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Lake City Ambulance
Rural Ambulance Assessment

Lake City Ambulance
Lake City, Minnesota

Conducted on
June 7th and 8th, 2016

Emergency Medical Services Regulatory Board Assessment Team

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Presented to the Lake City- City Council
October 24, 2016

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A. Background of the Lake City Rural Ambulance Assessment Project

Lake City Ambulance is one of many Minnesota rural ambulance services struggling to survive the challenges facing rural EMS across the nation. Recognizing this concern, the City of Lake City requested to undergo a rural ambulance assessment facilitated by the Minnesota Emergency Medical Services Regulatory Board (EMSRB).

The assessment project using well developed processes and procedures included an onsite, two-day assessment of the ambulance service by a team of EMSRB staff, board members, and EMS professionals. The team examined the following core components of the EMS organization: ***1) management and operations, 2) recruitment and retention, 3) medical direction, 4) staff development and training, 5) community support, and 6) financial practices.***

Upon completion of the assessment process, EMSRB staff compiles a report analyzing the strengths, opportunities for improvement, and recommendations. In previous assessments conducted by the EMSRB, services found it helpful to have the report presented to the governing body of the ambulance service and the City with an opportunity for discussion. In addition, the regional EMSRB Field Specialist will be available to provide ongoing follow-up support to the ambulance service to assist with strategy for implementing any recommendations. One year after receipt of the assessment, the EMSRB will provide an additional follow-up analysis on the success of implementing the strategies recommended in the assessment, if requested by the City of Lake City.

A variety of tools and activities were used in an attempt to address the problems facing rural ambulance agencies. Some address a portion of the problem while others have been geared to a one-size-fits-all approach. It is our hope that this model, designed to look specifically at the organization's operational situation, and more importantly, provide ongoing and follow-up support, will contribute to a more viable ambulance service, capable of providing a vital service to its community for years to come.

B. Acknowledgements

The EMSRB acknowledges and thanks the leadership of the City of Lake City, Lake City Ambulance, and the Lake City Ambulance Commission, who willingly agreed to participate in this endeavor, as well as all persons who shared their experiences, expertise, and views during the assessment process. The spirit of volunteerism is evident in rural communities throughout Minnesota. The commitment, dedication, and willingness of ambulance service personnel to serve their communities in this way depicts volunteerism at its highest level, even in these present days of diminishing human and financial resources available to rural areas of our state.

C. Executive Summary

The Lake City Ambulance Service, not unlike many rural community ambulance services, is struggling to continue to operate under its current operational model. Its primary challenge is maintaining sufficient number of qualified crew members to meet the minimum requirement of one Emergency Medical Responder (EMR) and one Emergency Medical Technician (EMT), to staff the ambulance 24/7. While the total number of ambulance runs for Lake City is approximately 800 a year, which averages about fifteen actual calls per week, the need for ongoing response preparedness at all times is the greatest burden ambulance services must meet. The call volume does not reflect the numerous hours contributed by volunteers and paid staff for administrative duties, training, and on-call time, all of which are costs essential for maintaining ambulance coverage with a high degree of crew competency 24 hours a day, 365 days a year.

Lake City currently has 12 Paramedics and 13 EMT's on its volunteer roster. The ambulance manager, Gail Reimersma, manages services Monday through Friday. The current operational model for Lake City Ambulance uses a mix of volunteer staff (Definition of "Volunteer" in Minnesota Statute) and paid staff. This means that some on the active roster of the ambulance service are earning a living outside of their ambulance time commit an extraordinary amount of on call time to the ambulance service. Such an extensive commitment leads to burnout and cannot be

sustained indefinitely. Insufficient number of volunteers is the dilemma facing rural ambulance services across the nation and Minnesota is no exception.

The City of Lake City has had high turnover in ambulance managers over several years. The change in ambulance management and staffing styles has been accepted by some members of the crew and community, but has also taken a toll on the ambulance service. It has led to distrust and scrutiny, which has resulted in frustration, termination or resignation of ambulance service employees, and a feeling by some current employees their service to the community is unappreciated. While this type of struggle is not unusual at a time of change, it is important that the tension and conflict be resolved in the long term interest of the ambulance service and the area residents and visitors that it serves.

The Rural Ambulance Assessment conducted by the EMSRB is not meant to question the decisions made by current or past city and ambulance leadership. Rather, the intent is to ensure long term viability and stability to an essential service the community does not want to be without.

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D. Ambulance Service Demographics According to EMS database:

According to EMS database:
ID # License number 0126/1969
Lake City Ambulance
209 South High Street
Lake City, Minnesota 55041
Wabasha County
Phone: 651-345-3030
Fax: 651-345-2217

Manager: Gail Riemersma
Medical Control: Mayo Clinic Health System, Lake City
Medical Direction: Dr. Dennis Spano
Hospital Affiliation: None
Vehicles: 3 Type III, plus Emergency Response Vehicle (ERV)

Crew: Paramedics - 12
EMT's – 13
EMR's - 0

Records Review: Last inspection was May 3, 2016. There were no deficiencies noted. Ambulance Manager, Gail Riemersma and Administrative Assistant, Rachon Rohe were present for the inspection. The manager and her assistant maintain all ambulance service compliance records for services.

Mutual Aid Agreements: Lake City, Red Wing, Wabasha, Gold Cross, and Zumbrota

Fire: Lake City has a fire department which will respond to motor vehicle accidents and provide extrication for the Lake City Ambulance. They also provide lift assistance as requested, a few of the members are EMT's, however they are not required to be credentialed. The ambulance and fire department have historically not had a good working relationship.

Police: The Lake City Police Department serves as the local first responder. The squad cars are equipped with AEDs and medical bags consisting of Airway Management and bandaging supplies. The Police Department, two of the officers are EMT's, the remainder are EMR's. The County Deputies occasionally responds to rural incidents.

Education: EMS education is received through internally and by means of EMS Conferences. The Lake City Ambulance also has a Minnesota approved education program, teaching EMT initial and refresher courses.

Dispatch: Lake City Ambulance is dispatched by Wabasha County Dispatch in Wabasha, MN. Dispatch is done by pagers and active 911.

Maintenance: Majures Garage or the dealer does general vehicle maintenance.
The AED receives maintenance from EMS Personnel.
Praxair maintains all the oxygen equipment.
The Ambulance and cot are under service contract from the supplier.
Medications are obtained from Henry-Schein/ Bound Tree / Regions.

Call Demographics from MNSTAR:
Age groups 01/01/2015-12/31/2015

Age	# of Runs	% of Runs
Less Than 1	5	0.61%
1 - 4	7	0.86%
5 - 9	21	2.57%
10 - 14	13	1.59%
15 - 19	23	2.82%
20 - 24	15	1.84%
25 - 34	38	4.65%
35 - 44	42	5.14%
45 - 54	82	10.04%
55 - 64	79	9.67%
65 - 74	93	11.38%
75 - 84	111	13.59%
85+	104	12.73%
Unknown	184	22.52%
Total	817	100%
		Average Patient Age: 59

364 of the calls were to some sort of healthcare facility.

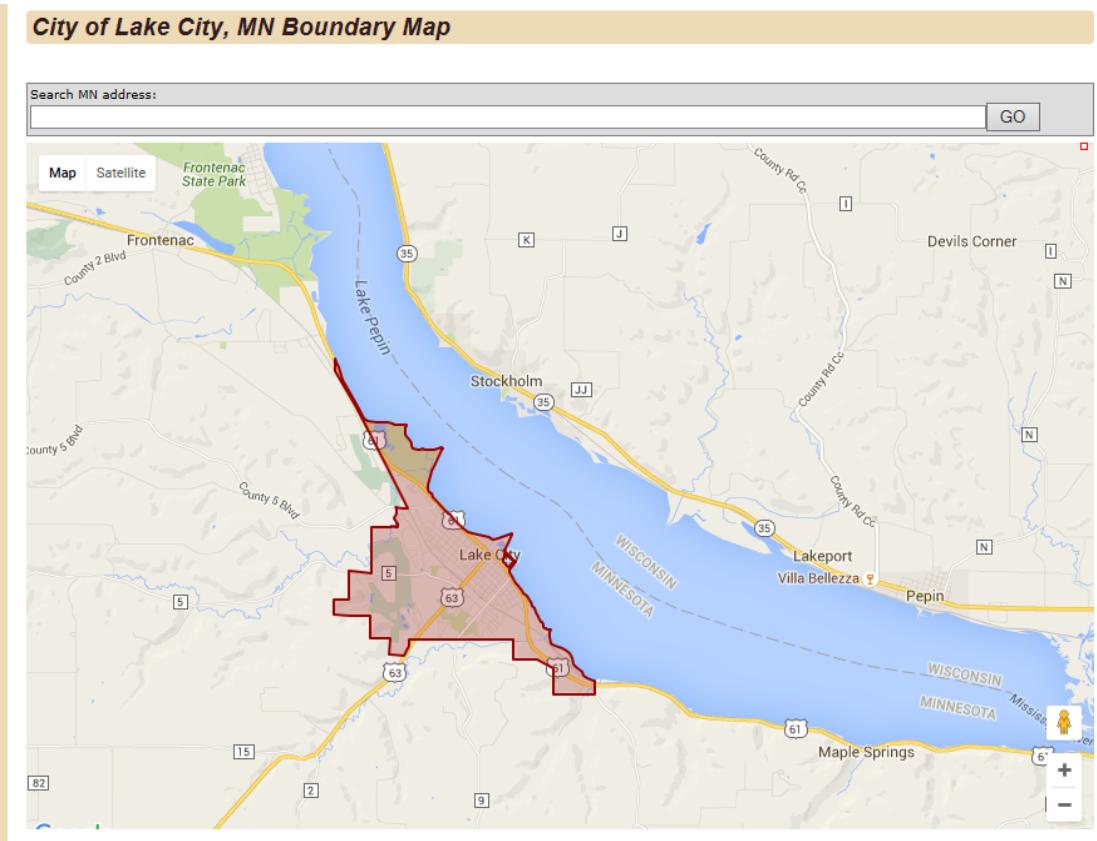
Assisted living: 1 Nursing home and Assisted Living connected to the hospital, as well as some other special needs facilities throughout the community.

Demographic Information about Lake City:

Lake City is a city in Goodhue and Wabasha counties in the U.S. state of Minnesota. It lies along Lake Pepin, a wide portion of the Mississippi River. The population was 5,063 at the 2010 census.[6] Most of Lake City is located within Wabasha County with only a small portion in Goodhue County. The City of Lake City had a population of 4,895 as of July 1, 2015.

The City of Lake City (**GNIS ID: 664666**) has a C5 **Census Class Code** which indicates an active incorporated place that is independent of any county subdivision and serves as a county subdivision equivalent. It also has a Functional Status Code of "A" which identifies **an active government providing primary general-purpose functions.**

The city of Lake City became incorporated in 1872 and since has continued to thrive in its location on beautiful Lake Pepin. It is widely known for its attractive surroundings and bountiful fishing for every fresh water species. Lake City was the home of the inventor of waterskiing, Ralph Samuelson, and is thus known as "The Birthplace of Waterskiing."



Lake City, MN Data & Demographics (As of July 1, 2015)

POPULATION		HOUSING	
Total Population	4,895	Total Housing Units	2,711 (100%)
Population in Households	4,806	Owner Occupied HU	1,688 (62.3%)
Population in Families	3,835	Renter Occupied HU	495 (18.3%)
Population in Group Qrtrs	89	Vacant Housing Units	528 (19.5%)
Population Density[1]	1,087	Median Home Value	$160,057
Diversity Index[2]	15	Average Home Value	$202,118

HOUSEHOLDS		INCOME	
Total Households	2,183	Median Household Income	$52,783
Average Household Size	2.2	Average Household Income	$64,289
Family Households	1,422	Per Capita Income	$28,337
Average Family Size	3		

(Compound Annual Growth Rates)

GROWTH RATES	2010-2015	2015-2020
Population	-0.64%	-0.32%
Households	-0.47%	-0.17%
Families	-0.08%	-0.23%
Median Household Income		3.07%
Per Capita Income		2.88%

1) Population Density = Total Population per square mile.

2) The Diversity Index is a scale of 0 to 100 that represents the likelihood that two persons, chosen at random from the same area, belong to different race or ethnic groups. If an area's entire population belongs to one race AND one ethnic group, then the area has zero diversity. An area's diversity index increases to 100 when the population is evenly divided into two or more race/ethnic groups.

Based on Census 2010 counts, the Diversity Index for the United States was 60.6 and it is expected to increase to 64.8 by July 1, 2018

Lake City, MN - Peer Comparisons by Rank and Percentile

The table below compares Lake City to the other 906 incorporated cities, towns and CDPs in Minnesota by rank and percentile using July 1, 2015 data. The location Ranked # 1 has the highest value. A location that ranks higher than 75% of its peers would be in the 75th percentile of the peer group.

Variable Description	Rank	Percentile
Total Population	# 146	84th
Population Density[1]	# 246	73rd
Diversity Index[2]	# 375	58th
Median Household Income	# 470	48th
Per Capita Income	# 314	65th

MNSTAR Reports on calls Summary:

-Runs Requested By:

Response Request	#	%
Standby	3	0.37%
Response (Scene)	450	55.08%
Mutual Aid	2	0.24%
Medical Transport (Scheduled)	2	0.24%
Interfacility Transfer	357	43.70%
Unknown	3	0.37%
Total	**817**	**100.00%**

Response Disposition	#	%
Treated, Transported by EMS	523	64.01%
Treated, Transferred Care	14	1.71%
Treated and Released	8	0.98%
Patient Refused Care	81	9.91%
Dead at Scene	9	1.10%
Cancelled - Request Transferred to Another Provider	149	18.24%
Cancelled - Prior to Dispatch	2	0.24%
Cancelled	31	3.79%
Total	**817**	**100.00%**

Runs by Location Type

Location Type	# of Runs	% of Runs
Health Care Facility (clinic, hospital, nursing home)	364	44.55%
Home/Residence	272	33.29%
Industrial Place and Premises	7	0.86%
Lake, River, Ocean	2	0.24%
Other Location	3	0.37%
Place of Recreation or Sport	34	4.16%
Public Building (schools, gov, offices)	14	1.71%
Residential Institution (assisted living, jail/prison)	20	2.45%
Street or Highway	75	9.18%
Trade or Service (Business, bars, restaurants, etc.)	16	1.96%
Unknown	10	1.22%
Total	817	100%

Average Run Mileage	
To Scene	5
To Destination	17
Total	22

Transport Hospital

Destination	# of Runs	% of Runs
AMPLATZ CHILDREN'S HOSPITAL – U of M	1	0.12%
AVERA MARSHALL REGIONAL MEDICAL CENTER - MARSHALL	1	0.12%
COMMUNITY MEMORIAL HOSPITAL - WINONA	1	0.12%
DETOX CENTER	1	0.12%
FAIRVIEW RED WING MEDICAL CENTER	34	4.16%
FAIRVIEW UNIVERSITY MEDICAL CENTER - MINNEAPOLIS	3	0.37%
GUNDERSON LUTHERAN HOSPITAL - LACROSSE, WI	5	0.61%
HUTCHINSON COMMUNITY HOSPITAL	1	0.12%
INTERCEPT/AIR AMBULANCE (ROTOR CRAFT)	7	0.86%
MCHS - AUSTIN	5	0.61%
MCHS - EAU CLAIRE, WI	4	0.49%
MCHS - LAKE CITY	306	37.45%
NO LOAD / NO PATIENT	29	3.55%
NURSING HOME	1	0.12%
OLMSTEAD MEDICAL CENTER - ROCHESTER	1	0.12%
OTHER MINNESOTA HOSPITAL	2	0.24%
OWATONNA HOSPITAL	1	0.12%
REGIONS HOSPITAL - ST. PAUL	1	0.12%
ROCHESTER METHODIST HOSPITAL	7	0.86%
SAINT MARY'S HOSPITAL - ROCHESTER	246	30.11%
ST. ELIZABETH'S HOSPITAL - WABASHA	1	0.12%
No Destination	159	19.46%
Total	817	100%

Destination Determination

Destination Determination	# of Runs	% of Runs
Closest Facility	317	38.80%
Diversion	2	0.24%
Law Enforcement Choice	1	0.12%
Not Applicable	23	2.82%
Patient / Family Choice	6	0.73%
Protocol / Guideline	10	1.22%
Specialty Resource Center	247	30.23%
Unknown	211	25.83%
Total	817	100%

E. Lake City Ambulance Rural Assessment Overview

Lake City Ambulance is owned by the City of Lake City. The Mayor of Lake City is Joel Beckman, and the City Administrator is Mark Sievert.

The ambulance service holds both a BLS (Basic Life Support) Part-time ALS (Advanced Life Support) license; their roster includes 12 Paramedics, 13 EMT's, and a Full-time Manager.

Gail Riemersma is the Ambulance Manager. Ms. Riemersma addresses operational issues and they are then taken to the Administrator, and subsequently the City Council for approval if necessary. There is also an ambulance commission appointed by the City Council that is utilized. The ambulance commission has members from the community, hospital, and Mary Lou Waltman is the appointed City Council representative for the ambulance service.

The ambulance service does have subsidy contracts with the townships in their primary service area to provide additional financial support. Fundraisers are put together by an outside association. The association has an account with the City of Lake City; however, the association receives minimal support from the City.

The Ambulance Manager handles payroll, scheduling, operational licensure compliance requirements, as well as the receipt and management of supplies, including medication storage and tracking. Accounts receivable, accounts payable, and patient billing issues are handled by the City Financial Clerk, Amanda Jacobs. The service contracts with ACP Billing, a third party contractor for all billing and collection needs.

Lake City Ambulance volunteer crew members are paid for call time at the rate of $2 per hour on weekdays, $2.50 per hours on weekends, and $3 per hour on holiday while on call. During transports, the volunteers are paid $12 per hour. Full-time paramedics are paid $23.60-29.32 per hour, while casual paramedics are paid about $15 per hour. The average call lasts approximately 1.5 -2 hours. Educational stipends are offered at the rate of $24 per meeting/training, and all training is completed through in-house training opportunities and EMS Conferences.

There is hospital in the community, Mayo Clinic Health System. Approximately 40 percent of all Lake City transports are to Mayo Clinic Health System, Lake City; another 30 percent of the transports are to Mayo Clinic Health System, St. Mary's Campus in Rochester, and the remaining 30 percent are transported to other facilities in the Southeast and Metro regions.

Regulatory Concerns

Lake City Ambulance was last inspected in May of 2016; there were no deficiencies noted; however, one ambulance was unavailable for inspection due to mechanical issues, which seem to be an on-

going issue for the service. The service maintains employee records, vehicle and equipment maintenance records, and Medical Director, documentation to meet regulatory standards.

It should be noted, the service has had a long history of turnover in staff and mistrust between the ambulance service manager, crew, and city administration, which has led to numerous calls to the EMSRB for support and/or clarification.

Concerns during pre-assessment interviews included:

- Decreases in the level of services being provided by Mayo Clinic Health System Lake City, and the effects to the ambulance.
- Human resource challenges that may prevent longevity of both personnel and management.
- Confusion between roles of the Ambulance Commission and City Council, creating perceived micromanagement of the service.
- Skills proficiency, with minimal involvement from the medical director, and most ongoing EMS education is received in-house, there is concern from crew related to skills competency and opportunities for continuing education.

Prior Assessments

Lake City Ambulance received an assessment from Tri-State Ambulance in 2008. Recommendations from that assessment were not implemented by the service.

Current Assessment

For the EMSRB rural assessment process all members of the Lake City Ambulance service were provided a 60 question assessment survey tool, of which twenty members completed. This tool surveyed areas in volunteerism, local demographics, leadership, culture of the service, scheduling, funding, facilities and equipment, as well as recruitment and retention.

This tool surveyed the aforementioned areas with the following results:

1. *Need/Desire for services to be volunteer*
    a. The need or desire for the service to be staffed by volunteers was rated at 3.7 out of 8. It was perceived there may not be the financial resources to staff with additional paid employees however; the EMS world is going in a direction and volunteerism is decreasing nationwide.

2. *Local demographics and volunteering factors*
    a. The local demographics were viewed as very low in recruitment efforts to obtain additional volunteers. It was felt the culture and leadership were minimal in the past several years, however comments reflected the crew members' commitment to the

service and their wishes for the service to maintain its autonomy as Lake City Ambulance.

3. *Leadership of the service*
    a. With there being some concern related to management, leadership was evaluated in two parts:
        i. The City leadership scores were 5.5 out of 10. It is noted, the City has had change in City Administration, members of the council are allowing crew members to provide information without following a chain of command, and the ambulance commission doesn't appear to have the involvement they had in the past.

[redacted]

4. *Culture of the service*
    a. This survey indicates, "successful volunteer ambulance services create cultures that are inviting, warm, fun, and family-like. Bad attitudes, ongoing interpersonal conflict, and non-professional behaviors are not tolerated."
        i. Results scored 5.5 out of 10. Further interviews during the assessment revealed the culture is quickly declining and employees have left or have been terminated. They feel a few "bad apples" still are present and toxic to the service and keep new potential volunteers away. It was felt the crew members are great people and are good clinicians; however, with a lack of guidance the comradery is minimal and lacks motivation.

5. *Sustainable numbers of active volunteers*
6. *Schedule maintenance*
7. *Safe Scheduling*
    a. Elements 5 through 7 discuss sustainable members of active volunteers, maintaining the schedule, and safe scheduling.
        i. This element shows the members of the service clearly understand the statutory obligations of the service in providing continual service 24/7/365.
        ii. Crew members indicated they felt the schedule was being covered sufficiently to handle day to day operations, however a tremendous amount of hospital to hospital transfers are being turned away, which would provide additional

revenue for the service to staff and meet the needs of both the community and the hospital.

1. Note, in assessments conducted around the country, "active" volunteers are described as "those who take 24 hours of call at least twice a month."
2. This includes scheduling of two staff members at all times.
3. A healthy roster can be described as one with at least 14 active volunteers, as well as paid staff. When volunteers cannot fill the allotted time, services must resort to paid staff to meet the needs of their community.

iii. Crew members did note at times, when shifts are left unfilled, they are often mandated by the ambulance manager to fill the shifts, which they feel is unsafe after previously covering a 24-hour shift. They also indicated EMT's are often "drivers" and are not being allowed to conduct patient care often.

8. *Funding for the service*
   a. Funding for the service scored high with 6 out 8 points. Earlier it was noted there may not be enough funding to staff the ambulance, but those surveyed felt the service has the ability to maintain and follow a budget.
      i. This area would require some education to the volunteer staff and involvement of the ambulance service manager to ensure all are aware of the financial hardships the service may face when provided funding for facilities, education, equipment, vehicles, insurance, administration, and volunteer incentives.
      ii. Also noted by crew members was "if we were able to take the transfers, we would have more income to staff more crew."

9. *Facilities, equipment, and vehicles*
   a. Again, high marks in regards to facilities, equipment, and vehicles. Service staff felt they have all the equipment they need and it is well maintained. They do feel the ambulance is down for maintenance quite often and it may not be necessary to have three ambulances. The have a lot of pride in their service and are hopeful of a new facility with sleeping quarters versus having to cross the street in the winter months to respond to calls.

10. Recruitment and retention barriers
    a. The last element focuses on recruitment and retention barriers. The score of 2 out of 7 reflects incoming volunteers may be able to join the service but may have some unexpected financial burdens and may not clearly understand their roles and responsibilities as a professional when joining the service.

i. Crew members noted the orientation process is lacking and they became very frustrated as to the lack of motivation for “seasoned” crew members to assist in completing orientation.

Generally speaking, those surveyed show some disconnect between what is needed and what is required of the service. They find challenges in finding successful leaders, who have the ability to lead with support from the crew members and city. The crew is able to fill its call schedule 100% of the time for the first out ambulance, however, finds significant challenges in filling the back-up or second ambulance and is often turning down hospital to hospital transfers, which appear to be leading toward financial hardships. Additional detail related to these areas will be clarified through the assessment interviews.

Summary

The ambulance has requested a Rural Ambulance Assessment, where the team conducted interviews to evaluate the following critical areas in maintaining an ambulance service **1) management and operations, 2) recruitment and retention, 3) medical direction, 4) staff development and training, 5) community support, and 6) financial practices.**

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1. Management and Operations:

The City of Lake City owns and operates an ambulance service holding both a Basic life support (BLS) and Part-time Advanced Life Support (ALS) license. The service averages approximately 800 calls a year. The service is staffed by a crew of 12 Paramedics and 13 EMT's, some of whom must balance their ambulance commitment with their full-time jobs. The current manager, Gail Reimersma, has been the manager for about 8 years. Lake City Ambulance has three type III ambulances.

Lake City Ambulance has current mutual aid agreements with three Basic Life Support (BLS) services and Advanced Life Support (ALS) agreements with Gold Cross Ambulance-Rochester. Mayo One Helicopter Emergency Medical Services (HEMS) participate in the regional auto-launch program and are utilized based on medical direction guidelines and protocols.

Lake City's Police Department provides first response within the city and each squad car carries an AED. The Lake City Fire Department also responds to traffic crash incidents for extrication assistance with the ambulance service.

The complaint process for handling patient complaints is filed through the ambulance manager and may be forwarded to the City Administrator. The process for handling internal employee related complaints is very unclear as to the appropriate "chain of command", which has led to distrust and frustration between the service staff and City.

Vehicle maintenance is completed by Majerus Garage. Paramedics complete AED and equipment maintenance. Ambulance vehicle and equipment checks are done daily by the crew member. Paper files of all equipment checks are maintained for aspects of the ambulance operation.

Medications are obtained and replaced through Bound Tree and Henry-Schein. The supply is checked on a daily basis and expiration dates are documented to ensure medications are replaced before they reach expiration. The service also has a drug storage and maintenance policy.

A written schedule for personnel is maintained for 24-hour coverage, using the EMS Manager software scheduling program. There are on-call requirements for members which include 60 hours per month for all volunteer members.

Lake City Ambulance is able to maintain at least one staffed ambulance with minimal challenges, however they face challenges related to meeting the needs of hospital to hospital transfers.

ImageTrend software is used to record prehospital response, patient care and transport information and entered into the Minnesota State Ambulance Reporting System (MNSTAR) by the Ambulance Manager or another employee.

The ambulance service has EMSRB-granted variances for the four optional medications (beta agonist by nebulization, epinephrine, glucagon, and nitroglycerin). Ms. Reimersma indicated Nitroglycerin is most used.

There are no major primary service area (PSA) issues in the county or within the Lake City PSA. If a call is dispatched incorrectly, there is little concern as long as ambulance response is sent appropriately.

Pre-hospital radio communications are accomplished in accordance with the Statewide EMS Radio Communications Plan. In general, the ambulance communicates with hospitals and other EMS providers on the ARMER System. The ambulance 800 MHz radios are up-to-date with county and hospital banks; however, there is concern the ambulance does not have direct communication access to law enforcement. The driver of the ambulance handles most of the radio communication; however, attendants use the radios, and in some cases cell phones, to communicate with medical control hospitals for instructions or advice on patient care. Whitewater Wireless (Rochester) services the ambulances radios.

Wabasha County handles 911 dispatching for the ambulance and does not offer ambulance pre-arrival instructions to patients or caregivers calling 911.

The service does not appear have an organized public information and education plan. Newspaper advertising is available and has rarely been used to recruit volunteers. National and State EMS week was recently promoted within the community with great success. Some suggested that additional community outreach opportunities would raise awareness of EMS in the community.

Creating a culture that is warm and inviting, fun and family-like is essential to having a successful ambulance service. This type of environment must also have clear *Esprit de Corps*. Pride and honor shared by the members of the ambulance service is essential in retaining and recruiting employees for the service. When morale and collaboration between the members is high, system issues are easily resolved and focus remains on providing quality ambulance service to the citizens and visitors it serves.

MANAGEMENT and OPERATIONS TEAM OBSERVATIONS

1. Crew Member enthusiasm for working together and support for each other with a high level of morale and commitment to the community?

Employee engagement seems to be a bit of an issue for some of the Lake City Ambulance crew member. This is a very dedicated team and they seem invested in making the service a success, which is vital to having a thriving service. There is no formal Employee satisfaction/engagement/retention strategy and morale has suffered due to inconsistent discipline and treatment of issues within the crew.

- Conflicts with the manager
- Fear of retaliation
- Lack of communication between management and staff
- Protocols are not enforced and EMT's are often unable to take the lead on BLS calls without scrutiny from Paramedics.
- Chain of Command confusion with multiple layers of government (Manager, Commission, City Administrator, Council)

2. Call Time by Crew Members

The required amount of call time for volunteers seems a bit excessive to attract and retain local volunteers. There seems to be a bit of a vicious cycle, you need more commitment due to dwindling crew size but requiring more commitment can keep folks who might otherwise volunteer from joining the service.

There are more casual employees than full-time employees which have become necessary to fill the schedule, however there are more out of town employees than in town employees and there appears to be a divide between the two.

[redacted] They also indicate the hospital to hospital transfer turn down rate would be less if the manager contributed to call time.

3. Development and follow through of policies and procedures?

Clarity of policies and procedures is lacking consistency. A robust orientation manual was referred to and obtained during the assessment. Complete orientation and having strong team leaders are instrumental to the success of an organization. The responsibility of completing orientation in Lake City, falls on the individual orienteer, however when he/she is attempting to complete particular

processes that involve a Paramedic to sign off skills, there is no requirement for the Paramedic to do so and the candidate is left with an incomplete orientation, which has created a tremendous amount of angst among newer crew members.

There is concern that policies have been enforced differently by both the ambulance manager and the City.

4. Timely weekly vehicle and equipment maintenance checks.

Weekly vehicle and equipment maintenance checks do not seem to be an issue, other than the responsibility falls squarely on the paramedics with little involvement of the EMT's who also need familiarity of with equipment location and use.

5. Current Management Duties and Roles

a. City

The City of Lake City has expressed concern over the ambulance service for quite some time. The service has suffered some financial losses, personnel losses, and appears to struggle in the eyes of the City.

Roles and duties of various entities related to ambulance do not seem to clearly defined or well understood. Quite a bit of ambiguity exists over roles and responsibilities related to ambulance by the various governing bodies attached to the ambulance service. Chain of Command is not adhered to, which has led to distrust between City, Ambulance Management, and crew members.

The City does not offer or require leadership or management courses, but will pay for it if requested. The City also has had no formal training related to the management of ambulance finances.

b. Manager

There appears to be a lack of support from within the crew and within the governing structure. Personal and professional relationships seem to have been irreparably damaged over time. Leadership training was never sought or offered it seems. To be effective, many relationships need repair or some sort of fresh start.

Having an engaged ambulance manager, who is professional, is involved in daily operations, and has long range goals for the service, will be instrumental to the success of the Lake City Ambulance. This will also require commitment from both the City Administrator and City Council.

6. 1st Responder Relationships / PD / FD/ Mutual Aid

Although the police department and ambulance service work well together, the fire department and ambulance service exhibit no cohesiveness or long range planning. They used to cross train, but do not have co-operative efforts any longer. The relationships seem to be in tact but could be improved upon with more cooperative training and drilling.

7. Team Dynamics

Team Dynamics seem to be strained and pressures either misidentified or misattributed. A general lack of awareness of the perspective of other team members seems prevalent.

- EMT's are just drivers and do not practice skills on calls often.
- Described by several as "dysfunctional chaos", as it relates to City officials not understanding operations and operations not understanding how to balance work between city officials and crew members.

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MANAGEMENT AND OPERATIONS MAJOR RECOMMENDATIONS

- *Reassess the job description of the ambulance manager and the management structure to develop a long term plan for the growth of the ambulance service, ensuring the manager fits the needs of helping a city owned department transition through and implement change.*

- *Enable the ambulance manager to be more engaged, professional, get involved in daily operations, and set long range goals for the service. This will require commitment from the Ambulance Manager, Crew Members, City Administrator, and City Council.*

- *Allow the ambulance manager to lead to department through necessary changes for operations, including but not limited to improvements in new employee orientation, increasing staffing coverage to meet the needs of the hospital for transfers, helping the city determine the needs and make a transition to a new public safety building.*

- *More clearly defined roles, responsibilities and reporting structure need to be solidified both with the crew and within the governing body.*

- *Some form of leadership training should be considered for the ambulance director.*

- *Written policies and procedures for all aspects of the ambulance operation, including a 24-hour on call schedule for volunteers, should be develop and implemented, so they are clearly understood, enforced, and maintained by the Licensee.*
    - Written policies and procedures need to be evaluated and will assist the city, ambulance management, and all the dedicated volunteers for Lake City Ambulance to confront routine and extraordinary circumstances that arise from time to time in daily and long-term ambulance operations.

    - Clear and concise policies and procedures that are applicable to the ambulance service for disciplinary action, on-call scheduling, roles, and responsibilities of all staff of the ambulance service, and patient complaints. All policies and procedures are well communicated, provided to the ambulance personnel, supported and enforced by the City.
- *Develop a Call Hour Policy that is equal and fair*
    - More focused and organized recruitment may assist with easing requirements for those with less time to commit. (48 or 60 hours instead of 72 may ease the burden enough to encourage more new volunteers).

- *Consider building a strong Basic Life Support (BLS) service before focusing on the Advanced Life Support (ALS). Schedule EMT/EMT crews that cover primary call and have paramedic take transfers. EMT/EMT team should respond to all calls and then call for medic if needed.*

- *Ensure EMT's have the ability to take the patient care lead on Basic Life Support (BLS) calls.*
- *Provide educational opportunities for all public safety agencies within the City to train together, support each other, and develop a cohesive team approach.*

2. Recruitment and Retention:

Recruiting and retaining qualified ambulance personnel is an issue for Lake City Ambulance, as it is for many community ambulance services in rural Minnesota.

During this assessment, both former and current ambulance volunteers who serve or have served as ambulance attendants were interviewed. It was evident the current crew members understand the statutory obligation to fill the ambulance call schedule 24/7/365.

There is clear evidence indicating the dynamics of the ambulance service have not always been positive and conducive to a working environment, where others may want to serve the community. Confusion related to "chain-of-command", lack of a relationship with the City, and multiple changes in administration; appear to have created frustration on many levels.

There are few "perks" for Lake City Ambulance volunteers. The EMTs get paid a per call stipend, plus an on-call stipend. The crew members do participate in the EMSRB Cooper/Sams Longevity Award and Incentive program; which serves as a resource, more for retention than recruitment, for the ambulance service volunteers the City contributes through a PERA coordinated plan for volunteers.

RECRUITMENT and RETENTION TEAM OBSERVATIONS

Lake City Ambulance seems to have a "revolving door" in regards to crew members. This can partially be attributed to a changing culture and decrease in volunteerism, an aging community, and the nature of the "I'm just here for some experience" type of crew member. The efforts currently employed in the area of recruitment however, seem to be less than exhaustive. Efforts at retention seem almost non-existent. No strategy was easily identified when crew were queried regarding retention.

RECRUITMENT AND RETENTION MAJOR RECOMMENDATIONS

- *Develop a formal and organized approach to recruitment and retention needs to keep crew members engaged. A concerted effort to address the lack of focus in these areas could reap great dividends regarding personnel. Recruitment and retention need to be a priority for the ambulance manager with support from the city council.*

- *In addition, tangible incentives for dedicated volunteers are always appreciated and should be encouraged for the volunteer staff of Lake City Ambulance. Consider expanding this motivational incentive to retain volunteers, including community-wide recognition events, ambulance apparel, press coverage by local news media, including human interest stories about volunteer commitment to the community by area citizens. These incentives can be viewed as items such as uniforms, including but not limited to shirts, pants, boots, and a jacket*.

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3. Ambulance Service Medical Direction:

The medical director for Lake City Ambulance is Dennis Spano, M.D., a Mayo Clinic Family Practice Physician who is board certified by the American Board of Family Medicine. He has been the ambulance medical director for many years and indicated he is not able to visit the service as often as he'd like.

Dr. Spano is employed by the Mayo Clinic in Lake City which is the primary receiving hospital for Lake City Ambulance patients. Follow up on patients transported by Lake City Ambulance to Mayo affiliated hospitals will be an important source of information for the medical director in their statutorily required quality assurance role. Examining how the prehospital EMS care fit into the overall picture of the patient's hospital based treatment can be both educational for EMS providers and an excellent source of data for the medical director as they participate in the service's continuous quality improvement program as required under statue 144E.265. The medical director should work with the ambulance service manager to identify a specific set of calls which should undergo automatic review by the medical director. These may include high risk low frequency calls such as cardiac arrests, trauma team activations, scene flight requests for helicopters, prehospital obstetrical deliveries etc.

There is no compensation for the medical director. While this is common in rural ambulances services incentivizing the service medical director to complete continuing medical education in EMS is important.

MEDICAL DIRECTION TEAM OBSERVATIONS

Medical Director involvement seems sparse. Everyone was complimentary of the Medical Director, but repeatedly echoed how "busy" he is. In visiting with Dr. Spano, his desire to be involved is evident. A change in job duties may make him more available. He also expressed a desire to have more education and direction on how to maximize his effectiveness as a medical director.

MEDICAL DIRECTION MAJOR RECOMMENDATIONS

- *Develop clearly defined roles, responsibilities, and mutual expectations of physician medical director involvement with the Lake City Ambulance Service, including a mutually agreed upon method of regular communication. This relationship must be cultivated to obtain maximum benefit for all aspects of medical direction provided and required of Lake City Ambulance.*

- *Encourage the Medical Director to participate at least twice a year in training to fulfill obligations related to the Medical Directors responsibilities in M.S. 144E.265.*

- *Engage the medical director to work collaboratively with staff to implement skills verification, review and update suggested medical guidelines, and develop a plan for improved staff orientation and skills assessment*.

- *Encourage MD to view the Medical Director's guidance presentation on the EMSRB website*

- *Provide the Medical Director with his own independent login to electronic patient care record for QA/QI purposes.*

- *Involve MD when clinical competency of providers comes in question to develop performance improvement plans.*

- *It is recommended that the medical director be allowed and encouraged to participate in the Cooper/Sams Volunteer Ambulance Award and Incentive Program, of which there is no cost to the City. The City of Lake City should also offer their volunteer medical director reimbursement for costs related to attending the annual Minnesota EMS Medical Directors Conference in Alexandria. In addition, the City should reimburse the medical director for annual membership into the National Association of EMS Physicians (NAEMSP). The typical costs of an annual membership are around $400, and provide the Medical director with an EMS Uniform.*

4. Staff Development and Training:

The City of Lake City pays for the initial EMT class for individuals willing to volunteer. The City also pays for the required refresher every two years. The ambulance service participates in the EMSRB's Volunteer Training Reimbursement Program which reimburses the City up to $600 for the cost of attending the initial EMT class after the individual has been a member of the ambulance service for one year and up to $275 for each refresher class. There is no maximum amount of individuals for whom the City can be reimbursed under this program. In the past three years, Lake City has been reimbursed a total of $2800 through the EMSRB's Volunteer Education Reimbursement Program.

Emergency driving training is required of all members. Hazardous materials (HazMat) training and Occupational Safety and Health (OSHA) compliance training is primarily handled through the City of Lake City.

STAFF DEVELOPMENT and TRAINING TEAM OBSERVATIONS

Education received was described as "a joke" and "worthless" by members of the crew. The initial EMT course offered by the service seems to have an abysmal pass rate. The competencies and annual skills verification seemed to lack direct involvement of the ambulance manager and Medical Director. A disconnect between EMT's and Paramedics seems to exist among certain crew.

- Crew members indicate there currently is no requirement for meetings and training. Full-time staff are responsible for conducting training, which is noted at times be minimal.
    - "EMT Classes are poor quality"
    - "There is little to no oversight of staff training and skills assessment."
    - "This service will hire anyone regardless of their skills."

- Crew alleges that there is no QA review of calls and if there is, they are not aware of it. Crew indicated that there may at time be falsification of documentation, and the ambulance manager would not even know if crew made changes on documentation to hide mistakes. If crew "messes up" on a call there is zero accountability for the patient care that they provide. Skill assessment by the Medical Director is rare. Paramedics assess themselves and the ambulance manager is not involved in the skills assessment process.

STAFF DEVELOPMENT AND TRAINGING MAJOR RECOMMENDATIONS

- *Increased Ambulance Manager and Medical Director, involvement in both the Lake City Ambulance education program and crew member continuing education/skills verification process.*

- *Team building efforts may yield dividends if undertaken.*

- *Develop a Quality Assurance process involving the physician medical director and ambulance manager.*

- *Provide incentives and a positive work environment. Volunteers want something back when they offer their time, paid staff want to feel engaged and appreciated.*

5. Community Support:

It is clear that many community residents do not fully understand the extent of commitment and investment an ambulance crew member makes, however they expressed the respect they have for them.

Some local businesses are very supportive and allow employees on the ambulance roster to leave the workplace during business hours to respond to calls. Many business leaders were not aware of ongoing recruitment efforts.

Leadership and team building opportunities have not been conducted in the past, and may be helpful in the future for the ambulance service. While many area ambulance services are struggling in one way or another, Lake City seems to be experiencing some greater difficulties than others. Lake City's community support for the ambulance is good, but has room for significant improvement.

COMMUNITY SUPPORT TEAM OBSERVATIONS

Overwhelmingly the assessment team heard a desire to keep the ambulance service local and city owned. The desire and resources are in place for this ambulance service to thrive with some adjustments in operating procedure and personnel. The community recently responded favorably to an event in support of the ambulance service. The city council seems willing and eager to make things work and the city administrator seems resolute in carrying out the wishes of the city council. There are key elements in place for success going forward.

COMMUNITY SUPPORT MAJOR RECOMMENDATIONS

An ambulance service certainly can fulfill more roles than simply responding to 911 calls. The community also needs to have confidence that if they are in the hospital and need to be transferred that the city based ambulance service would provide that service with more reliability. Community Support can also be bolstered by local public relations activities such as blood pressure clinics, participation in all public events, event standbys, offering community education, etc. Even though an ambulance service is owned by local government, they can benefit from local branding and having a positive public image. Having a positive public image directly affects issues such as asking for a levy to build a new public safety building. Ambulance services are placed in the position of asking for things, such as new vehicles, facilities, training, equipment, personnel, etc. Having a positive image will directly result in better community support, especially when there are not negative rumors that dissuade potential employees from applying to work there

- It is imperative that the city prioritize enabling a manger to lead the ambulance service toward developing positive relationships with the city council, future crewmembers, other city departments, the hospital, local first responder agencies, and neighboring ambulance services. Building relationships is imperative in creating a more positive work environment for future employees.

- Simplify and refocus the reporting and oversight structure of the ambulance service. Thoughtfully consider the recommendations of this and past assessments.

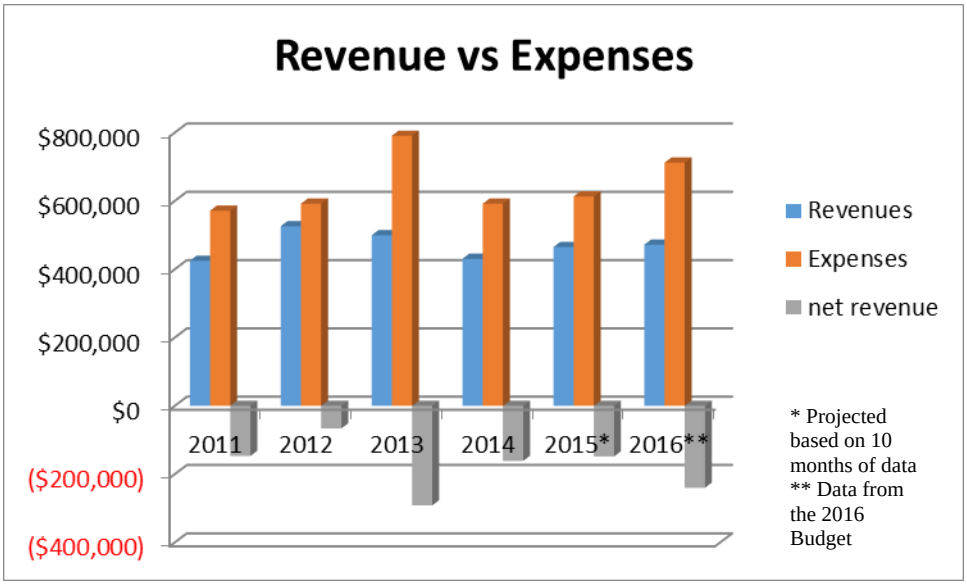
- Make efforts to build community pride in the service through quality outreach education.

- Remove layers of bureaucracy and barriers to success by understanding, clearly defining roles and responsibilities, and effectively communicating across all levels involved in the ambulance service.

6. Financial Practices:

As a department of the city of Lake City, the ambulance service's finances are part of the larger general fund of the city. Also complicating the financial picture of the ambulance service is the reality that the ambulance service's primary service area extends outside the city limits of Lake City. In recognition of this reality, the ambulance service does receive some subsidy from the other communities they serve. In 2015, this subsidy was budgeted to total $17,000. The total expenses for Lake City Ambulance Service in 2015 were $613,138, the subsidy accounts for only 3% of the total amount needed to cover the operating expenses during that same period.

Revenue generated by the EMS department derives from several sources: the primary sources are billable patient transports, subsidies paid by other communities served, stand-by services at local events, and revenue received when patients are treated on scene but are not transported. Annual net revenue (gross revenue minus discounts and allowances due to unreimbursed items) for FY 2015 from patient transports is reported to be $465,019 (note the data received was as of Oct 31st, 2015, annual numbers were projected based on the first ten months). The net result was a loss for the ambulance service, in FY2015 this amount was ($148,119). This loss was funded by Lake City's general fund dollars. Based on the data provided, the ambulance service appears to have historically run at a loss, or said differently, with Lake City providing the largest subsidy (see the below chart).

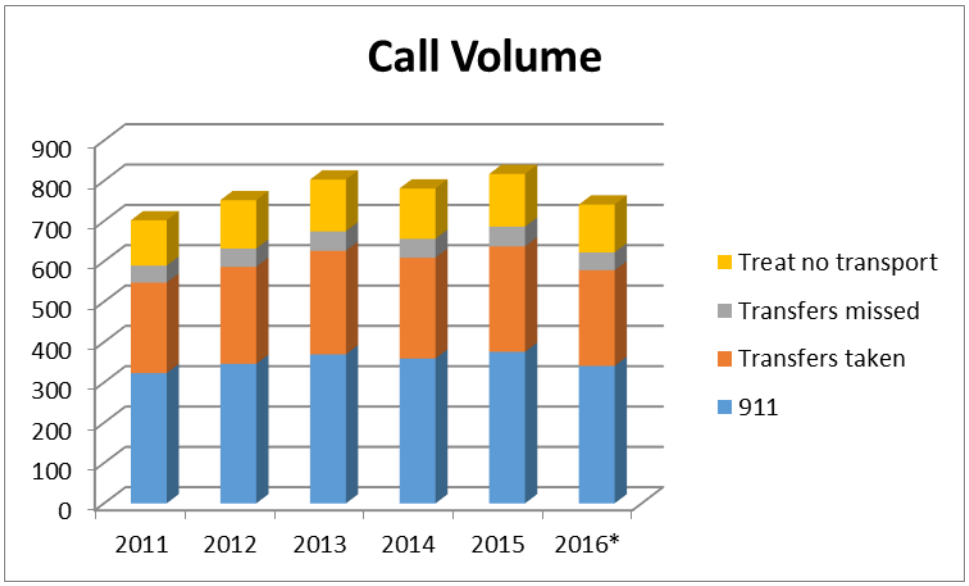


	2011	2012	2013	2014	2015*	2016**
Revenue per call	$604.97	$699.44	$621.94	$551.50	$569.18	$636.98
Cost per call	$813.87	$787.25	$984.75	$758.09	$750.47	$960.93
Profit/loss per call	($208.90)	($87.81)	($362.81)	($206.59)	($181.30)	($323.95)

Lake City Ambulance Service revenues that come from patient transports reflect a mix of payers (in 2015: 71.4 percent governmental payers [Medicare, Medicaid, VA, etc.], 28.6 percent private payers [commercial insurance, self-pay, etc.). A payer mix of roughly 30 percent private payers and 70 percent governmental payers typically results in discounts and allowances of 70 percent, i.e., for

every dollar billed, Lake City Ambulance Service would receive $0.30 back. When this assumption was tested against the total gross charges in a given year versus the total revenue received, the result was for FY2015 52 percent reimbursed, i.e., for every one dollar billed the Lake City Ambulance received $0.52 back. We were unable to determine the difference in the two sets of data.

Lake City Ambulance service call volume remains essentially flat from 2011 to current (see below).



Patient billing is done by an external contractor. EMS staff enter base rates (BLS non-emergency, BLS emergency, ALS1 non or emergency, ALS2) and miles transported onto a charge sheet. The external contractor completes claims, codes, and maintains collections.

The annual operating budget for the EMS department for FY 2015 was $613,138.
Over the past five years, net revenue has fallen by 4 percent while departmental expenses have risen by 11 percent when considered over a five-year period. These factors are significant, as they demonstrate two observations; first, Lake City Ambulance Service expense growth is consistent with a service transitioning from using donated labor (volunteers) to a service using more fulltime paid staff. Second, revenue growth is not growing as fast as expenses. This could be due to insufficient growth in billing rates to match expenses (see below), and or not all communities served by Lake City Ambulance Service paying their full share of the true costs.

For example, in FY2014 (the data that was available for call volume by communities), 911 responses outside Lake City were 82 out of 359, or 30 percent. In FY2014, Lake City Ambulance Service total expenses were $592,072, total revenues were $430,724, of which $11,024 came from communities other than Lake City, resulting in a loss of ($161,348). The community (non-city of Lake City) subsidies were 2 percent but the call volume in those same communities was 30 percent. If the subsidy was consistent with call volume, the subsidy amount would have been $177,622.

Billing Levels	Resident	Non-resident	National Averages
Mileage		$17/ mile	$30 - $40
BLS non-emergency	$945	$1,654	
BLS emergency	$1,122	$1,920	$1,000 - $2,000
ALS non-emergency	$1,299	$2,006	
ALS Emergency	$1,350	$2,000	$2,500 - $3,500
ALS2 emergency	$1,536	$2,245	$3,000 - $4,000
Specialized Critical Transport (SCT)	$1,773	$2,478	$3,500 - $4,500
Treat no transport	$413	$590	
Standby	$145	$145	

It is also reported that Lake City Ambulance Service has been unable to respond to some requests for interfacility transfers due to staffing. Data suggests that in 2016 Lake City Ambulance Service will be unable to respond to 44 transfers. This could result in the loss of roughly $150,000 in revenue. However, the number of missed transfers is reported to be growing and could be as many as 80, which would be over $270,000 in lost revenue.

FINANCIAL PRACTICES TEAM OBSERVATIONS

- Financial data was inconsistent across different data sources. For example, MNSTAR call volume was different than volume reported in documents from Lake City Ambulance Service. The total charge count did not match the total number of calls. The amount provided in subsidies was not consistent with the contract spreadsheet and the budget.

- Lake City Ambulance Service charges appear to be fair and consistent with their expenses in many areas except their charges for ALS2, SCT and their mileage rate. The ambulance service could be losing significant amounts of revenue due to their mileage rate alone.

- Lake City Ambulance Service currently has a resident and non-resident rate for billable services. These models can be extremely complicated and if done incorrectly, subject to investigation and litigation from Medicare and other payers.

- The amount Lake City Ambulance Service charges for standby services is below its costs

- The subsidy provided to Lake City Ambulance Services from communities other than the city of Lake City does not appear to be consistent with the costs expended by Lake City Ambulance Service to provide services to those communities

- The average charge amount for Lake City Ambulance Service in FY2015 was $709.38. This amount appears to be extremely low considering the service is ALS. It also appears to be inconsistent with the service's BLS rates.

- Lake City Ambulance Service is losing its greatest source of revenue by not responding to every transfer request.

- It was difficult to get meaningful data from the contracted billing agency.

FINANCIAL PRACTICES MAJOR RECOMMENDATIONS

- *Lake City Ambulance Service should ensure that data is consistent across all systems to enable them to use data to drive the organization. MNSTAR run volume should match billing. Internal documents and spreadsheets should match the annual budget.*

- *Lake City ambulance should immediately raise their rates to match their costs including a reasonable margin to create a reserve account. For example, based on FY2016 budgeted revenue and expenses, the average charge amount should be $961.00 (FY2015 the average charge was $709.38). To add a margin to create a reserve account as well as funds for capital purchases, the service should have a 20% margin, which would require the average charge to be $1,153.*

    - Lake City Ambulance Service should annually re-evaluate its rates and raise them based on reasonable expenses. For example, if the organization's reimbursement is $0.50 on every dollar billed, and expenses went up by 3 percent, than rates would need to increase 6 percent.

- *Establish a single set of rates for all customers.*

- *Develop a standby rate that is consistent with expenses. A policy could also be developed to discount this rate for special circumstances, such as community events, social organizations, etc.*

- *Develop the true cost of EMS and have all communities served pay the share that is consistent with their use of the system. This should be done after first maximizing revenue through correct billing rates and responding to all interfacility transfers.*

- *Ensure that charges are being assigned correctly for calls. If EMS personnel are filling out charge tickets, this could result in under billing or overbilling depending on the personnel's knowledge and expertise in billing and Medicare compliance. The contracted billing agency should be responsible for assigning charges based on documentation.*

- *Lake City Ambulance should have at least one fulltime ambulance on duty 24 hours a day, 365 days a year using fully paid staff. Based on current call volume this primary ambulance would respond to 2 calls per day. This resource should respond to any calls for service, including transfers. A second unit could be manned if the first unit is out, using an on call system, or, using the paid leader and a third paid staff member. This third paid staff member could be available for other duties as assigned as well as an additional set of hands on critical 911 calls, as long as the person was always available to staff a second unit.*

    - A potential change for Lake City Ambulance Service is to see transfers as important as 911 calls. The revenue generated by transfers subsidizes the 911 service. In addition, the service should staff for 80 percent of its call volume, recognizing that staffing for 100 percent of all calls is not long-term sustainable.

- It will cost roughly $750,000 to $1,000,000 to deploy the above model per year. The vast majority of these costs can be covered by revenue from patient transports if; rates are consistent with costs, the service responds to all requests for transfers, and the service sees transfers as important as 911 calls. A possible schedule using EMT and Paramedic staff is attached. This schedule makes 36 hours a fulltime schedule leaving 4 hours each week before the employee earns overtime.

- *Lake City Ambulance Service should establish key benchmarks by which to measure the outside contracted billing agency. This KPIs should include; Accounts Receivable days (AR days – the amount of time from when service was provided to when revenue was received), percent collected per payer, and accounts receivable by age (often called an aging report). These three indicators can judge the overall health of the relationship.*

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F. Assessment Follow-up Plan for Lake City Ambulance:

This report will be made available to the Lake City Ambulance and the City Council no later than *October 31, 2016*. The city council and ambulance commission are encouraged to develop an implementation plan. Southeast EMSRB Specialist Holly Hammann-Jacobs will be available to assist in accomplishing as many of the recommendations as deemed feasible and appropriate by the ambulance service and the City of Lake City. Other meetings and visits by the EMSRB Specialist for presentations and technical assistance, such as with city officials, community groups, and the ambulance medical director, may be planned as follow through steps on the action plan. One year after receipt of the assessment; the EMSRB is willing to provide an additional follow-up analysis on the success of implementing the strategies recommended in the assessment, if requested by the City of Lake City.

Master Schedule

	Week One							Week Two						
ALS Crew	Sunday	Monday	Tuesday	Wed	Thursday	Friday	Saturday	Sunday	Monday	Tuesday	Wed	Thursday	Friday	Saturday
Medic 1	U1D U1N			U1D				U1D U1N			U1D			
Medic 2		U1D U1N			U1D				U1D U1N			U1D		
Medic 3			U1D U1N			U1D				U1D U1N			U1D	
Medic 4					U1N		U1D U1N					U1N		U1D U1N
ALS Crew	Sunday	Monday	Tuesday	Wed	Thursday	Friday	Saturday	Sunday	Monday	Tuesday	Wed	Thursday	Friday	Saturday
EMT 1	U1D U1N			U1D				U1D U1N			U1D			
EMT 2		U1D U1N			U1D				U1D U1N			U1D		
EMT 3			U1D U1N			U1D				U1D U1N			U1D	
EMT 4					U1N		U1D U1N					U1N		U1D U1N
Open Shift	Sunday	Monday	Tuesday	Wed	Thursday	Friday	Saturday	Sunday	Monday	Tuesday	Wed	Thursday	Friday	Saturday
Open Shift				U1N		U1N					U1N		U1N	
Open Shift				U1N		U1N					U1N		U1N	

Unit 1 DayMedic	U1D
Unit 1 Night Medic	U1N

Unit 1 Day EMT	U1D
Unit 1 Night EMT	U1N

Budgets

	2011	2012	2013	2014	2015*	2016**
Revenues	$424,687	$525,978	$499,418	$430,724	$465,019	$472,000
Expenses	$571,338	$592,010	$790,753	$592,072	$613,138	$712,049

* estimated based on 10 months
** 2016 budget, no actual

	2011	2012	2013	2014	2015*	2016**
Revenue per call	$604.97	$699.44	$621.94	$551.50	$569.18	$636.98
Cost per call	$813.87	$787.25	$984.75	$758.09	$750.47	$960.93
Profit/loss per call	($208.90)	($87.81)	($362.81)	($206.59)	($181.30)	($323.95)
net revenue	($146,651)	($66,032)	($291,335)	($161,348)	($148,119)	($240,049)

	2011	2012	2013	2014	2015	2016*
Total call volume	702	752	803	781	817	741
911	323	346	369	359	376	341
Transfers taken	225	241	257	250	261	237
Transfers missed	42	45	48	47	49	44
Treat no transport	112	120	128	125	131	119

* estimated based on 10 months

Percentages	
911	46%
Transfers	32%
TD Transfers	6%
No loads	16%

Note: 46% are 911 calls, 16% no loads, the rest are transfers (with 17% being turn down).

Payer Mix	2013	2014	2015
Governmental	69.6%	67.8%	71.4%
Commercial	30.4%	32.2%	28.6%
Gross charges	$904,882.85	$810,918.96	$894,533.73
charge return	55.2%	53.1%	52.0%
Average charge	$771.43	$699.07	$709.38

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Billing Levels	Resident	Non-resident	National Averages
Mileage		$17/ mile	$30 - $40
BLS non-emergency	$945	$1,654	
BLS emergency	$1,122	$1,920	$1,000 - $2,000
ALS non-emergency	$1,299	$2,006	
ALS Emergency	$1,350	$2,000	$2,500 - $3,500
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Specialized Critical Transport (SCT)	$1,773	$2,478	$3,500 - $4,500
Treat no transport	$413	$590	
Standby	$145	$145	

Lost revenue	2016	2016 based on 80
Base rate	$110,171.88	$198,240
Mileage	$40,014.00	$72,000.00
Total	$150,185.88	$270,240

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F. Assessment Follow-up Plan for Lake City Ambulance:

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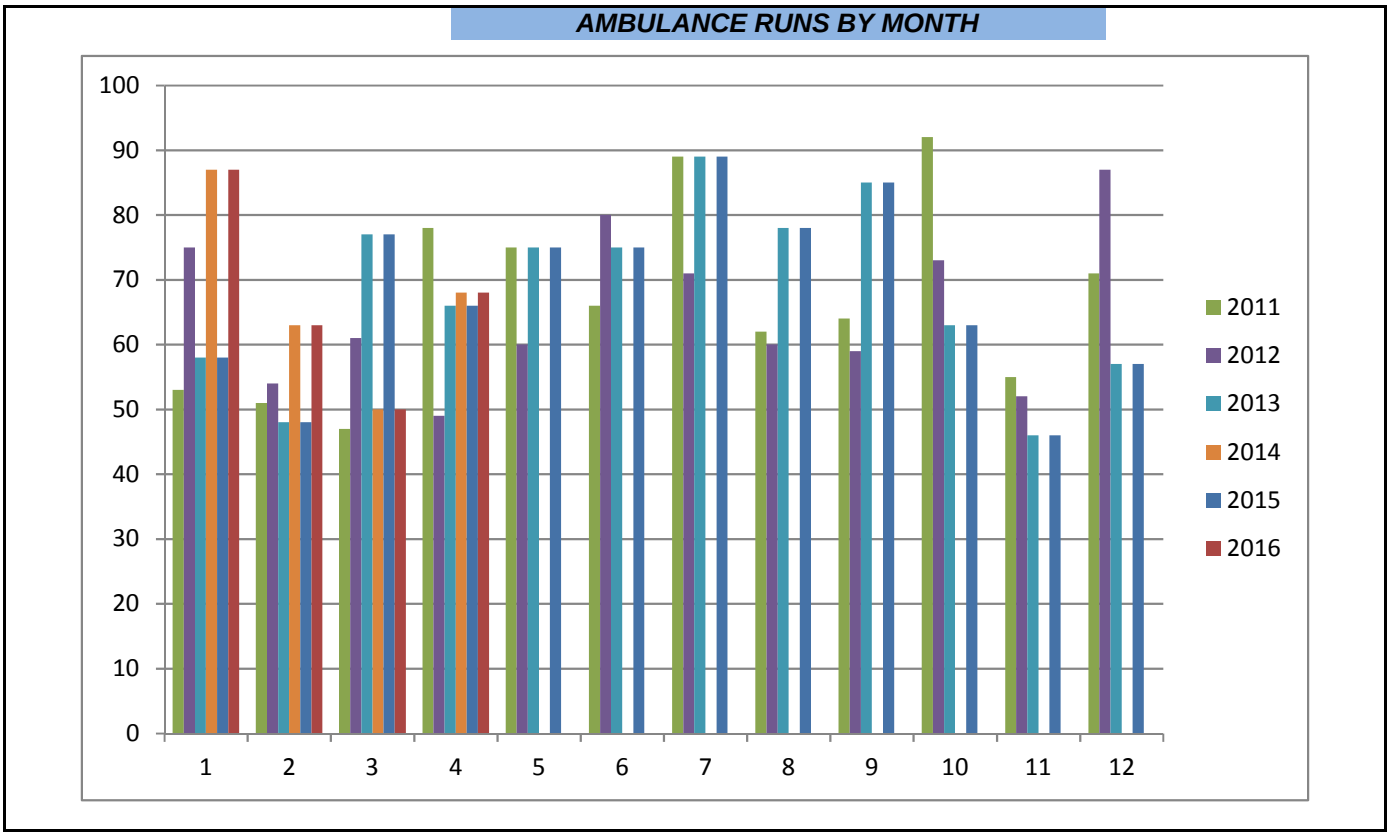
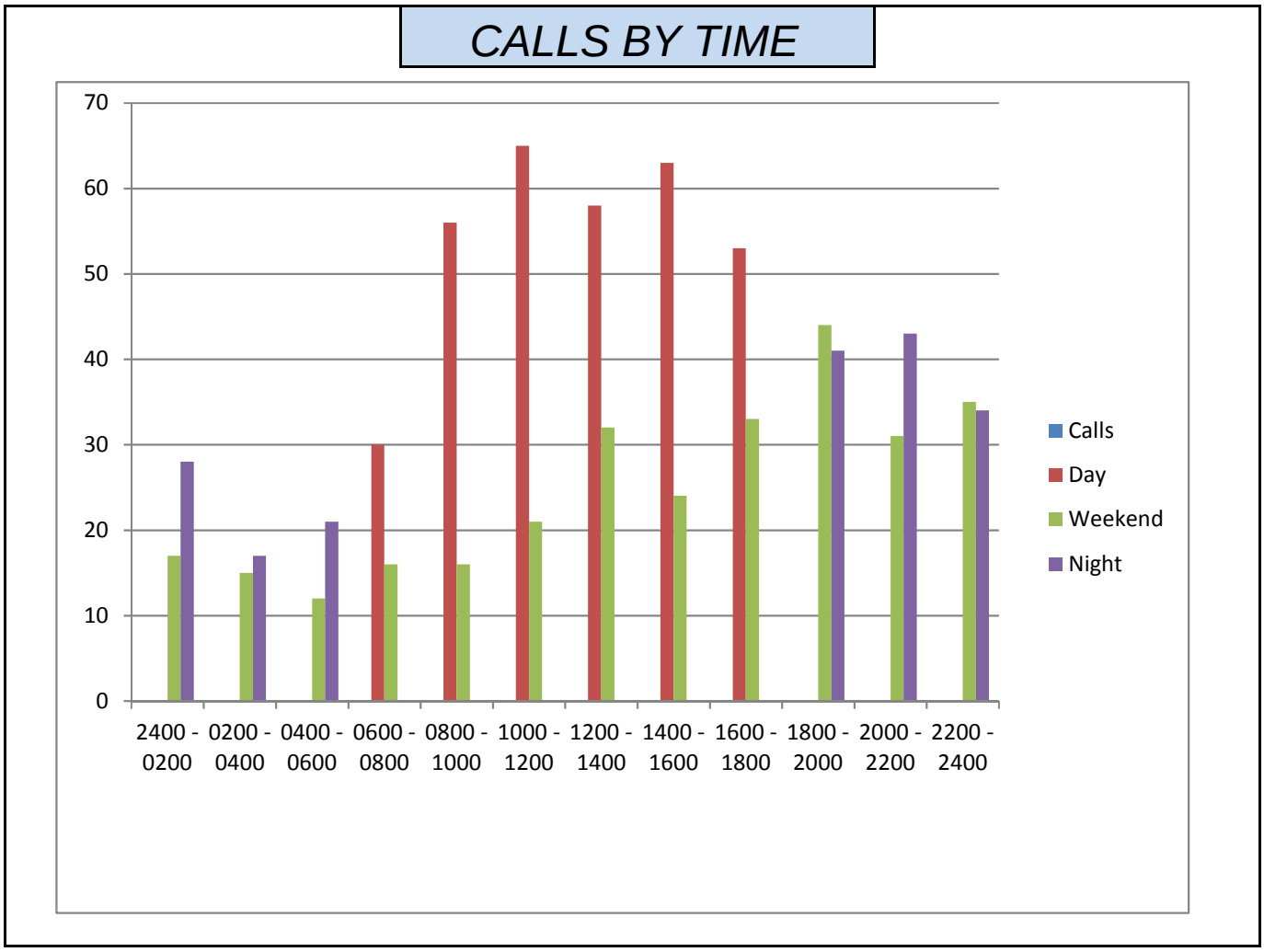
Lake City Ambulance
01/01/2011-04/30/2016

	2011	2012	2013	2014	2015	2016	Month Avg
January	40	57	53	75	58	87	61.67
February	48	41	51	54	48	63	50.83
March	45	52	47	61	77	50	55.33
April	55	67	78	49	66	68	63.83
May	54	64	75	60	75		65.60
June	60	62	66	80	75		68.60
July	71	89	89	71	89		81.80
August	50	78	62	60	78		65.60
September	58	66	64	59	85		66.40
October	83	59	92	73	63		74.00
November	56	48	55	52	46		51.40
December	82	69	71	87	57		73.20
Total Runs	702	752	803	781	817	268	778.27
Monthly Avg	58.5	51.0	66.9	65.1	68.1	67.0	



Lake City Ambulance
01/01/2011-04/30/2016

Times	Unknown	Day	Weekend	Night	
2400 - 0200			17	28	
0200 - 0400			15	17	
0400 - 0600			12	21	
0600 - 0800		30	16		
0800 - 1000		56	16		
1000 - 1200		65	21		
1200 - 1400		58	32		
1400 - 1600		63	24		
1600 - 1800		53	33		
1800 - 2000			44	41	
2000 - 2200			31	43	
2200 - 2400			35	34	
	12	325	296	184	

41% of Calls During Day
35% of Calls on Weekend
23% of Calls During Evening