? If not, what caused it?

Strong Emphasis on Expenses, No Credit for Revenue

According to the 2015-2016 actual spending figures provided on page 6 of the EMS Citizen Study Group's final report, HCAS accounts for nearly 8% of county expenditures. This was calculated by dividing the service's \$820,191 expenditures by the county's total expenditures of \$10,410,738. The first paragraph of the executive summary also references an "approximate \$800,000" tax payer expense for HCAS. While the expenditure figure is accurate, the report conveniently fails to acknowledge that the EMS service also generates revenue, unlike other county line items such as the county roads, county sheriff and jail, and road bonds.

Adjusting for the 2015-2016 collected fees of \$246,550, the service's net expense is \$573,641, or about 5.5% of the 2015-2016 expenditures.

Analysis of Different Models, Not Comparison of Peer Cities

Identifying peer communities to compare a given community to is always difficult, due to the unique characteristics of each community. The EMS Focus Group's final report mischaracterizes its "peer community" section. The section is less of an apple-to-apple comparison, and more of a review of different EMS service models in a number of Nebraska communities.

The EMS Study Committee (authoring this report) would have like to see the following for a more applicable and relevant peer review:

- **York, NE** is not only close in proximity to Aurora, it similarly located to Interstate 80, and it is a fire-based EMS system that provides fire and rescue services to both the city and most of York county through an inter-local agreement with the York Rural Fire District.
- **A closer analysis and discussion of Fairbury and Johnson County** since it is the only other county-run EMS service included in the report.
- **Another city-based EMS service** since that is the most prevalent model in Nebraska, according to the facts presented in the report.

Service Comparison, Not Peer Review

In the evaluation of the "Private Company Owned / Subsidy Provided" alternative on page 19, "Most members of the committee believe that any service that can be owned and run privately should be, rather than be run by government." Preceding this statement, in addressing the "loss of local control" should the county-wide EMS service be provided by a private company, the study group notes that local government does not control other local services, like car dealerships, grocery and retail stores, professional service providers, and the like. This is true, but it should also be noted that while there may be economic development incentives to attract businesses and services to an area, it is not common for a local government to provide an annual subsidy for that business or service, which is what can be expected of a private EMS service provider.

Additionally, the motivating factor for providing such services should not be overlooked. Private companies often strive to provide quality services and be good stewards of the community, but at the end of the day, private companies tend to be motivated by the bottom line. As a matter of due diligence, it is worthwhile to evaluate the private company owned alternative, but will a private service provider willing to prioritize public interest over their bottom line, as a public agency might?

Sharing the Cost Burden

in the "Intergovernmental Cost-Sharing Formula" section on page 40 of its final report, the EMS Citizen Study Group makes the statement that "rural ag land owners pick up the bulk of the tax dollar subsidy, yet statistics indicate the city has the fastest ALS response time and the most calls." However, no source data is provided to validate that statement. How are rural ag land owners paying more? What is the side-by-side comparison of what an Aurora resident pays and what a rural Hamilton County resident pays?

Moreover, the focus groups also fail to acknowledge the increased resources it takes for a longer-distance emergency call. Not only does a rural call take more fuel and

wear on an ambulance, it also takes utilizes more staff time, potentially complicating staffing needs if multiple calls were to come in. It is also reasonable to expect that more calls come from Aurora, as that is where the population is most dense in Hamilton County. Regardless of expenditure per call, the important thing is that rural county resident and Aurora residents are still receiving the same service and benefits provided by HCAS.

It is also interesting the EMS Citizen Study Group brought this topic up, as the 2012 HCAS Assessment discussed this as well and even suggested a cost-sharing formula to help determine a fair city subsidy.

The EMS Citizen Study Group Final Report concludes with three primary recommendations:

1. The Hospital with Partnership Support Alternative as [the] first choice for quality ALS Emergency Medical Service to our community
2. That the County discontinue offering this service at a future date uncertain.
3. The taxpayer subsidy be borne equally by all 9,000+ residents who benefit from the service, and the subsidy solutions provided in the report be discussed between all Hamilton County political subdivisions and a fair solution be determined and implemented.

December 2017 Hamilton County Public Hearing

On December 18, 2017, Hamilton County hosted a second public hearing about changing the structure and management of HCAS. During this meeting, many citizens voiced their concerns about privatization and losing local control.

With such an emphasis on the topic of privatization, County Board Chairman Rich Nelson clarified after the meeting to the Aurora News-Register that there were no proposals for private service currently being consider by the county commissioners. The December 20 article quotes Chairman Nelson: "We have not received any proposals from any private ambulance services.... We've had some phone calls, but that's as far as it's gone. I kind of sensed today that people thought we have a proposal that we're ready to vote on. That is not the case."

At the close of the meeting, Chairman Nelson stated the commissioners would review all the public input, written and verbal, provided at the meeting and make a decision after the new year. "I think there is an opportunity to work tighter on a workable solution," he said.

January 2018 County Commission Votes to Sunset HCAS

On January 2, 2018, the first Hamilton County Commissioners Board meeting of 2018, county commissioners unanimously voted that Hamilton County will no longer function as the sole provider and manager of the community ambulance with an effective date of October 1, 2018.

In a January 10, 2018 *Aurora News-Register* article, County Board Chairman Rich Nelson is described as saying he sees the county having a monetary obligation as part of a to-be-determined community solution. Commissioner Gregg Kremer is quoted as saying the board's action will "propel the community to finding a solution, give energy to moving forward, to find the way forward for partnerships in the county."

Rescue 28, Inc.

Both the City Council of Aurora and the Aurora EMS Study Committee have received in-person formal presentations and a copy of a PowerPoint presentation from a group of local businessmen representing an organization called Rescue 28, Inc. The EMS Study Committee received its presentation on July 16, 2018.

Rescue 28, Inc. is a for-profit group of investors seeking to provide EMS services to all Hamilton County residents. The identity of the entire ownership group was not disclosed to the City or EMS Study Committee.

The Rescue 28, Inc. organization and proposal raises many serious concerns that all citizens of Hamilton County should consider before entrusting their health and safety with this firm.

- Rescue 28, Inc. was incorporated in Nebraska on June 18, 2018, less than one month prior to making its presentations to the City of Aurora and EMS Study Committee.
- Rescue 28, Inc. did not list a principal address with the Nebraska Secretary of State.
- Rescue 28, Inc. has no known clients, no known experience operating an EMS service, no known staff, and no known EMS equipment in providing EMS services.
- Rescue 28, Inc. does not have a license to operate an ambulance service and it remains questionable if it will be granted one.
- The Rescue 28, Inc. proposal seeks to reduce the current Hamilton County EMS staff by more than half from nine to four employees.
- The Rescue 28, Inc. proposal seeks to reduce the current average of response calls from approximately 750 to an average of 575 per year.

- The Rescue 28, Inc. proposal reduces its response calls by eliminating stand-by services for activities like school sports and other community events.
- The Rescue 28, Inc. proposal does not provide adequate funding to purchase new or upgraded ambulances.
- Rescue 28, Inc. seeks a taxpayer subsidy to operate while guaranteeing its investors a profit, and further demands that its contract be renegotiated every year.

RESCUE 28, INC.

Tue Jul 17 15:11:38 2018

SOS Account Number

10264445

Status

Active

Principal Office Address

No address on file

Registered Agent and Office Address

KENT E. RAUERT
 408 N. PLATTE AVENUE, SUITE A
 YORK, NE 68467

Nature of Business

Not Available

Entity Type

Domestic Corp
 Qualifying State: NE

Date Filed

Jun 18 2018

Filed Documents

To purchase copies of filed documents check the box to the left of the document code. If no checkbox appears, contact the Secretary of State's office to request the document(s).

	Code	Document	Date Filed	Price
<input type="checkbox"/>	AP	Articles Perpetual	Jun 18 2018	\$0.90 = 2 page(s) @ \$0.45 per page
<input type="checkbox"/>	PP	Proof of Publication	Jul 16 2018	\$0.45 = 1 page(s) @ \$0.45 per page

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Select All | Select None

CHAPTER 11

COMMITTEE

RECOMMENDATIONS

DISCLAIMER: Some committee members may not agree with all of the recommendations, but all of the recommendations received a super majority endorsement from the committee to be submitted to the City of Aurora for consideration and action.

The EMS Study Committee recommends the City of Aurora consider the following:

- Pursue a license from the State of Nebraska to operate a fire-based EMS.
- Apply for eligible grants for equipment, personnel, and other operational costs of running an EMS.
- Create an EMS operation that can handle up to 950 calls per year.
- Actively pursue more transfers than is currently being handled by Hamilton County.
- Have a staff of one full-time director, eight paramedics, and target a part-time staff of 10 that are qualified at minimum as EMTs.
- Initially continue using EMS Billing Services as the billing service provider, but continuously evaluate other competitive options.
- Consider creating a temporary living quarters for full- and part-time staff while on shift at the existing EMS building or at a nearby location to decrease response times and maximize the recruitment and retention of full time employees.
- Consider billing for standby services at public events, not sponsored by the City of Aurora.

APPENDIX A

GLOSSARY

EMS - Emergency Medical Services, also known as ambulance service, is an emergency service that provides treatment for urgency medical emergencies and out-of-hospital treatment and transport to definite care.

BLS – Basic Life Support is a level of medical care that provides treatment of life-threatening illnesses or injuries until the injured individual can be given full medical care at a hospital. BLS may include CPR, control of bleeding, treatment of shock and poisoning, stabilization of injuries, and basic first aid.

ALS – Advanced Life Support is a higher level of medical care that extends BLS to further support life-threatening illnesses or injuries until the injured individual can be given full medical care at a hospital. ALS may include defibrillation, airway management, and use of drugs and medications.

EMT – An Emergency Medical Technician is a medical technician certified to provide BLS before and during transportation to a hospital.

Paramedic – A Paramedic is an advanced medical technician certified to provide ALS before and during transportation to a hospital.

PMD – The Physician Medical Director is the medical director of an ambulance service, or the physician under which an ambulance service is able to operate. A PMD provides guidance, leadership, and oversight for an ambulance service.

Transfer – The process of moving a medical patient from one facility, such as an assisted living facility or hospital, to another facility, such as a hospital, for advanced or specialty medical care. Transfers may be impromptu, based on a medical emergency, or scheduled, if the patient is medically stable but requires specialty care.

APPENDIX B

STUDY COMMITTEE

MEETING NOTES

The EMS Study Committee met 12 times between February 2018 and July 19, 2018. The meeting dates and primary discussion topics are listed below, and the corresponding minutes follow.

Meeting	Date	Topic
1	February 5, 2018, 5:30 p.m.	Committee Objectives and Priorities
2	February 19, 2018, 5:30 p.m.	York Fire and Rescue Current HCAS Operations
3	March 7, 2018, 5:30 p.m.	Licensing Requirements Grant Funding Opportunities
4	March 26, 2018, 5:30 p.m.	Distribution and Types of EMS Calls
5	April 12, 2018, 5:30 p.m.	Service Area and Partnerships
6	April 23, 2018, 5:30 p.m.	On-Duty Calls and Transfers
7	May 8, 2018, 12 p.m. (noon)	Equipment and Facilities
8	May 24, 2018, 12 p.m. (noon)	Staffing
9	June 5, 2018, 12 p.m. (noon)	Billing Services
10	June 19, 2018, 12 p.m. (noon)	Budget and Operational costs
11	July 16, 2018, 12 p.m. (noon)	Rescue 28 proposal; review of draft report and public meeting materials
12	July 19, 2018, 6 to 8 p.m.	Open house public meeting and public comments

EMERGENCY MEDICAL SERVICES COMMITTEE

February 5, 2018

A meeting of the Emergency Medical Services Committee, was held at 5:30 p.m. on February 5, 2018 at the City Hall. Present were Mayor Dave Long, City Administrator Eric Melcher, committee members: Dick Phillips, Paul Graham, Rob Marlatt, Tom Cox, Kirk Handrup, Dottie Anderson, Brent Dethlefs, Jason Fry, Jennie Kuehner, Diane Keller, Bradley Consbruck and Wayne Roblee.

Mayor Long started with introductions. City Administrator Melcher passed out his business card and asked everyone to email him so that he could start a group email for future correspondence.

Mayor Long explained why there were no County Commissioners present. The County had stated they would not be attending because they had already done a study and because they were concerned about a conflict of interest with the Union.

Mayor Long reviewed the objective of the committee. Jennie Kuehner suggested changing the objective to not include County since they had declined the invitation to participate in the Study. After further discussion it was determined to include Emergency Medical Services made up of individuals from City of Aurora, Memorial Community Health – Hospital, Aurora Rural Fire District, Hamilton County Sheriff, Aurora Police Department and Representatives of the Villages within Hamilton County and their Emergency Responders (EMT's/Fire Chief's). Which would be identified as "The Emergency Medical Services Committee". Therefore, including all groups/organizations when publishing in the newspaper. For example, list: City, Hospital, Aurora Rural Fire, Sheriff Department, Police Department, Giltner Fire, Hampton Fire, Hordville Fire, Marquette Fire, Phillips Fire, etc...

Committee Objectives, Revised

The City, Hospital and Area Emergency Responders will work together to complete and provide a Feasibility Study for a Fire-Based Emergency Medical Services Option which is intended to include an Advanced Life Support ("ALS") Service for all Citizens in Hamilton County.

The committee members were then asked to review the list on the agenda of initial organizations/businesses to contact for information for the study. They were asked to email to the City Administrator any additional organizations they think should be included. They were also asked to review the list of questions and to let the City Administrator know if there were additional questions that should be asked.

Discussion was held on when and how often the committee should meet. It was decided they would continue to meet on Mondays at 5:30. They would try to meet every two to three weeks. The next meeting will be Monday, February 19th, 2018 at 5:30pm.

EMERGENCY MEDICAL SERVICES COMMITTEE

February 19, 2018

A meeting of the Emergency Medical Services Committee, was held at 5:30 p.m. on February 19, 2018 at the City Hall. Committee Members present were Mayor Dave Long, City Administrator Eric Melcher, Paul Graham, Rob Marlatt, Tom Cox, Kirk Handrup, Dottie Anderson, Brent Dethlefs, Jennie Kuehner, Bradley Consbruck and Lindy Mosel.

Mayor Long stated that questions had been prepared and answered by Michael Lloyd the Fire Chief and Ambulance Director from York, Nebraska. A list of those questions and answers are attached to these notes. The Mayor then introduced Mr. Lloyd to explain his answers and to field additional questions.

Mr. Lloyd spent the next 45 minutes discussing how York, Nebraska operates and maintains their fire based ambulance service.

Mayor Long explained to the Committee that Wade Regier requested a special meeting to discuss how the Ambulance EMS Study was progressing with Mayor Long, Rick Melcher and Dick Phillips in attendance. Wade Regier asked him several questions. Some of those questions were: what is the future of EMS in Aurora and Hamilton County, how many calls are there, how many people are involved, what are the benefits and why are we doing the study. The Mayor said he answered to the best of his ability but he did not have numbers yet. Mayor Long also said the study would provide answers to his questions as well as income and expenses for EMS.

The Mayor presented a list of things our ambulance service currently does regarding on and off duty services. That list is attached to these notes.

Mayor Long said that he will keep Travis at the newspaper informed of meetings and discussions. Mayor Long stated he wants to keep the community informed at all times.

The next meeting will be Wednesday, March 7, 2018 at 5:30pm.

"ALS" EMS - FIRE BASED SERVICE STUDY

What groups participate with your fire based ambulance system, their roles and how you would rate your system

The primary personnel that respond on the Ambulances are the full time employees, backed up by the volunteers.

What is the biggest challenge for your fire based system today and into the future

Finding trained and qualified individuals. This is an issue that is being faced by all EMS providers, whether fire based or private. Private services will not admit this, but it is true. Also, funding needs are an increasing challenge to keep up with changing requirements and regulations. Public safety is expensive.

If you could change one or two things about your Fire Based Emergency Medical Services what would it be

I would require that all paid personnel be trained and licensed at the EMT-Paramedic level, and all volunteers be trained and licensed at the EMT level. I would also like to instill a culture that this is truly a single organization where all members have full responsibility for the success and or failure.

Could you share the last 3 years of your Budget related to EMS Services "Income/Expenses" (Our Use Only)

2015/15 \$1,351,000, 2016/2017 \$1,440,500, 2017/18 \$1,505,470

What would you consider the % of consistency of the Budget from year to year "Income/Expenses"

What are the duties of your Emergency Medical Personnel when not on call

The personnel assigned shift duties do all of the station maintenance such as cleaning and minor repairs. They also do the vehicle and equipment inspections and minor repairs. They do all of the ordering of supplies and equipment and maintain inventory control. They do training to maintain skills, and ideally they provide training for the volunteers also.

How many people do you employ for EMS Services

All of our people are used for both fire and EMS.

Do any of your employees belong to a Union. Paramedics / EMT's

All of the employees with the exception of the Chief and the Asst Chief are union. They are members of the International Association of Firefighters.

How often do you replace/trade your Ambulance / Vehicles

The "normal" processes for York has been to replace ambulances on a rotation. Each ambulance would generally be replaced every 6 years. It was not until recently that ambulances in York were remounted on new chassis, in the past they were replaced with new. There are advantages and disadvantages to both mindsets. In the past, Ambulances were replaced every 6 years.

Your thoughts on the biggest challenge for the City relating to providing Ambulance Services

There are several "biggest" challenges for any ambulance service. Staffing, costs, unpredictable revenues are among the many.

Do you apply for grants for EMS Services? If so what grants have you received and what are the general \$ amounts

We have applied for and received grants for money and devices. The key is to stay on top of what is available. One way to do this is to send people to conferences, both locally and nationally.

Name all that assist with subsidizing Ambulance Services (County, Hospital, Rural Fire Board, Grants, Foundations)

We receive a subsidy from York County. The County assesses an Ambulance tax to the residents of York County outside of the city of York. We have received grants for the purchase of some equipment.

Do you have any Inter-Local Agreements with any of the above organizations? If so can we get a copy

The City of York and York County have an Inter-Local agreement to provide ambulance service and all inter-facility transfers

How does your EMS Services coordinate services with smaller Communities within your County / Service Area

In York County, there are two other Ambulance services. One in Henderson and one in Gresham. We only respond to those locations if after two pages and no response or if they request ALS response. All other areas of the county each department is dual paged with us. The fire districts respond a Quick Response Team (QRT) and usually they are on scene first and provide some basic life support care until we arrive. Once we arrive on the scene our personnel provide advanced life support and transport services.

Do you charge every time the Ambulance goes on a call regardless if you pick up a person or not

There are only a few occasions where we are allowed to charge when not transporting a patient. We bill for "treat and release" whenever we do a lift assist to help someone up after they have fallen. You can also consider charging for stand-bys at events. Many organizations do this, however we currently do not.

of Paramedics / Shift

We have two paramedics per shift. All future entry level hires will be required to complete the Paramedic program within 3 years of being hired.

of EMT'S / Shift

We have two EMT's per shift.

Who does the Medical Coding of 911 Calls and Transfers

We use EMS Billing Services, INC

Who does the Medical Billing of the 911 Calls and do they follow up to assure receipt of payment

EMS Billing Services, INC. They handle all of the billing and collections.

What is the percentage of Non-Payment of EMS Service Charges

This is proprietary, however the amount written off due to non-payment is roughly 10%. The industry average on total return based on billing and insurance write-offs is about 60%.

Are there any issues with 911 Communications we should be aware of, specifically dispatch

We have had very little issue with dispatch of 911 calls. Our biggest issue comes from a few care homes that call the fire station directly for emergencies.

Are there any issues with communication related to EMS and Fire Based EMS Services

Since we are a Fire Based EMS service we are fully integrated.

What are the average # of 911 Calls and Transfers in any given year (Include High/Low # of Calls for each)

90% of all of the Fire Dept calls are EMS related. 60% are 911 and 40% are inter-facility transfers.

Do you receive any specific support from the Hospital, equipment or supplies

We do not receive any support from the hospital.

Any concerns you may have with "Initiating" a Fire Based EMS System

Whether it is a Fire Based or stand alone EMS system the issues appear to be similar. Staffing will be challenge as there is a paramedic shortage in the state. When you have multiple calls for service, whether 911 or inter-facility transfer, ensuring adequate staffing is going to always be a challenge.

On Duty:

1. Standby football Aurora/Giltner
2. Standby baseball districts
3. Standby wrestling
4. Parades Aurora/Hampton/Giltner/Marquette
5. EMS week Aurora Schools/Giltner Schools
6. Blood pressure checks Senior Center
7. Health Checks Aurora Elementary
8. Health Fair
9. Standby cross country Aurora schools
10. Training with MCHI
11. Training City of Aurora Aquatic Park
12. Walk-in Health Checks (B/P, 12-lead, blood glucose, etc.)
13. Bike Helmet's
14. Standby for Law Enforcement (drug bust/search)
15. Standby Aurora Fire (training burns, extrication training)
16. Host Training (NDHHS)
17. In-service training (all welcome)
18. Public Event standbys (Hamilton County Fair, Aurora Days, Eclipse, etc.)
19. AED Checks (local)
20. Trauma Board with MCHI
21. In Service training MCHI
22. QA/QI Nebraska Statewide Trauma System
23. Career Day @ AHS
24. At home medical assistance

Off Duty:

25. CPR/AED/First Aid Training (4-H, Boy Scouts, Cub Scouts, classes for the community)
26. EMS Training Aurora Fire/Giltner/Hampton/Phillips/Marquette
27. EMS Student tutoring
28. Public Speaking/Education Optimist club, Rotary club, Christian Women club, Local Churches, Senior Center.
29. EMS training Aurora High Athletic Department/Coaches.
30. Assist on 911's in Aurora City Limits
31. Respond to 3rd 911 or additional Man power requests.
32. Volunteer for EMS Week (Daycare/Preschool Ambulance Education)
33. National Night Out.
34. Host EMS Appreciation Dinner

Memorial Community Health, Inc.

35. CPR Training – Ambulance Personnel (Hourly Rate to Personnel)
36. Medical Training for Clinical Personnel as requested
37. Assist with ER's as requested and within their scope of practice in a Hospital setting
38. Lift Assist and Manpower as requested
39. 911 Patient Calls to the ER
40. Transfers from Memorial Community Health, Inc. ER to other Hospitals

Aurora Police Department

41. First Aid and CPR Training / Re-Certification
42. Provides other Training and Supplies as requested
43. Provides maintenance for all of the AED's
44. Helps when searching for missing Juveniles / Elderly Persons

(Other Coordination/Cooperation)

45. PD repositions furniture so Ambulance Personnel can get to the Patient
46. PD relays information to the Medics when necessary
47. PD assists in parking of Emergency Vehicles
48. PD assists with getting necessary equipment when asked
49. PD assists with lifting and loading Patient when requested
50. PD assists with loading equipment when patient is stabilized
51. PD provides Traffic Control when requested
52. PD provides Driver Training when requested

Hamilton County Sheriff's Office

53. Provides CPR for County Sheriff Department Personnel
54. Responds to Jail for Inmates that have Medical Emergencies
55. Checks Blood Pressure for Inmates when requested
56. Updates/ Maintenance on AED's

(Other Coordination/Cooperation)

57. Provide, help direct Traffic Control at the Scene
58. Provide and assist with Patient; loading, etc.
59. Provide assistance with getting equipment and supplies from the ambulance at the scene
60. Assist with driving the Ambulance when requested

CITY

Daily vehicle, equipment and station cleaning and maintenance

Radio Maintenance

Inventory and tracking of all Fire Dept. equipment

National Fire Protection Association (NFPA) compliance that includes mask fit testing and NIMS training.

Responsible for training of volunteers, including having members trained in specialties so Department will have in house trainers, and not have to travel outside for training such as Medical, Haz-Mat, Safety Officer Certification, Investigations, Code Compliance

Documentation of all training for compliance and certification

Preplanning buildings with maps and keep this data up to date

State mandated call reports

Train City Staff including Pool staff, CPR and First Aid

Maintain all City's First Aid Kits and AEDs'

Public Education (CPR, first aid, fire safety, public presentations, station tours, etc.)

Fire Alarm and Carbon Monoxide calls (Public Service calls)

Public Blood Pressure checks

Attend/Assist City Safety Committee

Provide standbys at school sports events

COUNTY (RURAL)

Provide ALS ambulance service throughout the county

Provide ambulance response to all structure fires and when requested for any other fire

Provide training to rural Fire and EMS Depts.

Provide one for one exchange of supplies with rural EMS Depts.

Maintain AED Program throughout the County

Offer public education throughout the county (CPR, First Aid), also assist when possible as requested with Fire Prevention Activities

Memorial Hosp	Bryan West
Memorial Hosp	St Francis
Memorial Hosp	St Elizabeth's
Memorial Hosp	Bryan East
Memorial Hosp	St Francis
Memorial Hosp	St Francis
Memorial Hosp	Nebraska Heart
Memorial Hosp	Nebraska Heart
Memorial Hosp	Bryan East
Memorial Hosp	2104 E 12 RD Ham

Memorial Hosp	Bryan East
Memorial Hosp	St Francis
Memorial Hosp	St Francis
Memorial Hosp	St Francis
Memorial Hosp	Bryan East
Memorial Hosp	St Francis
Memorial Hosp	Good Samaritan
Memorial Hosp	St Francis
Merrick Medical	Bryan East
Memorial Hosp	St Francis

Memorial Hosp	Bryan East
Memorial Hosp	Nebraska Heart
Memorial Hosp	Mary Lanning
Memorial Hosp	Neb Med Center
Memorial Hosp	Bryan West

EMERGENCY MEDICAL SERVICES COMMITTEE

March 7, 2018

A meeting of the Emergency Medical Services Committee, was held at 5:30 p.m. on March 7, 2018 at the City Hall. Present were Mayor Dave Long, City Administrator Eric Melcher, committee members: Paul Graham, Rob Marlatt, Tom Cox, Kirk Handrup, Dottie Anderson, Brent Dethlefs, Bradley Consbruck, Lindy Mosel, Diane Keller, Wayne Roblee, Dick Phillips, Mark Fuller and Steve Wolf.

Mayor Long introduced Mark Fuller who is a field rep with the 2nd District IAFF. Mark works with locals and their corresponding fire departments across the Midwest states who are applying and are awarded funds. He stated that there are 3 Federal fire act grants all of which have a performance period. These various grants will cover the majority of the cost of operating expenses. The training, equipment, vehicles and some limited construction modifications.

The one grant that opens up the first week in April is the Safer Grant (staffing grant) which is to expand the size of the rural fire departments to better meet the needs of the community, in which Aurora would qualify for. The standard of which the safer grant is built on top of is the (NFPA 1710 and NFPA 1720) 1720 is pointed more on rural departments. The only additional requirement the grant requires is new hires. He mentioned that it is a very fundable request. The Union contacted him to assist in the request to expand their needs in fire response.

The requirement of the Safer Grant is that the city determine what the problem is and what the solution is and what the evaluation process is going to be so that the tax payers dollars are spent appropriately on the issues being resolved.

Once the grant is filed there is a review process done by 9 different professional groups/agencies that review the application for selection. Mark said that the only thing that FEMA has to go on is what information the city is providing them with. He said not to leave anything out and to tell the "whole story". They especially want to see a solution to the problem and is it going to work. It is very competitive, only 25% of the applications that are filed are funded.

Dave asked the cost. Mark said there is no cost for his services, the Union gives him authorization to assist and write the grant.

There is a 3 year performance. 1-2 year 75% FEMA will cover. The 3rd year agency will fund 35%. They spread it out so the agency doesn't ever have to maintain the entire cost. Whatever the city wants to do after that FEMA has no issue with. One of the mistakes that most cities don't take in to account is the cost of living and everything else going up. Make sure when you are projecting financials and budgeting that you plan accordingly. Mark said it will cover everything the city requests. (1 application covers 3 years.)

The city will define the process in which Mark will assist.

Dave had asked what kind of time line that we are looking at. Mark said the announcement will be made in 2-6 months. Everything must be done and sent in by 4pm Friday April 6th.

This grant is only offered 1 time a year. Once approved there is no wait on the funds it comes in right away.

Mayor wanted a vote from the room to present to the City the hiring of Steve Wolf with JEO to be a facilitator in this process. He would be the mediator for all social media, public relations, education, conducting meetings and looking for effective strategies to inform the people of our community.

All were in favor to have both these experts involved in this process.

Mayor also emphasized that the newspaper will be invited to come to meetings and report accurate information so the public is kept up to date and informed.

The next meeting will be March 23 at 5:30pm. This meeting will be directed to billing and coding.

EMERGENCY MEDICAL SERVICES COMMITTEE

March 26, 2018

A meeting of the Emergency Medical Services Committee, was held at 5:30 p.m. on March 26, 2018 at the City Hall. Present were Mayor Dave Long, City Administrator Eric Melcher, committee members: Paul Graham, Rob Marlatt, Kirk Handrup, Dottie Anderson, Brent Dethlefs, Dick Phillips, Jason Fry and Steve Wolf.

Steve Wolf conducted the meeting. Steve stated his job was to facilitate the meetings and help the committee figure out how they put all the information they have collected into a report.

Kurt Johnson for the Aurora News Register stated that he was there just to help keep things transparent. He wasn't there to discourage conversation or to keep people from saying what is on their mind. He stated he wasn't recording but he was taking notes. He stated the paper had been getting the notes from the meetings but that is after the fact and it is easier to get the notes first hand.

Kirk Handrup had Deb Wehmeier, a County Dispatcher, report on the 911 calls. She stated the city 911 emergency calls only were 203 for 2017. This was for the city only. Steve Wolf asked if she could break it down for the whole county. Brent Dethlefs stated that Tim Graham from the ambulance department tracked all the different kinds of calls every month. Dottie Anderson asked if they could get the numbers by the different categories for 2014, 2015, 2016 and 2017. Discussion was held regarding different communities requesting an ambulance from Polk or somewhere and our ambulance being dispatched also because of us having the EMT's and ALS Services.

Leslie Vaughn and Paul Hoegh of EMS Billing Services spoke regarding billing. Leslie stated she wanted to discuss the biggest misunderstanding when starting a new service. Medicaid doesn't pay anymore for standard services they used to pay for. In order for Medicaid to pay for ambulance service the patient must be in danger of losing life, limb or organ. There is a 60/40 split on transports. That is 60% of transports billed are at ALS level and 40% are not. They have consistently billed out an average of 375 bills per year. Sixty percent at the higher rate and 40% at the lower rate. A Medicare advance life care transport would probably allow about \$400 per run. Our rate is \$1,000. So what that means is \$600 is written off. You cannot go after the patient for the remaining balance. Medicaid is the same way except they reimburse lower. We currently have about 8% turned over to collection. If we raised our rates we would still collect the same amount because Medicare and Medicaid have not changed what they are going to reimburse. The new rate would only effect those transports that were not paid by Medicare and Medicaid. Leslie stated that inter facilities transports will not be reimbursed at the higher level because they are not considered emergency transports. Leslie stated she could put together some projections if the Committee would like to see the revenue based on more transfers.

Discussion was held on the number of calls which was about 750 per year versus the number of claims sent for billing which is an average of about 375. It was stated that lift assists and stand

by calls were not charged. Stand by calls include sporting events and structure fires, grass fires and any time the fire department needs them nearby just in case they are needed.

Leslie stated it was a good idea to have contracts with nursing homes and hospitals for transports. Because transports are not considered emergency they are not covered and the patient has to get billed.

The Mayor stated he spoke with the commissions and brought them up to date. He said he asked the question "If we have a fire based ambulance would the county provide for the individuals outside of the city limits?" One commissioner stated that he is in favor of helping outside the city limits. Another question asked of the commissioners was "Have you given any thought in how you are going to transfer the ambulance?" The response was the county is not in favor of selling anything off for money but rather using the vehicles and equipment for EMS Services.

Steve Wolf spoke on how the process of putting a report together would play out. Take each meeting moving forward and address an aspect of EMS service. He stated we need to start staking out a recommendation of our alternatives that we want acted on. Start to build a report and which way the city needs to go. Operations includes how many calls, transfers and need to have a meeting to discuss calls and level of service. Need a meeting on how to handle equipment and facilities. Another one to define service area and partnerships. Need to discuss staffing and organization. Then the next item is to put together what it costs. If you have a high level of service we need to put together, with our best expectation, what that actually costs. Once that is completed then you have a community open house and share the information with the community.

Steve stated we are running into time constraints with grants. He asked if the committee would be willing to recommend to the City Council to go ahead and apply for the Safer Grant and that way it is in place if needed. Do not have to accept the grant if the City doesn't take on the EMS services. A motion was made and seconded to recommend the City apply for the Safer Grant. All members were in favor of the recommendation.

The next item was Emergency Medical Service Licensing. It was stated that getting licensed was a lengthy process; 2 to 6 months. He asked if the committee would be willing to recommend to the City Council to go ahead and apply for the Emergency Medical Service License and that way it is in place if needed. Do not have to accept the License if the City doesn't take on the EMS services. It was moved to recommend the City apply for licensing and all members were in favor of the recommendation.

The next meeting will be April 12 at 5:30pm.

Respectfully Submitted,
Barb Mikkelsen

Thursday April 12, 2018

Aurora, NE 5:30 PM

In attendance were Dave Long, Eric Melcher, Paul Graham, Wayne Roblee, Dottie Anderson, Jennie Kuehner, Diane Keller, Brent Dethlefs, Rob Marlatt, Tom Cox, Dick Phillips, and Steve Wolf.

Steve stated that this evening's topics were going to be focusing on service area partnerships. The question was asked if they were wanting to keep it how it is today as a fire-based EMS service servicing the whole county or just the City of Aurora. And what kind of partnerships do we need to serve a larger area?

Rick said the idea was to provide a Committee to do a Fire Based EMS Study to get some idea of how the day-to-day operations would look and in a way that would be similar to what the community is experiencing for services provided by the EMS Responders today. Dave also added that the emergency medical system we have now runs very efficiently and they have a relationship with other surrounding communities to where they help each other at a high level and work at coordinating and cooperating between the small towns and Aurora, in Hamilton County. Dave said we have to continue the relationship between these communities as first responders and our Paramedics as well.

It was explained that the rural fire departments are designated to a particular fire district. (a map is available to show districts)

There was discussion of the dispatching and transporting between the communities.

Steve's question was when a 911 call is made who responds? Brent explained the process and the issues that do come up. It all depends on what fire district they are in as to who gets dispatched out to respond.

There was a distinction made between what an EMT and a paramedic can do as far as care. EMT's are basic care and paramedics are an advanced level of care.

Steve asked how many transfers a year do we handle? Brent thought it was around 140 in 2017. Possible transfers to look at setting up are Central City, Grand Island, and Clay County. Possibly 3-4 a week. The issue is staffing and the time it takes to transfer as a volunteer.

Steve asked what kind of partnership and or agreements exist between the county and the fire districts. Aurora has a mutual aid agreement. Cox stated the different ways to charge the rural fire districts or the county for their service. It was mentioned by Rick that we are not aware of any agreement between the county ambulance and any other group within the county. He said that if it was a fire base ambulance that it may be necessary to have an interlocal agreement with the city and county. Dave said that if the county would not participate then we may need to look at the rural fire districts and have an agreement with them.

The committee plans to visit with Central City and Fairbury in the near future. It was mentioned that if there are any questions that need to be addressed to be sure and ask. Staffing cost is a major subject to address.

The visits to Crete and Nebraska City were discussed briefly.

Next meeting is scheduled for April 23rd at 5:30 pm at City Hall.

EMERGENCY MEDICAL SERVICES COMMITTEE

April 23, 2018

A meeting of the Emergency Medical Services Committee, was held at 5:30 p.m. on April 23, 2018 at the City Hall. Present were Mayor Dave Long, City Administrator Eric Melcher, Steve Wolf, committee members: Paul Graham, Kirk Handrup, Dottie Anderson, Brent Dethlefs, Dick Phillips, Wayne Roblee, Tom Cox, Lindy Mosel, Diane Keller and Jennie Kuehner. Kurt Johnson for the Aurora News Register was present.

Steve Wolf conducted the meeting. Steve stated the goal of this meeting was to start building a fire based ambulance service. Need to take the data gathered and build a service.

Discussion was held on the difference between on duty and off duty calls. On Duty Calls are those that request EMS to be in route, therefore on duty. Off Duty Calls are when EMS Personnel are providing services off duty or volunteering their services.

It was stated there were roughly 750 calls per year or roughly 2 calls per day. It was also stated there were approximately 136 transfers that are included in the 750 calls.

Everyone seemed to be in agreement to continue county wide service.

It was stated that the city was still waiting to hear back from other communities i.e. Central City, Grand Island – St. Francis, Clay Center / Clay County, Henderson, etc on number of possible transfer calls the City of Aurora could pick up.

Brent stated he thought the current department could handle doing 1 transfer per day.

Staffing: Minimum need to have 1 driver and 1 paramedic on each call. Ideally 2 paramedics on 911 calls. Non 911 transfers/calls would not necessarily need 2 paramedics. It was discussed that if you have 2 ambulance people on each call and both were needed in the back of the ambulance that a volunteer fireman or police officer could drive the ambulance. It was mentioned possibly using part time help also. Part time help could be used to cover vacation and sick leave as well as avoiding potential overtime costs.

The standard for response time: for basic life support (BLS) 4 minutes to the scene and for advanced life support (ALS) 8 minutes to the scene. Our current time to the ambulance building is 1-2 minutes. Our response time to the scene varies greatly because of location of the calls. The hospital staff spoke regarding the “Golden Hour”. Meaning that from the time of the incident until the patient gets to the hospital for care is considered to be within 1 hour. This is the optimum time to allow for the best chances of administering lifesaving procedures. Our current department meets this easily the majority of the time.

Diane Keller brought up the question if the staff would like the idea of being on duty 24 hours at a time and staying the night. Would employees rather not be staying overnight when it was

not busy so that they could be home doing things with their families? Brent state he personally would prefer the 24 hour on and staying the night to avoid transferring infections and illness to family members at home. Tom stated that if you had a 24 hour fire based service no overtime would have to be paid until after 53 hours therefore you would save on overtime pay. It was also stated that having the 24 hour shift may shorten the response time.

Mayor Long stated that with visits with Crete and Nebraska City it was apparent their equipment was for the most part newer than ours. They replace ambulances every 3-4 years or 600,000 miles. Brent stated the department currently has 3 ambulances. One is only used if necessary. Frontline ambulance is only used for 911 and does not do transfers.

It was mentioned that Crete's paramedics were part of the hospital. The hospital hired them, paid and scheduled them. Crete was a BLS unless "if necessary" a paramedic from the hospital was dispatched to the scene then they became ALS.

Jennie Kuehner asked for a current schedule and Steve said he would get an updated work plan/schedule out to everyone.

Discussion was held on moving the meeting time from Monday evening due to Committee Member Conflicts. It was decided to try Tuesday's at noon. The next meeting will be Tuesday, May 8th at 12:00pm(noon).

Respectfully Submitted,

Barb Mikkelsen

EMERGENCY MEDICAL SERVICES COMMITTEE

May 8, 2018

A meeting of the Emergency Medical Services Committee, was held at 12:00p.m., May 9, 2018 at City Hall. Present were Mayor Dave Long, City Administrator Eric Melcher, Steve Wolf, committee members: Paul Graham, Kirk Handrup, Brent Dethlefs, Dick Phillips, Tom Cox, Lindy Mosel, Diane Keller and Jennie Kuehner. Kurt Johnson for the Aurora News Register was present.

Mayor Long presented the anticipated transfer calls from surrounding communities: Aurora 136/year, Central City 164/year, Henderson 5-10/month, Clay Center 5/month, Harvard 20/year. Mayor Long stated they had not heard from Grand Island.

The next item on the agenda was to discuss "Equipment and Facilities". Brent Dethlefs presented a copy of Hamilton County's budget. This lists the actual expenses for the past three years as well as what has been budgeted for the current year. See attached.

Before leaving to tour the ambulance facilities discussion was held on the next meeting date. The next meeting date was set for May 24th at 12:00pm at City Hall.

The question was asked on who currently owns the ambulance building. Mayor Long stated Hamilton County owns the building, equipment and ambulances and the City of Aurora owns the land.

The committee went across the street to tour the current facilities. An immediate concern that would need to be addressed if the City was to do a Fire Based ALS Ambulance service would be to create sleeping quarters for the ambulance personnel. It was discussed that temporary quarters could be created. Then in the future a new building could possibly be constructed.

Most of the equipment on the ambulances is in current condition and remains that way because of being purchased with grants and donations. A wish list item would be a ventilator. This would also be a great asset if more transfers were to be done.

The current ambulances are getting close to needing to be replaced. There are 3 ambulances and one of those is only used for short transfers because they do not trust it to not break down. The newest ambulance is used for 911 calls because it is the most reliable. The third ambulance is used mostly for longer transfers. There are grants available to help pay for ambulances.

The next meeting date was set for May 24th at 12:00pm at City Hall.

EMERGENCY MEDICAL SERVICES COMMITTEE

May 24, 2018

A meeting of the Emergency Medical Services Committee, was held at 12:00p.m., May 24, 2018 at City Hall. Present were Mayor Dave Long, City Administrator Eric Melcher, Steve Wolf, committee members: Paul Graham, Kirk Handrup, Brent Dethlefs, Dick Phillips, Tom Cox, Lindy Mosel, Diane Keller, Jennie Kuehner, Brad Cornbruck and Rob Marlatt. Kurt Johnson for the Aurora News Register was present.

Mayor Long reported that licensing paperwork had been turned in. He stated he was still looking for potential partnerships.

Discussion was held on what services should be billable and what services should not be billable. Everyone was asked to bring their opinions to the next meeting.

Discussion was held on setting a number of calls the committee would like the department to be able to handle. A motion was made by Brent Dethlefs to use 950 calls as the optimum number of calls for the department. Motion seconded by Lindy Mosel. By a show of hands the motion passed. Discussion was then held on the level of staffing needing to do 950 calls. Tom Cox made a motion to have 1-Director (who would also be a paramedic), 8 full time paramedics, and a target of at least 10 part time employees to be trained at a minimum of an EMT. Brent Dethlefs seconded the motion. By a show of hands the motion passed.

The next meeting date was set for June 5th at 12:00pm at City Hall.

EMERGENCY MEDICAL SERVICES COMMITTEE

June 5, 2018

A meeting of the Emergency Medical Services Committee, was held at 12:00p.m., June 5, 2018 at City Hall. Present were Mayor Dave Long, City Administrator Eric Melcher, Steve Wolf, committee members: Paul Graham, Kirk Handrup, Brent Dethlefs, Dick Phillips, Tom Cox, Lindy Mosel, Diane Keller and Nancy Lohrmeyer. Kurt Johnson for the Aurora News Register was also present.

Mayor Long stated there was a County Commissioner meeting June 4th where Midwest Medical gave about a 15 minute presentation. The Mayor stated that he along with Rick Melcher, Dick Phillips, Tom Cox, Kirk Handrup, Brad Cornbruck and Rob Marlatt were at the meeting. Some data presented by Midwest Medical is listed below.

- Will need \$340,000 in public funds
- Payroll makes up 70-80% of budget (wages \$416,000)
- Operating costs \$568,000
- Income from 911 calls \$198,000
- Income from inter facility calls \$132,000

Currently the ambulance department staff submits a face sheet (patient demographics) and a signature sheet along with the patient care report (which includes dispatch, primary impression, medication and etc.) to EMS Billing and then they do the coding and billing.

At the present time unbilled services include: lift assists, non-transport (field treatment only), and intercepts (approximately 20 intercepts per year).

All the City's that were visited as part of the study use EMS Billing. EMS Billing gets paid a percentage of collections. If the bill is not collected they do not get money for it.

Brent Dethlefs stated that you need a billing service because Medicare and Medicaid laws change continuously and it's hard to keep up.

Discussion was held on if the City took over the emergency medical services should they use EMS Billing or look for another vendor to do the billing. It was the general consensus of the group that if the City took over emergency medical services then EMS Billing should be used at first and then in the future research other vendors. More data needs to be collected to even know which vendor would be a good option

Steve Wolf asked the committee to gather numbers regarding how many unbilled service calls there are, and what expenses might be in order to have good information to do the budget report at the next meeting.

The next meeting will be June 19th at 12:00pm at City Hall.

EMERGENCY MEDICAL SERVICES COMMITTEE

June 19, 2018

A meeting of the Emergency Medical Services Committee, was held at 12:00p.m., June 19th, 2018 at City Hall. Present were Mayor Dave Long, City Administrator Eric Melcher, Steve Wolf, committee members: Paul Graham, Brent Dethlefs, Dick Phillips, Tom Cox, Lindy Mosel, Wayne Roblee, Brad Consbruck, Jennie Kuehner and Rob Marlatt. Kurt Johnson for the Aurora News Register was also present.

Mayor Long presented the information from EMS Billing. See the attached sheet.

Discussion was held on other expenditures and revenues that needed to be considered in addition to the ones listed in the County budget.

Additional expenses to consider include:

- an amount for replacement of vehicles, \$50,000 was mentioned
- an increase in wages to get level of experience desired, possibility of a wage survey in the future
- an amount for construction/addition of a place for overnight stay for 24 hour shifts
- an amount for benefits

It was stated that money might be saved by working with the hospital to order supplies because they can buy them in larger quantities at a better price.

Any additional revenues to consider is how much additional funds would be collected from additional transfers.

Steve Wolf said he would be contacting committee members to get a short bio from them and to take their picture. This info will be included in the final report.

The next meeting will be Monday, July 16th at 12:00 noon at City Hall. An open house to present the draft report will be July 19th 5:00pm till 7:00pm

Respectfully Submitted,

Barb Mikkelsen

EMERGENCY MEDICAL SERVICES COMMITTEE

July 16, 2018

A meeting of the Emergency Medical Services Committee, was held at 12:00p.m., July 16, 2018 at City Hall. Present were Mayor Dave Long, City Administrator Eric Melcher, Steve Wolf, committee members: Paul Graham, Brent Dethlefs, Dick Phillips, Tom Cox, Nancy Lohrmeyer and Kirk Handrup. Janelle from the Aurora News Register was also present.

Discussed the plans for the displays at the Open House to be held July 19th.

Rescue 28 gave a presentation of their proposal for EMS services.

Reviewed the draft EMS Committee report.

An open house to present the draft report will be July 19th 5:00pm till 7:00pm

APPENDIX C

PUBLIC COMMENT ANALYSIS

Summarized results of the 27 received comments show that:

- People primarily heard about the meeting from the local newspaper (14 of 27, 52%) and community conversations (11 of 27, 41%).
- When asked to identify the three most important things they learned about the project:
 - 10 people noted the thought behind or objectivity of the city-owned, fire-based proposal. (37%)
 - 8 people referenced the budget. (30%)
 - 6 people referenced staffing levels. (22%)
 - 5 people indicated concern regarding the potential taxpayer subsidy of a private service. (18.5%)
 - 4 people specifically critiqued the private proposals. (15%)
- When asked what they liked about the EMS Study Committee's recommendation:
 - 7 people liked the recommendation to pursue more transfers. (26%)
 - 5 people liked the idea of a city-owned system. (18.5%)
 - 5 people liked the fire-based model. (18.5%)
 - 5 people referenced the maintained level of service. (18.5%)
 - 3 people noted preference for local oversight. (11%)
 - 3 people liked the idea of temporary living quarters for staff. (11%)
 - 3 people liked the proposed staffing level. (11%)
- When asked what they would like to see changed in the EMS Study Committee's recommendation:
 - 4 people indicated desire for more information about if or what mutual benefits exist as a result of the fire department's involvement. (15%)
 - 2 people referenced staffing levels (7%)
 - One would like to see more full-time and another commented staffing seems greater than in other communities.
 - 2 people indicated desire for an implementation timeline. (7%)
 - 2 people noted they had not reviewed enough to comment. (7%)

- 5 people provided specific recommendations:
 - Add definition of "transfer" to body of report.
 - Explore cost of added wear/tear and miles on equipment when increasing number of transfers by 200%.
 - Require billing for all ambulance dispatches, regardless of whether patient is transferred.
 - Provide more info on private EMS services and why other communities have moved away from it.
 - Use sales tax to help pay.
- When asked how they would like to see Hamilton County's EMS service provided:
 - 24 people supported the creation of a city-owned, fire-based EMS service. (89%)
 - An additional 2 did not answer the question, but their comments support a city-owned, fire-base option. (96%)
 - 1 person supported the private section EMS service option.
- Recurring themes in the "additional comments or questions" section include:
 - The city-owned, fire-based option is best for the community. (x5)
 - The public should vote on this topic. (x4)
 - Taxpayers should not subsidize for-profit service. (x3)
 - Safety is the first priority. (x2)
 - Concern of coverage is smaller communities. (x2)
 - The city-owned, fire-based service should be implemented now. (x2)

APPENDIX D

PUBLIC MEETING

COMMENTS

Below is a transcription of the 27 public comment forms submitted during the public meeting on July 19, 2018. Comments have been transcribed as written, with some comments lightly edited for clarity.

How did you hear about tonight's meeting?

- Newspaper. (x14)
- Community conversations. (x11)
 - Word of mouth. (x2)
 - My husband.
 - From concerned citizens.
 - Through group members.
 - Street discussion.
 - City hall. (x2)
 - From city administrator.
 - Personal contact with city.
 - Mayor.
- Facebook post. (x3)
- IAFF.
- New reg.
- Information.

What are the three most important things you learned at this meeting?

- That a private company should not be endorsed by the city or county. If investors will be making a profit on their investment, they should not be using public funds to subsidize the service.
- City-based plan is very objective and complete in all aspects.
- This is a serious issue for our community.
 - Private proposal appears to be void of facts.
 - The city-owned option has been well planned.
- Rescue 28 is not an option for anyone concerned about quality of care, safety...

- Rescue 28 has multiple flaws both fundamentally and in prioritizing financial vs. safety gains.
 - The city-owned service offers more a more realistic and community-centered option for this important service.
- The other options are not as cost effective.
 - The Golden Goose that's being touted in the form of Rescue 28 isn't really an option.
 - The city as prepared a careful and pointed study.
- 602,692 projected loss.
 - Hamilton County personnel cost higher than other counties of our size
 - City subsidy \$301,000 will have to increase city taxes.
- That the city has an ALS license.
 - City has a well put-together plan.
- Area of service staying the same to include all of Hamilton County.
 - Keeping the staff, not decreasing to minimum staffing.
- EMS Citizen Study Group was very biased.
 - City took an objective view on this.
 - They did not want to compromise the health and safety of Hamilton County residents.
- I don't believe you can mix tax dollars with private enterprise.
- Subsidies will provide profit for Rescue 28.
 - There is a budget for next year.
 - Proposed personnel number.
- Aurora fire department has a license for ALS.
 - There is already a proposed budget.
 - Plan in place to provide living quarters for staff (less response times).
- Area towns going private and then public.
 - Concerned about future costs – can grants always be made? What would be the potential costs 5 years out?
- Detailed explanations of revenues and expenses.
- Rescue 28 is expecting their 8% return to be funded by taxpayers. Sounds like fraud.
 - Rescue 28 is cutting back on number of EMTs.
 - Rescue 28 will not stand by at community events.
- That the committee has spent many hours researching and came to some great conclusions.
 - That the County Commissioners and City Council need to work together in making this decision or put it on a ballot for a vote of the people.
 - The city committee is "open and transparent."
- The city has by far the best solution.
- That important information was not included; i.e., the dishonest comments made by county commissioners about proposals and Midwest Medical.
- Well thought-out plan.
 - Plan seems achievable.
 - Staffing will not jeopardize service.
- (1) Funding, (2) staffing, and (3) equipment. All managed by the city.
- Divided return to investors of the private firm will be paid for by taxpayers.
 - Lack of funding by private for aging/obsolete equipment.
 - Fewer qualified staff on private firm.

What do you like about the EMS Study Committee's recommendation?

- That ambulance service will continue to operate, but as a fire-based operation.
 - I also like the idea of off-setting costs by increasing the number of transfers from other communities.
- Pursuing more transfers and possibility of 950 calls per year.
 - Very thorough plan.
- It's very complete.
- Actively pursuing more transfers.
 - Detailed staffing recommendations.
- The objectivity and numerical data provided was nice to see.
- It's clear, makes sense. Shows how the city is the best option.
- Fire-based EMS, retaining current staffing, and growing service.
 - Keeping it local and accountable.
- They have looked at many angles, checked with other peer cities, groups, etc.
- Going fire-based.
 - Having living quarters.
- Very thorough study.
- Increase in transfers. It is profitable.
 - Decrease in response time by making them stay at station.
 - They will actually have affordable health insurance.
- Keeping the ambulance and fire department together! Always seemed strange they were separate entities.
- I like public over private. However what are their drivers to hold costs down?
- Everything.
- It appears to be well studied by many community members.
 - Maintaining relationships already established.
 - Taking on more transfers to help income.
- It is the service we have been accustomed to and it is high-quality and efficient!
 - No questions are in our minds about the city-based service.
- Better coverage for whole county.
- We need the city to do this! The other two will not be in business in one year.
- These committee members have the expertise to know what will work best for the community.
 - Just trying to keep the good service, not all about making money.
- Pursuing more transfers to increase revenue.
 - Temporary living quarters.
- TAKE it over!! That's what the city, county, and all of us would do.
- I like the supportive nature and mindset that the city has.
- Keeping good qualified staff.
 - Local responsible leadership.
 - Help when needed from fire department.

What would you like to see changed in the EMS Study Committee's recommendation?

- I think the word "transfer" needs to be defined in the body of the report and not just in the glossary. People reading it need to know right from the start what a transfer is.
- I would just like to see a proposed timeline of implementation. People want this city ambulance and want to know when it will happen.
- I see there will be no change other than the city and county sharing the subsidy 50/50.
- None I can think of at this time.
 - Would be interested in hearing if this is happening and the ability of staff to grow and assist on fire department in firefighter role.
- See more full-time employees (12).
- Need to include the benefit they will provide to the fire department by being firefighters.
 - Increase maintenance and training and decrease response time.
- Explain additional benefits of joined department—ambulance and fire training together—BETTER FOR CITIZENS!
- Understand more of what and how the fire department is used.
 - Seems like more full-time than other towns.
 - Change to the fire department manage the public events?
- Was a Hamilton County Commissioner or employee invited to participate?
- Explore cost of added wear/tear and miles on equipment when increasing number of transfers by 200%.
- I haven't studied it thoroughly enough for any recommendations.
- I would encourage a billing "required" whenever an ambulance is called for, even if the patient is not transported! It's one more way to generate monies to offset expenses.
- Need more info on private EMS service and why cities have gone totally from it.
- Sales tax to help pay.
- If suggestions from public are helpful, work into plan.
- TAKE it over NOW!
- I believe that the city-owned, fire-based system has an overwhelming public support, despite the efforts of the private based options. I would like to see an accelerated timeline for the city-owned, fire-based system implementation.
- ? Don't have adequate information to critique.

How would you like to see Hamilton County's EMS service provided?

- Creation of a city-owned, fire-based EMS service – 24 + 2
 - "But have concerns of potential future costs."
- Private sector EMS Service – 1
 - "Absolutely NOT!!"

Additional thoughts and comments:

- The city should pursue this option as soon as possible. Many excellent (current) employees will be looking elsewhere for employment due to the uncertainty of their jobs.
- You can't put a price on safety.
 - The people should vote on this issue.
- I feel the city-based option has been very well thought out.
- As a young family planning to settle our roots in the community, we are very concerned with the private proposal and we have multiple young family friends who have voiced concerns with raising a family in an unsafe/underserved community... safety should ALWAYS be a priority.
 - This issue affects everyone, and the public should vote on it.
- City-based fire is the way to go.
- As a taxpayer, it appears the citizens of Aurora will pay the bulk of the tax subsidy since we pay both county and city tax.
- My main concern is the type of coverage the small towns will receive, will it stay the same or change, and if change, how?
 - Our patients are very important to us and we care about them.
 - You need to talk with the departments in the surrounding towns to let them know what you are proposing.
- This is the model that communities, which have private services, are moving to.
 - Taxpayers should not fund profit.
- Are there other ways to collect funds? City tax, donations, fundraisers, volunteers (I would), and foundation.
- Study seems inclusive and comprehensive.
- Work to correct run reports to fix billing shortages. Consider small fee to provide training.
- The thought of taxpayers subsidizing private interests just seems wrong.
- I strongly urge the City and County to provide a "ballot vote" of the people for this nightly-emotional decision. It is too large a decision for five county commissioners to decide who gets to buy the ambulance and as a result, the county commissioners "control" the decision on what EMS choice is decided!
- We get what we pay for.
- Why fix something that isn't broke. Instead they formed a group after group and we still don't have a fully workable solution.
- The County Commissioners should not be allowed to make this decision! Wait until November election and vote! The City's ideas are the only one which will bring success.
- Good active management by city will help keep sustainable services.
- I think that the city is the obvious choice for the community's EMS needs. I think that the city needs to act, the timing is right.
- No to profit driven health services.