Amherst EMS Department

5-Year Strategic Planning Presentation

Performance Based EMS:
Patient Focused - Value Demonstrated - Outcome Driven
MISSION STATEMENT:

- Provide quality emergency medical services that are prompt, skillful, caring and professional to protect our citizens' medical wellbeing.
EMS Strategic Plan Topics

- Overview of “Historical Perspective”
- Trends in Healthcare “Environmental Scan”
- Development of “Mission Statement”
- Planning for the future “Vision Statement”
- Review of “SWOT Analysis”
- Establish “Strategic Objectives” (Goals)
  - Short-term – accomplish within 1-2 years
  - Long-term – accomplish within 3-5 years
- Develop a “Strategic Initiatives” Action Plan
- Implementation of the plan “Vision Dashboard”
- Annual Operating Plans & Budget Discussions
Historical Perspective:

- 1972 Amherst Rescue Squad Established
  - 1972-1998 100% BLS volunteer ambulance service
- 1998 flat rate ambulance billing started
  - $250 BLS / $300 ALS
- 2000 EMS Director hired
  - Total restructuring of department
- 2001 first 4X4 Ambulances purchased
  - To expedite safe response and transport
- 2002 Comstar Ambulance Billing Service
  - Electronic Fund Transfers implemented
- 2003 Paramedic shift coverage 90-95%
  - Enhanced ALS service provided
- 2004 Amherst Academy of EMS established
  - Top quality in-house EMS education
Historical Perspective:

- **2004** Changed from Amherst Rescue Squad to “Amherst EMS”
  - Promoted a “Professional Service” and Academic Institute
- **2005** two Ford Explorers purchased
  - Rapid paramedic response and major EMS scene command
- **2006** wages Adjustment via warrant article passes
  - It was an adjustment and not step increase to retain core staff
- **2007** paid staffing levels enhanced
  - To now include EMT’s and EMT-Intermediates
- **2008- present** Amherst EMS
  - 24/7/365 comprehensive BLS/ALS emergency ambulance transportation service providing care to Amherst & Mont Vernon
Amherst EMS is an “Advanced Life Support” ambulance service managed by a full-time EMS Director.

Staffing 26,280 hours with per-diem employees: (equivalent to 12.6 FTE’s)
- 21 EMT’s
- 7 EMT-Intermediates
- 2 Advanced EMT’s
- 2 Paramedic Interns
- 10 Paramedics.
  - All of our paramedics are certified in (ACLS/PALS) Advanced Cardiac Life Support & Pediatric Advanced Life Support.
Amherst EMS Members:

- Earlene Calabro
- Walter Colby
- Daniel Barton
- Matthew Conley
- Mark Hume
- John Leonard
- Tim Riddell
- Chenais McConnell
- Dan Bonefant
- Chris Buchanan
- Sandra Powers
- Mark Boynton
- Richard Todd
- Karen Lindquest
- Mike Jolin
- Brian Disco
- Brian Gleason
- Jeff Milos
- Dennis Sheppard
- John Hazen
- Katherine Lockwood
- Shaun Morrissey
- Kirk Garland
- Allen Peck
- James Lockwood
- Kyle Snowdon
- Greg Tufts
- Linda Wilking
- Mike Steckевич
- Gary Zirpolo
- Darlene Davison
- M.E. Indelecato
- Aaron Roudabush
- Jon Barker
- Ted Joubert
- Melissa Winters
- Brett LaFosse
- Sarah Winslow
- Corey Bartlett
- Darren Schriever
- Eric Miron
- Roy Olsen
EMS Calls for Service: FY08-FY13

Average # of EMS Responses (609)
Calls for Service Breakdown:
Amherst, Mont Vernon and Mutual Aid Response Percentages:

- Amherst Responses approx. 76%
- Mont Vernon Responses approx. 15%
- Mutual Aid Responses approx. 9%
Current Operating Budget: FY14

Current Operating Budget $527,598

$413,819 Personnel Costs

$113,779 All others expenses

- 79.8% Personnel
- 3.4% Vehicles *
- 2.8% Facilities
- 5.3% Medical Equipment
- 1.1% Office Supplies
- 3.4% Training
- 3.1% Billing
- 1.1% Uniforms

*Does not include yearly $50,000 “Capital Reserve Fund” contribution for vehicle replacement every 10 years of service
Total Revenue FY14 $260,000

- Approx. $20,000 in Ambulance-2 revenue
- Mont Vernon Subsidy $17,000
- Income from Education approx. $8,000

$215,000
Ambulance-1 Revenue

Amberst EMS FY14 Revenue:
Offsets Budget By Approximately 50%
Vision Statement:

To be recognized by our community and employees as:

- A financially responsible partner in the community - sharing a sense of commitment with citizens, service providers, and businesses.

- The model of excellence in promoting emergency medical services and public health.

- A learning organization employing knowledge and empowerment to create an atmosphere of professionalism, involvement, and change.
Benchmarks That Define a Quality EMS System

- **Response Times** - Dispatching the appropriate level of care to the scene within recognized standards

- **Clinical Performance** - Monitoring patient outcomes and protocol compliance

- **Cardiac Arrest** - Amherst EMS had 3 cardiac arrest saves last year

- **Heart Attacks & Strokes** - Early activation of cardiac catheterization lab for emergency angioplasty or surgery

- **Appropriate Hospital Destination** - Medical Center vs. Trauma Center vs. Air Medical Transport
Culture of Continuous Improvement:

Foundations of Best Practices

State of New Hampshire

Patient Care Protocols

Approved by the NH Medical Control Board
January 2013
Measures of EMS Success:

Amherst EMS Maintains 100% Licensure Compliance

ANNUAL INSPECTIONS

COMPREHENSIVE REVIEW

Exceptional happens here.

Continuous Quality Improvement

CQI

ANALYZE

REFINE

IMPROVE
Amherst EMS Patients Treated w/:
“Advanced Life Support” Skills in FY13

Total Calls 699

- Cardiac 38%
- Respiratory 31%
- Trauma 9%
- Medical 17%
- Pediatrics 5%

# of Patients
# Ambulance Run Data Report

### Amherst EMS

*From 07/01/12 To 06/30/13*

Total Number of Runs Based on Search Criteria: 699

## Runs by City

<table>
<thead>
<tr>
<th>City</th>
<th># of Runs</th>
<th>% of Runs</th>
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</thead>
<tbody>
<tr>
<td>Amherst</td>
<td>528</td>
<td>75.54%</td>
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<tr>
<td>Baboosic Lake</td>
<td>1</td>
<td>0.14%</td>
</tr>
<tr>
<td>BEDFORD</td>
<td>3</td>
<td>0.43%</td>
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<tr>
<td>East Milford</td>
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<td>0.14%</td>
</tr>
<tr>
<td>MERRIMACK</td>
<td>2</td>
<td>0.29%</td>
</tr>
<tr>
<td>Merrimack (Town of)</td>
<td>1</td>
<td>0.14%</td>
</tr>
<tr>
<td>MILFORD</td>
<td>46</td>
<td>6.58%</td>
</tr>
<tr>
<td>Milford (census name for Milford Compact)</td>
<td>3</td>
<td>0.43%</td>
</tr>
<tr>
<td>Mont Vernon</td>
<td>107</td>
<td>15.31%</td>
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<tr>
<td>New Boston</td>
<td>1</td>
<td>0.14%</td>
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<tr>
<td>Unknown</td>
<td>6</td>
<td>0.86%</td>
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<tr>
<td><strong>Total</strong></td>
<td><strong>699</strong></td>
<td><strong>100%</strong></td>
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### Times of Call

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<tr>
<th>Time Period</th>
<th>Sunday</th>
<th>Monday</th>
<th>Tuesday</th>
<th>Wednesday</th>
<th>Thursday</th>
<th>Friday</th>
<th>Saturday</th>
<th>Total</th>
<th>Percentage</th>
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<tr>
<td>0001 - 0300</td>
<td>7</td>
<td>9</td>
<td>10</td>
<td>3</td>
<td>5</td>
<td>3</td>
<td>6</td>
<td>43</td>
<td>8.15%</td>
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<tr>
<td>0301 - 0600</td>
<td>8</td>
<td>2</td>
<td>5</td>
<td>8</td>
<td>4</td>
<td>4</td>
<td>9</td>
<td>40</td>
<td>5.72%</td>
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<tr>
<td>0601 - 0900</td>
<td>7</td>
<td>7</td>
<td>9</td>
<td>11</td>
<td>14</td>
<td>11</td>
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<td>9.87%</td>
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<tr>
<td>0901 - 1200</td>
<td>11</td>
<td>13</td>
<td>19</td>
<td>18</td>
<td>12</td>
<td>28</td>
<td>21</td>
<td>122</td>
<td>17.45%</td>
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<tr>
<td>1201 - 1500</td>
<td>18</td>
<td>14</td>
<td>15</td>
<td>28</td>
<td>22</td>
<td>23</td>
<td>18</td>
<td>138</td>
<td>19.74%</td>
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<tr>
<td>1501 - 1800</td>
<td>18</td>
<td>21</td>
<td>13</td>
<td>16</td>
<td>19</td>
<td>21</td>
<td>11</td>
<td>119</td>
<td>17.02%</td>
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<td>1801 - 2100</td>
<td>12</td>
<td>20</td>
<td>9</td>
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<td>12.30%</td>
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<tr>
<td>2101 - 0000</td>
<td>11</td>
<td>10</td>
<td>12</td>
<td>7</td>
<td>7</td>
<td>10</td>
<td>18</td>
<td>75</td>
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<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>7</td>
<td>1.00%</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td>92</td>
<td>96</td>
<td>92</td>
<td>107</td>
<td>90</td>
<td>109</td>
<td>106</td>
<td>689</td>
<td><strong>100%</strong></td>
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</table>
Demographics
- Extended healthcare needs for pediatric & elderly populations
- Medical decisions based upon financial resources
- Community development resulting in increased calls for service

Reimbursements
- Affordable Health Care Act uncertainties
- Private insurance (bundling vs. fee for service)

Specialty Care Interventions
- Expanded scope of care for various underserved populations
- Costs associated with new medical equipment technologies
- Shifting the balance of resources to meet continuous improvement expectations
SWOT Analysis:

**STRENGTHS**
- Operational leadership
- Medical Director leadership
- Quality EMS providers
- Mission driven
- Community support
- Quality Improvement Program

**WEAKNESSES**
- Non-competitive wages
- Economy/budget constraints
- Reliance on volunteers
- Limited ambulance-2 staffing
- Employee retention
- Enhanced training requirements
SWOT Analysis:

**OPPORTUNITIES**
- Amherst Academy of EMS
- Integrated IT enhancements
- Additional Community/Media Awareness Programs
- Grant funding for equipment

**THREATS**
- Unfunded mandates
- Employee turnover
- Insurance reimbursements ↓
- Private EMS
Goal #1 Maintain High Quality of Service

Goal #2 Infrastructure Sustainability
Strategic Initiatives for Goal: #1

- **Strengthen Patient Care Advancements via our “Continuous Quality Improvement” CQI Program and Experienced ALS Providers**
  - Retain our experienced EMS providers and attract additional high quality paramedics to elevate the level of patient care expectations with cost efficient and experienced healthcare providers.
  - Create a competitive compensation plan to attract and retain experienced EMS provider to better serve the communities emergency medical needs
  - Maintain an education environment of academic excellence in patient care.

- **Improve Ambulance 2 Response Time**
  - The end result of enhanced staffing via competitive wages
Increased Employee Retention & Recruitment

Employee Wage Adjustments (FY15-FY17)

- Create a competitive compensation package to wage structure and retain experienced EMS providers to better serve the community
- Competitive wages will reduce attrition and training costs

<table>
<thead>
<tr>
<th>Level</th>
<th>Amherst</th>
<th>AMR</th>
<th>Milford EMS</th>
</tr>
</thead>
<tbody>
<tr>
<td>EMT</td>
<td>$9.40</td>
<td>$12.48-19.07</td>
<td>$12.25-16.10</td>
</tr>
<tr>
<td>EMT-I</td>
<td>$10.00</td>
<td>$14.46-22.07</td>
<td>$13.50-17.35</td>
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<tr>
<td>Advanced-EMT</td>
<td>$10.15</td>
<td>unknown</td>
<td>unknown</td>
</tr>
<tr>
<td>Paramedic</td>
<td>$13.95</td>
<td>$19.25</td>
<td>$16.72-25.55</td>
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</table>
### Employee Wage Adjustments

<table>
<thead>
<tr>
<th>Level</th>
<th>AEMS</th>
<th>FY15</th>
<th>FY16</th>
<th>FY17</th>
<th>AMR</th>
<th>Milford EMS</th>
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</thead>
<tbody>
<tr>
<td>EMT-I</td>
<td>$10.00</td>
<td>$12.85</td>
<td>$15.25</td>
<td>$17.50</td>
<td>$14.46-22.07</td>
<td>$13.50-17.35</td>
</tr>
<tr>
<td>Advanced-EMT</td>
<td>$10.15</td>
<td>$13.00</td>
<td>$15.40</td>
<td>$17.65</td>
<td>unknown</td>
<td>unknown</td>
</tr>
</tbody>
</table>

Total Adjustment | $75,000 | $65,000 | $60,000
Strategic Initiatives for Goal: #2

- Scheduled replacement of aging fleet via long standing established emergency vehicle Capital Reserve Fund (at present $50,000 contributed annually) in accordance with our ongoing fleet preventative maintenance program to provide safe and dependable emergency services. (current balance approx. $176,000)

- Continue to maintain a safe and dependable EMS fleet via an established CIP vehicle replacement program and preventive maintenance program to extend the longevity of our investments.

- Continue to provide the necessary cardiac and medical technology required by state and national regulations via continuous quality improvement standards.
### Net Operating Budget: Expenses minus Revenues

<table>
<thead>
<tr>
<th>Year</th>
<th>Expense Budget</th>
<th>Revenue</th>
<th>Net Cost to Taxpayer</th>
</tr>
</thead>
<tbody>
<tr>
<td>FY14</td>
<td>$260,000</td>
<td>$300,000</td>
<td>$40,000</td>
</tr>
<tr>
<td>FY15</td>
<td>$320,000</td>
<td>$300,000</td>
<td>$20,000</td>
</tr>
<tr>
<td>FY16</td>
<td>$380,000</td>
<td>$300,000</td>
<td>$80,000</td>
</tr>
<tr>
<td>FY17</td>
<td>$440,000</td>
<td>$300,000</td>
<td>$140,000</td>
</tr>
</tbody>
</table>
Preliminary EMS Operating Budget: FY15

Operating Budget $549,898

- $435,097 Personnel Costs
- $114,801 All others expenses

- 80.2% Personnel
- 3.4% Vehicles *
- 2.8% Facilities
- 4.9% Medical Equipment
- 1.1% Office Supplies
- 3.4% Training
- 3.1% Billing
- 1.1% Uniforms

*Does not include yearly $50,000 “Capital Reserve Fund” contribution for vehicle replacement every 10 years of service
Projected FY15 EMS Revenue

Total Projected Revenue FY15 $263,000

- Approx. $23,000 in Ambulance-2 revenue
- Income from Education approx. $5,000
- Mont Vernon Subsidy $17,000

$218,000 Amherst Revenue
## Total EMS Impact to Taxpayer

<table>
<thead>
<tr>
<th></th>
<th>FY15</th>
<th>FY16</th>
<th>FY17</th>
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<tbody>
<tr>
<td>Net Operating Budget</td>
<td>$344,598</td>
<td>$409,899</td>
<td>$463,898</td>
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<tr>
<td>Capital Reserve Contribution</td>
<td>$50,000</td>
<td>$50,000</td>
<td>$50,000</td>
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<tr>
<td><strong>Total Impact</strong></td>
<td><strong>$394,598</strong></td>
<td><strong>$459,899</strong></td>
<td><strong>$513,898</strong></td>
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Amherst EMS Department

5-Year Strategic Planning Presentation

Performance Based EMS:
Patient Focused - Value Demonstrated - Outcome Driven

Thank You