

Ad-Hoc Emergency Care Committee to Study Alternatives for Providing Emergency Care in Northampton County

Interim Report: December 10, 2013

Committee Members: Larry LeMond, Chairman
Pat Coady, Vice Chairman
Willie C. Randall
Martina Coker
Dr. Pamela Gray
Dr. Federico Molera
H. Spencer Murray

Interim Committee Report

- Introduction (Brief History)
 - Sept. 2009 – Shore Memorial local board votes to affiliate with Riverside Health Services, inc., Newport News, Va.
 - Jan. 2010 – Board of Supervisors appoints sub-committee (Tankard/Murray) to seek “good standing” for Northampton in Riverside’s Certificate of Public Need (COPN) application
 - May 4, 2012 – Richmond Circuit Court judge denies Northampton “good standing” based on Virginia Dept. of Health “guidelines.”

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Brief History Cont'd:

- Ongoing since 2009 – Informal group to study impact of hospital loss to Accomack
- April 2013 – Presentation to Board of Supervisors by informal group
- July 2013 – Board of Supervisors passes resolution for an Ad-Hoc Committee to explore all options including but not limited to:

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- Establish a stand-alone emergency room
- Expand EMS transport capabilities, both County and volunteer resources
- Any other service offerings
- December 2013 – Recommendations and report due to Board of Supervisors
- Retained outside consultant for financials/options

The Ad-Hoc Committee is requesting an extension of the final report due date until February 11, 2014

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Preliminary Findings & Recommendations:

Immediate:

EMS resources must be increased:

Northampton County EMS – Machipongo
Cape Charles, Northampton (Nassawadox),
Community (Exmore)

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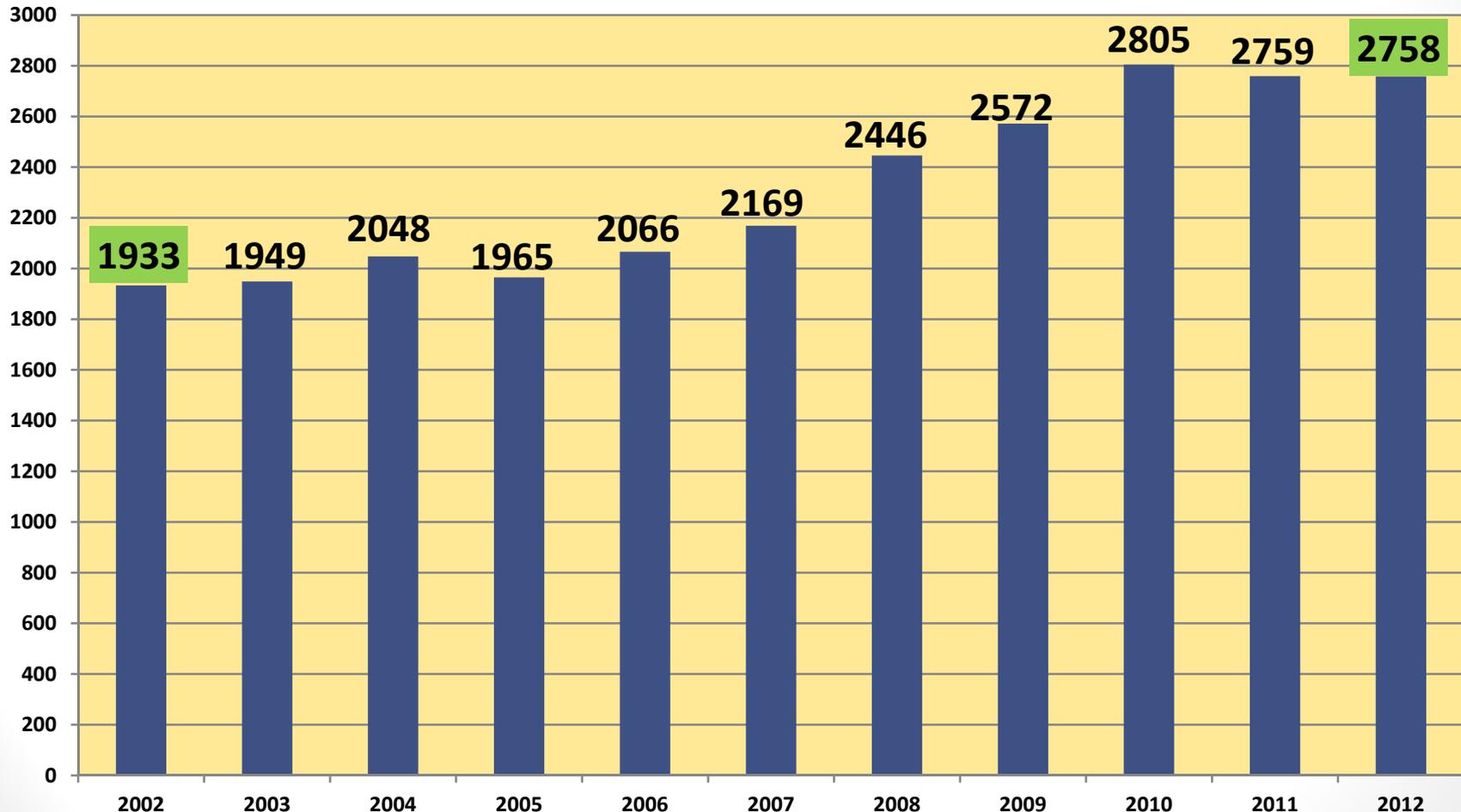
Performance Standard (dispatch to on-scene) 20 minutes or less 90% of the time 24/7

Volume – 2,758 EMS calls annually – imbedded Northampton County EMS career staff attend 80% of calls whether stationed with volunteers or from Machipongo.

Emergency Medical Services

Yearly EMS Call Data

(42% Increase in Calls Over 10 Years)



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Impact of Nassawadox ER relocation to Onley

* Increased ambulance turn-around time, whether to Onley or across the Bay (best case scenario-60 plus minutes at a minimum)

* For southern Northampton (south of Cape Charles Shore Stop), the “closest” emergency department is Sentara Independence Hospital, Virginia Beach, across the 17-mile CBBT.

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If Northampton secures a medical facility, modified protocols for EMS could be necessary if the facility is less than a stand-alone ER

In any case, there will be transports of patients across the Bay, either to Sentara, Virginia Beach, or to Riverside Newport News, from Onley, and this will increase the travel/toll burden on families (Onley to Newport News= 89 miles)

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Immediate action:

* By Oct. 2015 (projected ER move date), EMS staff must be increased to maintain a minimum of (3) staffed ambulances during daytime (6 AM to 6 PM), (2) staffed ambulances during nighttime (6 PM to 6 AM), with a duty supervisor (paramedic) full-time both shifts. Volunteer units are working hard to staff their units; however, career EMS staff must be increased by approx. 15 additional medics.

Competitive salaries are imperative.

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- * Strengthen our coordination and contracts with volunteer units, increasing basic and advanced training.
- * Utilize Cape Charles and Community (Exmore) in addition to Machipongo as Primary EMS stations.

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- * Potential annual budget impact approximately \$665,000 for salaries/benefits.

- * Helipads – 3 locations are desired. Greater coordination with Nightingale has been initiated. Evacuation from Onley will likely utilize Life-Evac and be to Riverside, Newport News. Basing an air ambulance on the Eastern Shore is not financially feasible at this time.

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Some Good News !

- All Northampton ambulances are equipped with twelve (12) lead acquisition and transmission capability. This allows for on-scene diagnosis of ST-elevation myocardial infarction (STEMI) or severe heart attack. All EMS staff are trained in the use of this equipment.

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- All ambulances are equipped with Traffic Opticom (red light control)
- Telemedicine could play an expanding and important life-saving role in emergency and medical services.
http://www.youtube.com/watch_popup?v=r13uYs7jglg
- Grants are being sought to upgrade our equipment

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Longer Term (but begin now):

- * Our research shows that Northampton's current population cannot financially support a stand-alone ER.
- * However, after hours (nights and weekends) medical services are needed and the committee believes that a medical facility with a minimum of a nurse practitioner or physician's assistant (PA) located in the lower part of the County is a possibility. There is community support for this.

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- * Expansion to 24-hour diagnostics, basic laboratory services, and other primary care services is a longer-term goal.
- * Coordination with other medical service providers is possible to expand services at affordable expense and to maximize scarce resources.

We are aware that this is complex and will take time

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* “Build it and it will grow” – The Committee believes we need to start small and expand as demand for services grows. Many Northampton citizens will respond if new medical services are available and convenient.

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Potential Sources of Funds:

- * Special tax line item for EMS and Medical Services for Northampton citizens. Use existing capital funds for EMS garage and training center in Machipongo.
- * Grants for equipment and upgrades. This source is facing new challenges as grants expire and local dollar match requirements increase.

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- Local Support –
 - Hospital Auxiliary – supported by both Northampton and Accomack citizens
 - Shore Memorial Endowment Fund – started in the 1950s to support indigent care. Restated shortly after the Riverside Health Systems affiliation. Now is Shore Health Foundation. As of 12/31/2012, IRS records show \$7.3 million in funds on hand.
 - Creation of a new Northampton EMS and medical Services Foundation. This new tax-exempt 501(c)(3) foundation would permit Northampton organizations and citizens to contribute to the ongoing improvement of medical services for our citizens. The committee has already pledged support.

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Tonight, we request the Board to:

- Extend the Ad-Hoc Committee final report due date to your meeting on February 11, 2014
- Endorse the Committee's solicitation of funding through identified sources

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- In conclusion, Mr. Chairman and members of the Board,
- Speaking as one who has been intimately involved in this issue since 2009, I believe we are just now coming to realize the full consequences of the loss of the Eastern Shores' only community owned and operated hospital. If the process had been more open and with greater public engagement, perhaps the impact could have been lessened.
- Nevertheless, the numerous local doctors who, over years of practice, spent time developing relationships with their patients, but now have been forced into early retirement or fired outright, the uncertainty of the future of Nassawadox and the life and death threat to Northampton citizens needing emergency care are but just a few of those consequences.
- Like much of our current healthcare system, the decision was driven by money and profit, not concern for healthcare, and it continues to be so. If profit is a community's only measure of success, then some needs, like mental healthcare, will go unmet.
- While we can be happy for our Accomack neighbors to the north who have for decades, needed and now will receive an emergency room and a new hospital, this transaction represents a travesty to Northampton citizens, a debacle that, in my opinion, did not have to happen. From the Maryland/Virginia line to the CBBT is a distance of almost 80 miles, too far for only one emergency facility.
- This is not sour grapes, as some have said; it is precisely the advances in medicine that make response and proximity to immediate care so critical. We know this from horrible events in the cities and highways of America, and knowledge gained from the rice paddies of Viet Nam and the deserts of Iraq and Afghanistan. Lives can be saved and time is critical.
- Now the citizens of Northampton County must accept this reality and address this issue by moving forward, not backward, to enhance our emergency response capability and build relationships with medical service providers using the latest technology to make our citizens even safer, with access to the best care they can possibly receive.
- Let's begin that process immediately.
- Thank you.