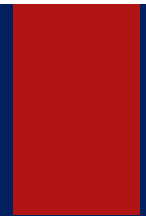


Scott County Board of Supervisors

COMMITTEE OF THE WHOLE MEETING
APRIL 12, 2022



Overview



- ▶ MEDIC EMS Historical Overview, Current Model & State of Operation
- ▶ Future Sustainability
 - ▶ Review of Operational Model Options
- ▶ Next Steps

Our History

- ▶ Collaboratively organized in 1982 by Scott County, St. Luke's, and Mercy Hospitals (precursors to Genesis Health System) in 1982 as a 501c3 corporation at the urging of Dr. John Collins, who identified a need to improve the EMS System in Scott County with 4 ambulances and 32 employees
 - ▶ 8 member Board of Directors with each hospital having 4 Board members
- ▶ Davenport Medical Center joined in 1986 with 2 Board members
- ▶ 5 Public members joined in 1996, bringing the total number of Board members to 15
 - ▶ Scott County Administrator or Chairman of the Scott County Board of Supervisors
 - ▶ Mayor or City Administrator, City of Bettendorf
 - ▶ Mayor of Davenport
 - ▶ City Administrator of Davenport
 - ▶ An elected official or a member of an ambulance or fire service policy board representing outlying ambulance and fire service areas in Scott County, appointed by the Scott County Board of Supervisors
- ▶ Medical Director, Dr. Richard Vermeer, is ex-officio



15 Member Board of Directors



Executive Committee (6 of 15)

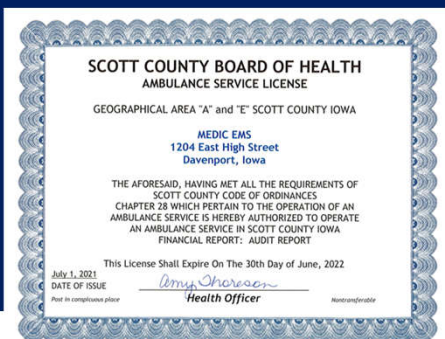
1. Chair: Rob Frieden, Genesis Health System, Vice President, Information Services and Chief Information Officer
2. Vice Chair: Decker Ploehn, Bettendorf City Administrator
3. Treasurer: Dr. Joseph Lohmuller, Genesis Health System, Davenport Surgical Group
4. Secretary: Mellissa Wood, Chief Nurse Executive, UnityPoint Rock Island
5. Theresa Main, President, Genesis Silvis Campus
6. Colleen Mulholland, Care Management, Genesis Health System



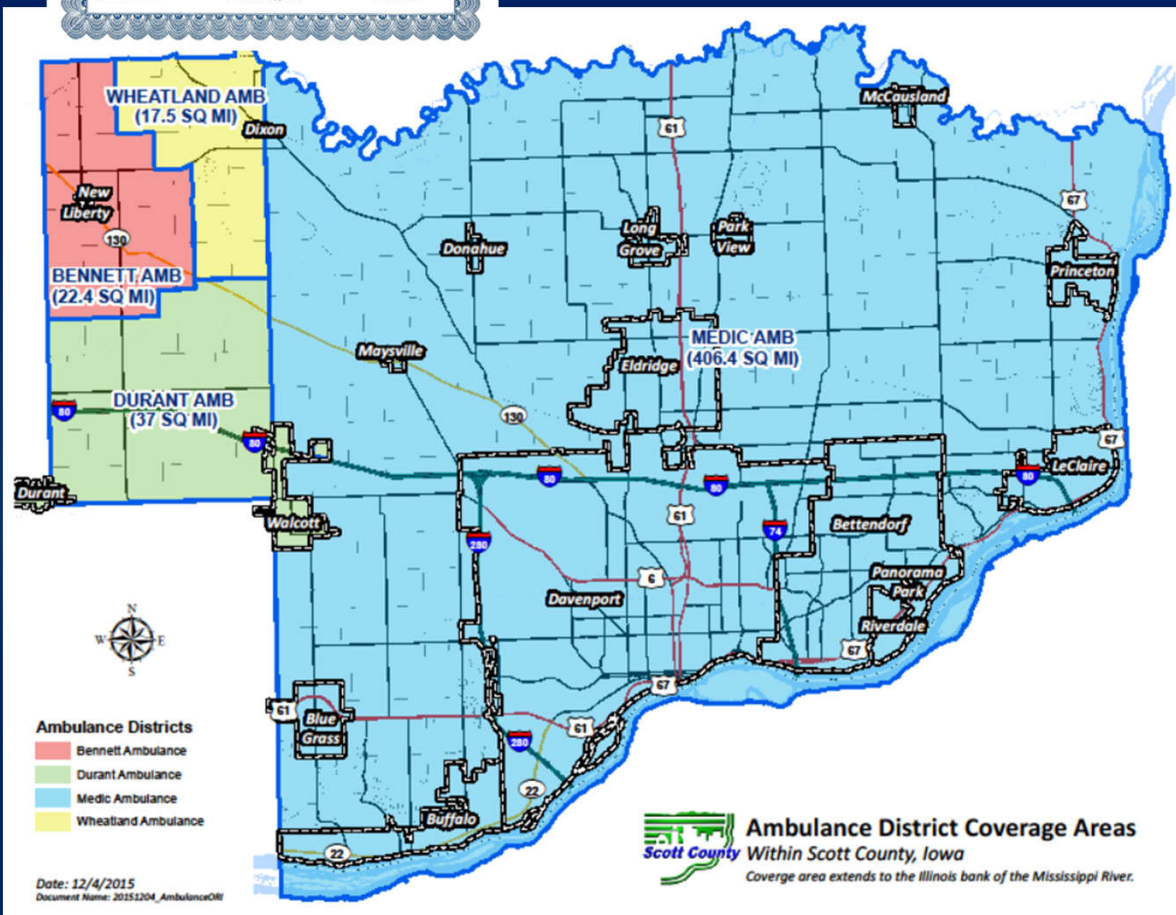
Remaining Directors (9 of 15)

1. Mahesh Sharma, Scott County Administrator
2. Mike Matson, Mayor of Davenport
3. Corri Spiegel, Davenport City Administrator
4. Dennis Gerard, Mayor of LeClaire
5. Dan Sterner, UnityPoint QC ED Director
6. Dr. K. John Hartman, Genesis Health System, Davenport Surgical Group
7. Doug Boleyn, Genesis Health System, Chief Innovation Officer
8. Kevin Rossmiller, Executive Director, Construction & Design, Genesis Health System
9. Dave Kelly, Manager Hazard Mitigation, Genesis Health System

Dr. Richard Vermeer, MEDIC #100, ex-officio



Current Model of Operation



- ▶ Exclusive Scott County Service Provider for Geographical Area A and E and only ambulance transporting service serving Scott County located within Scott County
- ▶ Non-emergency transfer operation in Clinton, IA since 2000
- ▶ Benefits of the Current Model
 - ▶ True County Ambulance System-100% Advanced Life Support for 406 of Scott County's 456 square miles that places patient care squarely at its center
 - ▶ Lack of Silos
 - ▶ Single solution model offers the ability to Load Balance and Allocate Resources
 - ▶ Staffing for scheduled transfers increases capacity for spikes that occur in true emergencies-nearest ambulances are in Muscatine, Durant, Bennett, Wheatland, Genesis DeWitt, Clinton, and Camanche
 - ▶ Performance-based and Fiscally responsible⁵

We've Been Thinking About Sustainability for QUITE Some Time!



Consideration of Operational Model and Financial Sustainability



- ▶ July 30, 2015 MEDIC EMS Executive Committee Meeting
 - ▶ Attended by former Scott County Health Department Director Edward Rivers, Denise Coiner, Chair, Scott County Health Department, and Dr. Kathy Hanson, Board Member, Scott County Health Department
 - ▶ Follow up to the April 2014 TriData Comprehensive Study of Emergency Medical Services commissioned by the Scott County Health Department
 - ▶ Introduced the concept of transitioning MEDIC EMS from a 501c3 corporation to a 28E
 - ▶ Potential Revenue Source
 - ▶ Iowa Offset Program, 44 million recovered in 2014
 - ▶ Potential Expense Reduction
 - ▶ Sales Tax
 - ▶ Fuel Tax-State and Federal
 - ▶ Improved Employee Benefits/Reduction of Turnover
 - ▶ IPERS
- ▶ **Overarching Goal: To assure a funding model that supports a sustainable delivery of Emergency Medical Services and works for our community as a whole**

*Scott County Health Department
Davenport, Iowa*

COMPREHENSIVE STUDY OF
EMERGENCY MEDICAL SERVICES

FINAL REPORT

April 2014



Prepared by:
TriData Division,
System Planning Corporation
3601 Wilson Boulevard
Arlington, VA 22201

MEDIC EMS Subsidization from Scott County

(Current Scott County Contract Allows for up to \$200,000 Subsidy annually)



Fiscal Year	Loss with Scott County Subsidy	MEDIC Loss	MEDIC Excess Revenue Over Expense
2012		\$307,806	
2013		\$159,431	
2014	\$155,210	\$77,062	
2015	\$95,796	\$47,894	
2016			\$109,061
2017	\$8,844		
2018	\$93,035		
2019	\$120,974		
2020			\$950,134
2021	\$170,178		
Totals	\$644,037	\$592,193	\$1,059,195

2018-Washko and Associates Consultants

Synopsis of findings and recommendations

Key Findings

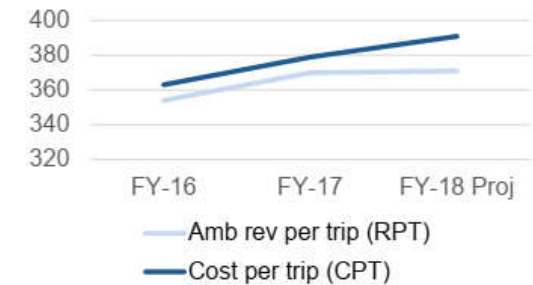
- MEDIC EMS and Scott County are experiencing similar economic and healthcare trends that are being observed throughout the country
- Quad Cities' healthcare systems are following nationwide patterns of consolidation of what was once a fragmented healthcare delivery system.
- The transition from volume to population based care within the area is in its infancy. MEDIC EMS is in a unique position to participate in the transformation as insurers, health systems, and employer groups accelerate their efforts.
- Iowa has a unique structure within the legislative code that may afford MEDIC EMS and Scott County the ability to strategically align in a manner that may provide access to state funds to offset losses associated with serving certain populations.

Recommendations

- Investigate and complete the legal research and due diligence to affirm the benefits and limitations of forming a 28E / JPA entity with Scott County and the associated municipalities.
- Based on the results of the due diligence, strategically design and pursue a 28E / JPA structure that provides MEDIC EMS additional state revenue to offset expenses.
- Complete a financial pro forma of the anticipated financial impacts on costs and revenues.
- Begin to develop and outline a strategy to position MEDIC EMS and its technical and mobile infrastructure to provide mobile integrated health services to both health systems as they transition to value based care.

Key Findings

CPT to RPT Comparison



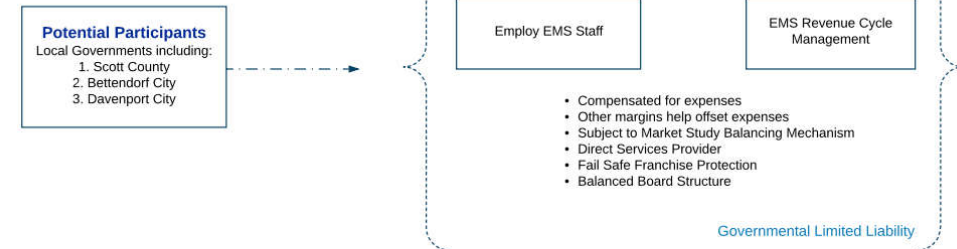
Conceptual Framework Diagram

Governmental Only 28e organization - eligible to access:

- State of Iowa Offset Program
- Ground Emergency Medical Transport Medicaid reimbursement program & ET3 eligibility
- EMT, Paramedic and other staff participating in Iowa Public Employee Retirement System

Updated Date - August 28, 2019
Confidential discussion document

Governmental Entity



For or Non-Profit Organizations, Government



- HF 2285 (GEMT) was passed by the Iowa House on 02/20/2018 and Senate on 03/17/2018
- Washko and Associates consulting visit in March 2018, with final report July 11, 2018
- Centers for Medicare and Medicaid Services State Plan Amendment approved on July 12, 2019

28E Concept Development

- ▶ 28E Agreements Developed by Nyemaster and Associates, with approval by the MEDIC EMS Board of Directors
- ▶ Talking Points Developed
- ▶ 2019-Education for Municipalities and Local Hospital Health Systems

MEDIC EMS
UnityPoint Health - Trinity
October 29, 2019



MEDIC EMS

28E Stakeholder Talking Points

Founded in 1982, MEDIC EMS is a 501(c)(3) not for profit emergency medical services corporation, dedicated to providing emergency and non-emergency ambulance transportation, dispatching, and electronic patient care record services.

Headquartered in Davenport, Iowa, MEDIC EMS is integral to public safety in the Scott County infrastructure, serving a population base of approximately 175,000 people. MEDIC's primary 9-1-1 ambulance coverage area is approximately 406 (89%) of Scott County's 456 square miles, and in addition to ambulance transportation, MEDIC has maintained an ambulance dispatching division for the past 25 years. An award-winning agency known for a high level of quality service delivery, MEDIC EMS was the first Iowa ambulance service accredited by the Commission Accreditation of Ambulance Services (CAAS) in 1996, and in 2011, its dispatch center was the 150th agency accredited by the International Academy of Emergency Dispatch in the world. Delivery of services is accomplished by a highly trained staff of 160 emergency medical services professionals, 20 ambulances, 3 command and 2 support vehicles.

While MEDIC EMS continues to operate efficiently, a shift in payor mix has contributed to a gradual reduction in revenue. In 2018, the MEDIC EMS Board of Directors began a strategic initiative to evaluate the sustainability of both the current as well as future corporate structure. Following a comprehensive review, the MEDIC EMS Board of Directors unanimously approved the restructuring of our current 501(c)(3) not for profit status to a 28E Agency, which is a government body created by two or more government bodies. Section 28E of the Iowa Code is a useful tool for cities, townships and counties, which can (1) provide authority, requirements and guidance in methods used to share resources, services, and (2) develop new agencies for providing services.



28E INTERGOVERNMENTAL AGREEMENT

By and Among the
City of Davenport, Iowa,
the City of Bettendorf, Iowa,
and the Board of Supervisors of Scott County, Iowa,

THIS 28E INTERGOVERNMENTAL AGREEMENT ("Agreement") is entered into as of the ____ day of _____, 2021, by and among the Cities of Davenport and Bettendorf (collectively, "Cities") and the Board of Supervisors of Scott County, Iowa ("Scott County"), in accordance with Iowa Code Section 28E.12. Each of the Cities and Scott County may be referred to herein as "Party" or "Member" and collectively, as "Parties" or "Members".

WITNESSETH

WHEREAS, MEDIC EMS was founded in 1982 as an Iowa nonprofit corporation to provide multiple services to the Quad Cities area including both emergency and non-emergency ambulance transportation, dispatching, and electronic patient care record hosting services; and

WHEREAS, the Parties desire to utilize the existing relationships and structure of the nonprofit corporation MEDIC EMS to develop a 28E entity to be called the MEDIC EMS Mobile Integrated Health System to implement a business plan to improve the clinical, operational, and financial performance of mobile integrated health services for the Quad Cities area; and

WHEREAS, in accordance with the business plan, it is the recommendation of the Parties to maximize the tax, personnel, and other benefits available to the provision of service through a 28E arrangement while allowing for the flexibility of future innovation for the service provision that is in the public interest and the interest of consumers of such mobile integrated health services; and

WHEREAS, the Parties desire to establish MEDIC EMS Mobile Integrated Health System, including ambulance service, under Iowa Code Chapter 28E to serve the emergency and non-emergency transportation needs of each jurisdiction; and

WHEREAS, upon the establishment and commencement of operations of the 28E entity the Parties agree to dissolve the Iowa nonprofit corporation MEDIC EMS; and

WHEREAS, based upon national research, local practice, and a business plan developed

BENEFITS OF A

28E INTERGOVERNMENTAL AGREEMENT

ARE MANY, AND INCLUDE:

Operational Benefits

Improved ability to configure the organization to better respond to surge events	Enhanced integration with the Scott Emergency Communication Center	Capacity to determine and deploy placement of ambulance stations in response to population shifts	Maintain, protect, and improve the Scott County EMS infrastructure, allowing for continued effective and efficient out of hospital patient care and treatment
Improve response in rural areas, with reduced dependence on out-of-county volunteer organizations for coverage of the northwest section of Scott County	Improved ability to recruit and retain valuable EMS personnel	Ability to enter into agreements with other jurisdictions for mutual aid response	Facilitate the enhancement of county-wide EMS

Enhanced Revenue Opportunities

Iowa Offset Program participation will provide predictable, balancing revenue through recovery from personal income tax returns and casino winnings from those with outstanding debt	Potential for Ground Emergency Medical Transport (GEMT) funding, which could increase revenue by \$775,000 annually	ET3 Demonstration Project funding: 5 year program geared towards governmental providers
--	---	---

Expense Reduction

Improved employee benefits should result in reduction of turnover	Sales tax exemption (5% on vehicle purchases and 7% sales tax)	State and Federal Fuel Tax exemption, estimated at \$40,000 savings annually	Stabilization, with a goal of ambulance rate reduction for patient transport
---	--	--	--

Employee Benefits

Enrollment in the Iowa Public Employment Retirement System (IPERS), a defined benefit, vs. current defined contribution program

Responding to challenges over the years, MEDIC EMS has become a de facto county EMS system, and, in performing 98.5% of ambulance transports originating in Scott County, is in fact the county's EMS infrastructure. A structural change to a 28E Agency would allow control of the MEDIC EMS operation by its founding governments, concurrent with public interest.

**Forward to Our
Current Situation...
What Changed
Since 2019?**



#1-Significant Payor Mix Shifts

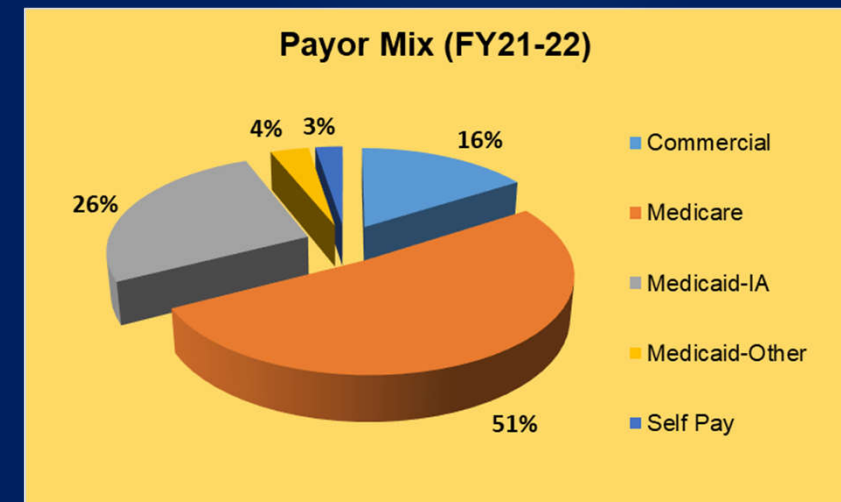
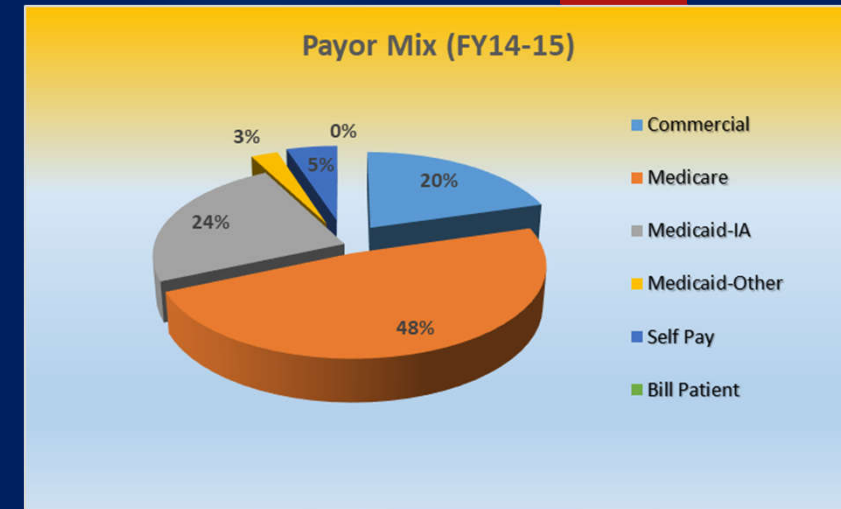
► Fixed Payors are unaffected by rate increases

- FY11-Medicare 50%, Medicaid 17%=67% Fixed
- FY15-Medicare 48%, Medicaid 27%=75% Fixed
- FY22-Medicare 51%, Medicaid 30%=81% Fixed

► Reduction in Commercial Insurance

- FY11-20%
- FY15-20%
- FY22-16%

► Self Pay Usually Means “No Pay”



#2-Personnel Challenges

- ▶ We typically compete with Fire Departments for personnel who desire a defined benefit retirement plan
- ▶ In 2019, we began to see a loss of employees to hospital Emergency Departments, Clinics, and Procedural Areas to cover for a Nursing Personnel Shortage
 - ▶ Hospitals are offering shift differentials, call-in bonuses, and significant hiring incentives
- ▶ Impending minimum wage increase in neighboring states
- ▶ General workforce shortages in every occupation
- ▶ Impressive monetization of the system and need for Pay Equity
- ▶ Sustainability concerns



MEDIC EMS Board of Directors Special Session March 3, 2022

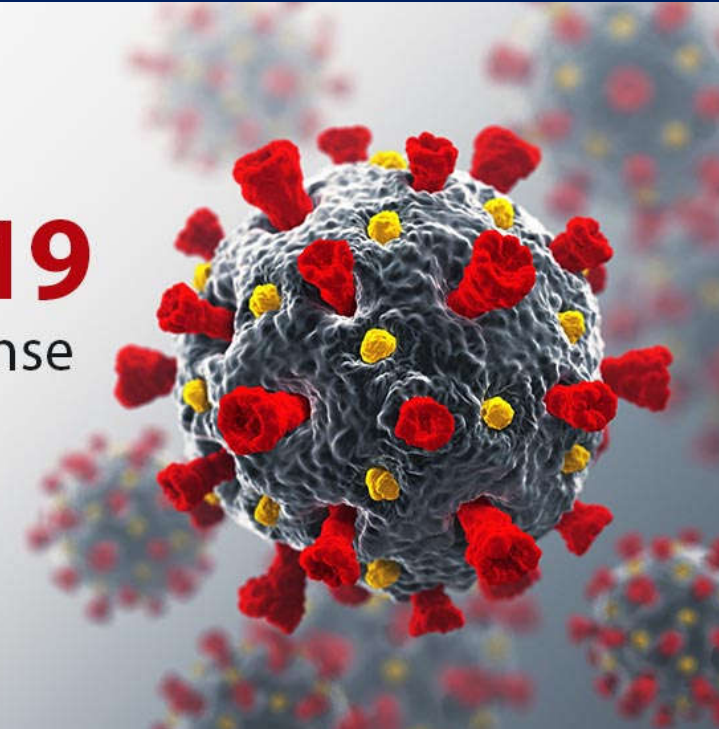
Location	Level	Type	Starting Hourly	Hourly Difference From MEDIC EMS	Population
MercyOne, Clinton	Paramedic	Hospital	Not Posted		25,416
Travel Paramedic- Ambulnz NY LLC, Des Moines	Paramedic	Ambulance	\$ 44.44	\$ 25.34	Unknown
Iowa Falls, IA	Paramedic	Ambulance	\$ 28.64	\$ 9.54	5122
Health Assessments and Plans Communications Specialist, IA	Paramedic	IDPH	\$ 26.59	\$ 7.49	Unknown
EHDI Follow-Up Coordinator, IA	Paramedic	IDPH	\$ 26.59	\$ 7.49	Unknown
Boone County Hospital, IA	Paramedic	Ambulance	\$ 26.44	\$ 7.34	26,234
Disease Intervention Specialist, Dubuque County	Paramedic	County	\$ 25.42	\$ 6.32	97,311
West Des Moines	Paramedic	Ambulance	\$ 25.35	\$ 6.25	65,606
Keokuk County	Paramedic	Ambulance	\$ 24.57	\$ 5.47	10,324
VAN BUREN COUNTY HOSPITAL, IA	Paramedic	Ambulance	\$ 24.74	\$ 5.64	7,150
Mayo Clinic, MN	Paramedic	Ambulance	\$ 23.56	\$ 4.46	85,915
Iowa County EMS, IA	Paramedic	Ambulance	\$ 23.40	\$ 4.30	16,189
Pivot Onsite Innovations, Middle Amana, IA	Paramedic	Industrial	\$ 23.00	\$ 3.90	778
Ankeny, IA	Paramedic	Ambulance	\$ 22.53	\$ 3.43	61,938
Washington County, IA	Paramedic	Ambulance	\$ 22.98	\$ 3.88	21,965
Johnson County, IA	Paramedic	Ambulance	\$ 22.07	\$ 2.97	151,140
Bellevue, IA	Paramedic	Ambulance	\$ 22.00	\$ 2.90	2,157
Henry County, IA	Paramedic	Ambulance	\$ 22.00	\$ 2.90	19,941
Buena Vista Regional, IA	Paramedic	Ambulance	\$ 21.65	\$ 2.55	19,620
Spencer Hospital, Iowa	Paramedic	Ambulance	\$ 20.77	\$ 1.67	11,052
Genesis Ambulance	Paramedic	Ambulance	\$ 20.53	\$ 1.43	55,536
Area Ambulance, IA	Paramedic	Ambulance	\$ 20.50	\$ 1.40	171,629
Lee County EMS, IA	Paramedic	Ambulance	\$ 20.16	\$ 1.06	33,657
Algona EMS, IA	Paramedic	Ambulance	\$ 20.00	\$ 0.90	5,447
Pocahontas Ambulance	Paramedic	Ambulance	\$ 20.00	\$ 0.90	1,574
City of Indianola, IA	Paramedic	Ambulance	\$ 19.90	\$ 0.80	15,802
AMT, IL	Paramedic	Ambulance	\$ 19.49	\$ 0.39	113,532
Mercy, Iowa City	Paramedic	Hospital	\$ 19.34	\$ 0.24	74,950
MEDIC EMS	Paramedic	Ambulance	\$ 19.10	\$ -	198,359
Dysart Ambulance, IA	Paramedic	Ambulance	\$ 18.00	\$ (1.10)	1,391
Mitchell County EMS, IA	Paramedic	Ambulance	\$ 17.95	\$ (1.15)	10,608
Missouri Valley, IA	Paramedic	Ambulance	\$ 17.00	\$ (2.10)	2,640
CSL Plasma, Des Moines	Paramedic	Lab	\$ 16.39	\$ (2.71)	Unknown

#3-The COVID-19 Pandemic

- ▶ Supply Cost Increases and Shortages
- ▶ Personnel Fatigue, Illness, and Burnout
- ▶ Significant Workload Increase

COVID-19

Impact & Response



Consideration of Different EMS Service Delivery Models

Option #1- Pursue Chapter 422 D, a County Essential Service

- ▶ Currently exists in 2 of Iowa's 99 counties
- ▶ 60% voting question would need to be placed in city election, a special election, or a general election
- ▶ Good for a maximum of 10 years
- ▶ Can be a combination of local option income surtax, or up to \$0.75 per \$1,000 of assessed value within the county; \$0.75 would generate up to \$7,525,086.91 for FY23
- ▶ Requires the adoption of an Emergency Medical Services Advisory Council (EMSAC)
 - ▶ EMSAC shall annually assess and review the EMS needs of the county and shall include the results of such review and assessment in an annual report filed with the Board of Supervisors
 - ▶ EMSAC determines the distribution of money (County, County & NFPs, Other arrangements)
- ▶ A resolution of the EMS declared an essential service shall be deemed void if the proposition to impose the taxes fails at the election, or the authority to impose the taxes expires, or if a referendum occurs to remove the resolution
- ▶ Further research is required to meet the legal requirements for countywide application.

Option #2-Reorganization to a 28E



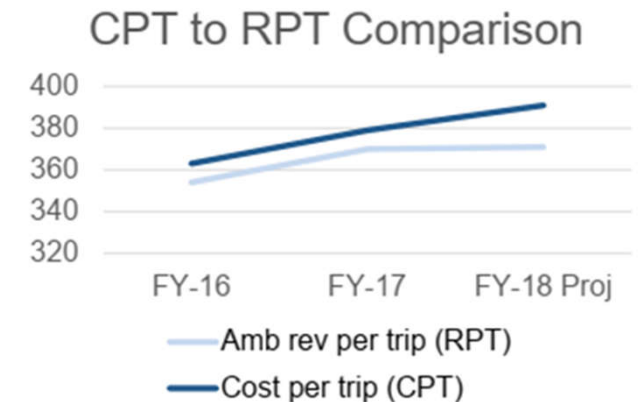
- ▶ Governmental members only ranging from joint agreement between Scott County, Bettendorf, Davenport, and potentially others
- ▶ Not as advantageous to the county as a whole due to a change in the governmental funding model, and specifically, the GEMT revenue
- ▶ Allows for collaborative governance to address operational issues to collectively determine best practices and solutions

Option #3-MEDIC EMS Remains a NFP 501c3



- ▶ Static, uncertain revenue streams threaten the continued viability of this option
- ▶ The cost of providing service, which is extremely reasonable when compared to other EMS agencies, exceeds the revenue generated
- ▶ Payroll represents 55-59% of budget
- ▶ To move towards pay equity, budgeted expenses will increase by 15% by 2024, with only a 2% increase in revenue
- ▶ Revenue drives the budget
- ▶ Continued survival as a 501c3 is entirely uncertain

Key Findings



Option #4-MEDIC EMS Dissolves



- ▶ The question of providing ambulance services returns to each municipality and the County Health Board
- ▶ County Code Chapter 28
- ▶ Other municipalities are looking at other models
- ▶ What do we lose if MEDIC EMS dissolves?

CHAPTER 28 AMBULANCE SERVICE

SECTIONS:

- 28-1. SCOPE AND PURPOSE
- 28-2. DEFINITIONS
- 28-3. LICENSES REQUIRED AND EXCEPTIONS
- 28-4. AMBULANCE SERVICE: APPLICATION, LICENSING, INSURANCE AND CONFORMANCE REQUIREMENTS
- 28-5. DESIGNATION OF AMBULANCE SERVICE AREAS
- 28-6. STANDARDS FOR AMBULANCE (VEHICLE) DESIGN
- 28-7. STANDARDS FOR PATIENT CARE EQUIPMENT AND SUPPLIES
- 28-8. DUTIES OF HEALTH OFFICER
- 28-9. SUSPENSION, REVOCATION OF LICENSE
- 28-10. OBEDIENCE TO TRAFFIC LAWS, ORDINANCES AND REGULATIONS
- 28-11. PENALTIES
- 28-12. COMMUNITY MUTUAL AID AGREEMENT
- 28-13. SEPARABILITY
- 28-14. RULES
- EXHIBIT A APPLICATION FOR LICENSING OF AMBULANCE SERVICE
- EXHIBIT B STANDARD TRIP TICKET FORM

SEC. 28-1. SCOPE AND PURPOSE

A chapter governing and providing standards for the licensing, inspection and operation of ambulance services, and providing for renewal and revocation of licenses and requiring written reports, and providing for traffic regulation of ambulances, and establishing penalties for violation of its provisions.

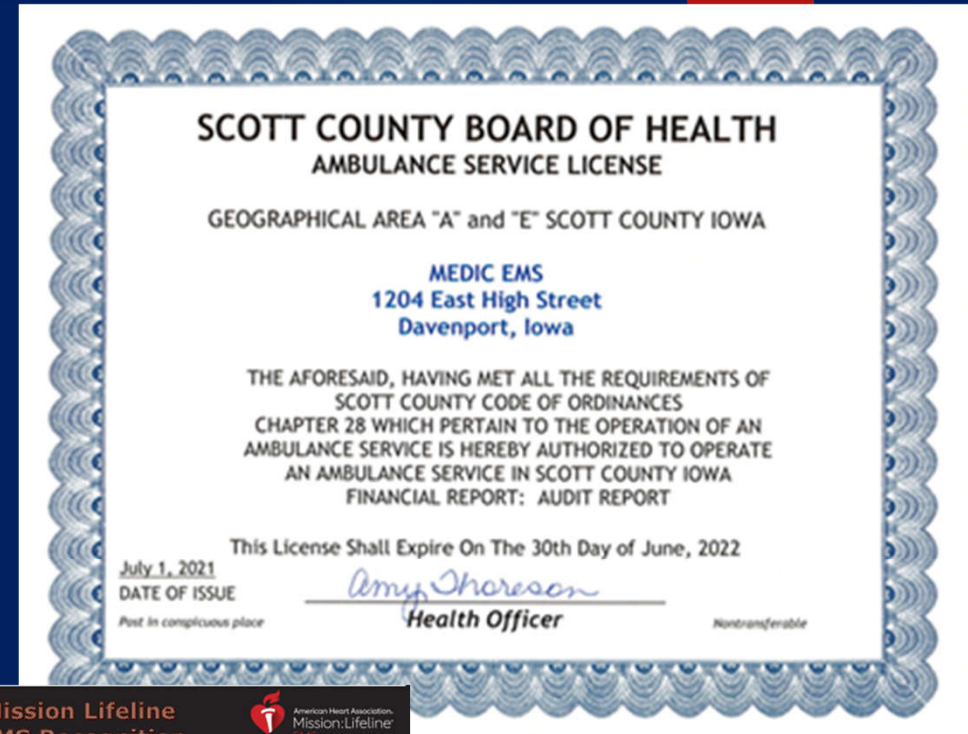
SEC. 28-2. DEFINITIONS

Unless otherwise specified, the following terms shall mean:

- A. "Ambulance Service": Any business or service which transports patients in Scott County.
- B. "Ambulance": Any privately or publicly-owned motor vehicle or aircraft that is specially designed or constructed, and equipped, and is intended to be used for and is maintained or operated for the transportation of patients.
- C. "EMT-A": An Emergency Medical Technician-Ambulance, currently certified by the Iowa State Department of Health.
- D. "Driver": An individual qualified under the laws of the State of Iowa to operate a motor

A Single Source Ambulance Service

- ▶ Largest transporting service in Iowa that has served Scott County since 1982
- ▶ Licensed to serve 80% of Scott County's square miles, but 95%+ of the population and calls for service
- ▶ Complete lack of silos with the ability to balance resources and flexibly deploy ambulances the entire coverage area, caring for every patient in need, regardless of geographic location
- ▶ Service and Dispatch Accredited, and Mission Lifeline Award Recognition



Valuable Resources



- ▶ #1-A talented, driven, accredited team **proud** to serve Scott County for the past 40 years-authorized at 167 employees
 - ▶ Paramedic Division
 - ▶ Critical Care paramedic capable since 2006
 - ▶ MED-COM Dispatch
 - ▶ ACE Accredited by the International Academies of Emergency Dispatch since 2011
 - ▶ Rural Volunteer Division
 - ▶ Eldridge 1999
 - ▶ LeClaire 2001
 - ▶ Blue Grass 2014
- ▶ 20 Advanced Life Support Ambulances, all of which will soon be equipped with mechanical ventilators



Single Access Point for Emergency Medical Services in Scott County



- ▶ MED-COM has been co-located at SECC since its inception in 2011, and provides ground ambulance dispatching for all 9-1-1 services in Scott County
- ▶ Who provides this if we don't? Will SECC absorb this responsibility and \$1,200,000 annual expense?

Item Analysis	FY22 (1 st 6 months)	FY21	FY20	FY19	FY18
Total Expenses	\$576,030	\$1,154,757	\$1,178,749	\$1,116,278	\$1,071,158
Administrative Allocation- Dispatch	\$74,745	\$145,904	\$150,906	\$125,568	\$129,815
Dispatch Revenue	\$75,530	\$181,590	\$181,942	\$185,137	\$186,756
MED-COM Allocation	\$575,245	\$1,117,323	\$1,147,712	\$1,056,708	\$1,014,217
Excess Revenue Over Expense	\$0	(\$1,748)	\$0	\$0	\$0

Patient Focused

Making a Difference with Patient Care Advances

1. Field Electrocardiograms since 1998 to get patients to the Cardiac Cath Lab
FASTER-TIME is Muscle
2. CPAP (continuous Positive Airway Pressure) for Heart Failure/Severe Respiratory Distress since 2004
3. Critical Care hospital to hospital transport since 2006
4. Deployment of mechanical ventilation on every ambulance in 2022



Patient Focused



Stroke alert notification by Emergency Medical Dispatch: zero minute stroke predictability

Linda Frederiksen, RN, NREMT-P/CCP, MPA¹; Chuck Gipson, BAS, NREMT-P/CCP¹; Janelle Harris, EMD-Q, NREMT-P/CCP¹; Meg Nugent, RN, MHA²; Kady Hodges, MPH²; Rebecca Swift, BA³

¹Medic EMS, Shreveport, LA; ²Louisiana Healthcare Collaborative, New Orleans, LA; ³Louisiana Department of Public Health, New Orleans, LA

Aim

To expedite treatment for patients diagnosed for stroke by enhancing the Primary Stroke Center (PSC) and Stroke Unit (SU) through early notification and targeted notification by MEDIC EMS Dispatchers.

Introduction

MEDIC EMS, headquartered in Shreveport, LA, is a 40-person emergency medical services (EMS) organization. MEDIC EMS has over 100,000 calls per year, with 175,000 people and 100,000 calls per year. MEDIC EMS is a highly trained and highly motivated emergency medical services organization.

In addition to emergency notification, MEDIC EMS has established a stroke alert notification system for over 10 years, with a focus on stroke alert notification to other agencies. MEDIC EMS has established a stroke alert notification system for over 10 years, with a focus on stroke alert notification to other agencies.

As of 2013, MEDIC EMS has established a stroke alert notification system for over 10 years, with a focus on stroke alert notification to other agencies.

Method

Dispatching in 2013, MEDIC EMS utilized the Stroke Dispatch Tool as part of the MEDIC EMS system. The tool was designed to provide a stroke alert notification to the Stroke Dispatch Tool as part of the MEDIC EMS system.

In 2013, MEDIC EMS utilized the Stroke Dispatch Tool as part of the MEDIC EMS system. The tool was designed to provide a stroke alert notification to the Stroke Dispatch Tool as part of the MEDIC EMS system.



Figure 1: Map of Louisiana showing stroke alert notification areas.

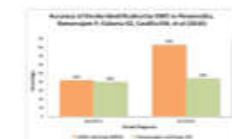


Figure 2: Bar chart showing stroke alert notification results.



Figure 3: Flowchart of the stroke alert notification process.

Results

The goal of the stroke alert notification system was to provide a stroke alert notification to the Stroke Dispatch Tool as part of the MEDIC EMS system.

In 2013, MEDIC EMS utilized the Stroke Dispatch Tool as part of the MEDIC EMS system. The tool was designed to provide a stroke alert notification to the Stroke Dispatch Tool as part of the MEDIC EMS system.

Based on the findings, a stroke alert notification system was established and implemented.

Conclusions

Based on the findings, a stroke alert notification system was established and implemented.

MEDIC EMS will continue to provide a stroke alert notification to the Stroke Dispatch Tool as part of the MEDIC EMS system.

Acknowledgments

The authors would like to thank the following individuals for their assistance in the development of the stroke alert notification system.

Literature cited

Frederiksen L, Gipson C, Harris J, Nugent M, Hodges K, Swift R. (2013). Stroke alert notification by Emergency Medical Dispatch and prehospital stroke care. *Stroke*, 44(10), 2811-2815.

Contact Information

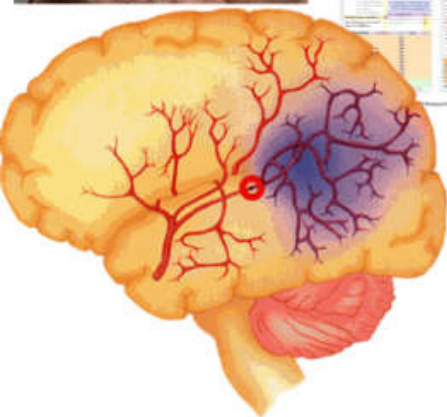
Linda Frederiksen, RN
MEDIC EMS
504-422-4400
lfr@medicems.com



Meg Nugent, RN
Louisiana Department of Public Health
504-725-2400
meg.nugent@louisiana.gov



Stroke Alerts called by MEDIC EMS Dispatchers since 2013 shaved an average of 13 minutes from time to treatment! At 1.9 million neurons per minute, this equals 65.32 cm, or roughly the size of an NCAA Basketball.



Our Business Model Provides a Single Solution for Comprehensive Prehospital Patient Care in Our Exclusive Service Area

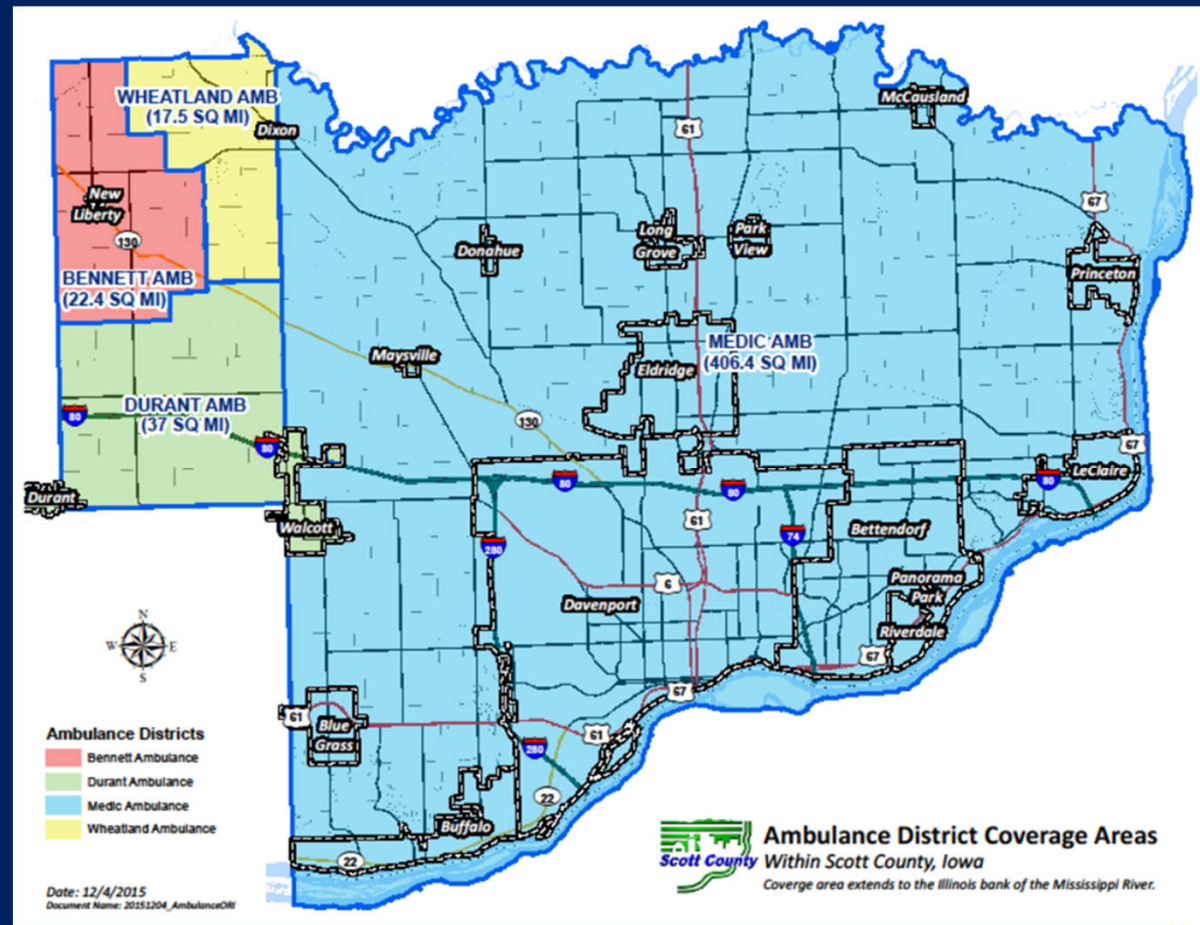


- On many occasions, the sickest patient transported each day is not the patient who called 9-1-1
- MEDIC's depth of coverage provides for both a timely response to 9-1-1 situations, as well as the ability to move critically ill patients to definitive care at a moment's notice
- Staffing levels are supplemented by the Management Team when needed, with a logistical, continued rebalancing of resources



Summary

- ▶ MEDIC EMS has deeply appreciated Scott County's confidence and financial support which has allowed us to provide state of the art ambulance services to the people of Scott County
- ▶ We have a sincere commitment to tirelessly continue to deliver the finest prehospital care possible in a fiscally responsible manner
- ▶ Revenue drives the budget, and we have reached a point that the cost of delivering ambulance service now exceeds the revenue available as a not-for-profit organization to sustain operations
- ▶ Let's work to collectively leverage our strengths to find a funding model that works for the community as a whole in Scott County



Questions?

Thank You!

