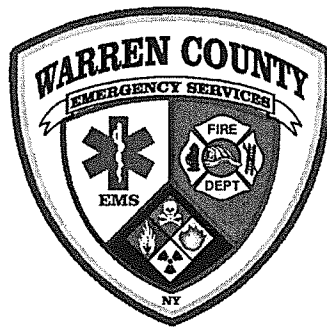

EMS SYSTEM REPORT

[Warren County, NY]



2017

WARREN COUNTY OFFICE OF EMERGENCY SERVICES

**Warren County Office of Emergency Services
EMS System Report 2017**

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Introduction

Project Background and Summary

The Public Safety and Criminal Justice Committee of the Warren County Board of Supervisors tasked the Office of Emergency Services (OES) with conducting a review of the existing EMS system in Warren County. Through interviews with local stakeholders, data research and education of best practices in New York State, we have developed the following report.

The Warren County EMS system consists of thirteen ambulance-transporting agencies that provide care for their respective communities and patients. Over the past 20 to 25 years, our county system has transitioned from being totally volunteer to one that relies on paid providers for most of the coverage in the county. There are strong points to our system, but in many ways, it is not sustainable in its current form, or able to meet industry trends and anticipated needs. The environment for EMS systems (clinically, operationally and financially) is changing, and will require concentrated effort among local officials and stakeholders to ensure a sustainable system.

Information and data within this report was obtained through numerous channels, including meetings with agency leaders and county officials. Multiple options for the betterment of EMS in Warren County exist but in some regards, there is a need for immediate action. This report contains related recommendations.

Geography, EMS Agencies and Population

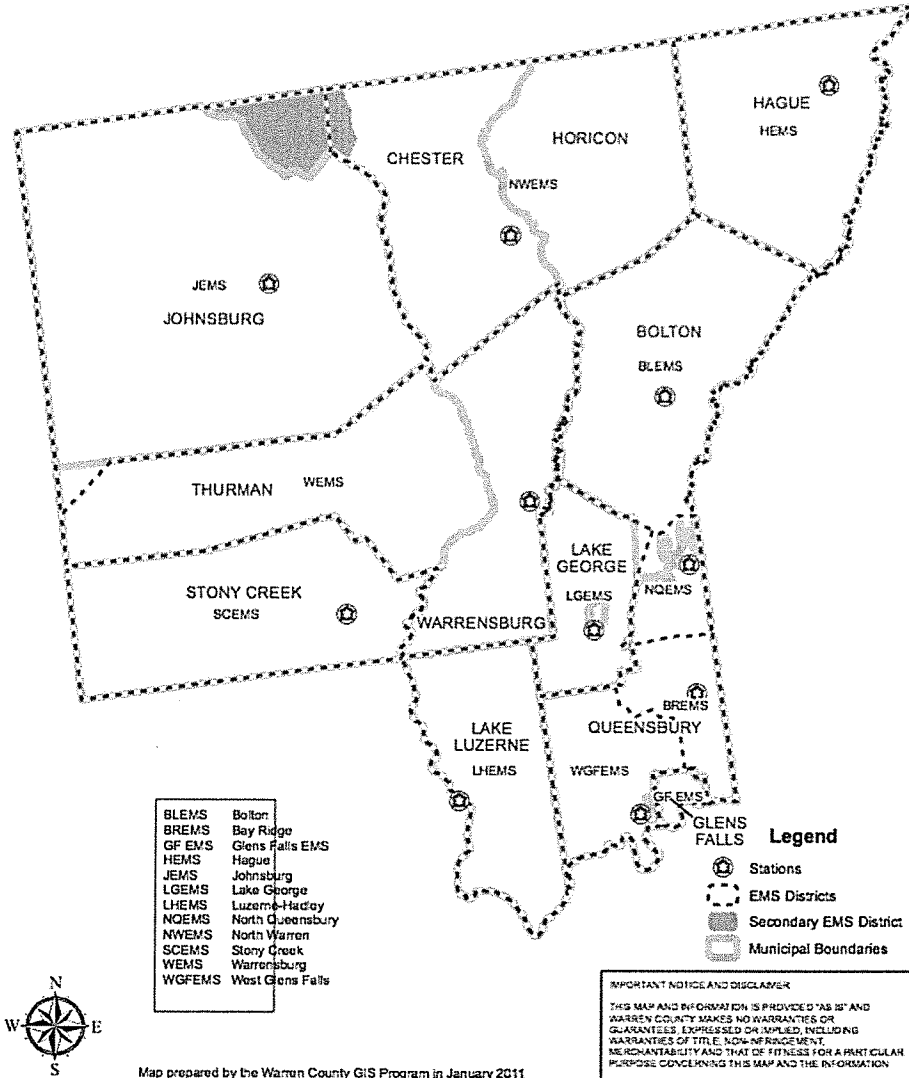
Per the U.S. Census Bureau, the county has a total area of 932 square miles; of which 867 square miles is land and 65 square miles (6.9%) is water. The Northway corridor provides for easy and quick accessibility to EMS districts in Queensbury, Lake George, Warrensburg and Chestertown, while outlying districts such as Hague, Stony Creek, Luzerne, Johnsburg and Bolton are more isolated. Response time in these areas can be significantly higher, especially for mutual aid ambulances.

Warren County is home to several attractions and is a hub for tourism within the Adirondack Park. EMS Call volume increases during the tourist season as the population swells from approximately 60,000 to as high as 150,000.

There are thirteen agencies that provide ambulance service in 12 municipalities within Warren County. Below is a map that details approximate station locations. Not represented on the map is Empire Ambulance, the lone commercial EMS service in the county. Empire currently provides minimal 911 response backup but handles much of the non-emergency transports.

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WARREN COUNTY EMS DISTRICTS



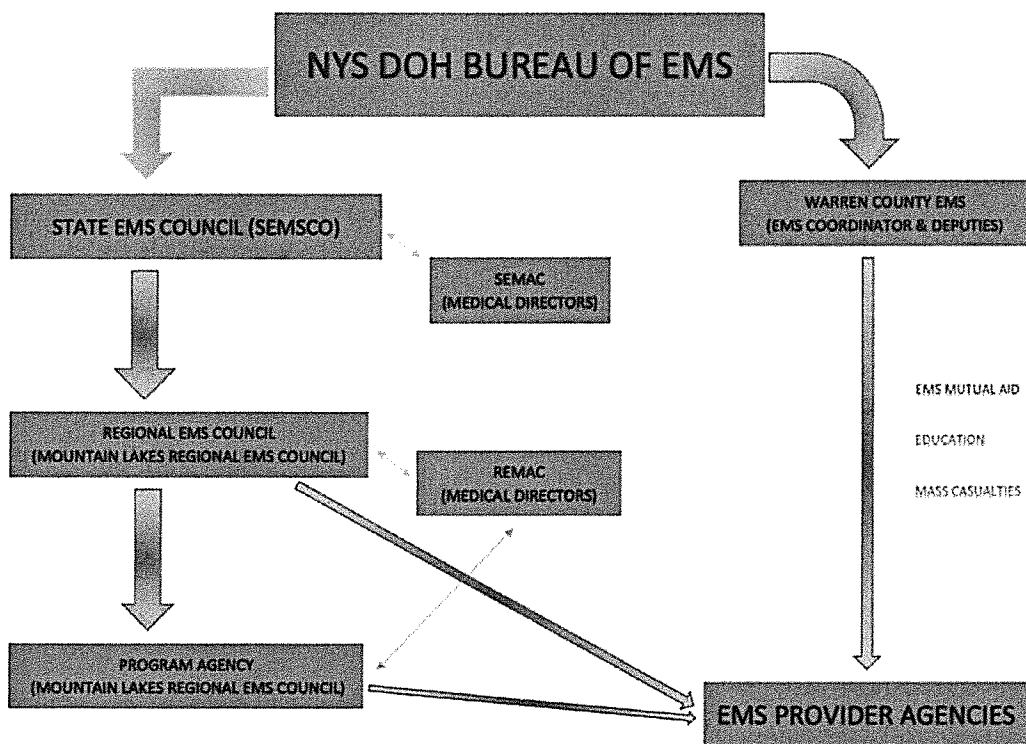
State and Local EMS Structure

EMS in the State of New York is regulated under Article 30 of the Public Health Law and overseen by the New York State Department of Health Bureau of EMS and Trauma Systems. In addition to the Bureau of EMS, the system uses both statewide and regional EMS Councils to perform regulatory functions (State EMS Council [SEMSCO] and Regional EMS Council [REMSCO], respectively). State and Regional Emergency Medical Advisory Committees are

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known as SEMAC and REMAC. Our local Program Agency is Mountain Lakes Regional EMS Council, located in Queensbury, New York. They contract with the New York State Department of Health Bureau of EMS to provide EMS support and oversight in Warren, Washington, Essex, Clinton and Franklin Counties, on behalf of the REMSCO and REMAC.

Warren County EMS is a unit within the Warren County Office of Emergency Services. Consisting of an EMS Coordinator and three Deputy Coordinators, its mission is to coordinate and support all aspects of EMS within the County. This support includes but is not limited to resource deployment, complex scene support, education and special operations. The EMS Coordinators are part-time employees of the county and their work within the System is unscheduled.



EMS in Warren County

There are thirteen ambulance agencies, seven fire department first response agencies and one law enforcement agency that provide EMS services within the county. Below is spreadsheet obtained from the New York State Department of Health Bureau of EMS that shows the number of EMS providers that live within the county. However, some of the 270 providers do not actively provide care within the System.

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Total Number of Providers by Level and County for (Based on County of Residence)

County	CFR		EMT		Advanced EMT		AEMT-CC		EMT-P		Total
Clinton	7	0.0%	202	65.8%	3	1.0%	87	28.3%	8	2.6%	307
Essex	4	1.9%	159	74.0%	5	2.3%	37	17.2%	10	4.7%	215
Franklin	2	0.9%	162	75.0%	5	2.3%	37	17.1%	10	4.6%	216
Warren	3	1.1%	192	71.1%	1	0.4%	41	15.2%	33	12.2%	270
Washington	19	8.7%	139	63.5%	7	3.2%	39	17.8%	15	6.8%	219
Total	35		854		21		241		76		705

It is worth noting that the number of AEMT-CC's (also known as Critical Care Technicians) and EMT-P (also known as Paramedics) has steadily declined over the last decade. In a 2015 study of providers in Warren County, the Mountain Lakes Regional EMS Council noted that only two advanced level providers were providing service strictly as a volunteer, the tail-end of a trend that started in the late 1990's.

State and National EMS Trends

EMS across the country is at a critical juncture. A fractured system, an increase in patients, broken financial reimbursement models and our inability to change based on needs are all major issues that we can relate to on a local level. Compounding these issues is a steady decline in the number of advanced level providers. Those who are in the system are over-worked and under-paid. Many of these issues have been directly linked to several recent EMS agency closures and system consolidations around the state.

Fractured system – A general lack of collaboration limits our growth. Pride and to some extent turf issues also limit our growth and efficiency potential. Our system is static in nature, with each agency holding a *Certificate of Need* from the New York State Department of Health Bureau of EMS that limits resource movement and allocation within the county. This severely hinders our ability to efficiently handle multiple calls in one area, in a timely manner.

Increase in patients – the increasing number of uninsured and underinsured patients, increased service demand and aging populations are some of our struggles.

Financial reimbursements - Medicaid and Medicare reimbursement rates cover a fraction of what it costs to operate a staffed ambulance for one emergency call. These rates have not increased in approximately fifteen-years. This is financially crippling for some agencies. For instance, Warrensburg EMS reports that 82% of their patients are on Medicaid, Medicare or have no insurance coverage. Additionally, each Warren County transporting agency that bills for services utilizes a 3rd party vendor. While there are no obvious issues with the vendors themselves, some agencies see a better billing return than others due to ensuring that patient care reports are completed and submitted within a reasonable timeframe. "Open" and unscreened patient care reports have negatively impacted reimbursements at some agencies.

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Nationwide, reimbursement is only available to the transporting entity. There is little recognition that the underlying cost of readiness and sophisticated care is significant. Below are the most recent Medicaid rates for Warren County and most of Upstate New York.

WARREN	AMBULANCE	A0425	Per loaded mile	\$2.00
WARREN	AMBULANCE	A0426	ALS non-emergency transport	\$132.00
WARREN	AMBULANCE	A0427	ALS level 1 emergency response/transport	\$132.00
WARREN	AMBULANCE	A0428	BLS non-emergency transport	\$82.00
WARREN	AMBULANCE	A0429	BLS Emergency Response & Transport	\$82.00
WARREN	AMBULANCE	A0432	ALS intercept transport by Volunteer Ambulance	\$60.00
WARREN	AMBULANCE	A0433	ALS Level 2 emergency response & transport	\$132.00

Personnel Challenges – While agencies in the county have deployed significant volunteer recruitment and retention efforts, there continues to be a steady decline in volunteers. Warren County is not alone in this struggle. Generational changes and the reduced time available to community members are issues that continue to limit the pool of potential volunteers.

There are several alarming issues related to paid advanced level providers in the county and region. Challenges include limited access to paramedic education programs and the need to work 60 to 90 hours per week to earn a living wage. This leads to rapid burnout, social issues and could possibly lead to mistakes by exhausted providers. We obtained 115 surveys from Warren County EMS providers for the purposes of this review and report. One question asked was, “Do you feel that people can currently make a successful career out of being an EMT or ALS provider in Warren County while feeling good about their future and retirement goals?” 87 (75.65%) answered no, 14 (12.17%) answered yes, and 14 (12.17%) were unsure.

Viable career options within the county that include a living wage, health and retirement benefits are extremely limited. Many of our young promising EMT’s and paramedics have moved from the area and relocated to places like New York City, Montgomery County, MD and Horry County, SC, where they obtained jobs at robust municipal-based EMS systems.

Daily, some of our agencies struggle to fill their schedules with the providers that we do have. When one is hired by an agency, they leave another local agency, creating a domino effect.

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Agency	EMT Pay	Critical Care Pay	Paramedic Pay
Ballston Lake EMS	-	-	\$20/hr
Bay Ridge Rescue	\$14.50/hr	\$17.50/hr	\$17.50/hr
Bolton EMS	\$12/hr	\$18/hr	\$18/hr
Hague VFD	\$14 - \$15/hr	-	-
Johnsburg EMS	\$14/hr	\$19/hr	\$19/hr
Lake George EMS	\$15/hr	\$17.50/hr	\$17.50/hr
Luzerne Hadley EMS	\$14/hr	\$18.50/hr	\$18.50/hr
North Warren EMS	\$13.50/hr	\$18.50/hr	\$18.50/hr
Warrensburg EMS	-	\$16.75/hr	\$18.75/hr
West Glens Falls EMS	\$14.50/hr	\$17.50/hr	\$17.50/hr

EMS agency closures and consolidations – The New York State Department of Health Bureau of EMS and Regional EMS Councils facilitated 26 EMS agency closures and consolidations across New York State in 2016. So far in 2017, they have assisted with approximately 10. Some of these were a direct result of the issues noted above but in some cases, agency leaders saw that there was a potential for greater efficiency and patient care by working together.

Wilton, General Schuyler EMS squads plan merger

By Paul Post, The Saratogian

Thursday, March 30, 2017

WILTON, N.Y. >> An informational meeting is scheduled for 7 p.m. Thursday, April 13 to discuss the proposed merger of Wilton and General Schuyler emergency squads.

The meeting will be held at the General Schuyler station at 901 Route 29 in Schuylerville.

If approved, the combined agency would be known as Wilton Emergency Squad, Inc.

It will operate out of both stations with no reduction in vehicles, staffing or service, said Nashua Alexander, Wilton EMS chief operating officer.

Wilton EMS, headquartered on Jones Road, has a roughly \$1 million budget and handles 2,400 calls per year in Wilton and eastern Greenfield.

General Schuyler EMS has an approximately \$500,000 budget and answers about 600 calls per year in southern Northumberland, the town of Saratoga and villages of Schuylerville and Victory.

Joining forces will produce a variety of cost savings, said Alexander.

“Right now we have individual insurance policies and separate IT (information technology) contracts,” he said. “A bigger organization will also increase our purchasing power.”

Wilton and General Schuyler currently have 28 and 17 paid employees, respectively. However, some people currently work both places and would only be working for one, another cost savings.

Both agencies operate as non-profit entities.

The realignment will simply make the two organizations stronger as one, Alexander said.

“This merger is in line with a national trend to combine emergency medical resources within communities” he said. “The rapid rise of costs are necessitating some retooling of organizations to meet current and future demands, streamline and simplify efforts, and ensure that strong nonprofit organizations continue to serve communities”

The move has been under consideration since early January.

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Financially troubled EMS agency shuts doors

John R. Roby and Jeff Platsky, pressconnects.com Published 6:17 p.m. ET Sept. 30, 2016 | Updated 7:18 p.m. ET Sept. 30, 2016



(Photo: iStockphoto, Getty Images/iStockphoto)

The only ambulance service in Broome County's third-largest town shut down Friday, two years after moving into a million-dollar, new-construction station.

In an emailed statement Friday, the county's Office of Emergency Services said it had been notified Chenango Ambulance Services Inc. ceased operations, effective immediately.

"The EMS coordinator's office has been in contact with area EMS agencies, and a coverage plan is in place," Deputy OES Director Michael Ponticello said. "There will be no effect on EMS services for the Town of Chenango residents."

EMS Operations

Communications / 911

Public access to EMS is provided via an enhanced 911 (E- 911) system. There are a variety of access points. The Public Safety Answering Point (PSAP) answers 911 calls for service, which is at the County Communications Center and overseen by the Warren County Sheriff's office. Communications officers utilize Emergency Medical Dispatching (EMD) protocols, which are standard on a national level, to properly identify call priorities and advise callers.

The communications center utilizes a "mutual-aid board," a tracking system of which agencies need immediate assistance from neighboring agencies due to an inability to respond on previous calls. However, their knowledge of agency staffing levels and duty schedules is very limited. There needs to be improvements in this area so that response times by mutual aid units are reduced.

Recommendations: Currently, some agencies are reluctant to share or broadcast their inability to field a crew or move an ambulance during a given period. Neighboring counties such as Essex and Clinton utilize "I am Responding" software that allows for easy and reliable reporting of duty crews/availability. It may be of value to investigate these resources and develop policies and procedures for reporting. This may be less of an issue if each agency contracted with the county for service, a situation that would result in greater knowledge of staffing issues.

First Response Agencies

Seven volunteer fire departments in the County utilize Certified First Responders and Emergency Medical Technicians to provide EMS first response on all priority one EMS calls in their respective districts.

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- Bay Ridge Volunteer Fire Company
- Lake George Volunteer Fire Department
- North Queensbury Volunteer Fire Company
- Pottersville Volunteer Fire Department
- South Queensbury Volunteer Fire Company
- Queensbury Central Volunteer Fire Company
- West Glens Falls Volunteer Fire Company

These departments provide an invaluable service to their community, providing initial treatment and extra manpower for difficult patient extrications. Although their daytime manpower numbers are lower than nighttime, they rarely fail to respond.

One law enforcement agency in the County is a certified BLS First Response Agency. Patrol officers from the Warren County Sheriff's Office will respond to certain EMS calls to assist and when first on scene, deploy critical tools such as Automated External Defibrillators (AED's) and Intranasal Naloxone (Narcan) to patients in need.

Ambulance Transporting Agencies

Thirteen ambulance agencies provide 911 response and patient transport services in the county. Two of the agencies are Basic Life Support services and the other eleven are Advanced Life Support services.

- Bay Ridge Rescue Squad (Town of Queensbury)
- Bolton EMS (Town of Bolton Landing)
- City of Glens Falls Fire Department (City of Glens Falls)
- Empire Ambulance (Warren County)
- Hague Volunteer Fire Department (Town of Hague)
- Johnsburg EMS (Town of Johnsburg)
- Lake George EMS (Town and Village of Lake George)
- Luzerne Hadley EMS (Town of Luzerne)
- North Queensbury Rescue Squad (Northeasterly Portion of Queensbury)
- North Warren EMS (Town of Chester, Town of Horicon)
- Stony Creek Volunteer Fire Department (Town of Stony Creek)
- Warrensburg EMS (Town of Warrensburg, Town of Thurman)
- West Glens Falls EMS (Town of Queensbury)

There are two air medical services that routinely operate in the county. LifeNet of New York currently operates from a local base in Fort Ann and the State Police operates from the Albany County Airport. Both provide response to scenes for patient transports to specialty care centers.

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Special Operations

The ability to provide specialty EMS response within the county is extremely limited. Below is a summary of current resources and abilities:

Sheriff's Office ERT – The Warren County Sheriff's Office currently provides a limited amount of medical care within its Emergency Response Team. Operations occur in very dangerous situations and they rely on the closest EMS agency to provide an ambulance in the case of injury. With no EMS integration into ERT operations, certain mass casualty situations may not result in timely treatment and transport of victims.

Firefighter Rehab – Currently, firefighter rehab is usually provided by the "home" EMS agency with each fire incident being covered by one ambulance. While some fire departments do a good job of following National Fire Protection Association (NFPA) recommendations and guidelines for incident rehab, most do not, leaving EMS in a difficult situation when it comes to planning for these operations.

Marine Rescue – Like fire scenes, marine rescue EMS response comes from the "home" agency and if needed, neighboring agencies. Unlike fire scenes, policy dictates that two ALS ambulances are dispatched to all marine rescue emergencies, with the premise being one will be used for any victims and the other used for any injured fire department divers.

HAZMAT – The City of Glens Falls Fire Department provides Hazmat services with support coming from many other fire departments within the county.

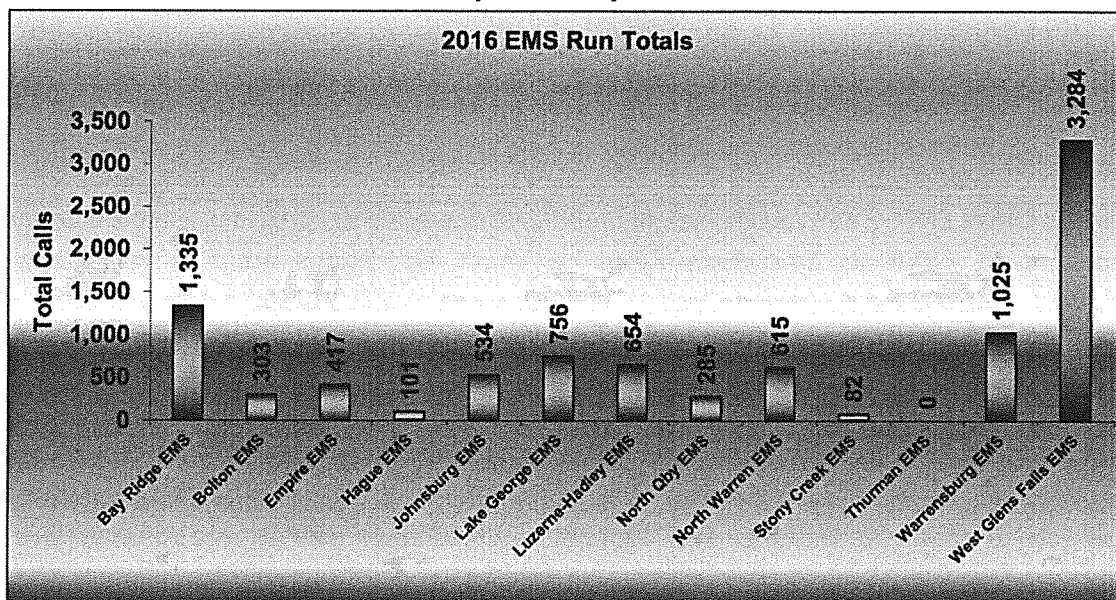
Confined and Technical Space – The City of Glens Falls Fire Department provides confined space and technical rescue services.

Recommendations: *Establish a two-ambulance response policy for all structural fire scenes, a model currently used for marine rescue calls. This will allow for proper rehabilitation of firefighters and the ability to transport a victim, if necessary. Also, work more closely with the Warren County Sheriff's Office and the fire service to utilize county-trained providers for any specialty response that necessitates EMS involvement.*

Call and Response Data

In 2016, the Warren County Sheriff's Office Communications Center dispatched EMS agencies to a total of 11,242 EMS calls. The chart below shows the number of calls each agency was dispatched to, **NOT** how many each of them handled. Not shown on the chart is the City of Glens Falls Fire Department, an EMS agency that was dispatched to 1,851 EMS calls. It should also be noted that Thurman EMS does not exist.

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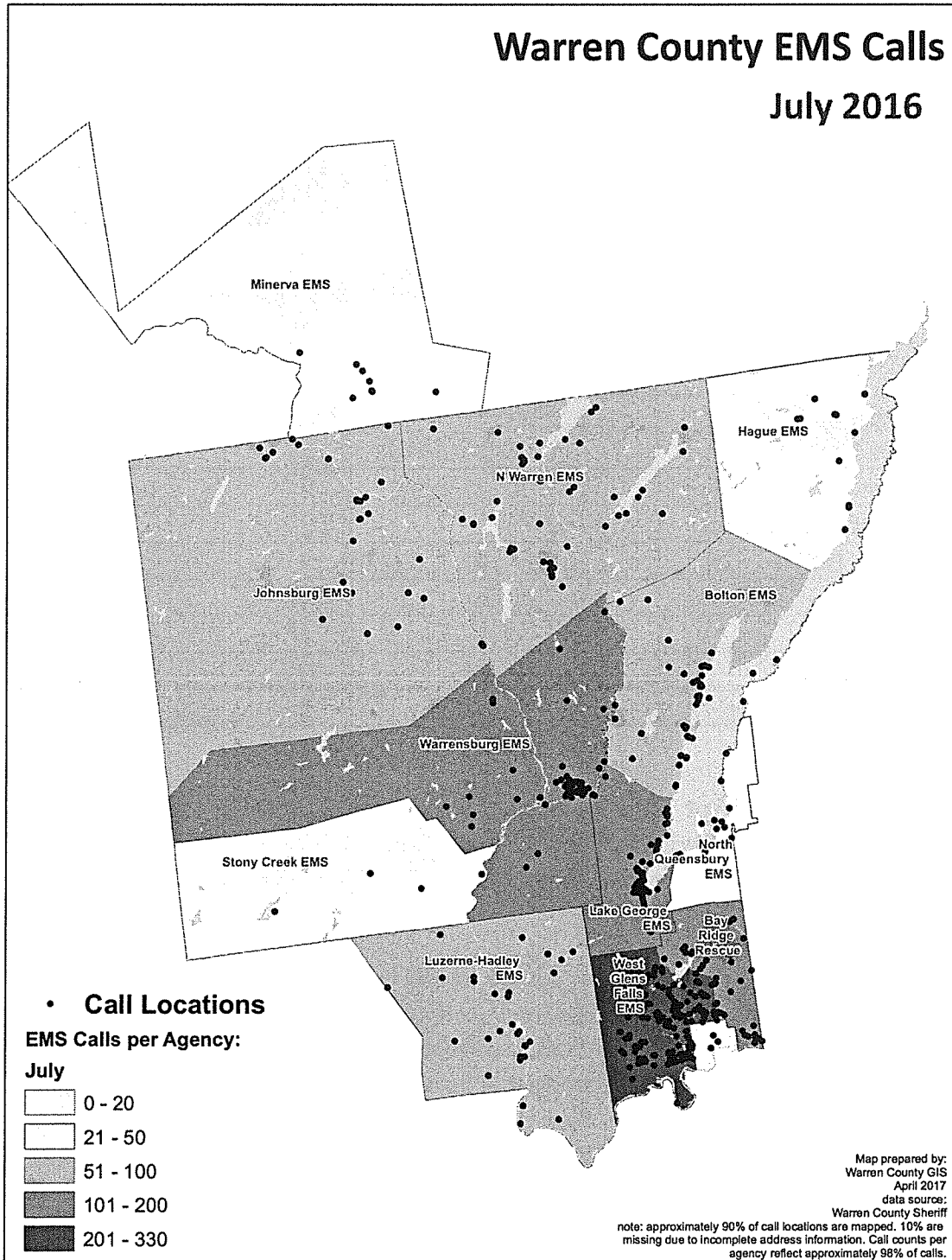


We found that the Computer Aided Dispatch (CAD) software that is used by the Communications Center does not allow for easy extraction of call data that is useful for complete and timely analyzation of the call volume. The county Government Information Systems (GIS) office has helped the Office of Emergency Services to glean as much data as possible, through a time-intensive process. It is their belief that an add-on to the current CAD software could aid in making the process easier.

We were successful in pulling data from electronic patient care reporting systems and some agencies. There are several agencies that do not actively track useful data points for their calls.

Recommendations: Regardless of the structure of the county EMS system, call data should be analyzed and used to determine staffing and resource deployment needs in a more extensive manner. The map on the following page depicts the location of calls and call volume for each district in July of 2016. It was provided by the GIS office and is just a sample of the tools that can be used to look at trends and prepare resources. We recommend that future CAD systems or upgrades to software be more conducive to easily extracting EMS response data.

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Vehicles and Equipment

There are 28 transport capable ambulances available for service in the county, 24 of which of equipped with advanced life support equipment. However, in any given 12-hour period, only an average of 12 ambulances are staffed. The static and self-reliance nature of our system has created an abundance of expensive vehicle and ALS equipment resources.

Agency	ALS Ambulances	BLS Ambulances
Bay Ridge Rescue	2	0
Bolton EMS	2	0
City of Glens Falls FD	2	1
Hague VFD	0	2
Johnsburg EMS	3	0
Lake George EMS	2	0
Luzerne Hadley EMS	2	0
North Queensbury Rescue	2	0
North Warren EMS	3	0
Stony Creek VFD	0	1
Warrensburg EMS	3	0
West Glens Falls EMS	3	0
Total	24	4

A wide variety of equipment exists in the county with most it appearing to be in good shape. Major concerns identified include a lack of standardization and the lack of ability / effort to conduct bulk purchasing. Future standardization of equipment and supplies will make these efforts easier.

Recommendations: Significant money can be saved by eliminating vehicle and equipment inefficiencies. Data and staffing schedules tell us that most the agencies are unable to field a second crew to handle multiple calls in their districts, leaving several ambulances sitting idle in stations each day. One model to consider is having each of the existing agencies contract with the county to provide service. Such arrangements would allow for bulk purchasing of equipment, supplies and vehicles, while also centralizing patient billing. It would also allow for a more mobile and flexible response system, in which agencies could eliminate the need for extra vehicles. Towns/districts would be covered appropriately, based on call data, location and time of the year.

Uniformity in vehicles, equipment and supplies would not only make sense from a financial standpoint, but from a patient care one as well.

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Staffing and Deployment

All but one of the thirteen ambulance transporting EMS agencies in the county utilize paid staffing to cover their districts (Stony Creek). Three of the thirteen do not have volunteer providers on their roster (Glens Falls, Luzerne and Empire). Levels of paid staffing vary based on need and available resources (both financial and man-power).

Currently, agencies are placed on automatic mutual aid, or "AMA," if they fail to respond to a call. The Regional Emergency Medical Advisory Committee (REMAC) requires every ALS agency to have a coverage schedule for personnel and that they arrange for coverage of any holes within said schedule. In the past, there has been discussion amongst agency leaders and the County EMS Advisory Board in regards to how agencies could possibly report their schedule holes / day-to-day staffing levels to the Communications Center so that calls for service can be handled in a timely manner. No such system is currently in place and there are times when agencies fail to report duty schedule holes to their neighboring agencies or the communications center. Some agencies seem reluctant to share or broadcast schedule shortcomings.

Staffing shortages are an ongoing concern. While some agencies actively recruit from outside of the county and report having no issues, others are struggling to fill schedule holes or find replacement ALS providers for those who may not be performing up to their standards. The following is a summary of agencies that have expressed or demonstrated an immediate need for assistance:

Warrensburg EMS - BLS staffing is of a concern in Warrensburg. Agency leaders state that their budget will not allow for the addition paid BLS providers. They currently rely on volunteer drivers and EMT's, a practice that has become more difficult to maintain with the overall drop in volunteers. This has left significant holes within their duty schedule, resulting in dropped calls. From January 1, 2017 to April 26, 2017, Lake George EMS handled 27 calls in the Warrensburg district. Agency directors and senior leaders have expressed a willingness to entertain any system changes that will be of a benefit to patients.

West Glens Falls EMS – West Glens Falls EMS is the busiest agency in the county and is routinely dispatched to multiple calls at one time. Currently, mostly volunteer members cover the hours of 6pm to midnight, a model that has resulted in spotty coverage and at times, dropped calls. This puts a tremendous strain on the Queensbury and Glens Falls districts. As part of their application for renewal of Advanced Life Support Operating Authority that was reviewed by the REMAC on April 24, 2017, the agency included duty schedule calendars that showed several "holes" during these hours. They would benefit greatly from an increase in staffing.

North Warren EMS – Several issues have plagued North Warren EMS from 2010 to present day.

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Multiple corporate structure changes have taken place and six different Operations Managers have struggled to succeed due to internal strife. Currently, a volunteer board governs the agency but paid staff members provide all patient care and most administrative needs. We have recently learned that they face a large budget deficit in 2017 due to paid staff expenditures being higher than expected during the first quarter of the year. This could create larger coverage gaps and solvency issues in the coming months. Their leadership has expressed concern to their elected town officials and the EMS Coordinators, while asking for assistance in developing a solution.

Stony Creek VFD – The Stony Creek Volunteer Fire Department operates 1 BLS ambulance and is the sole all-volunteer agency in the county. Their leadership reports that in 2015 they handled 75 EMS calls, needing ALS response from Warrensburg EMS and Luzerne Hadley EMS a total of 42 times. Although they have a small call volume, their location in the county and reliance on neighboring agencies, makes for a difficult situation. In the past, both Warrensburg and Luzerne agencies have expressed concerns about cost of providing response to Stony Creek and the lack of coverage in their own districts that it creates.

All Agencies – Multiple calls at one time can be an issue for ALL agencies in the System. Most do not have the manpower or financial flexibility to staff multiple ambulances. The reliance on response from neighboring agencies causes a domino effect during busy times, leaving districts uncovered for long periods of time. One recent example of a delayed response happened in the North Warren district. With North Warren and several neighboring agencies out on calls, a second call came in for a male with severe lacerations from a saw. This patient in the Adirondack area, on the backside of Schroon Lake, and it took approximately 60 minutes for an ambulance to reach him.

Due to strictly defined state operating authority and district lines, the current system does not allow for system status management. An inability to strategically move EMS resources within the county when there is a lack of coverage, either from scheduling issues or multiple calls, hinders timely and proper response. The same can be said for when certain districts deal with a spike or lull in tourist activity.

Recommendations:

- a) ***Obtain a Municipal Ambulance Certificate of Need as approved by the Warren County Board of Supervisors and contract with existing agencies for service. Some of the benefits of such a model include:***
 - ***Free movement of resources to areas of need, improving coverage and response capabilities.***
 - ***Centralized patient billing, which would allow for calls to be properly billed,***

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regardless of location.

- *Joint purchasing power.*

- b) *Immediately place into service two County-operated ALS "fly cars" to fill critical gaps in coverage and provide a timely response to second calls, when needed. Both vehicles would operate 24/7/365 and their location would change daily based on needs within the county, with a focus on the I-87 corridor, north of Queensbury. This program would require existing agencies to sign a contract with the county for reimbursement of ALS services, when used. Benefits of the program would include:***
 - *The opportunity for any struggling agency to focus on providing quality BLS or AEMT care while significantly reducing their expenditures by eliminating paramedic-level equipment, supplies and medical direction.*

 - *The ability to create crews as needed and provide a stopgap for agencies who are unable to fill schedule holes.*

 - *The opportunity for agencies on Lake George to examine needs and utilize this service during the months when their call volume plummets.*

- c) *Immediately work with North Warren to transition from providing an ALS service to a BLS service, with a reduction in vehicles and equipment. There would be an immediate reduction in costs at the agency level that are associated with providing an ALS service, allowing them to remain financially solvent. This includes but is not limited to, medical direction, medications, cardiac monitors and supplies. Such a model would allow them to focus on providing good BLS care while relying on the county for ALS services.***

Quality Assurance and Improvement

Currently, all ambulance-transporting agencies participate in state and regional required Quality Assurance and Quality Improvement (QAQI) initiatives. Most are aligned with Glens Falls Hospital's QAQI program, which involves Agency Medical Director review of some patient care reports and several meetings at the hospital, each year. Lake George EMS recently obtained medical direction from a physician in the Albany area and has established a QAQI program of their own.

There has been a steady decline in the number of physicians who will / can provide medical direction to agencies for free. The physicians from Glens Falls Hospital who provide the service now do so as an employee of the hospital. The hospital in recent years has charged a fee to agencies for the services, which is based on the number of calls that they do in a year.

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The Glens Falls QAQI program is functioning but not at the level the Regional Emergency Medical Advisory Committee expects. It does not meet the requirements of Article 30 of the NYS Public Health Law. Physicians are very busy and are at times unable to provide substantial oversight of their EMS agencies. Deficiencies include a lack of written QAQI plans, records and agreements.

Recommendations: Work toward obtaining one dedicated physician to provide Advanced Life Support Medical Direction to Warren County services. By providing fair compensation and following all statutory requirements, QAQI will improve, which will in turn result in better patient care. Stable direction will also allow us to have physician involvement and oversight in specialty response situations. This includes HAZMAT, ERT, Mass Casualty Incidents and natural disasters.

Education

EMS education in the county is provided by the Mountain Lakes Regional EMS Council, a non-profit that contracts with the New York State Department of Health Bureau of EMS to provide education and oversight to the EMS agencies in Warren, Washington, Essex, Franklin and Clinton counties. Their program includes original and refresher courses for basic and advanced EMT's, various continuing education classes and American Heart Association courses.

Currently, most EMT classes are held at the Mountain Lakes office in Queensbury, however, some are held in the Chestertown area, as needs arise. These classes are taught by New York State Department of Health Bureau of EMS Certified Instructor Coordinators (CIC). There are currently six CIC's who live in the county and teach for Mountain Lakes, three of whom are EMS Coordinators in the Office of Emergency Services.

Those who wish to obtain paramedic level training currently must enroll in programs at Hudson Valley Community College or SUNY Cobleskill. The extensive travel results in limited availability to cover shifts in the county and the loss of some providers who decide to take jobs in those areas, upon completion of the programs. Mountain Lakes, County EMS Coordinators, the University of Vermont Health Network and Elizabethtown Community Hospital are currently working on establishing a paramedic training program that will utilize distance learning to reach all areas of five-county region. One of the three planned sites will be in Queensbury and the program is tentatively scheduled to begin in August of 2018. This will help Warren County to recruit paramedic students, train them locally and retain their services for years to come.

Each individual agency provides some level of continuing education for their providers to support their state recertification needs. Some programs are more robust than others. All providers who participate in the state's continuing medical education based recertification program must complete 72 hours of education in a 3-year period.

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Recommendations: Work with Mountain Lakes to establish regular EMT and AEMT course schedules in the county. There is a lack of daytime course offerings, which is something that can be handled by the EMS Coordinators who are CIC's. Daytime courses will appeal to current county employees, those who work night shifts and potential volunteers.

A centralized effort to provide miscellaneous courses and classes would reduce associated equipment and personnel costs and redundancies, while improving the quality. This would involve becoming an American Heart Association Training Site under the Mountain Lakes Training Center and the establishment of a National Association of EMT's (NAEMT) training site. It would also be possible to contract with existing education programs to provide services to the entire county, if it is financially prudent.

2017 Agency EMS Operating Budgets

Total amount of all EMS operating budgets: Approximately \$4,500,000

- Bay Ridge Rescue Squad) - \$464,349 (unknown tax levy)
- Bolton EMS - \$296,200 (\$168,500 from taxes)
- City of Glens Falls Fire Department - \$44,000 (EMS impact on budget)
- Hague Volunteer Fire Department - \$118,965 (all taxes – does not include FD or facility costs)
- Johnsbury EMS – Approximately \$450,000
- Lake George EMS - \$528,281 (\$268,281 taxes)
- Luzerne Hadley EMS - \$465,252 (\$265,252 taxes)
- North Queensbury Rescue Squad - \$303,000 (unknown tax levy)
- North Warren EMS - \$440,000 (\$143,000 taxes)
- Stony Creek Volunteer Fire Department - >\$20,000 (all taxes)
- Warrensburg EMS - \$525,012 (\$110,000 taxes)
- West Glens Falls EMS - \$842,333 (unknown tax levy)

Summary of Recommendations

- Currently, some agencies are reluctant to share or broadcast their inability to field a crew or move an ambulance during a given period. Neighboring counties such as Essex and Clinton utilize “I am Responding” software that allows for easy and reliable reporting of duty crews/availability. It may be of value to investigate these resources and develop policies and procedures for reporting. This may be less of an issue if each agency contracted with the county for service, a situation that would result in greater knowledge of staffing issues.
- Establish a two-ambulance response policy for all structural fire scenes, a model currently used for marine rescue calls. This will allow for proper rehabilitation of

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firefighters and the ability to transport a victim, if necessary. Also, work more closely with the Warren County Sheriff's office and the fire service to utilize county-trained providers for any specialty response that necessitates EMS involvement.

- Regardless of the structure of the county EMS system, call data should be analyzed and used to determine staffing and resource deployment needs in a more extensive manner. The map on the following page depicts the location of calls and call volume for each district in July of 2016. It was provided by the GIS office and is just a sample of the tools that can be used to look at trends and prepare resources. We recommend that future CAD systems or upgrades to software be more conducive to easily extracting EMS response data.
- Significant money can be saved by eliminating vehicle and equipment inefficiencies. Data and staffing schedules tell us that most of the agencies are unable to field a second crew to handle multiple calls in their districts, leaving several ambulances sitting idle in stations each day. One model to consider is having each of the existing agencies contract with the county to provide service. Such arrangements would allow for bulk purchasing of equipment, supplies and vehicles, while also centralizing patient billing. It would also allow for a more mobile and flexible response system, in which agencies could eliminate the need for extra vehicles. Towns/districts would be covered appropriately, based on call data, location and time of the year.

Uniformity in vehicles, equipment and supplies would not only make sense from a financial standpoint, but from a patient care one as well.

- Obtain a Municipal Ambulance Certificate of Need as approved by the Warren County Board of Supervisors and contract with existing agencies for service. Some of the benefits of such a model include:
 - Free movement of resources to areas of need, improving coverage and response capabilities.
 - Centralized patient billing, which would allow for calls to be properly billed, regardless of location.
 - Joint purchasing power.

Immediately place into service two County-operated ALS "fly cars" to fill critical gaps in coverage and provide a timely response to second calls, when needed. Both vehicles would operate 24/7/365 and their location would change daily based on needs within the county, with a focus on the I-87 corridor, north of Queensbury. This program would require existing agencies to sign a contract with the county for reimbursement of ALS

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services, when used. Benefits of the program would include:

- The opportunity for any struggling agency to focus on providing quality BLS or AEMT care while significantly reducing their expenditures by eliminating paramedic-level equipment, supplies and medical direction.
 - The ability to create crews as needed and provide a stopgap for agencies who are unable to fill schedule holes.
 - The opportunity for agencies on Lake George to examine needs and utilize this service during the months when their call volume plummets.
- Immediately work with North Warren to transition from providing an ALS service to a BLS service, with a reduction in vehicles and equipment. There would be an immediate reduction in costs at the agency level that are associated with providing an ALS service, allowing them to remain financially solvent. This includes but is not limited to, medical direction, medications, cardiac monitors and supplies. Such a model would allow them to focus on providing good BLS care while relying on the county for ALS services.
- Work toward obtaining one dedicated physician to provide Advanced Life Support Medical Direction to Warren County services. By providing fair compensation and following all statutory requirements, QAQI will improve, which will in turn result in better patient care. Stable direction will also allow us to have physician involvement and oversight in specialty response situations. This includes HAZMAT, ERT, Mass Casualty Incidents and natural disasters.
- Work with Mountain Lakes to establish regular EMT and AEMT course schedules in the county. There is a lack of daytime course offerings, which is something that can be handled by the EMS Coordinators who are CIC's. Daytime courses will appeal to current county employees, those who work night shifts and potential volunteers.

A centralized effort to provide miscellaneous courses and classes would reduce associated equipment and personnel costs and redundancies, while improving the quality. This would involve becoming an American Heart Association Training Site under the Mountain Lakes Training Center and the establishment of a National Association of EMT's (NAEMT) training site. It would also be possible to contract with existing education programs to provide services to the entire county, if it is financially prudent.

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Attachments

- a. Warren County EMS provider survey monkey results.
- b. Article 30 of the New York State Public Health law
- c. EMS 3.0 Article