EMS – Accomplishments & Challenges





Presented by:





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Chief, Medical Rescue Team South Authority Executive Committee, Allegheny County EMS Council

Agenda and Topics

- Welcome and Introductions
- ACEMS Overview
- EMS Accomplishments & Challenges
- How can you help?
- Questions and Answers

ACEMS Mission Statement

The mission of the Allegheny County EMS Council is to establish, maintain, and implement a coordinated and cooperative system of emergency medical services to provide efficient emergency medical care to the residents and visitors of Allegheny County.

"The Voice of EMS"

Who is the ACEMS?

41 EMS agencies

Hospital and Health System Representatives

Public members with an interest in EMS

Initiatives

- Training:
 - Leadership Development Academy
 - EMS Command School
 - Bleeding Control Symposium
 - Regional Training Exercises
- Legislative
 - Representation at State level
- Advocacy
 - CONNECT:
 - Community Paramedic (partnership between Highmark and UPMC)
 - Agency Consolidation Funding is currently available

EMS Organizational Survey

- To determine the overall health of the EMS system
- Online, Blinded, Voluntary Survey
- Conducted in the Fall of 2015
- Conducted through the Urban Center for Social and Urban Research (UCSUR) at the University of Pittsburgh
- Operations, Finance, Personnel, Quality, Community Relations
- 34 of 44 agencies participated (77%)

Survey Findings

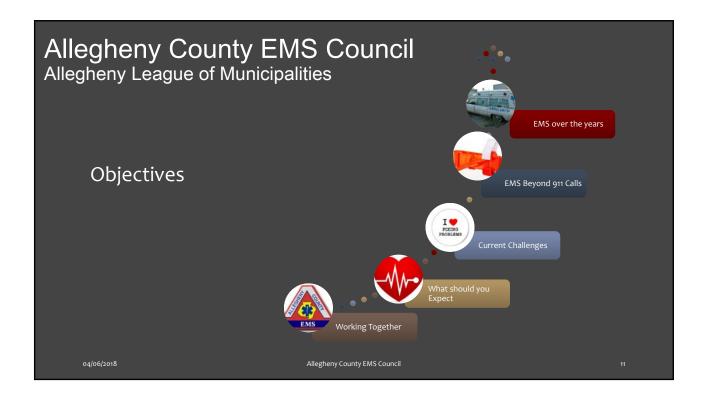
- No major clinical or patient care concerns!
- Most agencies have a Quality Assurance Program;
- Nearly 75% of all agencies are experiencing financial struggles;
- Collection rates from billing activities have declined to ~43%;
- Few agencies receive annual municipal subsidy (66% receive < than \$17K);
- Less than 3% of budgeted dollars are spent on capital projects;
- Agencies doing NETs to subsidize finances, which can impact EMS response

Obtain a copy of the EMS Survey www.acemscouncil.org



Greg Porter - BS, AS, NRP

Assistant Director, Ross/West View EMSA Chief – Etna Volunteer Fire Department Elected Member of Council - Etna Borough



History of EMS (Over the years)

- Beginning in Pittsburgh in 1960's and 70's
- Few EMS regulations back then
- Excellent Revenue from Insurances, Subscription, Etc.
- Mostly volunteer with a few exceptions
- Low cost and high return
- High volume of certified personnel to pick from
- Public did a good job of self triage (Lower Call Volume)

History of EMS

- EMS is relatively young compared to other emergency services
- 40 years of dynamic development
 - Ever changing based on Science
- EMS comes in all shapes & sizes
 - Career
 - Volunteer (almost completely gone)
 - Combination
 - Union/Non-union
 - Municipal Owed
 - Not for profit
- Private, for profit

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What does EMS Do on a daily basis?

- 41 EMS Agencies compared to 200 FD's and 105 Police Depts.
 - EMS leads the way in regard to consolidation of organizations
- - CPAP resulting in a reduction in intubations and length of hospital stays
 - Pre-hospital 12 lead ECG (Field activation of Cath Lab activation)
 - · Literally countless lives saved
 - Cardiac Arrest Treatment Changes
 - Advanced Airway tools and techniques / EZ IO Guns
 - Advanced Stroke Care
 - All Hazard Equipment and Training since 9/11/2001
- ve and put pressure on EMS budgets!!

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Beyond the 911 call

- Public Services
- CPR Training
- First Aid Training
- Wellness Visits / Community Paramedic
- Injury Prevention Programs
- Medical Standby
- Community Events

- "Stop the Bleed" Training
- School Safety Planning
- Naloxone Training
- Disaster Planning
- Active Shooter Training
 - Rescue Task Force
- Mass Casualty Training
- Emergency Management

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Manpower

- Increased Training Requirements
- Low Pay Little Incentive
- Competition for Providers
- Simply Running out People!





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Paramedic Training Programs

- 1990 Community College of Allegheny County offered 5 Paramedic Programs at different locations. (CCAC Campuses, Hospitals, etc.)
 - Average of 24 30 students (120 150 annually)
 - Waiting list
- 2018 Community College of Allegheny County offered 1 Paramedic Program at Boyce Campus only. There are 10 students
 - Program takes more than a year to complete
 - Wages are ~ half of starting wage for an RN

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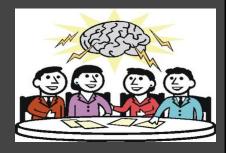
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Recruitment

- Hard to find people, Hard to keep people
- EMS used as a "Stepping Stone"
- Cost of Training and Hiring for new hires
 - Like "groundhog" day
- Uniforms
- Relates to other "R's"
- Increased Pay Testing Con-Ed

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Retention

- We want to obtain and retain the best folks we can
- What makes people stay?
- What makes people move on?
 - Pay
 - Benefits
 - Rewards or recognition

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Response Times

- National recommendation(Goal) for Response time?
 - 8 Minutes and 59 seconds (NFPA???)
- Does not do a good job of accounting for Medical Priority Dispatch and Non "E" Calls
- Allegheny County does very well
 - For E-2, E-1 & E-0 calls we are on scene 95% of the time well within the recommended 9 minutes.
- The busier we are, doing more with less, the longer it takes
 - These times will suffer as EMS crews manage more calls for help

Reimbursement

- Where does EMS revenue come from?
 - Billing Revenue
 - Grants, EMSOF, AFG, DCED
 - EMS typically accounts for less than 2% of most public safety Grant programs.
 - A bit of disparity would you say?
- Billing Revenue Facts /:
 - Medicare (Payment Avg. = 6% 17% below actual costs) CMS Study 2007
 - Medicaid (Payments Avg. = 70% below actual costs)
 - Commercial Insurance (High deductible and co-pay requirements)
- Common Misconception: Municipal taxes fund EMS 100%!

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Current Challenges Facing EMS

- Finding Available Staff
 - Recruitment and Retention
 - Wages vs. Training (\$15.00)
- Tenure of Staff and High Turnover Rates
- Adverse Working Conditions

- Aging Equipment
- Decreasing Revenue
- Increasing Costs
- Doing more with less = less available resources and slower responses
- "Unfunded Mandates"
 - Terrorism training and equipment
 - Active shooter training and equipment

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J.R. Henry – EMT-P

Executive Director / Chief, Valley Ambulance Authority
Mayor- West View Borough
Serves as First Chair of CONNECT
Executive Committee, Allegheny County EMS Council

What is good EMS?

- Quality of Care (clinical quality assurance)
- Prompt Access (response time monitoring)
- Efficient (time management, performance parameters)
- Quality (Customer Service, TQM)
- Level of Services offered
- Cost of Services

No true State or National EMS Standards!

Every system is unique and different in many respects

Each system must be evaluated independently

What should you know?

- EMS is eligible for reimbursement only when transport occurs;
- Most EMS services respond but do not transport on 20% 30% of their total responses
- We can ONLY bill for Base Rate and loaded mileage!
- How much does EMS Cost?

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Average Cost per Call

Average cost per call range between \$450 - \$750

Unit Hour Analysis helps determine certain KPI's

- Cost per call; per hour; per shift
- Ambulance / Unit Productivity
- # of EMS Crews vs Call Volume



What is EMS?

- We provide treatment and transport of the ill and injured;
- We are the "Gateway" to the health care system
- We bill and receive reimbursement for transports;
- So, we must be a Health Care Provider, right?

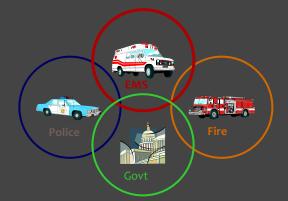
What is EMS?

- 24 / 7 coverage / service to all residents and visitors;
- Respond but do not transport on more than 20% of total responses;
- Typically, EMS crews are engaged (on a call) less than 50% Who pays for this "Cost of Readiness"?
- Provide numerous other free community and health care related services

So, we must be part Public Safety or Public Health, right?

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The general public <u>expects</u> the highest quality emergency services!



Local Government is a Partner in the Delivery of Emergency Medical Services

