Service Assessment
&
Strategic Recommendations

Ellington Volunteer Ambulance Corps

Submitted: November 1, 2016

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Executive Summary

Overview & Current State:

Ellington Volunteer Ambulance Corp (EVAC) enjoys a rich history as a trusted provider of ambulance service to the Town of Ellington. Their relationship and history with the Ellington Rescue Post (ERP) is a significant source of that community trust and provides outstanding service to the ERP members. When asked, numerous community members and leaders indicated the involvement of the ERP as one of the best things about EVAC.

EVAC also offers regular community education in CPR and has done an effective job placing Automated External Defibrillators in public locations throughout the Town.

During interviews, external stakeholders indicated that the clinical care provided by EVAC was reasonable and there are very few clinical quality concerns by co-responders or the agencies Medical Control authority. Some interviewees expressed that training programs conducted by EVAC tend to focus on non-critical learning objectives and not necessarily focus on core clinical education.

The main reason EVAC and the Town of Ellington sought this assessment is due to the perception of a significant culture shift occurring both within EVAC, and between EVAC and the Town of Ellington. The assessor did find a very challenging internal and external climate that will need immediate attention in order for EVAC to continue effectively delivering EMS services to the residents of Ellington.

There appear to be five main issues that are driving the culture change at EVAC, and between EVAC and the Town of Ellington.

- Decline in volunteer participation
- Lack of management and leadership experience of the EVAC Executive Board
- Dynamics of paid staff between the volunteer staff and leadership of EVAC
- Interactions between ERP members and EVAC Leadership
- Relationship between EVAC's leadership and the Town Board of Selectman

Each of these issues will be discussed in more detail in the body of this report.

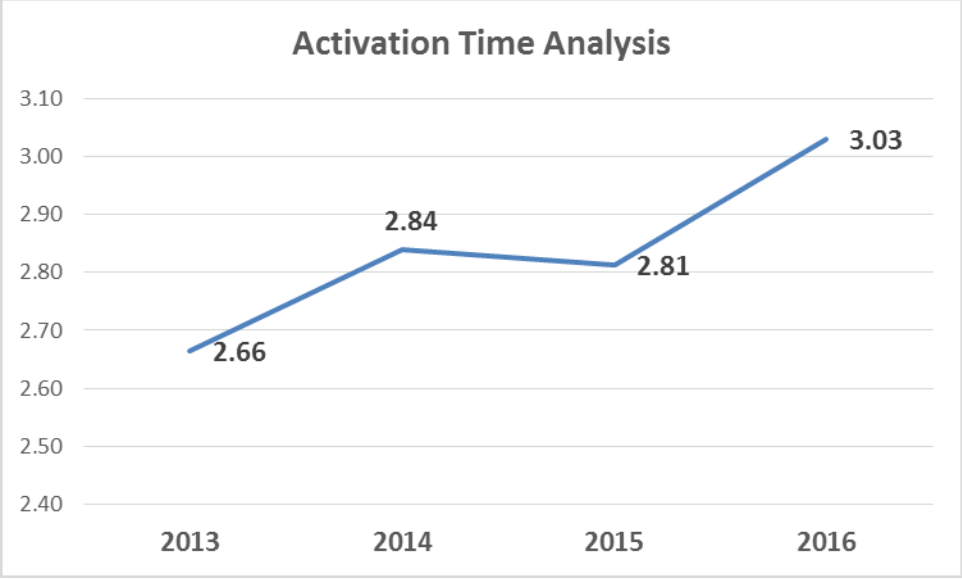
Key Performance Indicators:

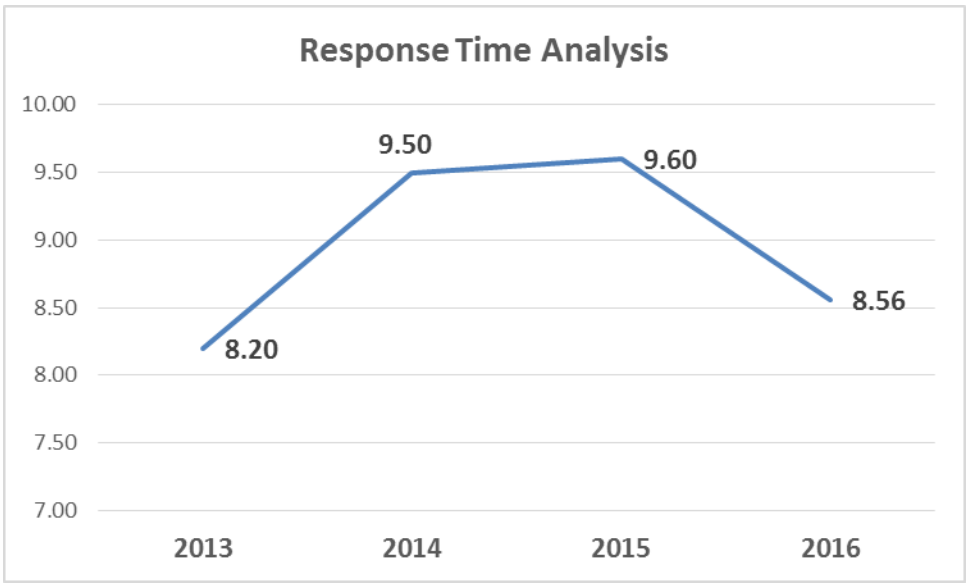
Response Time Reliability -

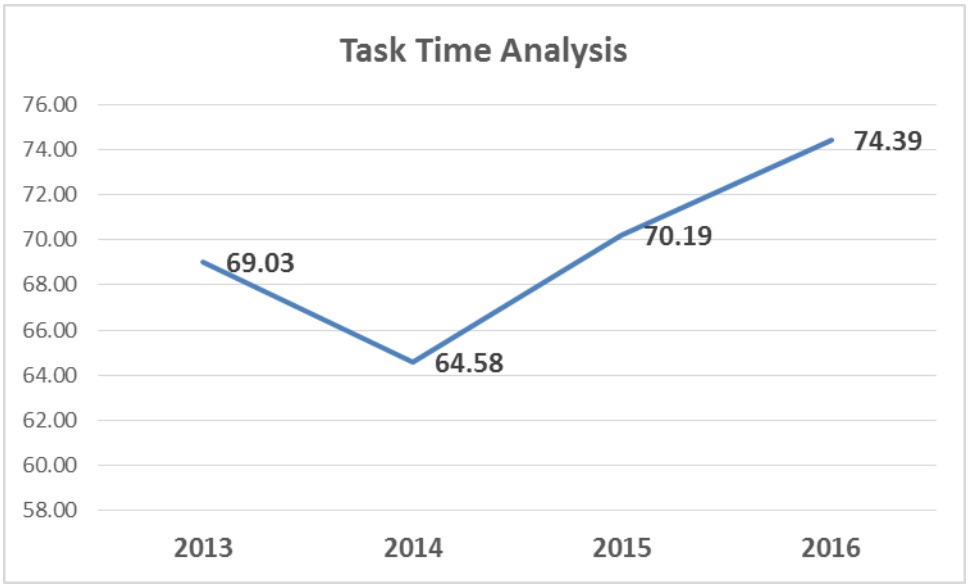
EVAC provides reliable service with consistent response times. From 2013 through 2016, EVAC's average response times are 8.96 minutes, consisting of an average activation time of 2.8 minutes and travel time to the scene of 6.13 minutes. As depicted in the charts below, EVAC has experienced a lengthening of activation times, and overall task times. This is a trend that will need to me monitored and actively managed.

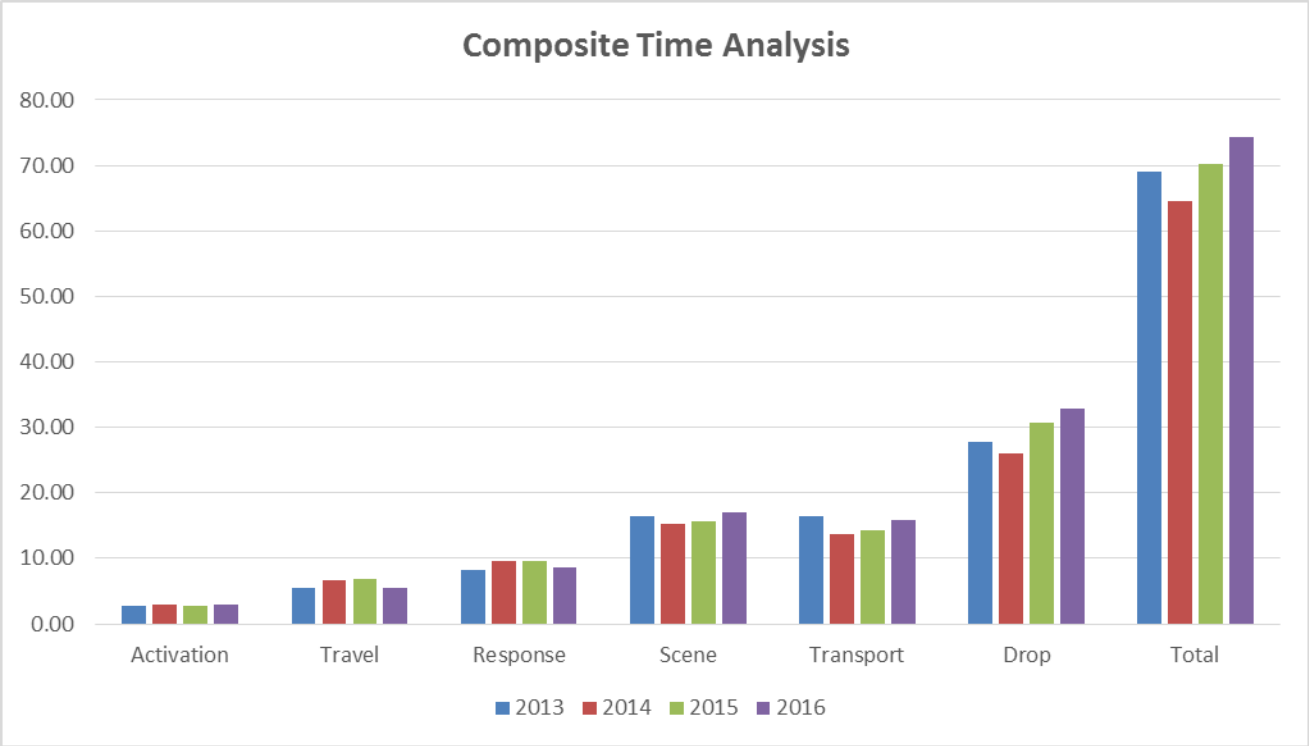
Response Time Trends

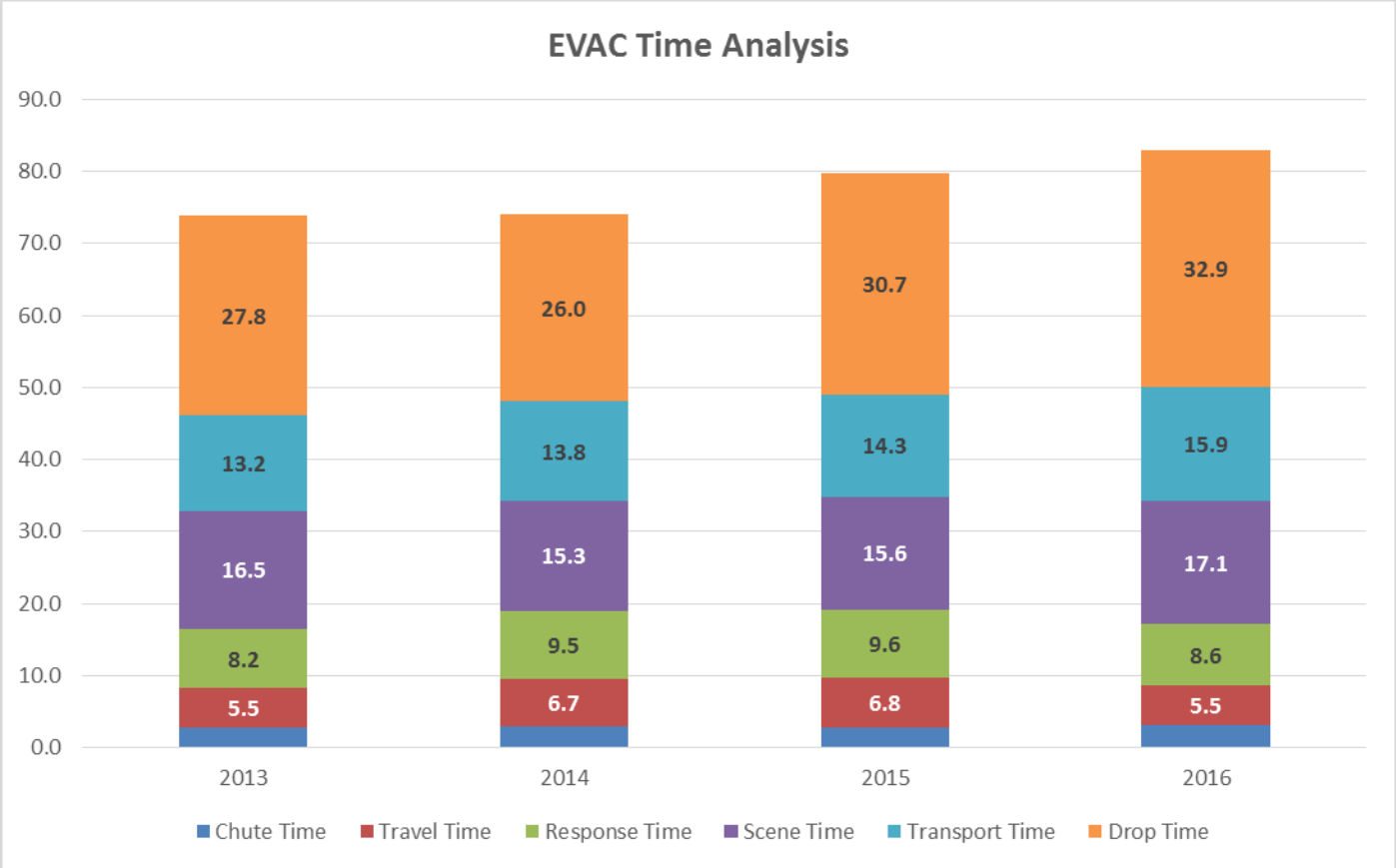
	Activation	Travel	Response	Scene	Transport	Drop	Total
2013	2.66	5.53	8.20	16.50	16.50	27.83	69.03
2014	2.84	6.66	9.50	15.29	13.76	26.03	64.58
2015	2.81	6.78	9.60	15.60	14.26	30.74	70.19
2016	3.03	5.53	8.56	17.05	15.87	32.91	74.39
Average	2.84	6.13	8.96	16.11	15.10	29.38	69.55




Response Time Analysis
10.00
9.50
9.00
8.50
8.00
7.50
7.00
9.50
9.60
8.56
8.20
2013
2014
2015
2016


Task Time Analysis
76.00
74.00
72.00
70.00
68.00
66.00
64.00
62.00
60.00
58.00
74.39
70.19
69.03
64.58
2013
2014
2015
2016


Composite Time Analysis
80.00
70.00
60.00
50.00
40.00
30.00
20.00
10.00
0.00
Activation
Travel
Response
Scene
Transport
Drop
Total
2013
2014
2015
2016


EVAC Time Analysis
90.0
80.0
70.0
60.0
50.0
40.0
30.0
20.0
10.0
0.0
27.8
13.2
16.5
8.2
5.5
26.0
13.8
15.3
9.5
6.7
30.7
14.3
15.6
9.6
6.8
32.9
15.9
17.1
8.6
5.5
2013
2014
2015
2016
Chute Time
Travel Time
Response Time
Scene Time
Transport Time
Drop Time

Fiscal Performance –

Because of the system design, mixed volunteer and paid, EVAC provides economically efficient service. Their financial performance indicators are consistent with some of high performance EMS systems. EVAC's cost per unit hour is $38.75, and cost per transport is $441.30. Connecticut is a rate regulated state, which often makes it difficult to collect revenue equal to the cost of service delivery, and EVAC's collections per transport seems to be limited due to the rate regulation. Their average revenue per transport for Fiscal Year End 2015 was $361.06 with an average collection rate of 38.7%

There is a downward trend of collection percentage and further evaluation of the billing and collections process should be conducted to determine the root cause of these trends.

Based on the transport call volume, the amount collected per transport, and the expenditures experienced by EVAC, their expenses exceed revenues by $80.24 per transport. This obviously requires tax support from the town and annually, the town subsidizes EVAC an average of $65,000 per year. It is possible that an enhanced revenue strategy combined with tighter expense controls, EVAC could eliminate the need for public subsidy.

	CHARGES	PAYMENTS		CHARGES	PAYMENTS		CHARGES	PAYMENTS		CHARGES	PAYMENTS
Month	**2013**			**2014**			**2015**			**2016**	
JANUARY	$51,159.86	$22,905.30		$55,486.47	$31,184.92		$30,343.77	$19,644.02		$64,833.63	$31,125.01
FEBRUARY	$66,111.52	$23,420.10		$36,945.81	$17,656.11		$60,419.88	$13,381.20		$40,085.94	$24,230.60
MARCH	$47,976.00	$28,860.79		$42,151.61	$19,475.57		$49,746.84	$25,115.37		$80,278.73	$20,923.98
APRIL	$36,572.28	$29,298.22		$50,691.97	$14,003.95		$66,234.00	$12,744.64		$44,512.84	$15,173.91
MAY	$56,798.36	$21,051.41		$50,571.63	$33,409.10		$34,289.56	$30,661.11		$50,944.91	$27,696.84
JUNE	$54,691.12	$16,049.34		$37,070.50	$17,670.14		$55,816.52	$12,182.54		$98,018.64	$19,940.28
JULY	$41,322.64	$25,395.81		$48,431.49	$18,183.53		$97,862.76	$38,562.21		$44,416.52	$24,953.52
AUGUST	$35,323.28	$21,435.80		$23,802.39	$16,540.74		$45,769.24	$36,281.08		$35,651.44	$13,129.21
SEPTEMBER	$50,324.38	$24,670.85		$43,859.64	$4,951.57		$22,292.28	$18,372.81			
OCTOBER	$45,078.56	$22,112.55		$35,287.04	$24,610.26		$118,424.76	$19,677.55			
NOVEMBER	$54,313.84	$13,474.14		$68,416.25	$10,609.51		$0.00	$21,698.88			
DECEMBER	$59,439.56	$23,401.64		$43,680.65	$28,274.68		$130,502.99	$27,168.53			
Totals	**$599,111**	**$272,076**		**$536,395**	**$236,570**		**$711,703**	**$275,490**		**$458,743**	**$177,173**
Collection Rate		**45.4%**			**44.1%**			**38.7%**			**38.6%**

EVAC Financial Analysis

	FYE 2013	FYE 2014	FYE 2015	FYE 2016		Financial Indicators (Based on FYE 2015)	
Gross Revenue	$ 599,111	$ 536,395	$ 711,703	$ 458,743		Cost Per Response	$ 290.62
Net Revenue	$ 272,076	$ 236,570	$ 275,490	$ 177,173		Cost Per Transport	$ 440.31
Responses	1163	1086	1156	630		Cost per Unit Hour	$ 38.35
Transports	749	713	763	440		Collection Rate	38.7%
Transport %	64.40%	65.65%	66.00%	69.84%		Response Unit Hour Utilization (UHU-R)	0.132
						Transport Unit Hour Utilization (UHU-T)	0.087
Average Patient Charge	$ 799.88	$ 752.31	$ 932.77	$ 1,042.60			
Revenue/transport	$ 363.25	$ 331.80	$ 361.06	$ 402.67			
Expenditures	$ 322,916	$ 365,925	$ 335,955				
Net Gain/(Loss)	**$ (50,840)**	**$ (129,355)**	**$ (60,465)**				

Use of Mutual Aid –

During the site visit and follow-up interviews, several stakeholders expressed concern about times when EVAC's primary unit was unstaffed, and the reliance on mutual aid to cover primary responses for the Town. An analysis revealed that for the most recent and relevant measurement period of January through August 2016, EVAC's primary ambulance was not staffed for 47 out of 8,760 hours, or 0.54% of the available hours. While it is desirous to have zero hours unstaffed, this amount of unstaffed hours for a primary unit that relies mostly on volunteer staffing is not alarming. Even when there is not an 'on-duty' staff per se, there are times when volunteers can respond to an emergency request to staff an ambulance.

An analysis of mutual aid received and provided tends to verify this belief. For the most recent period of January through August 2016, EVAC received mutual aid for 28 responses, the majority of those calls received mutual aid because the primary ambulance was on another call. Six of the mutual aid calls were for time the primary EVAC unit was not staffed.

For the same period, EVAC provided mutual aid to others 32 times, a mutual aid ratio of 1.14, meaning they provided more mutual aid than they received. It is interesting to note, that the community receiving the most mutual aid from EVAC is the Town of Vernon, a community with full-time paid ambulance staffing through the Vernon Fire Department.

Mutual Aid Provided by EVAC:

Town	**Calls**
Vernon	26
Somers	3
Broad Brook	2
Tolland	1
Total	**32**

Recommendations Summary

Volunteer Staffing & Recruitment Recommendations:

- Increase the marketing of EVAC as a vital community service in need of volunteers
- Create of a new class of volunteers – Driver only
- Publish the economic impact to the taxpayers if EVAC converts to a full-time paid system

Leadership Recommendations:

- The current EVAC leadership should seek and attend formal management and leadership training
- The EVAC leadership team should improve decision making capacity and process
- A standard vehicle safety checklist should be implemented as soon as possible as this is an industry best-practice
    - After on-site visits, and prior to this report being finalized, this was implemented per the EVAC Chief

EVAC Leadership Relationship with Town Leaders Recommendations:

- EVAC and Town of Ellington leadership should establish clear lines of expectation and authority.
- EVAC and the Town should identify key performance indicators to be shared monthly at a Board of Selectmen meeting.

Ellington Rescue Post Recommendations:

- EVAC leadership team should increase engagement with the ERP and work toward making the ERP members feel more invested in the organization.
- ERP members should be transitioned to actual volunteer status. The practice of paying ERP members to staff ambulances should be abandoned.
- Daytime staffing model should be changed to 1 paid EMT, 1 volunteer driver and 1 (or 2 if necessary to meet ERP guidelines) ERP member.
- The practice of 2 ERP members always having to be together in the ambulance should be reviewed and revised. If this is a local practice, it should be changed with appropriate safeguards.

Paid Staff Recommendations:

- EVAC leadership should provide timely and valuable performance reviews for the paid staff as required in the contract between EVAC and the Town of Ellington.
- Paid staff should only be used to fill critical gaps in volunteer coverage, not used at the convenience of the volunteers to fill shifts the volunteers have committed to work, but prefer not to.
- The First Selectman should defer all initial decisions regarding employment related, supervisory matters to EVAC leadership and be counseled only through a formal grievance process per the collective bargaining agreements.
- The collective bargaining agreement should be revised to clearly articulate that decisions regarding employee performance matters should be handled by the employee's supervisor.
- Paid staff should not be allowed to change uniform design or in other ways distance their affiliation with EVAC. They were hired to support the organization in meeting its goals for the townspeople. If they are unwilling to support the organization, they should be afforded the opportunity to work elsewhere.
- The Town, and EVAC, should investigate changing the staffing model to a contract model through a staffing agency that specializes in supplementing volunteer staffing.

Fiscal Management Recommendations:

- Enhance the ambulance fee revenue stream by utilizing full fee for service processes, charging response fees, assuring the billing fees are calculated as a percentage of fees collected and an effort to collect previous uncollected accounts through a discount for old accounts receivable.
- Change the day staffing pattern from 4 paid personnel to 2, or at the very most, 3.
- Change the replacement schedule for ambulances from 6 years to 10, and consider the use of chassis remounts vs. purchasing new full ambulances.

Transparency and Accountability Recommendations:

- EVAC should publish a monthly report containing agreed upon Key Performance Indicators.
- This report should also be presented monthly, in-person, at a Board of Selectmen meeting.

Community and Media Relations Recommendations

- Creation an EVAC Twitter account to send messages and alerts.
- A Home for the Holidays program to transport select patients from nursing facilities home for Thanksgiving Dinner with their family.
- A Trick or Treat event to use the ambulance, stretcher and trained medical personnel to bring medically challenged children and their families out for Trick or Treating on Halloween.
- Offer to write a monthly column in the local newspaper that will carry safety or general medical information of value to the readers.
- Creation and publication of a monthly or quarterly newsletter (print or electronic) that is sent free to subscribers.
- Creation of a community advisory board (CAB) comprised of local community, business, healthcare, and other leaders that meets quarterly or semi-annually at EVAC to hear what's new at EVAC and provide insight into how EVAC can better partner with each stakeholder group.

Training and Education Recommendations:

- Continuing education training should be linked to educational opportunities discovered through an active Continuous Quality Improvement (CQI) process.
- When issues are identified, the training should be designed to specifically bridge that knowledge gap.
- Then, another review should be conducted to see if the training improved performance

Mobile Integrated Healthcare – Community Paramedicine Recommendations:

- EVAC and its sponsor hospital should investigate MIH solutions that may derive additional revenue for the agency.

Detailed Assessment & Recommendations

Volunteer Staffing & Recruitment

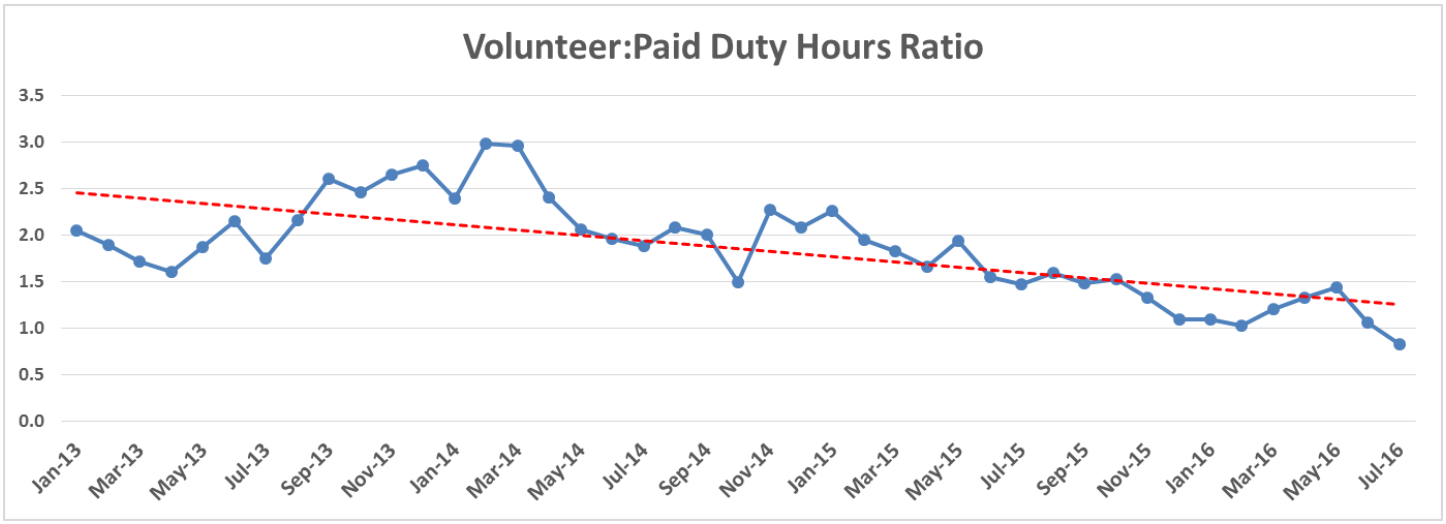
Volunteer Staffing Trend:
EVAC's reliance on volunteer staffing is a key component of both the community support, as well as the economic efficiency of the EMS system in Ellington. Recently, EVAC has experienced a decline in volunteer staffing, which generally is consistent with volunteerism in America.

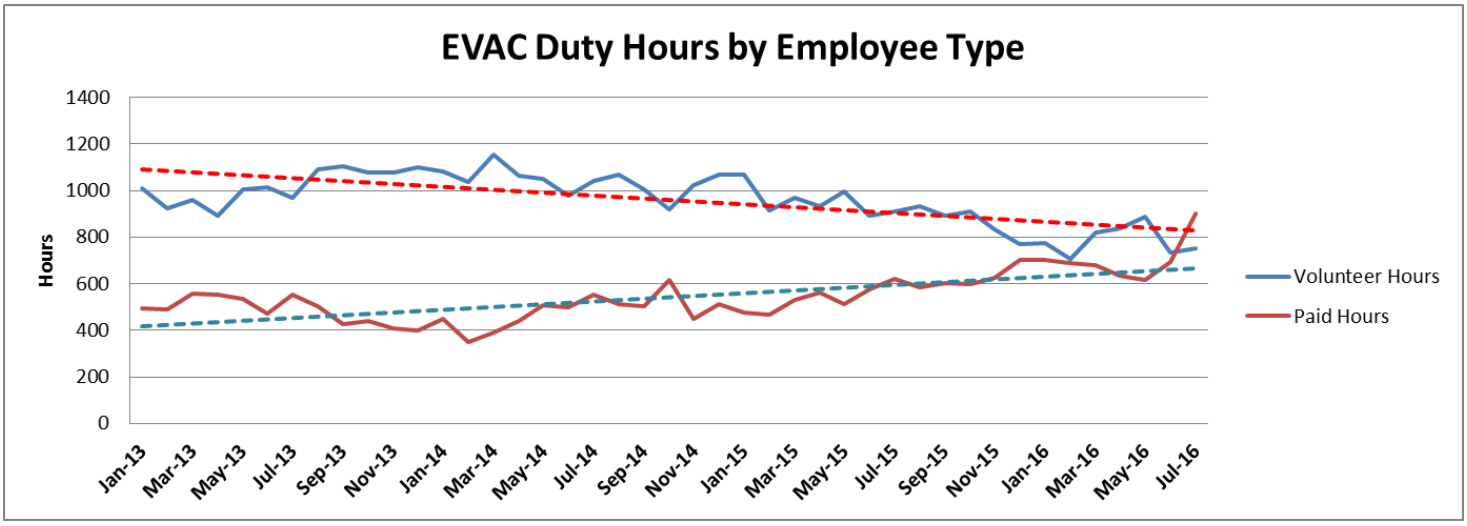
The U.S Bureau of Labor Statistics reports that in 2015 the national volunteer rate was 25.4 percent, or 62.6 million people, compared with 29 percent of the population in 2003. (Official statistics on volunteer rates go back only to 2002.) By age, 35- to 44-year-olds and 45- to 54-year-olds were the most likely to volunteer (28.9 percent and 28.0 percent, respectively). Volunteer rates were lowest among 20- to 24-year-olds (18.4 percent). Teenagers (16- to 19-year-olds) continued to have a relatively high volunteer rate, at 26.4 percent. Over the year, the volunteer rates for 35- to 44-year-olds and 55- to 64-year-olds declined.[i]

From January 2013 through January 2014, EVAC's ratio between paid and volunteer staffed hours remained fairly consistent at a ratio of 2.1, averaging 483 paid staff hours to 1030 volunteer hours.

In 2015, that trend began to change. For the period January 2015 through July 2016, the volunteer to paid staff ratio was 1.5, with the period of March through July 2016 at a ratio of 1.1. July 2016 marked a historic milestone for EVAC with more paid staffed hours than volunteer hours (0.8).

Summary	Volunteer Hours	Paid Hours	Hours in the Year	Annual Shift Hours	Covered Hours	Over/(Under)
2013	12218	5822	8736	17472	18040	568
2014	12484	5781	8736	17472	18265	793
2015	11019	6847	8736	17472	17866	394
2016	5513	4912	5088	10176	10425	249





During interviews with several EVAC volunteers, many related several potential reasons for the decline in volunteers which will be discussed in greater detail further in this report. The key to success in recruiting and retaining volunteers is effective and dynamic leadership. Programs involving volunteers do not work spontaneously.

The effective performance of the leadership role requires someone who relates well to people and understands both their needs and wants, is flexible and can adapt to changing demands and interests, and is able to identify potential opportunities and to create the environment necessary to take advantage of those opportunities.

It is crucial for EVAC's leadership to explore additional volunteer recruitment strategies.

Volunteer Staffing & Recruitment Recommendations:

- Increase the marketing of EVAC as a vital community service in need of volunteers
  - Local newspaper and broadcast media stories profiling the experience of volunteers and the impact it has on their lives and the lives of their patients
  - Direct mail campaign to Ellington residents with the same messages
  - Kiosks at local businesses recruiting volunteers
  - Business partnerships that encourage businesses to donate staff time for volunteering

- Create of a new classification of volunteers – ***Driver only***
  - Recruit volunteer that serve a vehicle operations role only – only require CPR training for these recruits
  - A dedicated driver would allow an MRT//EMT staffing such as an ERP member and one other volunteer to constitute a legal crew for response (more on this subject later in this report)
  - Often, retirees or other community members would be willing to meet the requirements as a vehicle operator, while they may not be interested in providing medical care
  - Experience with other volunteer agencies that have use this strategy have increased the volunteer participation at functions and meetings, which would be valuable for EVAC

- Publish the economic impact to the taxpayers if EVAC converts to a full-time paid system
  - Residents may be motivated by the economic benefit of retaining volunteers as part of EVAC

Leadership

EVAC is governed by an elected Executive Board and agency Chief. While this process allows a certain amount of autonomy, it also creates two major challenges:

- The election process generally rewards popularity as opposed to competency
- Elected board members generally desire to stay in office, which sometimes usurp their need to make difficult or unpopular decisions that are required of effective leadership

The current executive board was elected to office in July 2016. Interviews with volunteers, paid staff and external stakeholders revealed the following common statements about the current leadership team:

- Lack of specific management or leadership skills
- Limited patient care or EMS experience
- Often take exceptionally long periods of time to make decisions, if a decision is made at all
- Lack effective engagement with the ERP members and ERP members do not feel appreciated by the leadership team
- Lack effective communication with members and Town Board of Selectman
- Often focus on small issues while missing important large issues
- Limited financial acumen

These issues have created significant trust and credibility gaps between the leadership team and virtually every stakeholder group.

- Volunteers and paid staff express frustration regarding lack of decision making and what they feel are irrational attention to mundane issues, while significant issues go months without resolution
    - Many interviewees referenced the on-going tension between the Town and EVAC's leadership regarding the issue of a standard vehicle safety checklist and back-up cameras for ambulances. This should be a non-issue as it is an industry best practice for ambulances to undergo a vehicle safety checklist at least daily and many now use backup cameras.
    - Several stakeholders stated they feel that members of the EVAC E-Board are making decisions on their own because the Chief is not able to make a decision
        - This has led, on occasion, to the perception of dissention in the E-Board and E-Board members vying for power

- Paid staff express frustration regarding lack of performance reviews or adequate feedback in general
- ERP members feel disassociate from EVAC due to their perception that EVAC leadership does not support ERP initiatives and feel the current liaison processes are not effective
- Town officials express concern regarding:
    - Lack of effective communication from EVAC leadership
    - A general perception of a hostile demeanor toward town officials from the EVAC leadership
    - Concern regarding the inability of EVAC leadership to take actions on important safety issues such as vehicle safety inspections
    - Frustration regarding the budgeting process and lack of financial acumen

Leadership Recommendations:

- The current EVAC leadership should seek and attend formal management and leadership training.
    - There are numerous programs available through organizations such as FEMA, the National Association of Emergency Medical Technicians (NAEMT), the National EMS Management Association (NEMSMA) and the American Ambulance Association.
    - Further, the leadership team should undergo a formal mentorship process with peer organizations.

- The EVAC leadership team should improve decision making capacity and process.

- A standard vehicle safety checklist should be implemented as soon as possible as this is an industry best-practice.

EVAC Leadership Relationship with Town Leaders

Many interviewees site the growing tension between EVAC's leadership and several key influencers as one of the potential reasons for the decline in volunteers. It was clear during interviews with EVAC's leadership and members of Town's Board of Selectmen, that both are frustrated with the way each other is behaving. This is not constructive, nor is it conducive to stability for the EVAC volunteers.

In order to help create an environment that will be attractive to current and potential members, the Town and EVAC leadership must come together to settle differences from the past, and create strong, mutually trusting relationship for the future.

EVAC Leadership Relationship with Town Leaders Recommendations:

- EVAC and Town of Ellington leadership should establish clear lines of expectation and authority.
    - This could be accomplished through an off-site meeting to outline each other's expectations and create a better working relationship.
    - It is the assessor's opinion that a significant step toward relationship building would be EVAC's leadership improving decision making processes and creation of the regular report that is provided to the Board of Selectmen, at least monthly, ***in person*** at a Board meeting.

- EVAC and the Town should identify key performance indicators to be shared monthly at a Board of Selectmen meeting. KPIs could include:
    - Call volume
    - Response Times
    - Budget performance
    - Volunteer staff hours
    - Hours the primary ambulance was out of service due to staffing
    - Significant happens from the prior month
    - Any planned activities the Board should know about

Ellington Rescue Post 512

The ERP has a long tradition of service to the town as the initial provider of ambulance services. The legacy of the ERP is honorable and it is not only invaluable to the town, but also to the members of the ERP. When the assessor asked the best things about EVAC, almost all interviewees mentioned the ERP as part of their response. The assessor interviewed several ERP members who were planning to pursue education in the medical field.

Typically, the ERP members would be very logical candidates for transition from ERP membership to active EVAC membership once they graduate from the ERP program. However, many ERP members expressed that since they do not feel valued as part of the ERP, they are not inclined to transition from ERP membership to EVAC membership.

ERP members are paid for the time they are staffing the ambulance as part of the duty crew. This appears to be very unusual practice, as most Exploring programs are volunteer based as part of the character building for members. Yes, the ERP is not truly an Exploring program any longer, however, the participants would benefit from returning to a volunteer status and EVAC would benefit from the budget relief.

In written and oral interviews, it became apparent that the ERP members feel marginalized, not valued as critical partners in EVAC. The most common reasons expressed for these feelings were:

- Lack of participation by EVAC members and leadership in Post activities
- Ineffective liaison between the Post advisers and EVAC leadership
- Feeling undervalued on EMS calls as part of a 4 person crew, often relegated to “fetching” equipment and doing menial tasks as opposed to participating in direct patient care (a statement echoed by some co-responder agencies who have witnessed this often on medical calls)

Ellington Rescue Post Recommendations:

- EVAC leadership team should increase engagement with the ERP and work toward making the ERP members feel more invested in the organization.
- ERP members should be volunteers, not paid personnel.
- Daytime staffing model should be changed to 1 paid EMT, 1 volunteer driver and 1 (or 2 if necessary to meet ERP guidelines) ERP member.
    - This would make the ERP member a vital part of a 2 person, required staffing to meet the state regulations for ambulance staffing.
    - It would also save significant staff expense as it would eliminate the need for 2 paid positions on the ambulance.
- The practice of 2 ERP members always having to be together in the ambulance should be reviewed and revised. If this is a local practice, it should be changed with appropriate safeguards.
    - If it is a requirement of the ERP's national organization, it should be communicated that it is limiting the ability of EVAC to provide adequate experience to Post members.
    - The assessor is familiar with Post programs having been part of one and now setting one up in Fort Worth. The need for 2 ERP members is not a national requirement to the assessor's knowledge. Additionally, 2 ERP members in the ambulance, PLUS an EMT makes the back of the ambulance crowded and is an unnecessary expense.

Paid Staff

The Town of Ellington made the decision years ago to hire paid staff for EVAC. This is an interesting decision based on the fact that there are long-standing and respected organizations in Connecticut who specialized in providing contract staff to volunteer ambulance agencies. The organizations, such as VinTech, have exceptional reputations and have worked with volunteer agencies for years. The advantage of contract staffing is that is generally is much more flexible, can be tailored to meet the needs of local agency coverage, and the employ numerous staff member who also volunteer for EMS or fire agencies. As such, they have a volunteer heart and get along well with volunteer leaders. Further, if a contract employee cannot get along with local volunteers, or if the staffing agency employee becomes injured, the staffing agency is responsible to filling the vacancy.

In Ellington, the presence of direct paid staff seems to have has created an interesting dynamic within the organization. During interviews with the paid staff, it is clear that they do not want to be associated with EVAC, but rather, another organization within the town, even expressing the desire to wear a different uniform to distance themselves from a relationship with EVAC.

Some of the reasons the paid staff provide for their desire to distance themselves from EVAC is their general belief that they do not work for EVAC, but rather the Town of Ellington. When asked who does their performance reviews, the paid staff indicate that the service Chief is supposed to do their performance reviews, but that they have not had a performance review in recent memory.

The paid staff also feel they are used at the convenience of the volunteers for hours the volunteers simply do not want to be on shift, citing one occasion when paid staff were brought in to cover a typically volunteer shift so that the volunteer could attend a meeting at EVAC. Gaining additional information on these incidents, EVAC's leadership confirmed that has happened. It appears the current scheduling process creates the environment for paid employees to pick up shifts with little to no coordination from the EVAC scheduler. This process should be changed to centralize scheduling through a core system that prevents paid staff from picking up shifts unless approved by the scheduler.

Further, there have been occasions, confirmed by the principals involved, where paid staff members have not liked a decision made by their supervisor and have gone around their supervisor to the Town First Selectman for an alternative decision. This is an untenable situation and is likely a major contributor to the strained relationships between EVAC leadership, the paid staff, and the Ellington Town leadership.

Paid Staff Recommendations:

- EVAC leadership should provide timely and valuable performance reviews for the paid staff as required in the contract between EVAC and the Town of Ellington.

- Paid staff should only be used to fill critical gaps in volunteer coverage, not used at the convenience of the volunteers to fill shifts the volunteers have committed to work, but prefer not to.

- The First Selectman should defer all initial decisions regarding employment related, supervisory matters to EVAC leadership and be counseled only through a formal grievance process per the collective bargaining agreements.

- The collective bargaining agreement should be revised to clearly articulate that decisions regarding employee performance matters should be handled by the employee's supervisor.

- Paid staff should not be allowed to change uniform design or in other ways distance their affiliation with EVAC. They were hired to support the organization in meeting its goals for the townspeople. If they are unwilling to support the organization, they should be afforded the opportunity to work elsewhere.

- The Town, and EVAC, should investigate changing the staffing model to a contract model through a staffing agency that specializes in supplementing volunteer staffing.
    - Including the review of legal options necessary with regard to the collective bargaining contractual requirement.

Fiscal Management

EVAC provides economically efficient services, due in large part to the use of volunteer staff, and requires minimal operational subsidy from the Town of Ellington. An overall review of EVAC fiscal reports from 2013 – 2015 reveal an average annual operating budget of $325,000 and average ambulance revenues of $261,379, or an average budget shortfall of $63,621 annually.

Under the current contract between EVAC and the Town of Ellington, the fee for service revenues generated by EVAC are place into the "EVAC Charging Fund". The priority of disbursements from the charging fund are as follows:

1. Annual amount of 40% of the cost of the most current ambulance to be used for ambulance replacement every six (6) years and service vehicle replacement every 10 years
2. Used to cover the cost of paid personnel

There are enhancements that can be employed in EVACs fiscal management that may make it possible to reduce the tax subsidy provided to EVAC.

Revenue Enhancements –

True Fee For Service Billing – EVAC's leadership explained that until recently, the contracted billing agency sent letters requesting payment for the service, whereas now, there is an official bill sent. The practice should continue and the billing agency instructed to take all reasonable means to collect the debt. Further, if not done so already, the billing agency should be placed on a percentage fee of the payments collected, as opposed to a per-run fee. This will incentivize the billing agency to collect the dollars billed.

Response Fee - Connecticut is a rate regulated state, meaning that EVAC must use fees that are approved by the state for ambulance transport service. However, most ambulance services also bill for patients who are treated and not transported. This so-called respond and assess could be as high as $200. EVAC's transport ratio is 81%, of the 4,035 responses, 764 patients refused transport. A $200 fee to each of these patients would yield gross annual charges of $152,800, or $51,000 annually. At the current 38% collection rate, the anticipated annual revenue from this practice could be $19,000 annually.

Bad Debt Collection – In most ambulance services, there are generally accounts that are never paid for years, but show up on patient's credit scores. Some agencies have had success reaching out to patients with old balanced that have never been paid and offering up to a 40-50% discount in order to erase the debt. This could bring in substantial revenue from previously uncollected accounts.

Expense Control –

Paid Personnel Expense – The cost for paid personnel currently comprises 43% of EVACs operating budget. An earlier recommendation suggests changing the daytime staffing model from 4 paid personnel to 2, with the addition of a volunteer driver. This would significantly reduce the paid staff expense. Even if nor possible to reduce the staff to 2, a reduction to 1 ERP member vs. the current 2 member staffing would also save money.

Ambulance Replacement – Ellington enjoys excellent ambulances and service vehicle. Due to the current call volume and typical distance traveled during an ambulance call, there are very few miles placed on the ambulances, and even less on the service vehicle. The current replacement cycle of six (6) years seems unreasonable. Most high performance ambulance services replace vehicles at 250,000 miles and many due a chassis remount rather than replacing the entire ambulance. Remounting a refurbished existing ambulance box to a new chassis is generally 60% of the cost of a new ambulance. There is an argument that can be made regarding the trade-in value for an ambulance that has fewer miles, or is younger, it generally does not equal the value of retaining an ambulance longer. Changing the ambulance replacement schedule from 6 years to 10 years, or employing the remount strategy could reduce the funds necessary to cover the cost of ambulance replacement.

Fiscal Management Recommendations:

- Enhance the ambulance fee revenue stream by utilizing full fee for service processes, charging response fees, assuring the billing fees are calculated as a percentage of fees collected and an effort to collect previous uncollected accounts through a discount for old accounts receivable.
- Change the day staffing pattern from 4 paid personnel to 2, or at the very least, 3.
- Change the replacement schedule for ambulances from 6 years to 10, and consider the use of chassis remounts vs. purchasing new full ambulances.

Transparency and Accountability

EVAC is a private entity under contract with the Town of Ellington. This unique relationship creates a heightened need for transparency and accountability. During interviews, several stakeholders, both internal and external, suggested that EVAC should provide regular monthly reports to the community, including their membership, co-responders, and the Town Board of Selectmen.

This could easily be accomplished by EVAC generating a standard monthly report, published to the volunteers and paid staff, to the local community and presented monthly at a Board of Selectmen meeting. The report could also help serve to raise awareness of EVAC in the community as a way to recruit volunteers.

Transparency and Accountability Recommendations:

- EVAC should publish a monthly report containing the following Key Performance Indicators –
    - Call volume
    - Response Times
    - Mutual Aid received and provided
    - Number of hours the primary ambulance was not staffed
    - Financial report including monthly and year to date budget performance
    - Any other issues or events of significance

- This report should also be presented monthly, in-person, at a Board of Selectmen meeting

Community and Media Relations

Most EMS agencies are so busy doing their outstanding work every day that they pay little attention to promoting the agency, its staff, and its accomplishments. EVAC has an excellent opportunity to form a specific community and media relations strategy to bring awareness and positive feelings in the community. This effort would not only help attract potential new volunteers, but also serve to recognize the current EVAC members for the work they do in the community.

Area media outlets are often challenged with finding good, positive news stories and there are several programs EVAC can initiate that will generate community good will and positive media stories.

Community and Media Relations Recommendations

- Create an EVAC Twitter account to send messages and alerts.
    - Some alerts could be HIPAA compliant newsworthy events, or safety reminders.
- A Home for the Holidays program to transport select patients from nursing facilities home for Thanksgiving Dinner with their family.
- A Trick or Treat event to use the ambulance, stretcher and trained medical personnel to bring medically challenged children and their families out for Trick or Treating on Halloween.
- Offer to write a monthly column in the local newspaper that will carry safety or general medical information of value to the readers.
- Creation and publication of a monthly or quarterly newsletter (print or electronic) that is sent free to subscribers.
- Creation of a community advisory board (CAB) comprised of local community, business, healthcare, and other leaders that meets quarterly or semi-annually at EVAC to hear what's new at EVAC and provide insight into how EVAC can better partner with each stakeholder group.

Training and Education

During interviews, EVAC members and hospital officials expressed frustration with the current EVAC training processes and agenda. Some felt that "mandatory" training often does not contain topics that are truly relevant or pertinent to the performance of their role. Further, the new orientation process was described as inconsistent, lengthy and 'onerous'. This is not an unusual frustration for many EMS providers. Onboarding processes can be very difficult, especially in agencies with low call volume, such as EVAC.

For continuing education programs, some agencies have made effective use of on-line learning platforms such as Litmos or GoToTraining for asynchronous, or even live streaming of learning modules. Some very social-media savvy organizations have even employed the use of Facebook Live to stream training or related video.

Whichever training platform is used, the training should focus on two key goals; first, be based on an identified training need discovered through quality assurance reviews, or to bring new medical knowledge; and second, to help the participants meet required continuing education hours for recertification.

Training and Education Recommendations:

- Continuing education training should be linked to educational opportunities discovered through an active Continuous Quality Improvement (CQI) process.
- When issues are identified, the training should be designed to specifically bridge that knowledge gap.
- Then, another review should be conducted to see if the training improved performance.

Mobile Integrated Healthcare – Community Paramedicine

One of the fastest service delivery models in EMS is the development of Mobile Integrated Healthcare (MIH) programs, including Community Paramedicine. These programs are designed to work collaboratively with existing healthcare resources to fill gaps to improve patient outcomes and prevent unnecessary emergency services utilization. Ellington is well positioned to take advantage of this model in cooperation with their Sponsor Hospital and other partners.

The State of Connecticut EMS Office of EMS (OEMS) has determined that most Community Paramedic models in use throughout the country are not authorized in Connecticut due to the state's restrictive interpretation of the EMS scope of practice regulations. However, some programs, such as the Hospice Revocation Avoidance Program, have not been blocked by OEMS. The economic model for this program includes the hospice agency paying the EMS provider an enrollment fee to register the patient in the EMS agency's 9-1-1 system so that the hospice agency can be notified in the event of a 9-1-2 call, and the application of a special, patient-centered protocol to alleviate patient symptoms while awaiting the arrival of the hospice nurse. A sample program overview of the Hospice partnership is included in Appendix 3.

Mobile Integrated Healthcare – Community Paramedicine Recommendations:

- EVAC and its sponsor hospital should investigate MIH solutions that may derive additional revenue for the agency.

Public Policy Options

As part of this report, Town of Ellington leaders desired a list of potential public policy options for EMS service delivery, with advantages and disadvantages of each. These options do not necessarily reflect any specific recommendations on the part of the assessor, however, they are based on service delivery models in existence in other parts of the state and other parts of the country.

Option 1: Current Design

As mentioned earlier in this report, the foundation of the EMS service delivery model for Ellington, using EVAC, is a quality and cost effective option. If the current cultural and leadership challenges are able to be overcome, and volunteer ranks bolstered, it is likely this model could continue for the foreseeable future. Many volunteer EMS agencies have continued to maintain volunteer services, while using paid supplemental support services as needed.

Option 1a: Current Design – with Governance Change

A modification of the current design that would help with the effective management of EVAC would be to create and EMS Commission, appointed by the Board of Selectman, that would be independent of the Board of Selectman and empowered to oversee the performance of EVAC. Concurrent with this change, EVAC would become a fully vested town department, with all financial and employment relationships managed solely by EVAV. The EMS Commission would have the responsibility of appointing the Chief of Department, making this position no longer elected by popular vote, but rather competitively selected from qualified applicants.

Recommended Commission appointees could be:

- Member of the Board of Selectman
- Ellington Center or Crystal Lake Fire Chief
- An area business leader
- An area attorney with healthcare experience
- An area healthcare administrative professional
- An area physician
- Member at large

The creation of an EMS Commission is authorized by Connecticut General Statutes, however, it is likely that an Ordinance will need to be promulgated within Ellington to create the commission.

A sample EMS Commission description is below from the Town of Trumbull, Connecticut.

EMS Commission Description:
A. Composition and appointment.

1. The Town shall have an Emergency Medical Services Commission which shall consist of seven (7) members appointed by the First Selectman.
2. Appointment to the Commission shall be for a term of seven (7) years. The term of one (1) member shall expire each year. The First Selectman may fill any vacancy in the Commission for the unexpired term.

B. Powers and duties. The Commission shall have the power and duty to provide a location for and to train and instruct sufficient personnel in order to properly maintain an emergency medical services delivery system for the Town of Trumbull. The Commission shall have the authority to design, develop, manage and administer an emergency medical services system for the Town of Ellington and shall have all other powers and duties conferred or imposed by the General Statutes of the State of Connecticut or ordinances of the Town of Ellington.

Advantages	Disadvantages
• Maintains the consistency of the current system	• May require ordinance promulgation
• Allows for independent oversight of EVAC	• Will require a change of 'ownership' of EVAC
• Provides for diverse expertise in system governance	
• Eliminates popularity vote for EVAC Chief	

Option 2: Primary Service Area Responder Assignment

To preserve the Town's ability to consider alternate delivery models, as well as create a more stable transition of service in the event the Town would like to change the service model, the Town should consider filing an alternative local emergency medical services plan that transfers the current Primary Service Area (PSA) assignment from EVAC to the Town of Ellington. The Connecticut statues that contains the relevant language and outlines the process to be used is articulated below:

Sec. 19a-181f. Change in primary service area responder. Submission of alternative local emergency medical services plan.

(a) For purposes of this section, "primary service area responder" has the same meaning as in section 19a-175. A municipality that seeks a change in a primary service area responder shall submit an alternative local emergency medical services plan prepared pursuant to section 19a-181b to the Department of Public Health when: (1) The municipality's current primary service area responder has failed to meet the standards outlined in the local emergency medical services plan, established pursuant to section 19a-181b; (2) the municipality has established a performance crisis or unsatisfactory performance, as defined in section 19a-181c; (3) the primary service area responder does not meet a performance measure provided in regulations adopted pursuant to section 19a-179; (4) the municipality has developed a plan for regionalizing service; or (5) the municipality has developed a plan that will improve or maintain patient care and the municipality has the opportunity to align a new primary service area responder that is better suited than the current primary service area responder to meet the community's current needs. Such plan shall include the name of a recommended primary service area responder for each category of emergency medical response services.

The section the Town could use the fifth provision to develop a plan with new governance and structure that better meets the Town's needs, as well as empower the EMS Commission as outlined in Option 1.

Advantages	Disadvantages
• Would provide the opportunity for the Town to develop a comprehensive and sustainable EMS plan with innovative oversight.	• A very complex solution that would require State DPH hearings and approval.
• Would provide flexibility for the Town to create a different service delivery model.	• In the short term, may cause instability of the current model and provider.

Option 3: Fire-Based System

Some neighboring communities have transitioned their ambulance operation to the fire service. This would provide in essence a dual-role opportunity with paid personnel able to respond to EMS calls, as well as fire calls. This option may seem logical and desirable for Ellington Town leaders, especially since it may be likely that both Ellington and Crystal Lake Fire Departments may also be seeking paid staffing solutions in the near future.

This option has a few challenges. It is likely that the current volunteers with EVAC will not desire to be volunteers with the fire department, resulting in some volunteers leaving EVAC and leading to the acceleration of the need for 24/7 paid staffing. This will more than double the current personnel cost associated with the current system.

Also, while the presumption of dual-role operations seems logical, often, you sacrifice one service line to the benefit of the other. For example, if the ambulance was operated by the fire department, believing that the fire personnel could also respond to fire calls, if the ambulance is taken out of service for the fire call, who is providing ambulance services? Similarly, when the ambulance is committed on an ambulance call, the personnel assigned to the ambulance call are unavailable for a fire response.

Advantages	Disadvantages
• May be a cost effective option if Ellington or Crystal Lake Fire Departments seek paid staffing	• May accelerate departure of volunteers, leading to need for additional paid staff
• Would provide structure and command oversight for the ambulance service	• Dual role personnel dilute the primary service role of fire and EMS

Option 4: Contract Service

Ellington could seek competitive bids for a private contract to provide ambulance service the Town. There may be one or more private provider who may be interesting in providing the service. Based on the Ellington call volume, it is likely that a private provider may require a financial subsidy from the Town to provide service with a dedicated unit as the first unit. It is also likely that a private provider could provide ALS service, thus eliminating the need for the regional ALS intercept system that is currently in place.

With this option, several system changes will likely take place. First, the need for volunteers to staff the ambulance would essentially be eliminated. The current volunteers could be used as a first response component to support the contracted ambulance, thereby retaining a volunteer component to the system. This would also change the need for fire first responders, alleviating the demand on the fire volunteers and prolonging the need for paid fire staffing.

Second, exercising this option may put the ERP in jeopardy as is it unknown what, if any role the contractor would be willing to include the ERP in their system.

Third, the advantage expressed by several stakeholders of the "neighbors helping neighbors" concept would essentially be lost, as a private provider may not employ Ellington residents for their service delivery.

Advantages	Disadvantages
• Dedicated service without reliance on volunteers	• May accelerate departure of volunteers, leading to need for additional paid staff
• May be able to provide ALS service, eliminating the need for the regional ALS provider	• Future of the ERP would be in jeopardy
• Existing volunteers may be able to be retained for a first response component, thereby reducing the need for the fire departments to provide first response services and prolonging the need for paid fire staffing	• May eliminate the local flavor of the EMS agency serving the town

Option 5: Regionalization

Ellington could band together with neighboring jurisdictions to create a regional EMS provider agency. This creates the advantage of economic, operational and clinical efficiencies. There may be a few challenges to creating this type of solution. The first is that the region has a fiercely independent culture and that culture may not lend itself to a regional enterprise, although there is a great example of regionalization with the Tolland County Mutual Aid Fire Service communications center.

Another challenge with these types of regional services could be the governance model. All participating jurisdictions would have to agree on the governance model, generally a shared board, with often appointments based on population served by the joint agency. Similarly, the funding model could cause challenges, with some jurisdictions providing funding either based on population, call volume, or other models. Although this is not insurmountable, these complexities often prevent these types of regional solutions from being formed.

A variation of this model could be a regionally contracted private provider. It's likely that similar governance issue may still exist, but they would be for contract administration role as opposed to a direct provider role. This option could pose some challenges for participating jurisdictions who may have existing staff that would need to be transitioned.

Advantages	Disadvantages
• An economically, operationally and clinically effective solution	• Complex governance and funding model
• Could include volunteers as part of the service model, either as direct care providers, or as a first response component	• Difficulty transitioning staff of jurisdictions that have employed staff for EMS delivery
• Could work with either a direct provider model, or a contracted provider	

Option 6: Public Safety Office (PSO) Model

In this model, the Town would employ Public Safety Officers that would serve a tri-role in the town. They would be certified Law Enforcement Officers (LEOs) who are cross certified as EMTs and FireFighters. This is similar to the merged fire model discussed under option 2, but adding the LEO role. Given that both the fire and EMS volumes in Ellington are relatively low, the PSOs would be most often serving the LEO needs of the Town. It was mentioned by several stakeholders interviewed that the current Resident Trooper model in Ellington has experienced a reduction in resources due to budget constraints from the State. This option would transition the funding from the Town to paying for police, fire and EMS services separately, to having a single workforce that can provide all three services.

For example, the PSO would primarily provide police services, but when an EMS call occurs, one to two PSOs would be dispatched to the medical call. The ambulance could be staffed with a volunteer or paid driver, with ERP support on the ambulance as well. Once the ambulance arrives on scene, a PSO would become part of the transporting ambulance crew. If there is no ERP member on the unit, then two PSOs would transport with the driver. Similarly, in the event of a fire call, the PSOs would be dispatched to the fire call and upon arrival, assume firefighting duties. The engines could be brought to the scene by existing volunteer members.

The support services that are included with the current Resident Trooper model (Jail, SWAT and Support Services) could be contracted separately to the State, or other local police agencies. It is likely that the largest component of the current contract fee is the personnel cost, so the contract for support services only would likely be significantly less.

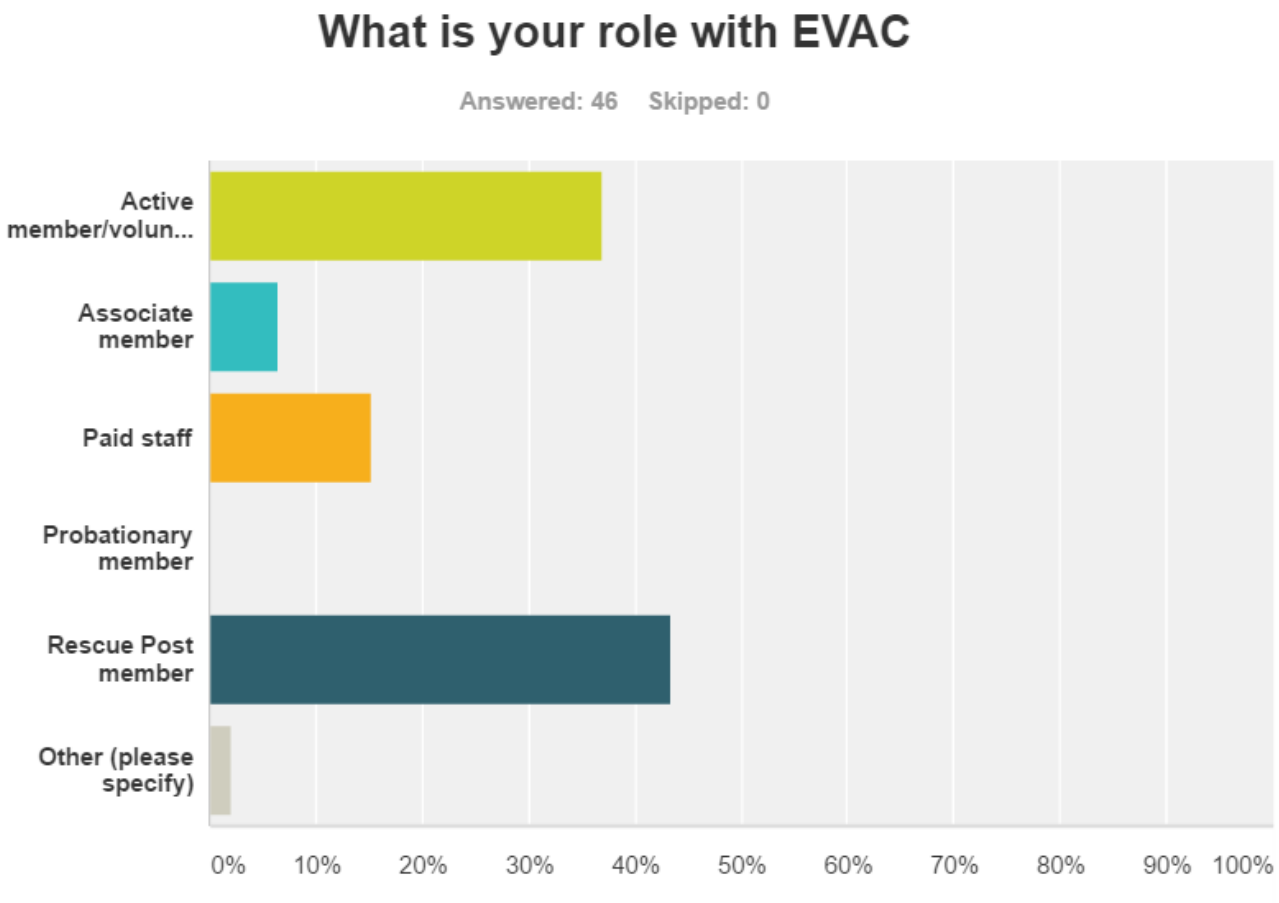
Typically, the vehicles used by the PSOs are SUV-type, with full police, fire and EMS gear in the unit, making this a very cost effective and operationally efficient model. It may also be likely that these personnel could be certified paramedics, not only affording the opportunity for more rapid ALS intervention on the scene of medical calls, but also eliminating the need to pay an external contractor for ALS services, the ALS revenue would be retained by the town.

Advantages	Disadvantages
• An economically, operationally and clinically effective solution.	• Some dilution of services with the shared dual role functions.
• Could include volunteers as part of the service model, as direct care providers, or as drivers of the ambulance or fire truck.	• Will require a modification of the agreement with the state for support services only.
• Retains the role of the ERP.	• May need to seek dispatch services from another jurisdiction, or from Tolland County 911.
• Reduces the need for paid EMS and Fire personnel.	
• Support services (jail, SWAT, dispatch, etc.) could be contracted to either the state, or other jurisdictions.	

Closing Comments:

The assessor would like to thank Ellington Volunteer Ambulance Corps, the Ellington Rescue Post, the residents of Ellington, the Ellington First Selectman and the Board of Selectmen, as well as numerous other stakeholders for their investment of time and resources to assist with the development of this assessment and recommendations.

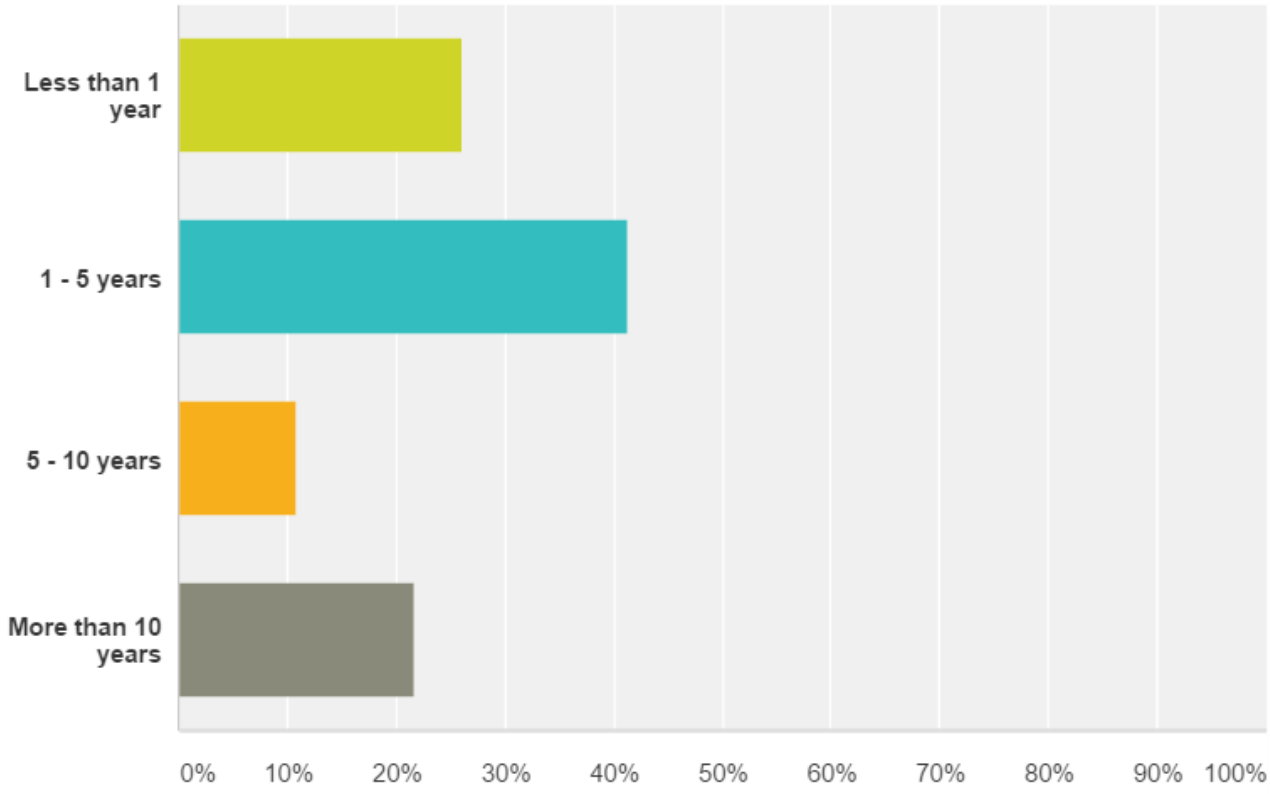
Appendix 1: Ellington Volunteer Ambulance Corp Member Survey Results



Answer Choices		Responses	
Active member/volunteer		36.96%	17
Associate member		6.52%	3
Paid staff		15.22%	7
Probationary member		0.00%	0
Rescue Post member		43.48%	20
Other (please specify)	Responses	2.17%	1

How long have you been with Ellington Volunteer Ambulance Corps (EVAC)?

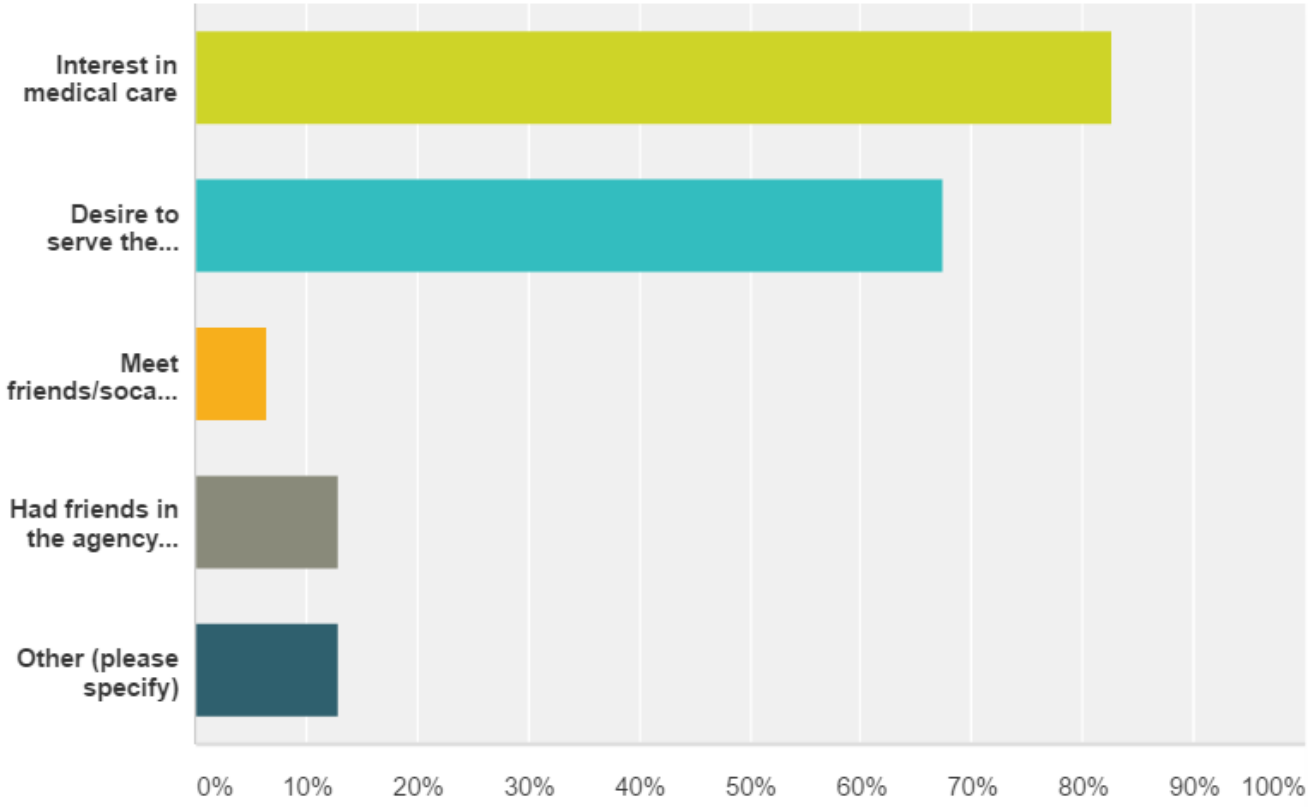
Answered: 46 Skipped: 0



Answer Choices	Responses	
Less than 1 year	**26.09%**	12
1 - 5 years	**41.30%**	19
5 - 10 years	**10.87%**	5
More than 10 years	**21.74%**	10
Total		46

Why did you join EVAC?

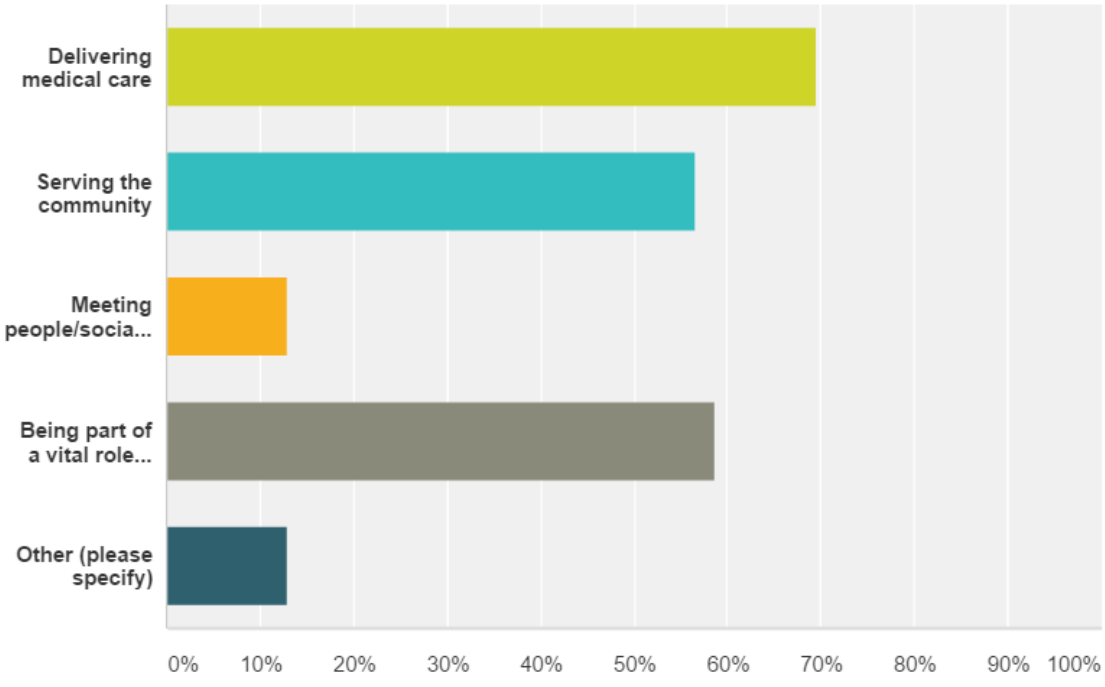
Answered: 46 Skipped: 0



Answer Choices	Responses	
Interest in medical care	82.61%	38
Desire to serve the community	67.39%	31
Meet friends/socailization	6.52%	3
Had friends in the agency already	13.04%	6
Other (please specify) Responses	13.04%	6

What is most rewarding to you about your participation?

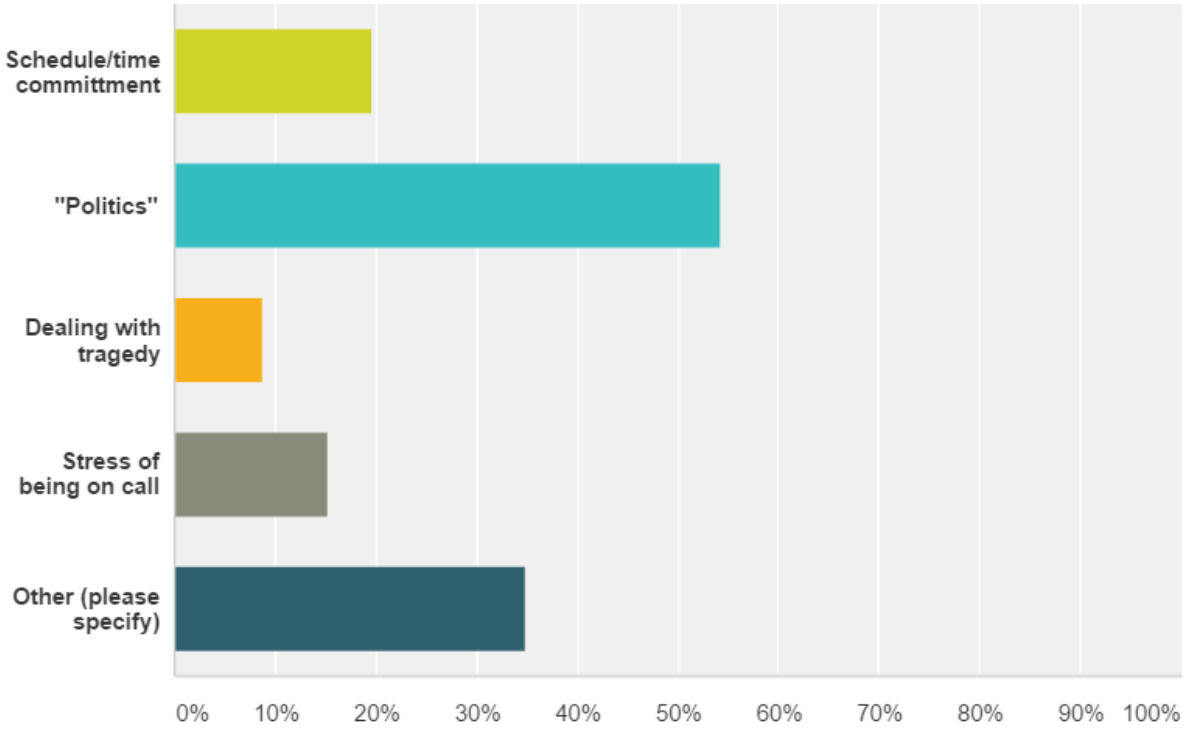
Answered: 46 Skipped: 0



Answer Choices		Responses	
Delivering medical care		69.57%	32
Serving the community		56.52%	26
Meeting people/socialization		13.04%	6
Being part of a vital role in the community		58.70%	27
Other (please specify)	Responses	13.04%	6
Total Respondents: 46			

What is least rewarding to you about your participation?

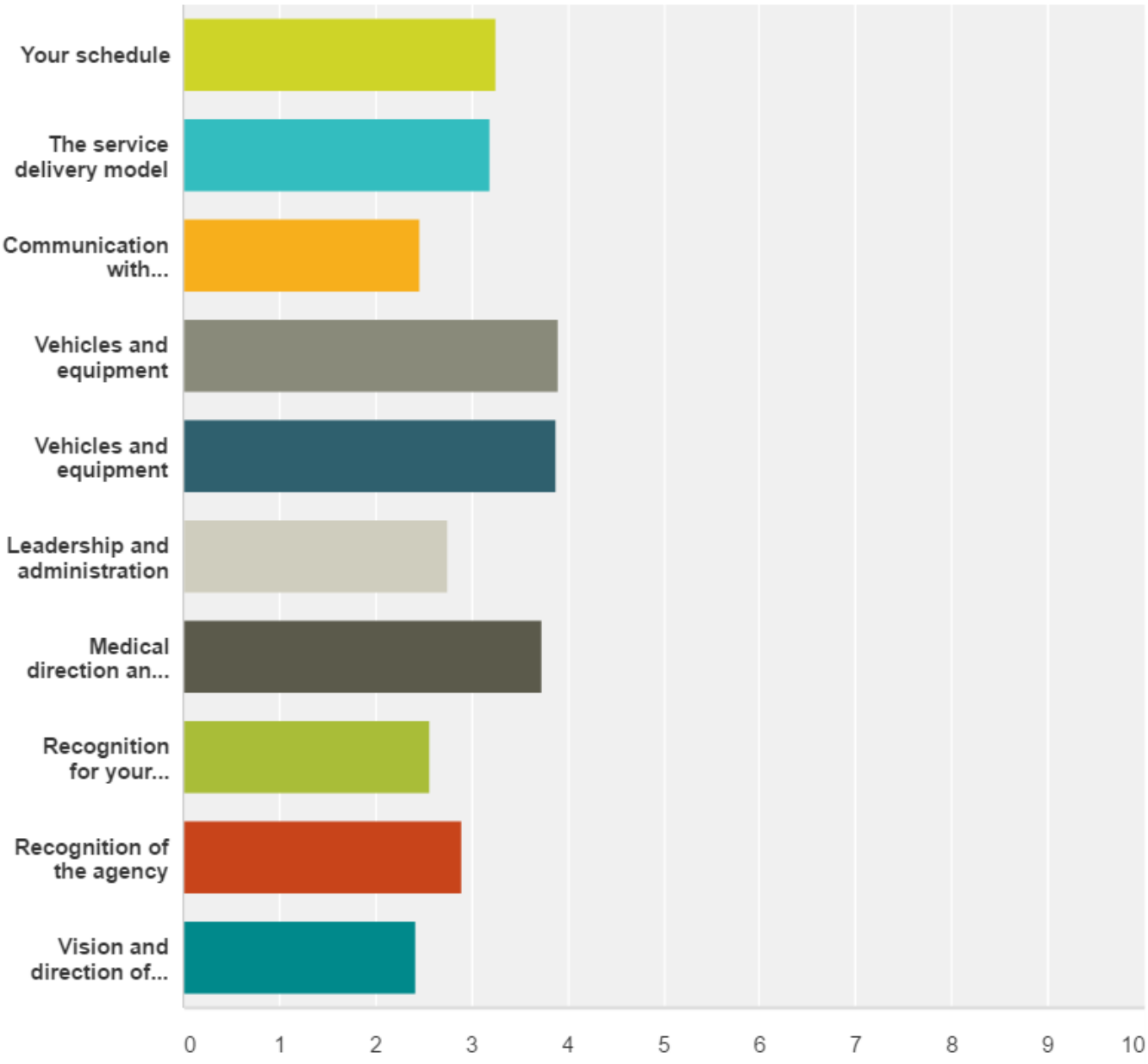
Answered: 46 Skipped: 0



Answer Choices		Responses	
Schedule/time committment		19.57%	9
"Politics"		54.35%	25
Dealing with tragedy		8.70%	4
Stress of being on call		15.22%	7
Other (please specify)	Responses	34.78%	16

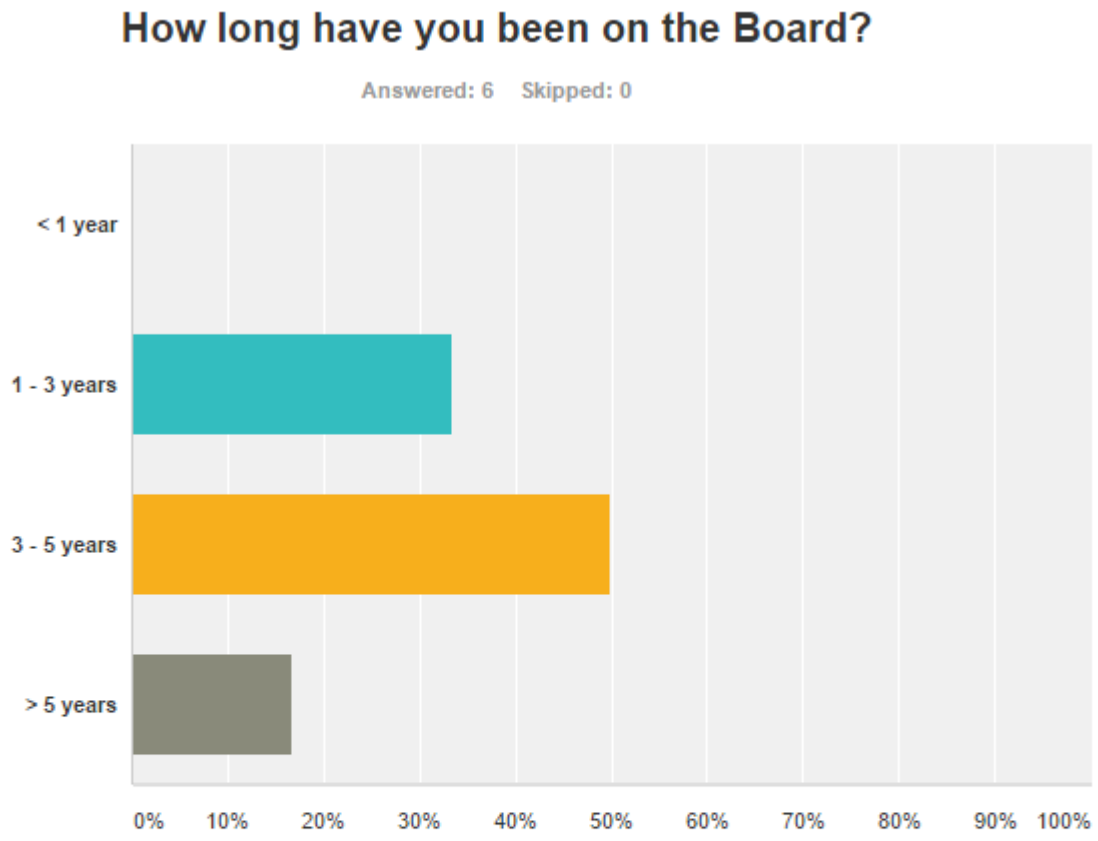
Please rate your satisfaction with the following aspects of EVAC on a scale of 1 - 5, with 5 being most satisfied:

Answered: 46 Skipped: 0



	Extremely dissatisfied	Disatisfied	Neither satisfied or dissatisfied	Satisfied	Extremely satisfied	Total	Weighted Average
Your schedule	6.82% 3	11.36% 5	36.36% 16	40.91% 18	4.55% 2	44	3.25
The service delivery model	9.09% 4	11.36% 5	38.64% 17	31.82% 14	9.09% 4	44	3.20
Communication with administration	26.67% 12	26.67% 12	22.22% 10	22.22% 10	2.22% 1	45	2.47
Vehicles and equipment	0.00% 0	4.35% 2	21.74% 10	52.17% 24	21.74% 10	46	3.91
Vehicles and equipment	2.27% 1	2.27% 1	20.45% 9	54.55% 24	20.45% 9	44	3.89
Leadership and administration	25.00% 11	13.64% 6	27.27% 12	29.55% 13	4.55% 2	44	2.75
Medical direction and protocols	0.00% 0	8.89% 4	28.89% 13	42.22% 19	20.00% 9	45	3.73
Recognition for your efforts	31.11% 14	17.78% 8	20.00% 9	26.67% 12	4.44% 2	45	2.56
Recognition of the agency	15.91% 7	15.91% 7	31.82% 14	34.09% 15	2.27% 1	44	2.91
Vision and direction of the agency	31.11% 14	22.22% 10	20.00% 9	26.67% 12	0.00% 0	45	2.42

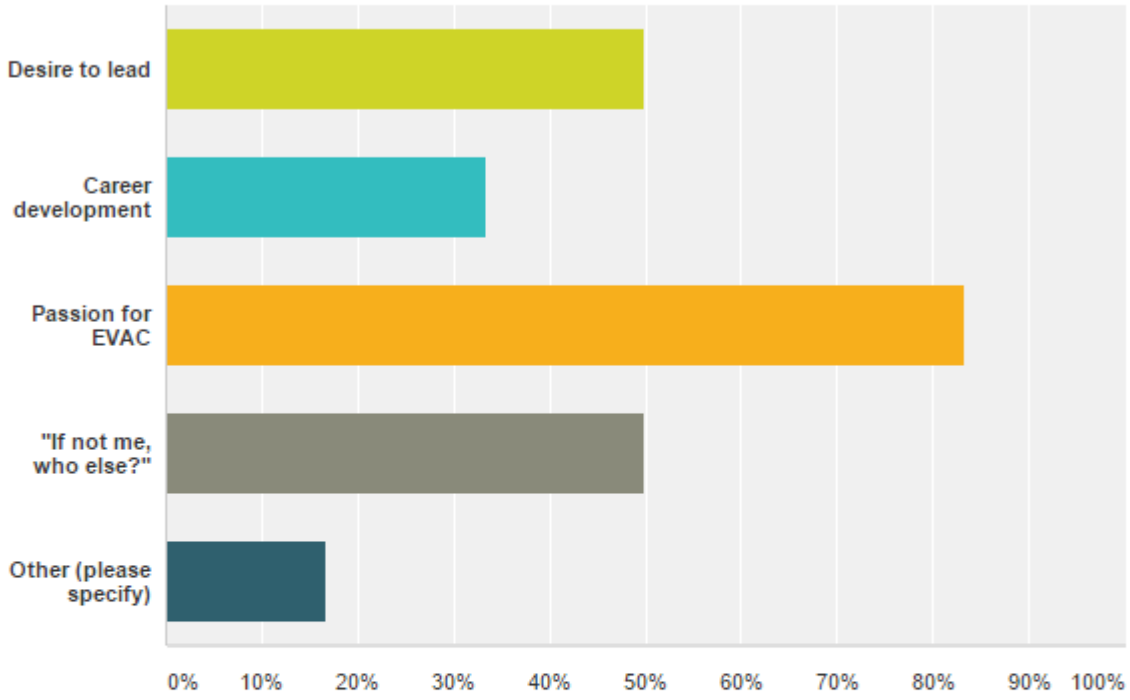
Appendix 2: Ellington Volunteer Ambulance Corp Leadership Survey Results



Answer Choices	Responses	
< 1 year	0.00%	0
1 - 3 years	33.33%	2
3 - 5 years	50.00%	3
> 5 years	16.67%	1
Total		6

Why do you serve on the Board?

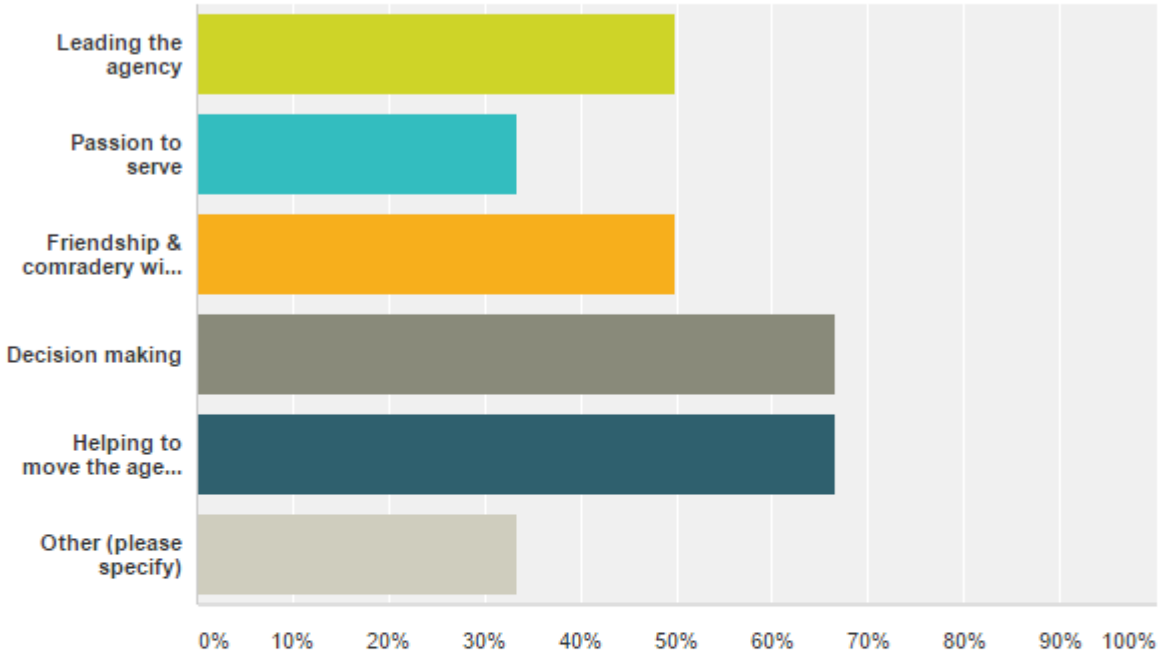
Answered: 6 Skipped: 0



Answer Choices		Responses	
Desire to lead		50.00%	3
Career development		33.33%	2
Passion for EVAC		83.33%	5
"If not me, who else?"		50.00%	3
Other (please specify)	Responses	16.67%	1
Total Respondents: 6			

What is most rewarding to you about being on the Board?

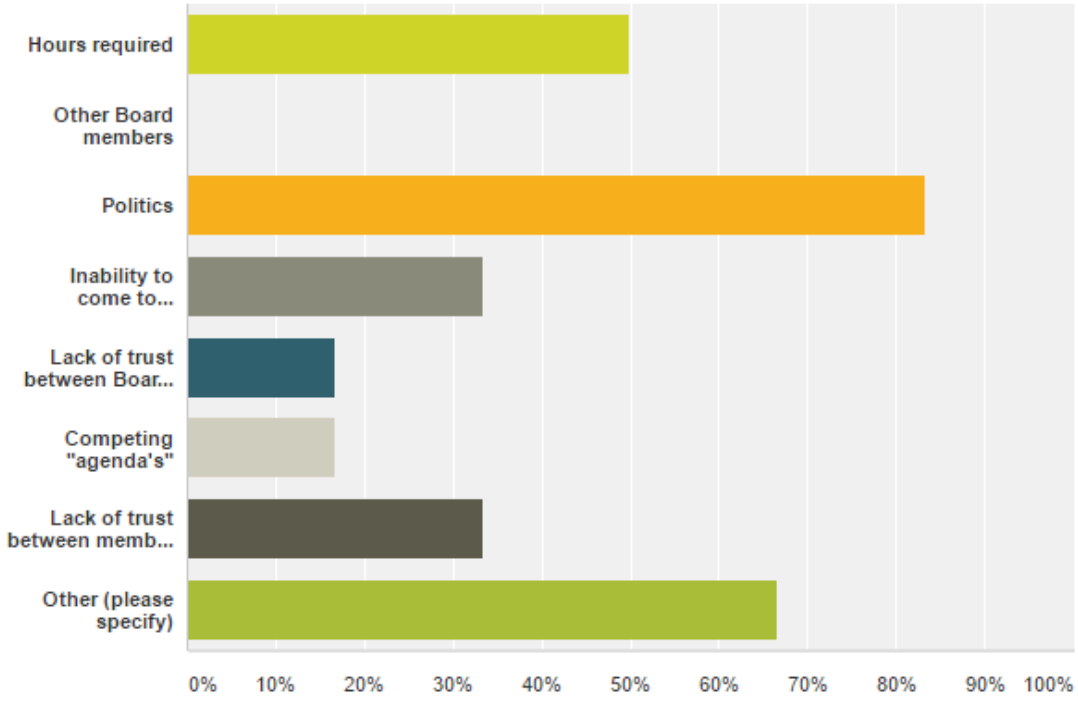
Answered: 6 Skipped: 0



Answer Choices		Responses	
Leading the agency		50.00%	3
Passion to serve		33.33%	2
Friendship & comradery with other board members		50.00%	3
Decision making		66.67%	4
Helping to move the agency forward		66.67%	4
Other (please specify)	Responses	33.33%	2
Total Respondents: 6			

What is the least rewarding about your Board participation?

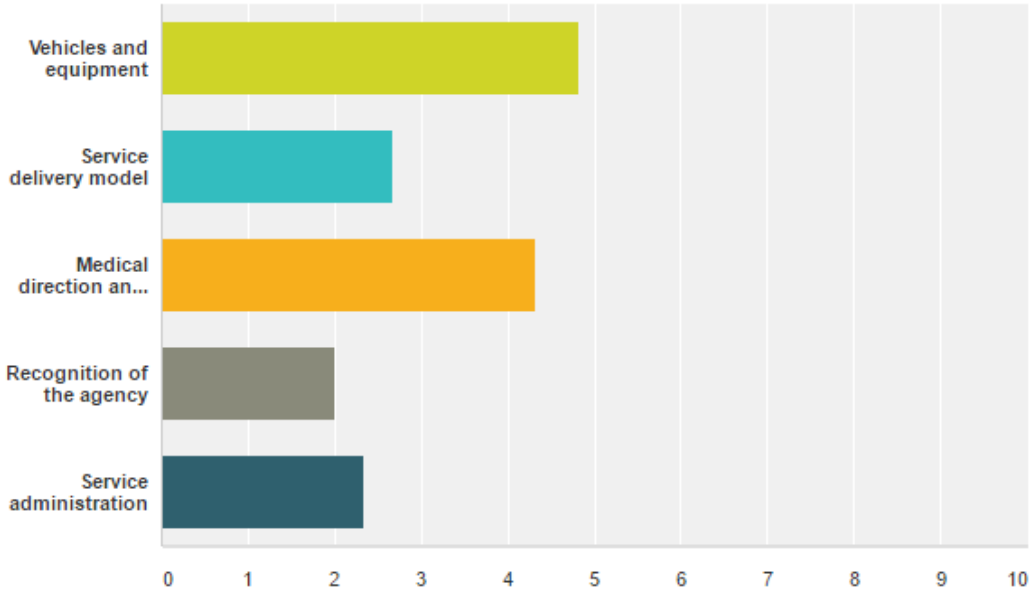
Answered: 6 Skipped: 0



Answer Choices		Responses	
Hours required		50.00%	3
Other Board members		0.00%	0
Politics		83.33%	5
Inability to come to agreement		33.33%	2
Lack of trust between Board members		16.67%	1
Competing "agenda's"		16.67%	1
Lack of trust between members and the Board		33.33%	2
Other (please specify)	Responses	66.67%	4
Total Respondents: 6			

Please rate your satisfaction with the following aspects of EVAC on a scale of 1 - 5, with 5 being most satisfied:

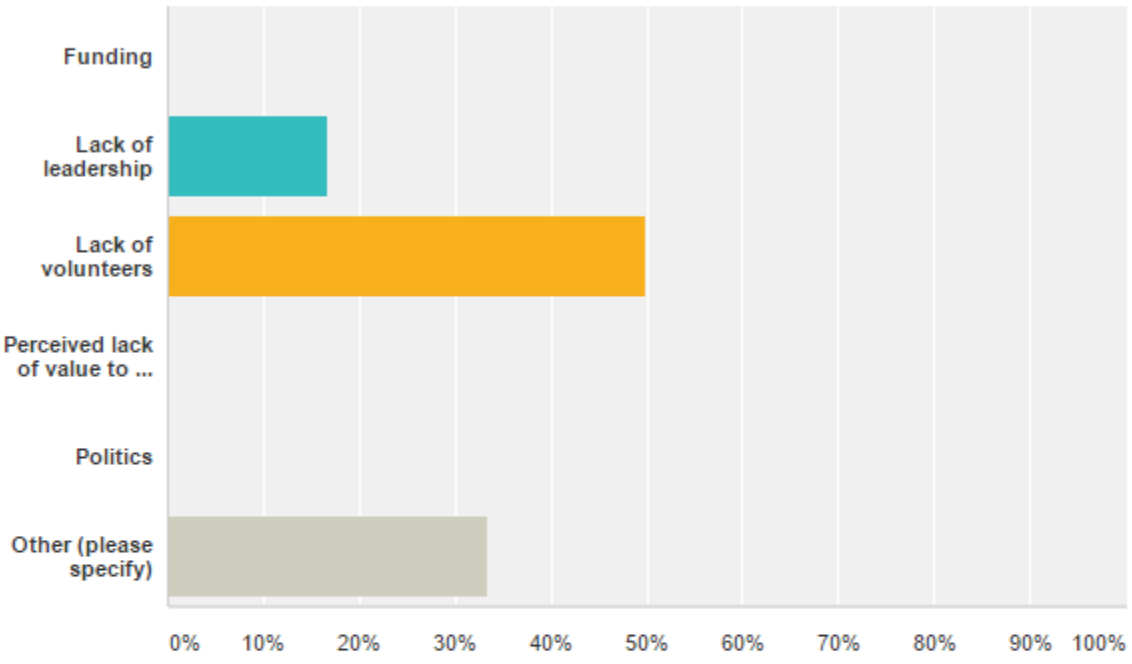
Answered: 6 Skipped: 0



	Extremely dissatisfied	Somewhat dissatisfied	Neithersatisfied nor dissatisfied	Somewhatsatisfied	Extremely satisfied	Total	Weighted Average
Vehicles and equipment	0.00% 0	0.00% 0	0.00% 0	16.67% 1	83.33% 5	6	4.83
Service delivery model	16.67% 1	33.33% 2	16.67% 1	33.33% 2	0.00% 0	6	2.67
Medical direction and protocols	0.00% 0	0.00% 0	0.00% 0	66.67% 4	33.33% 2	6	4.33
Recognition of the agency	50.00% 3	0.00% 0	50.00% 3	0.00% 0	0.00% 0	6	2.00
Service administration	33.33% 2	0.00% 0	66.67% 4	0.00% 0	0.00% 0	6	2

What do you think is the greatest threat to EVAC's future?

Answered: 6 Skipped: 0



Answer Choices	Responses	
Funding	0.00%	0
Lack of leadership	16.67%	1
Lack of volunteers	50.00%	3
Perceived lack of value to the stakeholders	0.00%	0
Politics	0.00%	0
Other (please specify) Responses	33.33%	2
Total		6

Appendix 3: MedStar EMS/MIH Hospice Partnership Program

Program Goals:

- Help assure patient wishes are granted regarding their desire to complete hospice enrollment at home.
- Reduce incidence of Hospice Revocation by patient / family members for patients who are in a home hospice program.
- Reduce utilization of 9-1-1 responses and transports to acute care facilities, and decreased the burden on the patient/family.
- Provide early notification to the hospice agency, by the Communications Center, if a 9-1-1 call is placed for an enrolled patient.
- Continuing education for the MedStar system on hospice, end-of-life care, advances directives, etc.

Background:

MedStar Mobile Healthcare is the exclusive provider of emergency and non-emergency ambulance services for Fort Worth and 14 cities in north central Texas. We have dual accreditation from the Commission for the Accreditation of Ambulance Services and as an Accredited Center of Excellence by the National Academies of Emergency Dispatch for our 9-1-1 call center.

MedStar was approached by a large national hospice provider to help them try and reduce the incidence of hospice revocation for patients on home hospice. Working together with the hospice provider, we put together our "Hospice Revocation Avoidance Program".

Enrollment and dis-enrollment in hospice is frequently an emotionally taxing process for all involved, including EMS and hospital personnel. Hospice providers are usually able to accurately predict patients / families at high risk of dis-enrolling in hospice services due to a perceived emergency, by calling 9-1-1 to summon emergency help. These events often occur during a moment of panic or uncertainty in the dying process, and may be precipitated by a family member who was not completely in agreement with, nor fully understand the hospice arrangements.

MedStar Mobile Healthcare partners with hospice providers to enroll patients and patient's families who they perceive to be at-risk for hospice revocation into the MedStar Community Health Program, an award winning Mobile Healthcare program profiled by the Agency for Healthcare Research and Quality in their Innovation Exchange[ii].

Demonstration Program Results:

In the first demonstration project for this program conducted from September 1, 2012 – February 28, 2013, 28 patients identified as at-risk for hospice revocation in the home setting were referred to the MedStar program. Of these, 15 patients successfully completed the hospice program at home. One patient / family did revoke hospice status; however, this family had three prior revocations. One patient's condition improved and they were actually removed from palliative care due the improvement in their health status and one patient refused the program. 10 patients are still actively enrolled in the program.

During the same period, one patient / family contacted MedStar for consultation; one patient / family called 9-1-1 and three patients were transported to the hospital. Of the patients transported to the hospital:

- One was for a fall in which the patient was transported to the hospital for treatment of injuries sustained in the fall.
- One was for a hematuria in which the patient was transported to the hospital, but was transported directly to the in-patient hospice unit so no revocation occurred.
- One was for hematemesis and the patient was transported and the patient / family decided to revoke hospice status.

The hospice agency originally conducting this demonstration project indicates that compared with patients / families NOT enrolled in this program, this program is a huge success – taking their overall revocation rate from 17% to less than 9%

With the completion of the six month demonstration project, MedStar is now prepared to offer these services to other hospice agencies who would like to take advantage of this program.

Hospice Program Procedures:

- The hospice agency screens patient / families at greatest risk for hospice revocation using an already implemented risk assessment.
- Patients / families meeting criteria are introduced to the concept of MedStar enrollment by the hospice staff.
- If the Patient / family agree to be enrolled in the program, the hospice staff contacts the MedStar Clinical Program Manager for patient enrollment.
- Once the patient is at home, the patient's hospice nurse schedules a joint in-home visit with the hospice nurse and a specially trained MedStar Mobile Healthcare Practitioner (MHP).
- During this joint visit, the patient / family are educated on MedStar's role with the patient and family, and the contact number for a MedStar MHP visit if the hospice nurse is unavailable.
- The patient's address is logged into MedStar's 9-1-1 Computer Aided Dispatch (CAD) system for ready identification in the event the patient / family accesses 9-1-1.
    - Including information in the CAD system so that Communications personnel are aware of a hospice location at the caller's address and who the hospice contact person is for the patient.

- In the event of a 9-1-1 call to the residence, a regular system response occurs, with the addition of an on-duty MHP.
    - The communications center will also contact the patient's hospice nurse to advise of the 9-1-1 response
    - The MHP on-scene will work with the patient and family to assure patient / family wishes are carried out while awaiting arrival of the hospice representative.
    - Use of the patient's comfort pack provided by the hospice agency is authorized in consultation with MedStar's Medical Director or Associate Medical Director.
- During enrollment, if the family is unable to reach the hospice nurse, they may contact MedStar for an in-home visit by a MHP should the family become concerned about the patient's status.
    - The MHP will assist the family with the transition of the patient and help assure the patient's comfort using the hospice supplied in-home comfort-pack.

Economic Model Options:

- Outcome-based Fee
- Per Enrolled Patient/Per Month Fee

[i] http://www.bls.gov/news.release/volun.nr0.htm
[ii] http://innovations.ahrq.gov/content.aspx?id=3343