



South County Emergency Medical Services

Report to the Board of Oversight

August 17, 2023

Operations:

July was a slower than our record breaking June than with 108 calls for service. In addition to the 108 calls we requested mutual aid 5 times. Northampton Fire responded 3 times and AMR responded twice. We responded mutual aid to other communities 15 times. 11 of those responses were to Greenfield and 4 of them were to other communities. We did not miss any calls in our own communities this month because we were providing mutual aid to other towns. I will have the totals for August available at the BOO meeting.

Due to the severe rain, we experienced in late July Lower Road in Deerfield remains closed. Greenfield Fire and AMR have agreed to cover Lower Road north of number 138. Should a paramedic unit from AMR be unavailable to respond Greenfield Fire will respond at the BLS level and we will intercept them. The rain caused numerous problems with other roads in our community but thankfully we had no major issues. There is also one resident on Hoosac road that we are unable to access through Deerfield. In the event that this resident calls 911 we have a plan in place to respond to their home through Conway. Our response through Conway will still be quicker than any mutual aid agency's response.

A2 staffing was low again this month but I expect that we will be better able to cover these shifts once our per diems and Morgan are cleared. Additionally, we are working on our agreement with South Deerfield Fire for them to provide an additional EMT to us. I expect that this will take some time to get implemented but hopefully we can start in the next few months. Matt from community 911 is creating a memorandum of understanding for us and South Deerfield fire to work under and he informed me that he is working on finishing it up now.

The Treehouse half marathon is coming up in September and I am happy to report that we will have three fully staffed ambulances working on the day of the event. We will also have one of our paramedics working with SDFD on a UTV to respond to calls faster than the ambulance can get there. I will be at the event serving as command for the EMS resources. There may also be additional ambulances from outside of our community as we do not have enough trucks to provide all the coverage that they would like.

Admin:

Overtime was up last month as expected. I have provided a breakdown of what some of that overtime was used for. I did not track the first half of the month as it was not requested until our board of oversight meeting in the middle of the month. In the last pay period of July, we had 45.5 hours of overtime. 14 hours of that was A1 ambulance coverage. (Employee call outs) 12 hours were used for other duties (truck committee meetings, truck problems, station issues, etc) 14.5 hours were used for emergencies (off duty calls, storm coverage). 5 hours were late calls. I anticipate that the amount of overtime used for additional duties will decrease as people become more comfortable with their new roles. We currently have one employee out on injury which will increase our OT usage for the next few weeks.

As for the first pay period in August we used 52.5 hours of OT. 24 of that was for A1 shift coverage, 15 was for other duties, 1 was an off duty response to a call and 12.5 hours were for late calls. I again want to assure everyone that once Morgan is cleared the amount of overtime will decrease.

I have completed the designated infection control officer course. I now have a much better understanding of what is expected of the D.I.C.O. I am working on reviewing our policies to make sure that we are in compliance.

I've gathered more information about what we should be charging for standbys and have attached the new updated standby rates below. After having some conversations with some other department heads, I decided to charge a Standby Fee (which is equal to two hours at the base rate) and then charge an hourly rate for service. This standby fee will cover the costs of the work that happens before and after a shift and in addition will help contribute to equipment and vehicle replacement. I have sent out a few invoices for service for standbys and all have paid the new rates without complaint.

We met with Comstar and discussed billing. During the conversation with them it was mentioned that we could bill for calls that we do not transport for. After discussing this with some other department heads and Western Mass EMS it seems this is not a good idea. The way that the laws regarding ambulance billing are written, we must transport the patient to send them a bill. This is why when we intercept another town their service bills the patient and then that service pays us. Theoretically we could charge for refusals, but this would not be covered by anyone's insurance and would have to be an out-of-pocket expense. In addition, the representative from Western Mass EMS informed me that numerous services have attempted these billing practices and the debt that was issued ended up being ruled as unenforceable.

I have also included below our current ambulance billing rates and a comparison of our rates vs other rates in Franklin County and a comparison of our rates vs Comstars other clients. I think we should consider adjusting our rates on a yearly basis.

Additionally, at the end of this report is a guide to what allows us to bill a call at the ALS level.

I have received Julys disposition report from Comstar. The report lists people who can either be sent to collections, written off, or reported to credit bureaus. There are \$252.21 in charges that I feel we should write off. These two individuals are on Medicare supplemental insurance. The additional \$8692.76 I feel we should send to collections. These are all individuals who have not responded with a hardship request and have not acknowledged the bill.

Once Morgan is cleared to work, I would like to try and take at least 8 hours a week off of my scheduled truck shifts to focus on administration. To prevent overtime, I will open shifts up to per diem staff. At present I am working at least 8 additional hours a week in the office (covered by my stipend) but it would be beneficial if I could have some additional time to plan meetings and get work done without being interrupted.

Included at the end of this report is a proposal for additional compensation for some of our employees.

Also included at the end of this report is a proposal for us to send some of our providers to become car seat installers.

Equipment:

Special thanks to Zach Battistoni for doing the programming and training for our new IV pumps. The pumps are now in-service on the trucks, and we are working to get the training complete for the new medications that these will allow us to carry.

Thanks in part to donations from Yankee Candle and local citizens we were able to buy two new suction units and a new AED. During our last state inspection, the state noted that all our portable suction units were too old and needed to be replaced. One of our AEDs (which we primarily use at standbys) was also at its end of life and we have replaced it. The suction units have arrived and have been placed in service. We are still waiting for the AED which can take up to six months to arrive. Once we have all the equipment, we will make an announcement thanking our community.

We have met with a few more vendors to discuss purchasing a new ambulance. Unfortunately, all vendors have seen an approximate 30% increase in the cost of ambulances. Greenwood Emergency vehicles is currently working on getting a quote put together for us and we should be getting it any day now. Where PL Custom who made our other two ambulances prices went up with no significant change in the product, Greenwood who represents Horton has had an increase in cost with a significant safety increase that is included in all their ambulances.

We also met with Specialty Vehicles who represent Lifeline Ambulance. I also expect her quote any day now. They have also had an increase in the cost of their vehicles but offer some additional features that make the additional cost more worthwhile.

Facility / Maintenance:

We are looking into the Plymovent system for the garage. These systems help to remove harmful toxins that are exhausted by the ambulances when we enter and exit the garage. Kevin from Deerfield Highway and Chief Paciorek are working with Zach to get the information that we need to start the process of getting this system. The money for this was allocated years ago we just need to investigate if we need to get the money reapproved because it may have been too long.

South Deerfield Fire is getting new lockers and in turn is donating their old lockers to us. This is a significant improvement over the very old lockers we currently have, and it will allow all our staff to have a locker.

Our garage door that was fixed last month was fixed incorrectly. The wrong springs were installed. They have temporarily fixed that door and have assured me that it is safe to use. Once the replacement springs arrive they will be installed.

Personnel:

I've investigated the costs associated with sending a per diem basic through medic school. After reaching out to GCC they informed me that it costs roughly \$10,000 which includes tuition, books, and uniforms. Most organizations that offer these programs have employees sign a contract agreeing to pay back the cost of the program if they leave the department before a certain number of years. I've heard mixed reports of the success of these programs with some departments loving them and some finding them unsuccessful.

Morgan's training is going well, and we expect her to be cleared to work unsupervised by the end of August. I plan on requiring her to work with another paramedic for an additional month after she is cleared. South County covers a very vast region that is not close to any hospital. I feel that it would benefit our new employee to get some additional time working with another paramedic before we cleared them to work with EMTs. Due to how we currently schedule this should not cause any scheduling or overtime concerns.

Our per diems are progressing well and I expect that at least two of the three will be cleared to work on their own by September 1st if not sooner.

Scheduled 2023 Board of Oversight meetings:

Jan 17 - Feb 21 - Mar 21 – April 18 – June 20 – July 6 – July 18 – Aug 17 -- Sept 19 - Nov 21

Respectfully,

Interim Chief,

Tim Drumgool

Proposal for additional compensation

Currently, we have three providers who consistently undertake significant additional duties beyond their job descriptions. While I agree that finding a permanent solution for compensating these employees should be deferred to the next chief, it is essential to address the matter in the interim. All three individuals play a vital role in our organization, and without their contributions, the workload would increase significantly. My proposal does not entail a permanent solution, and I suggest that after hiring a new chief, these compensations should be reassessed.

In the meantime, the most suitable approach to compensate these employees is through a stipend. Allow me to elaborate on the contributions and fair compensation for each individual:

Zach Battistoni serves as our logistics coordinator, handling vehicle maintenance, repairs, and IT services. He also takes care of warrant and billing matters while serving as our records custodian. Due to the nature of his work and our rotating schedule, Zach accrues the most overtime for his additional duties, averaging 2-10 hours per week. I believe a stipend of \$300/month would be fair compensation for him, covering his administrative responsibilities and substituting overtime pay until he reaches the appropriate compensation threshold. This stipend would also acknowledge the 10-20 hours of extra work he performs while on shift. I think that if we work with Zach, we can also minimize the amount of overtime accrued.

Alicia Toia, our operations coordinator, plays a crucial role in managing schedules, callouts, standby events, and supplies. She also assists in policy creation and compliance. Though Alicia rarely needs to work overtime, there are occasional instances when she does, particularly for ordering additional supplies or managing the schedule during my absence. I propose a stipend of \$200/month to compensate her for the extra 5-10 hours of work she puts in during her shifts.

Laurie McComb is responsible for grant writing and serves as our community liaison. Grant writing is instrumental in acquiring equipment and resources that would otherwise be financially challenging to obtain. Additionally, this role and her role as a community liaison involves off-duty tasks such as phone calls and emails. A stipend of \$150/month would be appropriate to acknowledge the extra work Laurie performs in these areas.

Overall, I am requesting a total of \$650 per month in additional compensation for these deserving employees. It's important to note that currently, our organization saves approximately \$8000 per month by not having a full-time chief. \$1250 of that goes towards my stipend but we have an additional \$6750 a month that we are currently not spending. While I anticipate the possibility of redistributing some responsibilities in the future, it remains crucial to offer our non-management employees' additional duties to foster greater involvement in the organization.

I feel that implementing these stipends for the interim period would be a fair and practical solution to recognize the valuable contributions of our dedicated staff members.

Car Seat Installer Proposal

To expand our community involvement, I would like to send one to two of our providers to a car seat installer class. This would allow us to offer car seat installations to the community. The correct installation of car seats is very important and can substantially mitigate the distinction between severe and minor injuries in the event of an accident.

The certification costs \$90.00 and the class costs between \$0 and \$200 per person depending on where it is offered. It is a three-day 8 hour course. In addition, it has some requirements that installers are supervised at an installation event. We would need to pay our providers to attend the course and then pay for the recertification process.

If we reassigned the provers off of their shift to attend the class, we could pay them straight pay and then ideally cover their open shift with per diems but it is possible it would be covered with overtime. We could also leave providers on their scheduled shift and then pay them overtime to attend the class.

The obtained certification remains valid for two years, necessitating periodic recertification and supervised participation in installation events. To ensure the effectiveness of the program, it may be necessary to procure supplementary equipment, including demonstrative car seats for educational purposes.

Although the program incurs both initial and ongoing expenses, its impact on the community is substantial. By equipping our personnel with the expertise to adeptly install car seats, we not only fulfill a critical safety need but also establish our organization as a proactive community partner dedicated to safeguarding the well-being of our youngest residents.

South County EMS

Stand-by Hourly Rate Fee Schedule

Scheduled Dedicated Provider / Dedicated Ambulance

Single Provider \$140 Standby Fee + \$70 / Hour

BLS Ambulance \$320 Standby Fee + \$160 / Hour

ALS Ambulance \$400 Standby Fee + \$200 / Hour

Scheduled Non-Dedicated Provider / Non-Dedicated Ambulance

(Non-dedicated providers and ambulances will post at your event but will still be available for calls within the community)

Single Provider \$130 Standby Fee + \$65 / Hour

BLS Ambulance \$280 Standby Fee + \$140 / Hour

ALS Ambulance \$320 Standby Fee + \$160 / Hour

Last-Minute (Non-Scheduled) 4 Hour Minimum

Single Provider \$500.00 + \$110/Hour

BLS Ambulance \$1200.00 + \$280/Hour

ALS Ambulance \$2000.00 + \$200/Hour

South County EMS shall be entitled to all revenue received from patients treated by the department during a detail.

A request will be considered an "Emergency Detail" if it is for resources to respond immediately and/or that cannot be reasonably refused by South County EMS, and that it is not associated with a medical patient or isn't in direct service to a specific emergency operation. Emergency details are billed at a 4-hour minimum and to each full hour thereafter, until the resource is released by the requesting agency and the ambulance is back in service inside and for the South County EMS primary coverage area.

July 2023 Call Totals		
Town Name	Number of Calls	Percent of total
Ashfield	1	0.93%
Deerfield	13	12.04%
Greenfield	11	10.22%
Leverett	1	0.93%
Montague	1	0.93%
South Deerfield	35	32.41%
Sunderland	27	25.00%
Turners Falls	1	0.93%
Whately	18	16.67%
Totals	108	100.06%
Mutual Aid Received	5	NA

TOWN OF DEERFIELD 2023 Rate Change Form

Charges	2023 Medicare Fee Schedule	Avg Bundled Comstar Top 50	Current Rates	New Rates Effective On:
BLS EMERGENCY BASE RATE		\$1,619.00	\$1,477.00	_____
BLS NON-EMERGENCY BASE RATE	\$272.45	\$1,619.00	\$1,477.00	_____
ALS NON-EMERGENCY BASE RATE	\$326.93	\$2,419.00	\$2,329.00	_____
ALS1 EMERGENCY BASE RATE	\$517.65	\$2,419.00	\$2,329.00	_____
ALS2 EMERGENCY BASE RATE	\$749.24	\$3,551.00	\$3,420.00	_____
SPECIALTY CARE TRANSPORT	\$885.46	\$3,999.00	\$3,908.00	_____
MILEAGE	\$8.40	\$38.00	\$36.12	_____
INTERCEPT FEE	\$0.00	N/A	\$275.00	_____
PARAMEDIC INTERCEPT	\$0.00	N/A	\$920.05	_____

Allowed Amounts

\$435.92

Signature -- Authorized Signer

Date

Printed Name -- Authorized Signer

Title -- Authorized Signer

Deerfield, MA Rate Comparison Report (Franklin County)				
Client	MLG	BLS Emer BR	ALS1 Emer BR	ALS2 Emer BR
XXXXXXXX	\$48.40	\$1,800.00	\$2,700.00	\$4,000.00
XXXXXXXX	\$37.31	\$1,580.81	\$2,412.45	\$3,543.29
TOWN OF DEERFIELD	\$36.12	\$1,477.00	\$2,329.00	\$3,420.00
XXXXXXXX	\$44.00	\$1,900.00	\$3,000.00	\$4,100.00
XXXXXXXX	\$37.31	\$1,533.00	\$2,420.00	\$3,571.00
AVERAGE	\$40.63	\$1,658.16	\$2,572.29	\$3,726.86

What qualifies as ALS

- Specific services
 - EKG / 12-lead
 - IV or IV attempt.
 - Airway - besides for Endotracheal or Orotracheal intubation
 - Medication given via IM
 - All Oral medication besides Aspirin and Tylenol
- Per dispatch
 - If the narrative states the crew was dispatched for a specific reason
 - Patient cannot have a MA Medicaid or Medicaid HMO plan
 - An AEMT or higher must be on board
 - Severe abdominal pain
 - Allergic reaction
 - Diabetic Problems with Altered Mental status
 - Respiratory Arrest
 - Respiratory distress, Difficulty breathing, shortness of breath
 - Cardiac Arrest – resuscitation in progress
 - Chest pain
 - Choking Episode (Actively Choking)
 - Convulsions or Seizure
 - Severe bleeding or Hemorrhage
 - Hazmat Exposure or Carbon Monoxide inhalation
 - Stroke symptoms, CVA symptoms, Facial droop, Aphasia, ETC.
 - Overdose or poisons ingested
 - Major trauma, Stab, Gunshot wound, Penetrating trauma
 - Electrocutation or struck by Lightning
 - Drowning or Near drowning with injury
 - Fall > 6 feet
 - Entrapment or structural collapse.

