

# Scott County-MEDIC EMS Transitional Study

*July 20, 2023*

# Agenda/Objectives

- Previous Work
  - Phase 1 Recap
- Phase 2
- Administrative Overview
- Financial Overview
- Employee Engagement Overview
- Future Steps/Processes
- Acknowledgements
- Questions



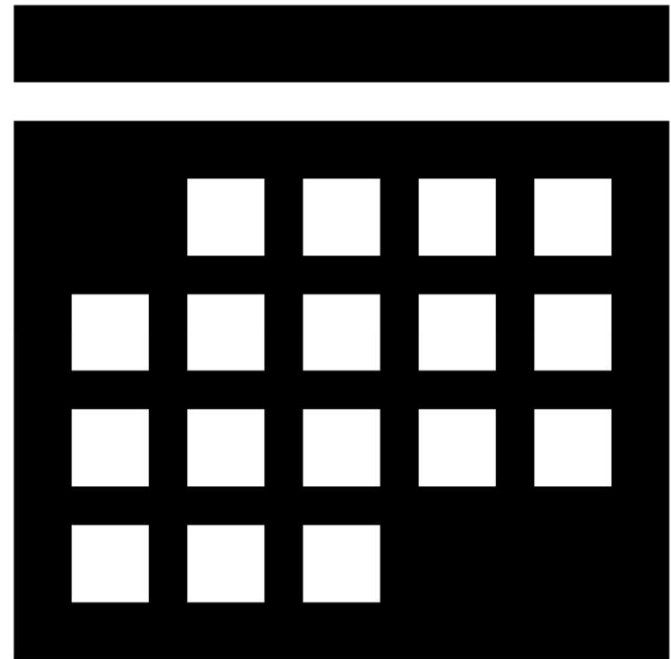
# Previous Work Recap- Study Purpose

- Provide Subject Matter Expertise while evaluating the potential variables associated with a transition of services of MEDIC into a Department of Scott County
- Broken down into 2 primary Phases



# Previous Work Recap- Phase 1

- Operational Analysis
  - Call volume and response
  - Operational overview and needs assessment
  - Potential 9-1-1 impacts
  - Transition timeline
- Entire County coverage
- Stakeholder engagement
- Go or No?



## Phase 2 – Administrative and Financial Evaluation

- March – Present
  - Any data at any time
- Phase 2:
  - Staffing Needs
    - Including shifts and workloads
  - Comprehensive Financial Evaluation
    - GEMT and other options
  - Comparable Agencies
  - Employee Survey



# Staffing – Overview

- Two primary topics
  - Shifts
  - Workload
- MEDIC works 12- and 24-hour shifts
  - Rotations vary
    - 42/56-hour work week
  - Compensation varies
    - Ideally similar efforts = similar compensation
  - FLSA (40-hour overtime rules)

12's		Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
Week 1	AM	1	2	2	1	1	2	2
	PM	3	4	4	3	3	4	4
Week 2	AM	2	1	1	2	2	1	1
	PM	4	3	3	4	4	3	3

24/48's		Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
Week 1		1	2	3	1	2	3	1
Week 2		2	3	1	2	3	1	2
Week 3		3	1	2	3	1	2	3

24/72's		Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
Week 1		1	2	3	4	1	2	3
Week 2		4	1	2	3	4	1	2
Week 3		3	4	1	2	3	4	1
Week 4		2	3	4	1	2	3	4

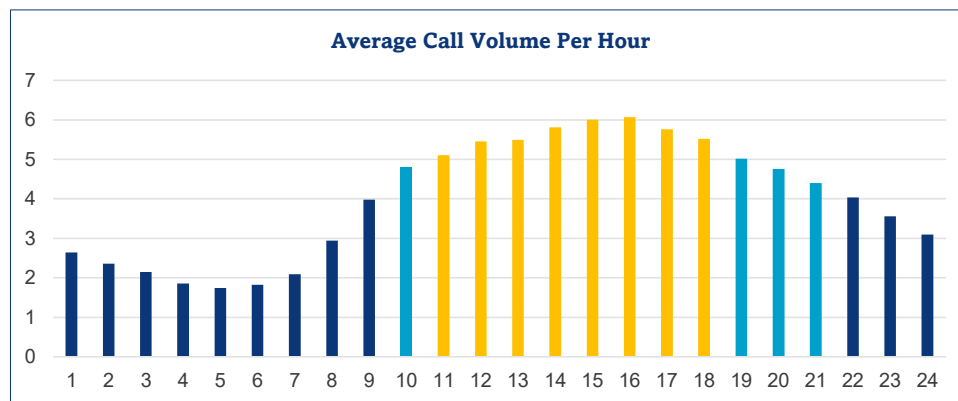


# Staffing – Metro

- 12-hour shift rotations
  - Heavy workload
  - FTE = 24-hour coverage
- Not as simple as it seems
  - Based on call start, not length
    - Out of town (OOT) Transfers
    - Other lengthy calls

Current		Recommended	
Start Time	Ambulance FTEs	Start Times	Ambulance FTEs
0500	0.5	0600	4 (2.5)
0600	3.5	0800	2.5* (2.5)
0700	1.0	1000	1
0800	1.5*	1300	1
0900	0.5	1900	1 (2)
1100	0.5	2000	1 (1.5)
1300	0.5		
1700	0.5		
1800	0.5		
1900	0.5		
2000	0.5		
2100	0.5		

\*Includes MercyOne Clinton unit which is generally not available for Scott County Response



# Staffing – ADM

- “Alternative Delivery Model”
  - Based on volunteer staffing
    - Excellent for training, not reliability
  - Health Equity
- Specialty Assignments
  - Compensation differences
  - Car seats, Stop the Bleed, CPR, etc.
  - Billing, QA/QI responsibilities.
- 42-hour work week
  - Requires 1 – 13 more employees





# Staffing – Workload

- Unit Hour Utilization (UHU)

$$\frac{\text{\# Calls}}{\text{\# Hours On-Duty}} = \text{UHU (Standard)}$$

- Should be seen as an internal tool
- Doesn't account for "other" time
- Average call length: **55.97 minutes**
- 90<sup>th</sup> Percentile: **85.97 minutes**
- A busy system!

Area	2018	2019	2020	2021	2022	2023	
Metro	0.38	0.37	0.39	0.42	0.50	0.51	
Eldridge ADM	0.07	0.07	0.07	0.08	0.10	0.09	
LeClaire ADM	0.05	0.05	0.05	0.05	0.07	0.05	
Blue Grass ADM	0.06	0.06	0.07	0.07	0.08	0.07	
MercyOne	0.08	0.08	0.07	0.09	0.08	0.09	
<b>Operational UHU</b>	<b>0.29</b>	<b>0.25</b>	<b>0.26</b>	<b>0.27</b>	<b>0.32</b>	<b>0.33</b>	
< 0.15 Low	0.15 - 0.25 Below Average		0.25 - 0.35 Average		0.35 - 0.45 Above Average		> 0.45 High

Operation	2023 Dispatched UHU	2023 90th mUHU	2023 Weighted
Metro	0.71	1.01	0.95
Eldridge ADM	0.14	0.20	0.18
LeClaire ADM	0.09	0.12	0.11
Blue Grass ADM	0.11	0.15	0.14
MercyOne	0.10	0.15	0.15
<b>Operational</b>	<b>0.46</b>	<b>0.66</b>	<b>0.62</b>



# Staffing – FTE’s Based on UHU

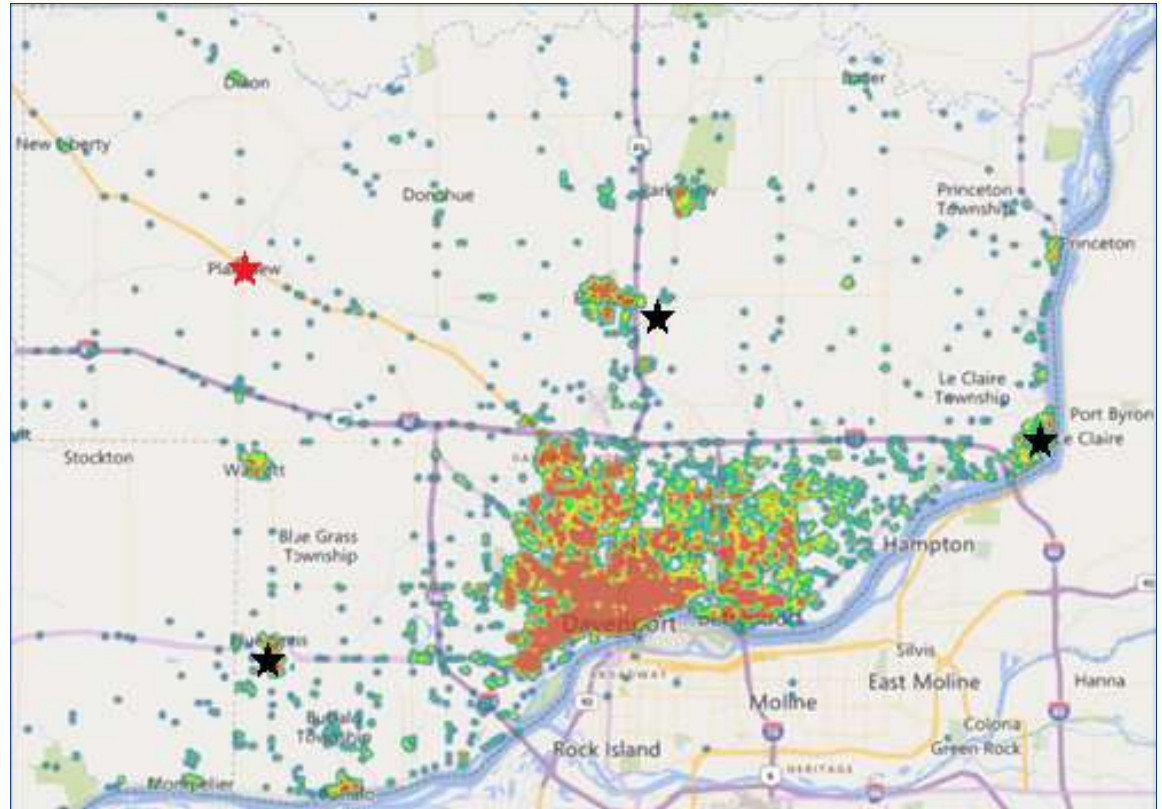
- One of many allocation methods
  - Units are transport specific, not ALS specific
    - Alternative transport models
  - Workforce and financial support

Call Volume	Calls/Day	UHU	Calls/Full-Time Unit	Full-Time Units Needed	Increased 33%	Increased 50%
35,367	97	0.25 (Below Average)	6/Day, 2,190/Year	16.1	21.4	24.2
35,367	97	0.30 (Average)	7.2/Day, 2,628/Year	13.5	18.0	20.3
35,367	97	0.35 (Average)	8.4/Day, 3,066/Year	11.5	15.3	17.3
35,367	97	0.40 (Above Average)	9.6/Day, 3,504/Year	10.1	13.4	15.2
35,367	97	0.45 (Above Average)	10.8/Day, 3,942/Year	9.0	12.0	13.5



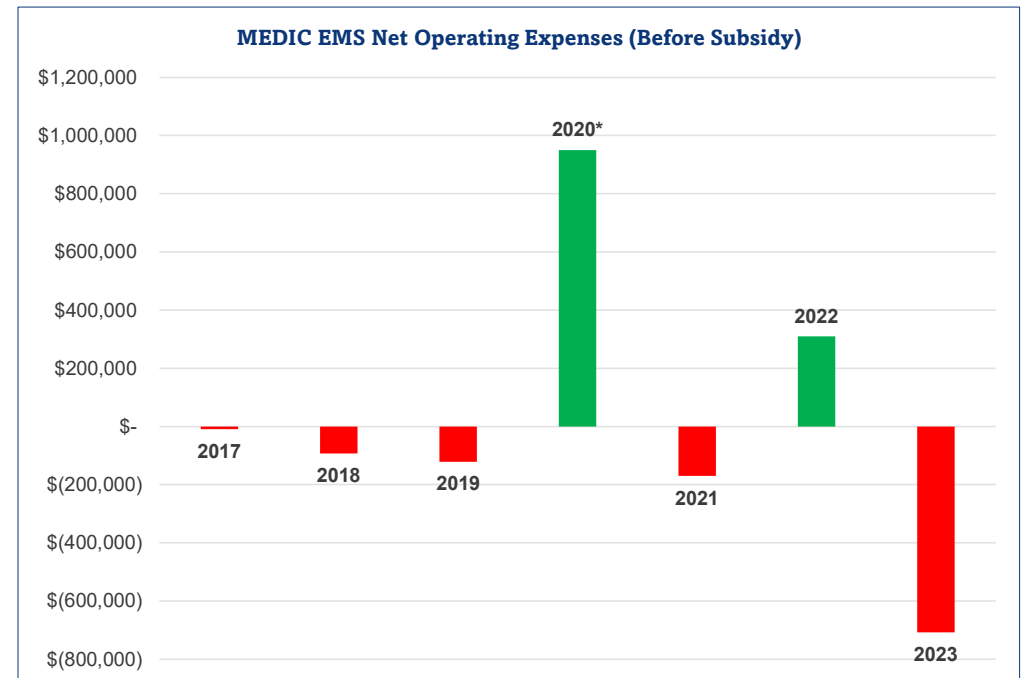
# Staffing – Summary

- Current operational levels are stressed
  - Highly efficient
  - Could lead to higher levels of turnover
- Multiple staffing models are present
  - Challenging on multiple fronts
  - “Simple” fix
- Current operational models favor Metro operations
  - Access to ALS care
  - Proximity to service



# Financial – Overview

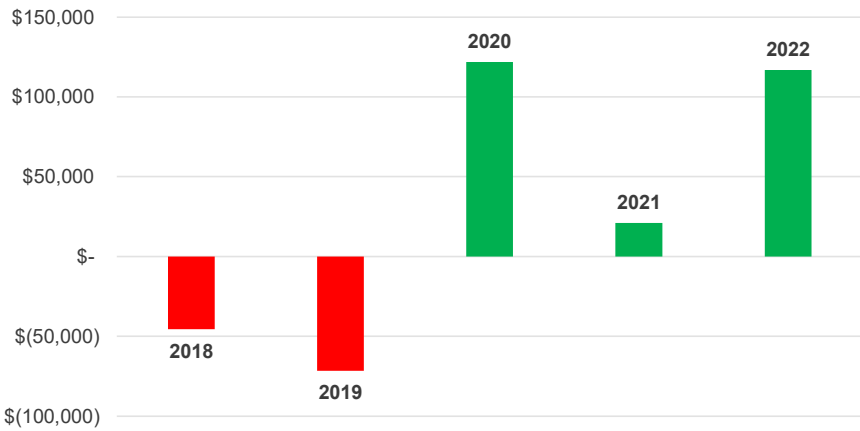
- Primary Topics:
  - Current financial state
  - MercyOne Operations
  - New funding opportunities
- MEDIC has been fiscally responsible
  - Historically, less than the contracted \$200,000/year in subsidy required
  - FY23\*\*\*
- Transfers generate much of this revenue
- Transition to the County opens several funding options
- Sustainability in an unpredictable profession



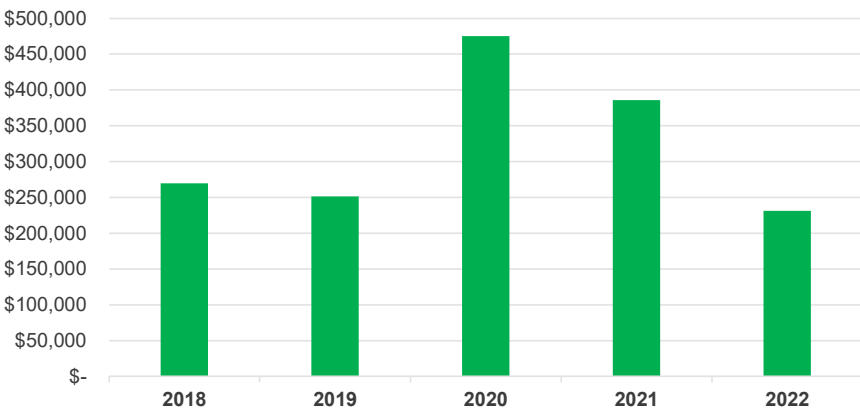
# Financial – MercyOne Operation

- Important to review both before and after allocations
- Clockwise:
  - After Allocation, Before, Net w/o MercyOne
- Select Specialty Hospital

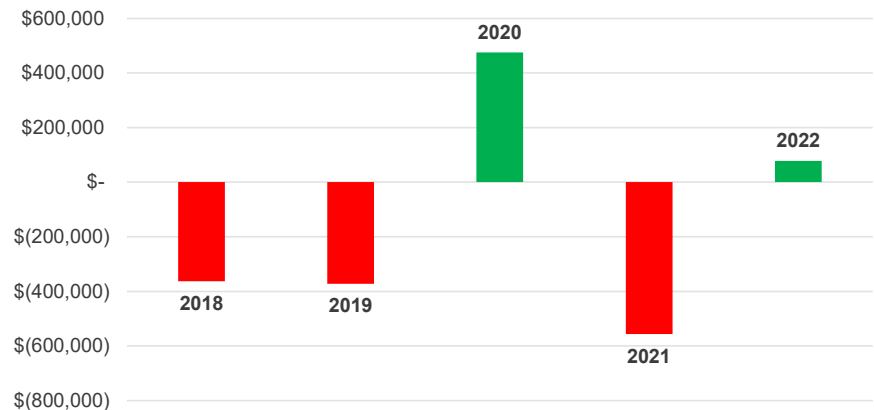
**MercyOne Net Operating Revenue**



**MercyOne Revenue**

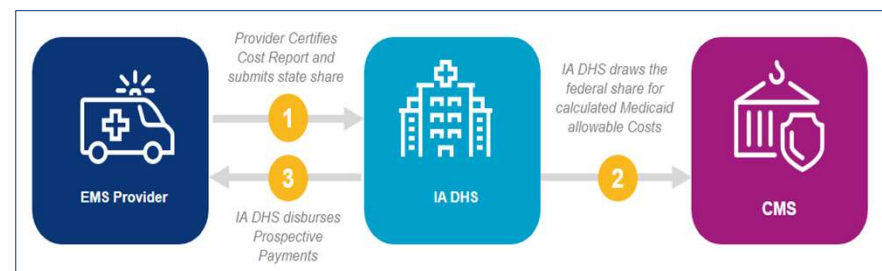


**Modified Net Operating Expenses**



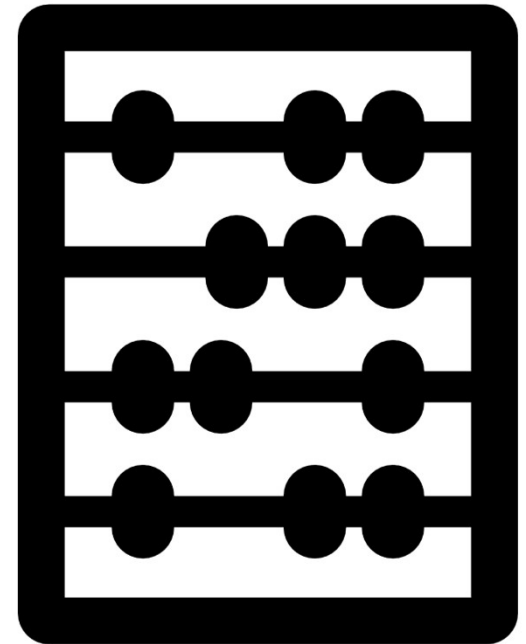
# Financial – New Funding

- Iowa GEMT:
  - Cost recovery for Medicaid transports
    - Yearly cost report mechanism with add-on rate
  - >\$1,000,000 Net gain to the County (conservatively)
  - SECC/MED-COM, MercyOne: negligible impacts
  - Tentative reimbursements to start 7/2025
- Iowa Setoff
  - Possibility to collect unpaid debts (need funds to collect)
- 422D Tax Levy
  - Levy mechanism for designated funds



# Financial – Summary

- MEDIC EMS’s fiscal policies have left their organization in a strong place
  - Costs are only increasing, funding is not
- GEMT will have an incredibly positive impact on the County
  - Little “risk” versus the reward. Administrative efforts/costs will be present
- Iowa setoff could help cover \$900,000+ yearly self pay debts
  - Based on debtors receiving payments, and Scott County starting a program
- The financial strength of Scott County and MEDIC EMS make the 422D tax levy not needed, but a solid backup if needed



# Comparable Agencies

- Challenging based on MEDIC EMS’s Structure
  - Based on multiple characteristics
    - AAS – Cedar Rapids, IA
    - OCEMS – Orange County, NC
    - DCEMS – Delaware County, OH
- Table below based on

Agency Name	Area	Pop.	9-1-1 CFS	Total CFS	Ratio	Units	Vol/unit
<b>MEDIC EMS</b>	<b>468</b>	<b>174,669</b>	<b>22,150</b>	<b>35,367</b>	<b>0.127</b>	<b>11*</b>	<b>3,215</b>
Area Ambulance Service	260	176,204	21,800	27,251	0.123	5.5	4,954
Orange County	401	149,000	12,000	12,000	0.081	7	1,714
Delaware County EMS	459	200,000	7,300	7,300	0.030	11	664

\*These values account for the MercyOne unit, which, generally, does not handle an even share of calls





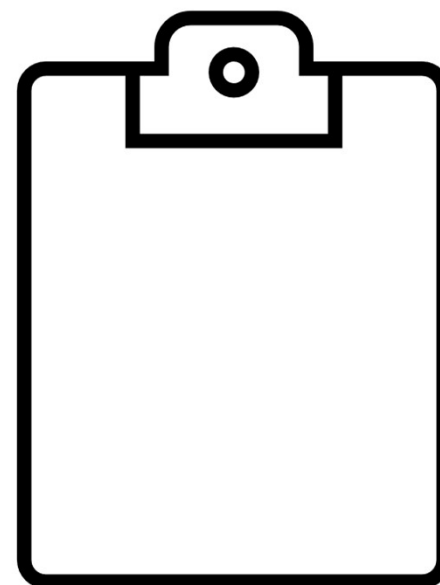
# Comparable Agency – Summary

- MEDIC EMS's is not unique, but close
  - AAS is the most comparable, but smaller, all 12-hour shifts
  - OCEMS runs 24- and 12-hour shifts, recommended to switch away from the practice
    - Supplemented by external BLS transporters
  - DCEMS has as many units as MEDIC, but 1/5<sup>th</sup> of the call volume, though all units are 24-hour
    - Supplemented by external transporters
- Iowa EMS officials have repetitively noted that MEDIC is challenging to compare with any other agency



# Employee Operational Survey- Overview

- The survey covered several sections to include:
  - Schedules
  - Operations
  - Culture and Support
  - Health Equity
  - General Concerns
- Primary purpose of the survey was to provide benchmarks and solid, actionable, information for the future EMS Director
- 57% participation rate
  - Multiple reminders
  - Reasonable representation of various groups within MEDIC



# Employee Operational Survey- Summary

- Respondents, overall, rated MEDIC EMS very favorably
- 75% of employees identified 12-hour shifts as the preferred shift
- Respondents recognized that response times are generally indicative/correlated with staffing
- The employees presented multiple, reasonable, areas for future evaluation and possible action
  - Most respondents (>85%) noted that the current workload is the primary source of their stress at work
  - Those who had a negative view on the culture of MEDIC frequently cited burnout and lack of staffing



# Summary – Operational

- MEDIC has been touted as an example system across Iowa
- MEDIC sets response standards across their service area and has repetitively grown its business lines in response to County needs.
- Primary operational concerns relate to staffing and workload
  - Both should be improved as a County department, but may need more than that, to include additional ambulances being placed in service
- The NW corner of Scott County should be evaluated for equitable coverage and response capabilities
  - Adjustments can be policy and/or staffing driven



## Summary – Financial

- Positive net revenue should, generally, not be expected from an EMS service.
- MEDIC EMS has done well to function as efficiently as possible, with several business lines providing significant revenue
  - These lines include the transfer services as well as many of the “support” services provided to other agencies
- Access to GEMT funding will likely be one of the most impactful changes that occur as a result of this transition



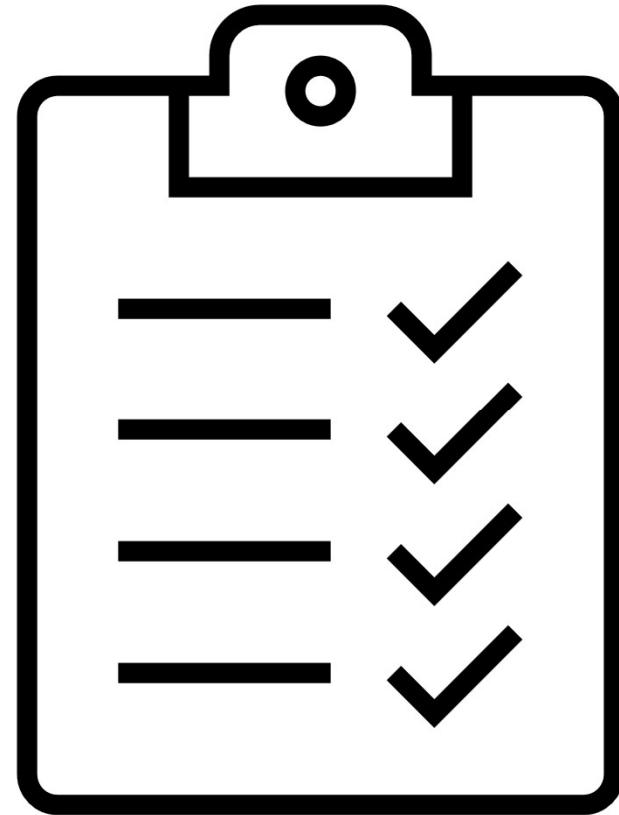
## Summary – Administrative

- Scott County should review the various hourly staffing models available to MEDIC EMS.
  - This may decrease effort associated with creating new compensation packages and simplify MEDIC operations.
- MEDIC EMS has maintained several positive relationships with external agencies. As this transition occurs, it will be important to remain transparent as to avoid damaging or negatively impacting those relationships.
- The organizational structure of MEDIC EMS has historically been very “flat”. A more vertical structure will allow for more efficient succession planning and may help with recruitment and retention.
- There should be an intentional effort to keep as much of the “legacy” MEDIC EMS, which has served Scott County so well, intact as possible.



# Next Steps

- EMS Director will be hired
- Transition expected to take place “officially” in early 2024



# Acknowledgements

- **Scott County Transition Team**
- Scott County
- MEDIC EMS
- The City of Davenport
- The City of Bettendorf
- Iowa's Bureau of Emergency and Trauma Services
- Iowa Office of Department of Health and Human Services
- Scott Emergency Communications Center
- Genesis Ambulance Service
- Genesis Health System (MercyOne)
- Iowa Board of Pharmacy
- The Iowa Public Safety Dispatcher Union
- Heninger and Heninger, P.C.
- Scott County EMS Association
- Scott County Fire Chief's Association
- Wheatland Emergency Medical Services
- Durant Ambulance Service
- Bennett Ambulance Service





# Questions?

