

Report of the Ad Hoc Emergency Services Committee  
January 12, 2016

Summary

Northampton County needs to address five issues to ensure adequate EMS coverage when the hospital moves to Onley. These are:

- Building
- Staffing (both County and Volunteer)
- Equipment
- Pay and benefits
- Contractual relationship between the County and the three volunteer agencies.

The remaining work undertaken by the Ad Hoc Committee has import for overall medical outcomes for our citizens and can continue to be explored and addressed. However, to ensure we maintain the speed and quality of EMS service to our citizens, the above five issues must be addressed in the remaining part of this fiscal year and be fully included in Fiscal 2017 and beyond. The committee specifically supports the need for an adequate building for our county EMS, the purchase of an additional ambulance and related equipment, the gradual increase in staff, and ensuring an appropriate replacement schedule for capital and major equipment for all EMS units.

The specific recommendations from the committee and the EMS director are contained in Appendices A & B.

The county does not have the population/demand to support a critical access hospital, nor a standalone emergency room. It is not clear that we can even support a full service “urgent care center”. Most Urgent Care Centers are dependent upon more volume and a higher percentage of fully insured patients than our patient base provides. A variation of “urgent care” with extended hours and appropriate services may be feasible and should continue to be pursued.

The Riverside Healthcare Association should be encouraged to meet at least the spirit of their promises as expressed in the COPN. Failing that, the County should seek other medical providers more willing to provide needed services.

The current expected demand upon and fiscal and staffing needs of EMS after December 2016 appear to be justified and should be planned for and implemented as needed. This includes an appropriate building for County EMS and a gradual ramp-up of training and staffing in the remaining fiscal year-2016, expecting the major impact to fall in fiscal 2017.

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A strong volunteer EMS is of great benefit both to the taxpayer and the sense of community as a whole. To the extent possible and feasible, the volunteer agencies should be supported and assisted. However, the national trend is not positive. When volunteer agencies cannot fulfill their obligations, the County must be in position to continue to offer prompt fully qualified coverage to all citizens. To work co-operatively and successfully there must be fair and firm agreements between the agencies and the County to cover all contingencies. Currently, paid County staff provides assistance for approximately 85% of all calls. The County provides more than 75% of the staffing requirement for two volunteer units and the third unit has experienced having more than 2/3 of their regional calls handled by another unit. If the county were not providing volunteer units with extensive staffing, the call response would be low for all volunteer units.

The committee's current charge (April 8, 2014, amended August 11, 2015) from the Board of Supervisors is to:

1. Engage in discussions with existing medical service providers as well as potential new providers to determine level of interest to extend existing hours of operation and/or establish new levels of service delivery in Northampton County; determine costs for providing new and/or expanded hours of operation and if financial assistance either by the County or through outside funds (federal or state grants or through donations) is necessary in order for such expanded service to be offered.
2. Work with County personnel and the volunteer companies in examining the requirements and potential implementation of an "EMS" tax to support the cost of increasing the number of qualified EMTs, as identified in the Ad-Hoc Committee report.
3. Work with the County EMS Department, the volunteer EMS companies, and the appropriate state agencies to review the current required EMS protocols relating to EMS response and transport to "defined medical facilities" and determine if flexible language can and should be pursued to expand the types of medical facilities that can receive transports from EMS units.
4. Work with County personnel to develop recommendations for specific property locations for helipads in the northern, central and southern locations; include in this recommendation an estimated cost to improve the potential properties and rank the suitability of property, if there is

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more than one choice per the 3 “zones” of northern, central and southern locations.

5. Work with County personnel and the volunteer EMS companies to develop a proposed agreement that addresses staffing needs and assignments, including the usage of paid County staff within the volunteer companies, status of equipment and development of a proposed capital plan for ambulance replacement, requirements of training to maintain certifications, and consideration of potential stipend payments relative to both staffing needs and training needs.
6. Develop a 12-month pilot program known as the “EMS Utilization Intervention Program,” including partners and funding support.

Summary of work and recommendations relative to the charges:

- 1) Our discussions with service providers are ongoing. Both Riverside and Rural Health are offering longer or Saturday hours at some locations. We are still short of ensuring access to non-emergency room care seven days a week and for not less than 12 hours a day.
  - a) Our recommendation is to continue to seek a provider and funding willing to commit to extended hour care with at least a nurse practitioner or physician’s assistant on duty. This care should include access to lab, radiology, and pharmacy as needed.
- 2) The committee recommended to the Supervisors implementation of an Emergency Services tax in January 2015.
  - a) At its December 17, 2015 meeting the committee re-affirmed that recommendation.
- 3) The determination of appropriate protocols is a prime responsibility of the Operational Medical Director. The EMS department will have a new OMD in January.
  - a) Review of protocols will be among the OMD’s tasks.
- 4) The recommendation for additional helipads is considered low priority and can be taken up as any appropriate development arises.
- 5) Contractual agreement between County and Volunteers
  - a) *The development of a comprehensive funding and operating agreement between the County and the volunteer EMS departments is **critical**.* The County is currently providing staff support for up to 85% of all calls. At present, loss of access to volunteer owned buildings or

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ambulances would be greatly detrimental to providing proper EMS response; far more so than the loss of any particular volunteer company's staffing.

- b) The committee recommends the Supervisors assign a task force to explore and seek a comprehensive agreement with the volunteer agencies. We recommend two Supervisors be part of the task force. The parameters to be considered in such an agreement are covered in Appendix B.
- 6) The pilot program is on track to start in January and we should begin to have actionable data within six months.
- a) If the data demonstrates better EMS transport demand and health outcomes, then consideration can be given to making the program permanent and appropriate funding determined. If the pilot proves successful, it is in the benefiting agencies interest to make the program permanent.

Under the original committee charge of: "Any other service offerings that could improve the provision of emergency care in Northampton County"; the committee has been working with a Strategic Plan that outlined seven goals. These goals are:

Goal I: Create a strong, well-equipped, well-staffed EMS system to serve all residents of Northampton County.

Goal II: Enhance, support and increase primary care resources in the county.

Goal III: Provide urgent care service in Northampton County.

Goal IV: Create telecommunications infrastructure to support medical services.

Goal V: Educate the public regarding health care resources and how to best use such resources.

Goal VI: Generate revenue to support medical services in Northampton County.

Goal VII: Develop a system for accountability and monitoring of health services in Northampton County.

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- Goal I The committee's recommendations for Goal I are the major consideration of this report and are covered above and in Appendix A. A significant part of accomplishing this goal is greater involvement of the educational community in advising our citizens of EMS opportunities and providing the education and testing required.
- Goal II is being partially met with expanded hours at Cape Charles Medical Center and the proposed consolidation of Rural Health at a new facility in Eastville. More work needs to be done in this area. The citizens need providers that are available seven days a week and at least 12 hours a day. With such service available and an educated public, some pressure on our EMS services would be lessened.
- Goal III: Riverside is clearly not keeping their promise to provide "urgent care" in Nassawadox. "Urgent Care" is a somewhat nebulous term. What is really needed in Northampton, for both lower utilization of EMS and better health outcomes, is expanded availability of primary care with available diagnostic lab, radiology, and pharmacy as needed. Discussions should continue with alternative providers and the Northampton Medical Foundation to fulfill this outstanding need.
- Goal IV: This goal is progressing. ESVBA has offered an RFP for full wireless broadband coverage and is in negotiation with one or more respondents. Our request for a wireless tower study to develop a strategic plan for current and future communication needs including public safety, broadband and cellular will be partially fulfilled by an agreement between Virginia Tech and the state Center of Innovation Technology. This study will cover ideal tower locations with detailed propagation maps. We still need to obtain grant funding to cover surveying providers and users as to their plans and needs.
- One method by which we can reduce the need for EMS services and improve patient health is through telemedicine both for patient monitoring and care provision. Full implementation of this goal would make telemedicine feasible for our citizens.
- Goal V: Through publication, websites and social media, we will need an ongoing program to inform the public of available medical services as well as transportation options.

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Goal VI: Combined with goal seven we have an opportunity, in co-operation with the new Foundation, to seek funding for improved patient outcomes, which benefit not only the patients, but also the payers. The “Healthy Communities” program and the state push toward “accountable care” can both assist in achieving these goals. Medicare and Medicaid reimbursements are beginning to allow for more non-traditional care reimbursements. These changes, if they continue and are adopted by insurers, will significantly assist our efforts. An Emergency Services Tax can provide the funding necessary to absorb the impact of the hospital move on EMS.

Goal VII: The pilot study will provide important data on some of our most severe medical needs. Combined with the above-mentioned two initiatives, we should have considerable data available. HIPPA restrictions will, of course, be met.

### Transportation

Transportation issues continue to significantly affect good patient outcomes. Lack of transportation leads to delayed seeking of care, many missed appointments, and inappropriate use of ambulances services—whether for transportation or due to critical issues which should have been addressed earlier. The current state contract for “medical taxi” services does not serve the Eastern Shore in an effective manner.

The Shore needs to establish a medical transport system, which provides door-to-door service for poorly mobile patients. We have many vans already in service on the Shore, some with wheel chair capability, which sit idle for large portions of the day. A Shore based medical taxi service with co-operative agreements with van operating agencies and appropriate funding/reimbursement mechanisms needs to be made operational. The Eastern Shore Healthy Communities may be the choice for lead agency in this effort. Under the initiative of Ms. Stern, Rural Health is moving forward on a portion of this need in co-operation with CSB.

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Appendix A

Excerpts from: Northampton County Emergency Medical Services  
EMS System Overview and Plan  
December 17, 2015

**Requirements**

An EMS agency shall provide service within its primary service area on a 24-hour continuous basis.

Each locality shall seek to ensure that emergency medical services are maintained throughout the entire locality.

In accordance with our response plan, an EMS agency will 90% of the time have a unit on scene within 20 minutes of the time of dispatch, 24 hours a day.

**Considerations to Lessen Impact of Hospital Move**

Implement strong EMS training program

Rebuild the volunteer EMS system

Pilot program, “Advanced/Community Public Health Nurse Assist”

**Considerations/Recommendations**

**Equipment – Vehicles**

The increase of county personnel in the volunteer stations lessens the need for volunteers to run calls. If an agency does not have personnel and call volume, their ability to maintain state licensure as an EMS agency comes into question.

An agency’s loss of licensure brings the following struggles for County staff:

Loss of ambulance(s) to utilize

Loss of needed building in call district to house ambulance(s) and personnel

It is recommended a contract be put in place with each agency outlining how their ambulances, equipment and supplies can continue to be used both on a temporary and/or permanent basis if the need should arise. These details should be formulated with input from the VA Office of EMS, the County Attorney and others as identified.

Enough space should be considered at the Machipongo site in the event services need to be centralized due to loss of any or all facilities. This is not the recommended way to provide EMS services to the County, however, it would be an interim option on county owned property and could be cost saving. An appropriate agreement between the agencies and the county can reduce this need.

**Disposable Supplies & Training**

While not a current problem, concerns exist with ensuring vehicles/equipment are properly maintained and disposable medical/cleaning supplies are readily available.

Consideration should be made to place the \$90,000 received from Exmore and Cape Charles into a fund to bulk purchase disposable medical/cleaning supplies for all ambulances, oxygen and potential capital purchases.

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A review of this fee needs to be considered to ensure it is assessed fairly across all stations with assigned county personnel. Potentially this could be based on shifts county staff cover thereby affecting the revenue generated in each station.

Any leftover funds could be utilized to purchase new/updated equipment to benefit all.

### **Capital Plan**

A Capital plan needs to be developed to include a replacement schedule of all EMS vehicles and any piece of equipment costing more than \$5,000 (monitor/defibrillator, stretcher, etc.). A unified approach to ambulance/vehicle design, equipment specifications and funding sources should be included with this plan.

Examples of needs:

#### 1. Ambulances

Three (3) ambulances at or near replacement time

#### 2. CPR devices

Need a Lucas Chest Compression System on each ambulance, for a total of three (3) more needed

#### 3. Difficult airway management equipment

Need difficult airway management equipment on all ambulances

#### 4. Power stretchers

Need a power stretcher on each ambulance, for a total of two (2) more needed

Consider six (6) patient loading systems as now required on all new ambulances beginning July 1, 2015

### **Personnel**

The logistics and funding required to provide a dual role fire/medics is significant and is not recommended at this time. The EMS impact with the hospital move is enough burden for the County to bear.

Career Recruitment/Retention:

Need additional pay incentive

Need Hazard Duty Retirement Package

Majority of EMS providers lost to Accomack County. Accomack is losing providers to Wallops, Virginia Beach, Norfolk, etc.

Need to reach into Tidewater market by providing payment of bridge tolls

Volunteer Recruitment:

Work with high school to offer elective for juniors and seniors to attend EMT class.

Work with TEMS to get EMT practical testing back on the Shore.

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Work with ESCC to provide EMT written testing, as a Pearson Vue Testing Center.

Long term, work with ESCC to offer EMT training as a career studies course.

## **Funding the Stations**

The Board of Supervisors should set the ambulance billing fee schedule used by all agencies, including write offs. Pursuit of collections will be at the discretion of each agency.

All EMS agencies shall utilize the same billing company, negotiated by the County. This will allow for electronic submission through EMS charts for all EMS agencies.

Billing monies will remain separate and payable to each transport agency.

Operational Medical Director:

Dr. Grimes is set to take over the role as Operational Medical Director for all NC EMS agencies on or about February 1, 2015.

Dr. Hatch will remain our Physician Course Director as we begin to move through the training accreditation process, with the hopes of another physician undertaking these responsibilities shore wide upon acquiring three (3) years of experience.

EMS Charts should be used County wide, but on four separate systems with OMD access to all for QA purposes. Each agency should have an appointed QA Specialist responsible for review of all charts and quarter report submission to OMD.

## **Summary**

Prepare to career staff four (4) ambulances during the day time (6a/p) hours and three (3) ambulances during the night time (6p/a) hours. This requires the following:

- Hiring of an additional six (6) EMT-Intermediates/Paramedics and seven (7) EMT- Basic/Enhanced. This will bring us to a total of twenty-four (24) field EMS providers.
- An increase funding of \$697,000 will be required, totaling \$1,785,000 for full-time personnel costs (salaries & benefits).
- Staggered hiring should be done over the next 9 months, beginning in January 2016, to ensure full staff upon the hospital move slated for December 2016.

It is anticipated a total EMS budget of \$2,025,000 will be required to fully fund all positions and operational costs. This does not include anything related to a capital plan.

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Summary of Salary Request

	FY16	FY17	Increase	Percentage
Full-time Salary	\$ 695,229	\$1,077,862	\$ 382,633	55%
Full-time Overtime	\$ 142,382	\$ 273,795	\$ 131,413	92%
Full-time Benefits	\$ 320,672	\$ 432,884	\$ 112,212	35%
Part-time	\$ 70,460	\$ 70,460	\$ -	0%
Part-time FICA	\$ 5,390	\$ 5,390	\$ -	0%
<b>TOTAL SALARY</b>	<b>\$ 1,234,133</b>	<b>\$ 1,860,391</b>	<b>\$ 626,258</b>	<b>51%</b>
Operations estimated	\$ 105,395	\$ 164,610	\$ 59,215	56%
Capital pending	\$ 17,650		\$ (17,650)	
<b>TOTAL BUDGET - estimated</b>	<b>\$ 1,357,178</b>	<b>\$ 2,025,001</b>	<b>\$ 667,823</b>	<b>49%</b>

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Appendix B

**Parameters to be considered in a County/EMS Volunteer Agency agreement**

- 1) If an agency loses its certification or for other reasons ceases to provide service
  - a) Equipment and supplies will continue to be available as needed to the citizens to ensure adequate coverage
  - b) Physical Facilities will likewise continue to be available to service the citizens who supported their creation through donations and taxes
  - c) A unified approach should be developed to provide for capital vehicle and equipment needs, including specifications and funding sources.
  - d) Agencies should agree to maintain vehicles in full working order or notify County of any inability to do so, so that corrective actions can be taken.
  - e) Consideration should be given in any agreement toward the bulk purchase of supplies, maintenance levels, and co-operative funding of those purchases
- 2) Billing
  - a) Agencies should all have billing service providers who can provide appropriate electronic data to “EMS Charts”
  - b) Consideration should be given to having the Board of Supervisors set a billing fee schedule for all units, including policy for write-offs.
- 3) Staffing
  - a) County and Agencies to agree on percentage of revenue paid to county for paid staff at the volunteer agency.
  - b) Parameters of this agreement may include:
    - i) If volunteers are unable to meet agreed staffing percentages and the County provides the necessary staff, revenue allocations may adjust accordingly
    - ii) Agencies agree to support and co-operate with all County efforts for training both additional and current **Error! Reference source not found.**
    - iii) Agencies agree to assist and support County efforts in staffing for more fully trained volunteers
- 4) Employment, paid and volunteer
  - i) Agreement should address need to reduce loss of personnel, (stop being a training ground for others); this may include:
    - (1) Offer bridge toll reimbursement to more fully tap tidewater market
    - (2) Need to do actuarial study on retirement incentive
      - (a) Design and provide an appropriate Hazard Duty Retirement Incentive
- 5) Revenue
  - a) Agencies and County agree on a percentage of the standard hourly cost which will be reimbursed to the County based on # of hours filled by paid staff.
  - b) Sufficient revenue to remain with volunteer agency to enable their operations and maintenance. It is not anticipated that billed revenue will fully cover personnel costs.

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### Appendix C

Call  
data

#### EMS Response Data

July 2014 through June 2015

Performance Measure: EMS agencies will 90% of the time have a unit on-scene within 20 minutes from the time of dispatch, 24 hours a day.  
Response Time = time from 911 dispatch to arriving on-scene.

Table 1: Performance Measure Data

Daytime (Monday thru Friday, 6a-6p)				
District	#	Total Calls	Less than 21 min response time	% 95%
Community FC	13	563	546	97%
Northampton F&R	16	518	503	97%
Cape Charles RS	19	666	621	93%
Out of County	10/11	37	25	
Average Response Time:		9.29	Max:	46

  

Night-time/Weekend (Monday thru Friday, 6p-6a & all Saturday & Sunday)				
District	#	Total Calls	Less than 21 min response time	% 94%
Community FC	13	371	348	94%
Northampton F&R	16	272	260	96%
Cape Charles RS	19	398	375	94%
Out of County	10	17	11	
Average Response Time:		10.49	Max:	34

Total Calls:

Response Time < 21 mins:

2842	
2653	93%
46	maximum

Data represents calls which originated within a particular district.  
Data Source: Eastern Shore of VA 911 Center

Table 2: Mutual Aid Data

Daytime (Monday thru Friday, 6a-6p)						
District: Receiving Aid	13	16	19	31	Other	% Calls Answered
Community FC	13	14	2	16	33	88%
Northampton F&R	16	281	21	34	10	33%
Cape Charles RS	19	29	19	41	2	86%
					91	45

  

Night-time/Weekend (Monday thru Friday, 6p-6a & all Saturday & Sunday)						
District: Receiving Aid	13	16	19	31	Other	% Calls Answered
Community FC	13	26	0	48	13	77%
Northampton F&R	16	82	2	97	1	33%
Cape Charles RS	19	4	4	132	0	65%
					277	14

Table 3: NCEMS Calls

District: Receiving Aid	ALS	BLS	Other	Assists	
Community FC	13	200	343	258	92
Northampton F&R	16	134	337	147	117
Cape Charles RS	19	281	352	322	68
Other	10	14	8	29	3
TOTAL		629	1040	756	85%
					280