

2010 Annual EMS Director's Report



TO: Mrs. Patsy Nelson, Chair – River Falls Ambulance Commission

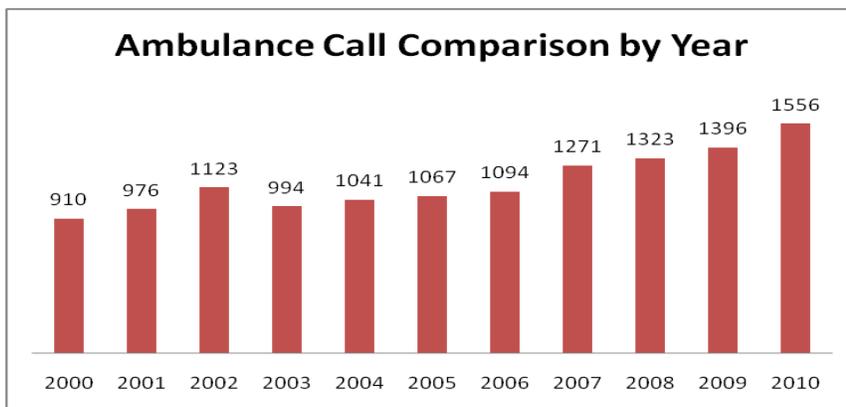
FROM: Jeff Rixmann, Director – River Falls EMS

DATE: January 24, 2010

CC: Commission members, City Administrator, Medical Directors, Rural Town Boards

This report is a brief summary of the operations of River Falls EMS for the calendar year 2010.

During the fiscal year 2010, River Falls Ambulance responded to 1556 calls. This is an increase of 160 calls over 2009 and is again the highest in our history. EMS calls continue to increase each year. Our department continues to meet these increased demands of the community by continuously monitoring the responses and ensuring we are capable of providing the highest quality EMS services to our residents.



As you can see, River Falls Ambulance has had a steady increase of calls since 2000. Our community continues to grow and the demands for our services also grow with it. Several neighboring EMS departments rely on our assistance to cover for them while they are short staffed or responding to their own calls.

Response Times:

Average dispatch to en-route time for all 1556 calls in 2010 is **2 minutes 35 seconds**. This means when someone calls 911, our wheels are rolling to their aid within 2 minutes and 35 seconds on average. These response times are outstanding for a volunteer based department. The time shows the dedication of our department and staff to ensure the quickest response possible to the residents we serve in need of our services. Please note these times are the ambulance en-route times, not the quick response vehicles. The quick response vehicles are usually en-route to a call within a minute during the day and within two minutes at night. Our on duty paramedics keep the vehicles with them at all times, thus the quicker response. The response times shown here are what you would expect from a full time department, not a volunteer based one. Our department en-route time goal is 4 minutes for the ambulances. Our staff exceeded the goal by 1 minute 25 seconds in 2010.

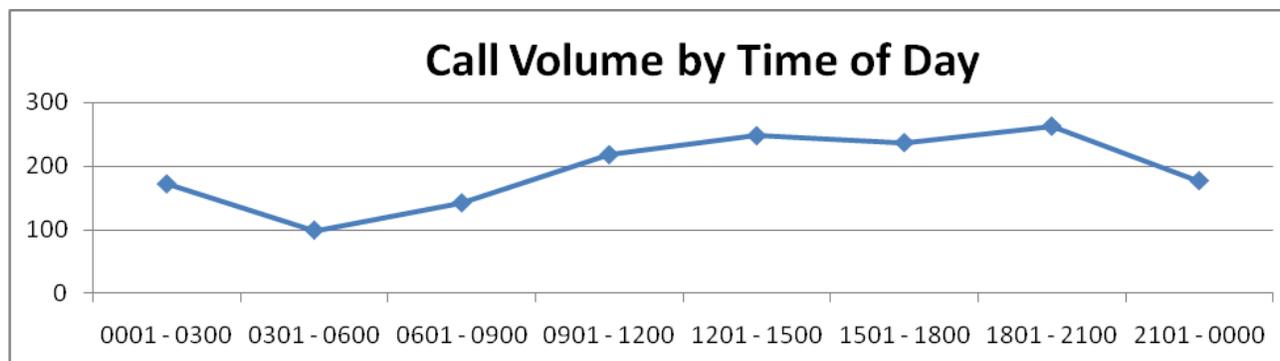
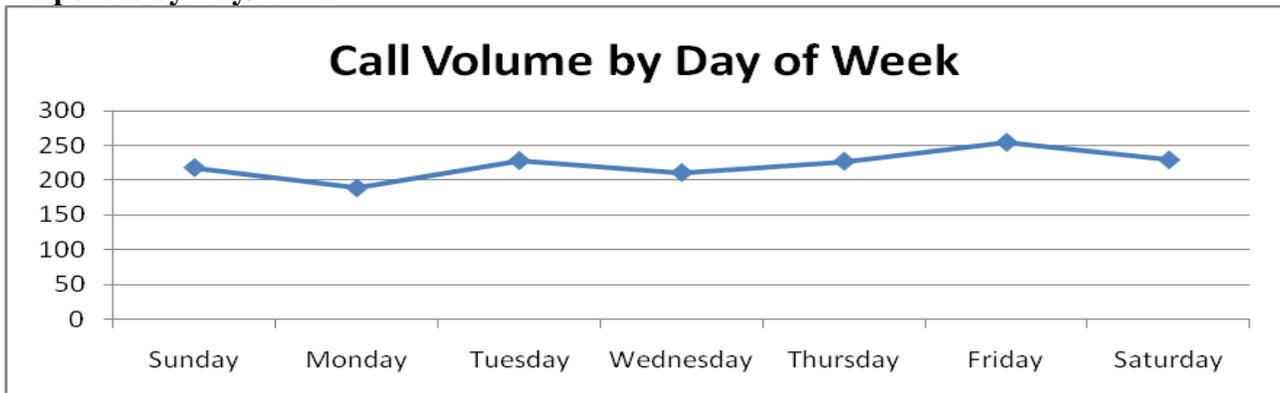
Vehicles: River Falls EMS operates using 7 response vehicles as noted below:

Vehicle	Year Purchased	Designation
Amb 6501	1999	Paramedic Level Ambulance 1
Amb 6502	2009	Paramedic Level Ambulance 2
Amb 6503	2006	Paramedic Level Ambulance 3
Amb 6504	2003	Paramedic Level Ambulance 4
Medic 6	2005	Paramedic Quick Response Vehicle 1
Medic 7	2006	Paramedic Quick Response Vehicle 2
Command 1	2000	Mobile Command Trailer

Response Statistics:

<u>Description</u>	<u>Specifics</u>	<u># Calls</u>		
Number of Ambulances needed at the same time for either one call or multiple calls	1 Ambulance only	1176		
	2 Ambulances	315		
	3 Ambulances	42		
	4 Ambulances	23		
Total miles/runs logged on the vehicles: NOTE: Medic 6/7 runs are when no ambulance responds	<u>Ambulance</u>	<u>Miles</u>		<u>Runs</u>
	6501	5,890		287
	6502	17,551		279
	6503	6,964		479
	6504	6,064		437
	Medic 6	7,113		64
	Medic 7	3,981		4
Command Trailer	32		6	
	<i>Total</i>	<i>47,625</i>		<i>1556</i>

Responses by Day/Time:



Responses by Location:

The chart to the right shows our response by location. The majority of our calls end up in the city of the River Falls due to the elderly facilities, UWRP campus and the hospital. We perform several mutual aid assists every year to other communities in need of our assistance. The most frequent ones are listed and the in-frequent ones are grouped together in the “other” category.

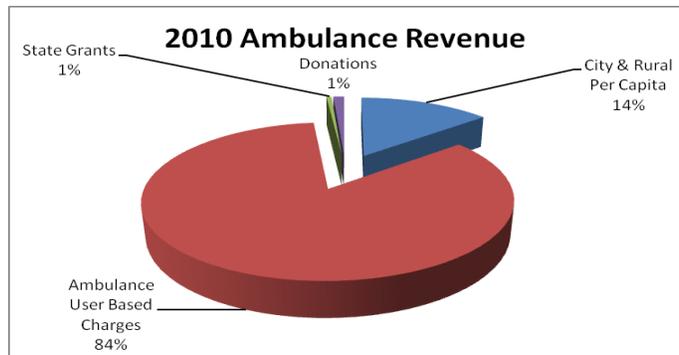
Municipality	# Calls	Overall %
River Falls – City of	1,113	71.5
Troy – Town of	99	6.4
River Falls – Town of	83	5.3
Clifton – Town of	53	3.4
Kinnickinnic – Town of	42	2.7
Warren – Town of	9	0.57
Pleasant Valley – Town of	7	0.45
Hudson – City of (Mutual Aid)	51	3.3
Amery – Village of (ALS transfers)	46	2.9
Baldwin – Village of (Mutual Aid)	16	1.0
Other Mutual Aid Responses	31	2.0

BOLD = River Falls EMS Primary Response Area

Department Operations: River Falls EMS operates 24 hours per day with two scheduled on call crews. One is called a primary crew and responds to all first out 911 medical and trauma emergencies. The second is called the back-up crew and responds to all fire calls, mutual aid stand-by’s, interfacility transfers and second out calls. If additional ambulances are needed over our two scheduled units, it is a first come, first respond situation. We have never had an issue getting all our units out at the same time when needed. The quick response vehicles are staffed with our primary paramedic and our back up paramedic. The paramedics keep the vehicles with them at all times to maintain the quick response to our residents.

River Falls EMS uses a response tactic called “flexible staffing”. Once the EMS crew (*ambulance and quick response vehicle*) arrives on scene and the paramedic deems their skills are not needed on that specific call after fully evaluating the patient situation, they contact our medical direction at River Falls Hospital. Permission is asked to clear the call. If they receive permission, the paramedic turns patient care over to the ambulance staff on scene and then leaves the scene with the quick response vehicle. Doing this type of response tactic allows us to utilize our advanced paramedic level care where it is really needed. It frees up resources for where they are truly not needed and allows our paramedic to be back in service and prepared for the next call.

Budget: The department 2010 revenues are outlined as noted in the chart. Please note the majority (84%) of our department revenues come from user based charges. A high call volume and the acquisition of grants and donations help to keep our per capita assessments lower than other departments in our region. The 2010 ambulance operational budget was \$1,449,000. The 2011 budget is \$1,593,500.



Collection Rate/Medicare: The department 2010 actual cash collection rate was a respectable 47.8%. This is a decrease from 52.6% in 2009. The decrease in collections comes from a 0% increase from Medicare and Medicaid reimbursable amounts and our department increasing our run rates. The higher our rates, the more write offs we see, especially when we receive no additional

funds from Medicare. The majority of what has to be written off comes from adjustments required by state and federal law relating to Medicare and Medicaid. However, our overall collections (*including all state and federal mandated adjustments*) is 95.4% compared to 95.2% in 2009.

Ambulance services can no longer bill for disposable supplies or special advanced procedures on Medicare patients. These supplies and procedures fall within the Medicare base rates. The 2010-11 rates are noted below. Internal costs are not re-cooperated when a Medicare patient is transported.

Take special note on the ALS interfacility rates. In 2010, our department performed 366 interfacility transfers from one hospital to another. We are able to capture more of what we bill in interfacility transports compared to other types of calls.

Description	Medicare Allowable	River Falls Resident Rates	Difference (uncollectible)
Loaded Mileage	\$6.93	\$16.50	\$9.57
BLS non emergency	\$209.83	\$850.00	\$640.17
BLS emergency	\$335.73	\$850.00	\$514.27
ALS 1 non emergency	\$251.80	\$1075.00	\$823.20
ALS 1 emergency	\$398.68	\$1075.00	\$676.32
ALS 2	\$577.04	\$1275.00	\$697.96
ALS speciality transports (interfacility)	\$681.96	\$1075.00	\$393.04

***Medicare reimbursement in WI is ranked 45/50 in the nation! One of the 5 worst reimbursement states for EMS.**

Department Personnel: We have a total of 45 members on our ambulance staff. Currently, 25 out of 45 (55.6%) staff members reside outside the city limits. This means while they are on call, they stay at the EMS station or house. Our two full time paramedic positions were started in early 2009 and continue to help fill the open paramedic shifts on weekends. They help supplement our paid on call staff and are used during staff shortages.

We currently have 14 members on our rural first responder program. First responders are trained at the minimum EMS training level allowed by the state. They do not take shifts on the ambulance or are scheduled in any way. The first responders help cover our rural response area by responding directly to the call from their homes when they are available. They are a valuable asset to our tiered advanced emergency medical response system.

2010 Staff Summary:

EMS Level	Number on RF EMS Staff	Training Hours to Obtain Level
First Responder (rural areas)	14	66
EMT-Basic	20	178
Intermediate Tech	5	90 (+ EMT-Basic)
Intermediate 99	2	750 (+ EMT-Basic)
Paramedic	18	1,300 (+ EMT-Basic)

Assistant Officer/New Member Academy: Due to the increased workload of the department, the 2nd Assistant position was brought back again in October 2010. The assistant officer is a monthly stipend position responsible for the new hire academy, which outlines the detailed skills and abilities needed to perform on our department. Adam LaPlount, one of our paramedics, was selected for the position. Adam spends 6 hours per week working with the new hires to get their

skills and abilities to the high standards of our medical direction. New recruits are not allowed to run on their own until they have proven skills and abilities and are checked off by the Medical Director. The new hire academy is a 3 month program. Failure of the program in any way results in termination of the person from the department. Every new member is put through extensive testing and evaluation to be proven competent before they run on their own in our ambulances. This is one program that excels River Falls EMS above others.

United Hospital Partnership: United Hospital in St. Paul, MN has asked River Falls Ambulance to partner with them in pre-hospital care for neurology (stroke) and cardiac patients. We continue to transport level one stroke and cardiac patients to them for definitive care and they assist us in developing strong continuing education programs for our EMS staff and aggressive patient care protocols for those patients requiring our advanced level services.

Medical Directors: I would like to take a moment and recognize our two medical directors. An ambulance service cannot operate without medical direction oversight. The ambulance operates under the medical director's license. Our medical directors spend several hours throughout the year assisting in the development of aggressive patient care protocols and testing our EMS staff to ensure they provide the highest quality care possible to our residents. Our overall Medical Director is Dr. Timothy Steinmetz and our Assistant Medical Director is Dr. Greg Miller, both out of River Falls Hospital. If you see them in the community, please thank them for doing what they do. Our high reputation in the EMS community is directly related to their abilities as medical direction oversight and what advanced skills they allow us to perform in the field.

Staff Training: In addition to having great medical direction, our department hosts training for our staff on the first three Wednesdays of each month from 6:30 to 9:30 pm. Our staff has the ability to train 9 hours per month refreshing their skills and learning new processes for patient care. In addition, each individual staff member is required to be checked off annually on their competencies to ensure they are performing to our standards. The majority of our trainings are held in-house, meaning we control what is taught and who teaches it. We are fortunate to have such a great partnership with United Hospital since they supply several field specialists in areas where we perform advanced care. Some of these areas consist of stroke, cardiology, neurology, and pharmacology. The more we train, the more skills we can perform in full competence in the field.

Equipment: River Falls EMS prides itself using the most aggressive patient care procedures and the latest technology available for patient care. In early 2011, we will be replacing our two oldest cardiac monitors with the latest technology available on the market. Total cost for this replacement equipment will be around \$28,000. Both units have been budgeted for in the 2011 budget.

Projects to Improve Patient Care: Each year our department picks a project relating to patient care. Once a project is selected, we start the process of grant writing and donation requests to fund the project. Our 2011 project is focused on cardiology. The main reason for this project is due to the recent developments in pre-hospital cardiac care throughout the nation. River Falls EMS participated in a Level One Heart Pre-Hospital 12 Lead ECG and Heart Attack study from January 2007 to June 2010 with United Hospital in St. Paul. This study proved pre-hospital ECG recognition and immediate advanced cardiac care is a vital step in a Level One Heart Program. The study received national attention and is now part of the 2010 American Heart Association guideline revisions for emergency care. Our project continues the efforts of this study and consists of purchasing two LUCAS devices, which are pieces of equipment that perform CPR on a patient. The LUCAS takes out the human error and provides consistent, quality CPR to the patient and frees up the hands of the EMS personnel to perform other needed skills on the patient. Each LUCAS

device costs \$15,000 for a total cost of \$30,000. The second part of the project consists of purchasing four medical grade refrigerators for each of our ambulances. The refrigerators will be used to store our IV solutions and medications needed to perform our post cardiac arrest hypothermia care. In the event a patient in sudden cardiac arrest is converted back to life, we would then rapidly cool the person using the cold IV fluids and transport directly to a level one heart center. The concept is a cooler body uses less oxygen and creates less stress on the damaged heart muscle. The medical grade coolers cost \$1500 each or a total cost of \$6,000 for all 4 ambulances. Total 2011 project cost is estimated at \$36,000. Only grants and donations are used for the project, so if we don't receive enough funding, we do not purchase the equipment.

Department Awards: The following awards for 2010 will be given out to our paid on call staff at the Feb 12th, 2011 appreciation dinner:

Run Hog Award = Amanda Rother with 251 calls

Most on Call Hours = Amanda Rother with 3130 paid on call hours

Best Training Attendance = Kathy Meyers attending 25/37 sessions

Partner in EMS Award = Pierce County Dispatch

Friend in EMS Award = Jack Colvard (St. Croix Co EM)

Mike Stuttgen Excellence in EMS Award = Lynn Hartung (Pierce Co. Dispatcher)

*Please see our website at www.rfaas.org to reference definitions of these awards.

Department Challenges: Throughout 2010, our department was faced with several challenges that we met head on. River Falls Days continues to be the busiest weekend of the year for our department. The community activities throughout the weekend definitely draw people out.

In July, River Falls was the host of the 2010 Wisconsin Farm Technology Days show. Two and a half years of pre-planning went into this event to ensure a safe and effective show. Our staff stepped up to the plate by taking time off from work and family to help cover our EMS needs of the show. We were able to cover what was required for the show and also ensured we did not reduce our coverage for daily 911 calls. Over 60,000 people attended the 3 day farm show.

On August 11th, River Falls EMS was confronted with responding to several calls at once due to the heavy rains and flooding that was occurring in the area. We sent two ambulances to assist our neighboring community, Baldwin, when one of their nursing homes was under water. They needed to evacuate their elderly residents before they drown in the rapidly rising water. The crews were assisting in Baldwin most of the night while our other two ambulances were keeping up with our own calls in our community. We were fortunate to have plenty of EMS staff and vehicles available to help our neighbors, and also maintain our own coverage in our area.

In December, River Falls EMS was hit again with several calls at once during the significant snowfall of Dec 10-12. This event closed all major roads, including I-94, for several hours which really inhibited our operations. In the middle of the storm, our quick response vehicle responded towards Spring Valley as they were transporting a patient to River Falls Hospital experiencing a heart attack and needed paramedic level care. A Pierce County snow plow lead the way for our vehicle and made a safe trip to the scene and back to the hospital. Overall response times during the snowfall were delayed due to the heavy snow blocking the roads. Some of our staff needed to work extra long hours. Our replacement staff could not get to the station from their homes outside of the city limits until the roads were opened again. We did have enough personnel in town to staff all four of our ambulances and both quick response vehicles to ensure all EMS calls were covered.

Future Plans: During 2011, we start the process to replace our oldest ambulance, unit 6501. The new unit is scheduled to be in service in early 2012. Each ambulance is kept for a total of 12 years, and a new one is purchased every 3 years. We are looking at the option of remounting the box from our old unit and just purchase a new chassis. This could save us around \$40,000.

Our demand for service continues to increase each year and with these demands comes growth. In the next five years we will need to look at the possibility of a building expansion. We have outgrown our current building a few years ago. Our building was originally built for one on call crew and 26 staff members. We have exceeded both of these for years. Our house next to the station works great for our staff that come in from out of town, but we continue having issues with training and storage space constraints. As noted earlier, the majority of our staff lives outside the city, so they need to stay at the station while on call. The more we make the living quarters seem like home and an inviting atmosphere, the easier it is to recruit and maintain volunteer members.

River Falls EMS is considering the advancement to critical care paramedic, which is in addition to our existing paramedic level. The critical care level would not benefit our 911 responses, but instead provide an opportunity to expand our interfacility EMS division. There are limited critical care resources in our area. We are able to capture more revenue from interfacility transfers than we do with 911. As budgets get tighter and state and federal assistance dry up, we need alternative sources of revenue to maintain our own department.

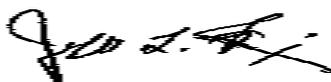
Summary: 2010 was another record breaking year for ambulance responses. It was the third full year of providing paramedic level services to our residents. Numerous patients benefit from the paramedic level services we provide. Our call volume will only continue to increase as time goes on with the constant growth of our city and rural communities.

We are becoming known throughout the state for how we continue to be very progressive in patient care and our involvement with the public in our community. Our staff really enjoys working with the public, schools, organizations, and businesses in our community to improve our community health awareness and medical response. Several hours are spent per year working on individual response plans for public access AED and then enacting the plans with each facility that has one. The interaction and planning process with the community proves to be very beneficial and lower stress levels in the event of an emergency situation.

I truly believe we can continue to be one of the top recognized EMS departments in the region using the dedicated personnel we have on staff, our supportive ambulance commission and city council, and our interactive medical directors. The community should continue to feel safe with these dedicated people.

We look forward to another great year of providing high quality EMS in 2011.

Sincerely,



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