



**Cedar County**  
**400 Tipton Street**  
**Tipton, IA 52772**  
**Emergency Medical Services**  
**Needs Assessment and Strategic Plan (NA&SP)**  
**Report**  
**April 2023**

Submitted By

***MCM Consulting Group, Inc.***

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## Executive Summary

Cedar County Board of Supervisors recognize emergency medical services (EMS) in Cedar County, Iowa have experienced a variety of issues impacting the level of services provided by emergency medical services agencies. Issues of concern include financial constraints, staffing shortages including an inability to recruit additional membership, sufficiently staffing ambulances for emergency calls, and other issues leading to significantly delayed responses, inadequate coverage, and affecting available response personnel. Often, requests for emergency medical services require Cedar County 911 dispatch several emergency medical services agencies consecutively until an ambulance is available to handle the call for service. These efforts equate to delays, on average, of twenty to thirty minutes before an ambulance responds to the emergency. Further, these delays can have consequential negative impacts to patient outcomes.

Cedar County Board of Supervisors contracted with MCM Consulting Group, Inc. (MCM) to evaluate the current issues plaguing the emergency medical services agencies and quick response services who serve the residents and visitors of Cedar County. The goal of this project is to identify any shortcomings, needs, improvements, opportunities, and provide recommendations to mitigate the issues affecting EMS services in the county.

MCM conducted a needs assessment and recommend a strategic plan specific to the Cedar County state of emergency medical services. The project team, consisting of the following members listed below, was formed to meet concerning the emergency medical services with a focus on financial stability, recruitment and retention, training and certification, and delivery of emergency medical services.

A project schedule was created to complete the project deliverable tasks, create a report of the needs assessment and strategic plan, and prepare a presentation of the report to be conducted in February 2023.

The project team agreed to hold in person meetings and conference calls on the first and third Tuesday of each month at 2:00 P.M. central time. The time of the conference calls was updated to varying times beginning in December 2022, to accommodate conflicts for team members' schedules. These recurring events planned project work and reported on the progress of these tasks.

## Project Team

The project team consisted of:

Jon Bell, Cedar County Supervisor

Jodi Freet, Cedar County Emergency Management Coordinator

Warren Wethington, Cedar County Sheriff

Michael C. McGrady, Principal, MCM Consulting Group, Inc.

Jeffery P. Steiert, Project Manager/Staff Supervisor, MCM Consulting Group, Inc.

Michael Rearick, Director of Operations, MCM Consulting Group, Inc.

Jonathan Hansen, Project Manager/Staff Supervisor, MCM Consulting Group, Inc.

The project meeting participants and invitees consisted of the project team and the following:

Andrew Oberbreckling, Mechanicsville Mayor

Brad Gaul, Cedar County Supervisor

Brad Ratliff, Tipton Ambulance

Brian Carney, Tipton Mayor

Brittany Rogers, Clarence Ambulance

Dakota Adams, Stanwood Fire

David Bergthold, Bennett Ambulance

Dawn Smith, Cedar County Supervisor

Dennis Frisch, Durant Ambulance

Derek Lang, Lowden Fire

Derek Lattimer, Clarence Police

DJ Hintz, Lowden First Responders

Dusty McAtee, Stanwood Mayor

Jacob Koch, Mechanicsville Fire

Jared Semsch, Durant Fire

Jeff Kauffman, Cedar County Supervisor

Jill Cinkovich, Lowden Mayor

Joe Sparks, Bennett Mayor

John Hanna, West Branch Police

Kevin Rasdon, Bennett Fire

Kevin Stoolman, West Branch Fire and First Responders

Linda Coppess, Stanwood Ambulance

Lisa Kepford, Tipton Police

Lonni Koch, Mechanicsville Ambulance  
Mike Bixler, Cedar County Supervisor  
Orville Randolph, Durant Police  
Randy Burken, Clarence Fire  
Rick Scott, Mechanicsville Police  
Roger Laughlin, West Branch Mayor  
Scott Spangler, Durant Mayor  
Sean Paustian, Tipton Fire  
Stephanie Wagaman, Cedar County Public Health  
Steve Bixler, Clarence Mayor

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## Project Scope

MCM Consulting Group, Inc. conducted a comprehensive analysis of emergency medical services (EMS) in Cedar County and developed a strategy that will strengthen the county's ability to support local solutions for effective EMS response. The following is an outline of the scope of work that was required to complete this project:

### **EMS assessment of resources and current capabilities:**

MCM Consulting Group, Inc. developed a thorough assessment and inventory tool that was used to review the status of all EMS response and operations in Cedar County. The following outlines the specific items that were completed, gathered, and reviewed:

- Conduct a kickoff meeting with Cedar County to review and collaborate on the project. This afforded Cedar County and MCM time to review reports and information gathered to discuss specific reports developed and to further elaborate on the overall goals and objectives of the project.
- Develop the assessment tool and checklist for all information required from Cedar County. This list was developed with input from the Cedar County Emergency Services Planning Committee but focused on the principals of EMS response and the overall provision of EMS to the communities.
- Gather previous reports and data as identified by Cedar County, the county point of contact and the EMS agencies.
- Identify and request GIS data that supports this assessment and will be utilized for the assessment report and strategic plan.
- Identify the primary point of contact for Cedar County to gather information on each EMS agency that functions in the county. This would include the following agencies:
  - Advanced life support (ALS) services.
  - Basic life support (BLS) services.
  - Quick response services (QRS)
  - Other applicable agencies.
- Conduct a meeting to engage all EMS related agencies to start the assessment process.
- Conduct an inventory of all EMS agencies to determine the EMS response equipment within each county. This inventory will include but not be limited to the following:
  - Response vehicles (ALS, BLS and QRS)
  - ALS equipment
  - BLS equipment
  - Specialty services
  - Air medical vehicles
- Compile all information into an inventory report.

## **Interviews with elected officials, providers, and other leaders**

MCM developed an interview packet that was utilized to review the status of all EMS response and operations in Cedar County. The following outlines the interview process and documentation of the interview results that was completed:

- Established an interview packet that was utilized for all EMS agencies within Cedar County. An online survey was utilized prior to the interviews to capture key data to discuss and collaborate on during the interviews.
- Completed interviews with the elected officials, key EMS agencies and other key agencies as identified by Cedar County. This interview list included but was not be limited to the following:
  - EMS chief, director, or designee
  - QRS chief or designee
  - County elected officials
  - Local elected and appointed officials
  - Other representatives as identified
- Compiled all interview responses and developed an interview summary report that was utilized and integrated into the overall EMS assessment report and strategic plan.

## **Assessment report and strategic planning and development of EMS options**

MCM developed an EMS assessment report and strategic plan that outlined the overall status of EMS in Cedar County. This report provided an overall analysis and inventory of current EMS assets and also identified immediate, short-term, medium-term and long-term planning and coordination items. The following outlines the approach to completion of this report:

- Reviewed all reports and documentation provided during the EMS assessment portion.
- Integrated into the interview summary report.
- Conducted research on various EMS response attributes in the county.
- Compiled and identified in the report the EMS response equipment.
- Researched, reviewed and discussed EMS staffing and scheduling for ALS, BLS, QRS and specialty resources in the county.
- Researched, reviewed and discussed the overall EMS recruitment and retention.
- Researched, reviewed and discussed the various billing and grant related revenue and disbursements for each service in the county.



- Reviewed and integrated any other pertinent details or reports as identified.

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## Background and Introduction

Cedar County is in the mid-eastern portion of Iowa and contains a total area of five hundred eighty-two square miles of which five hundred seventy-nine square miles is land and two- and one-half square miles is water. The population of Cedar County as of a 2020 census is eighteen thousand, five hundred five people with a population density of thirty-two people per square mile.

There are nine cities within Cedar County: Bennett, Clarence, Durant (partially in Muscatine and Scott Counties), Lowden, Mechanicsville, Stanwood, Tipton, West Branch (partially in Johnson County), and Wilton (mostly in Muscatine County). Additionally, there is once CDP or census designated population of Rochester. For reference the populations of each city are listed as follows:

- Bennett – 347
- Clarence – 1,039
- Durant – 1,871
- Lowden – 807
- Mechanicsville – 1,020
- Stanwood – 637
- Tipton – 3,149
- West Branch – 2,509
- Wilton – 2,924
- Rochester – 142

## Survey and Interview Process

MCM Consulting Group, Inc. staff drafted survey questions to use to gather information from stakeholders in Cedar County. A survey form was drafted and revised by the project team. The form was then placed into a Survey Monkey website for electronic use. An invitation letter was sent to all EMS agencies, municipal leadership, county leadership, first responder agencies, and other stakeholders. The letter contained the activated link for the Survey Monkey website and alternative methods of survey participation including telephone interviews, email, and postal mail.

The users of the Cedar County EMS system provided eighteen unique responses. These responses represented law enforcement, fire departments, emergency medical services agencies, Sheriff's Department, and 911 Telecommunicators. Eighteen responses were received between November 14, 2022, and January 14, 2023. The survey form and invitation letter are attached to this report as Appendix B.

In addition to the survey responses, eleven agencies participated in interviews that provided additional detail to the information they provided in the survey.

Highlights of the results from each section of the needs assessment survey will be presented in this portion of the report. Summary statistics in graph form are included where applicable. The following pages reflect the complete survey results.

Cedar County, IA  
Emergency Medical Services Study

## Survey Section 1: Agency and Contact Information

This section of the survey was designed to capture contact information for the agency, and whether the agency was staffed, paid, volunteer, or paid per diem staff, and whether it was non-profit or for-profit.

### Question 1: Name of the agency you are representing?

Answered: 17 Skipped: 1

| #  | RESPONSES                                  | DATE                |
|----|--|---------------------|
| 1  | Cedar County Sheriff Office                | 11/28/2022 11:25 PM |
| 2  | Cedar County Sheriff                       | 11/28/2022 3:56 PM  |
| 3  | Sheriff                                    | 11/28/2022 12:15 PM |
| 4  | West Liberty Fire and Ambulance            | 11/15/2022 3:26 PM  |
| 5  | Durant Volunteer Ambulance Service         | 11/14/2022 10:54 AM |
| 6  | Lowden EMS                                 | 11/9/2022 7:56 PM   |
| 7  | Cedar County Emergency Management Agency   | 11/7/2022 4:39 PM   |
| 8  | Tipton Police Department                   | 11/7/2022 4:36 PM   |
| 9  | Tipton Ambulance Service                   | 10/25/2022 9:43 AM  |
| 10 | West Branch                                | 10/19/2022 1:33 PM  |
| 11 | Mechanicsville Ambulance                   | 10/13/2022 3:01 PM  |
| 12 | Clarence Fire                              | 10/12/2022 5:46 PM  |
| 13 | Stanwood                                   | 10/12/2022 3:49 PM  |
| 14 | Tipton Ambulance Service                   | 10/12/2022 3:09 PM  |
| 15 | Mechanicsville Fire & Ambulance Volunteers | 10/12/2022 2:58 PM  |
| 16 | West Branch Fire and first responders      | 10/11/2022 3:20 PM  |
| 17 | Clarence Community Ambulance Service       | 10/11/2022 1:02 PM  |
| 18 | West Branch Police Department              | 10/11/2022 12:57 PM |

Questions 2, 3, and 4

Questions 2, 3, and 4 of the survey include information pertaining to respondent names, title, and contact information.

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Question 5: Is your EMS station staffed by paid, volunteer or per diem staff?

Answered: 17 Skipped: 1

| ANSWER CHOICES         | RESPONSES |           |
|------------------------|-----------|-----------|
| Paid                   | 11.76%    | 2         |
| Per Diem               | 0%        | 0         |
| Volunteer              | 41.18%    | 7         |
| Other (please specify) | 47.06%    | 8         |
| <b>TOTAL</b>           |           | <b>17</b> |

Question 5: Is your EMS station staffed by paid, volunteer or per diem staff?

Answered: 17 Skipped: 1

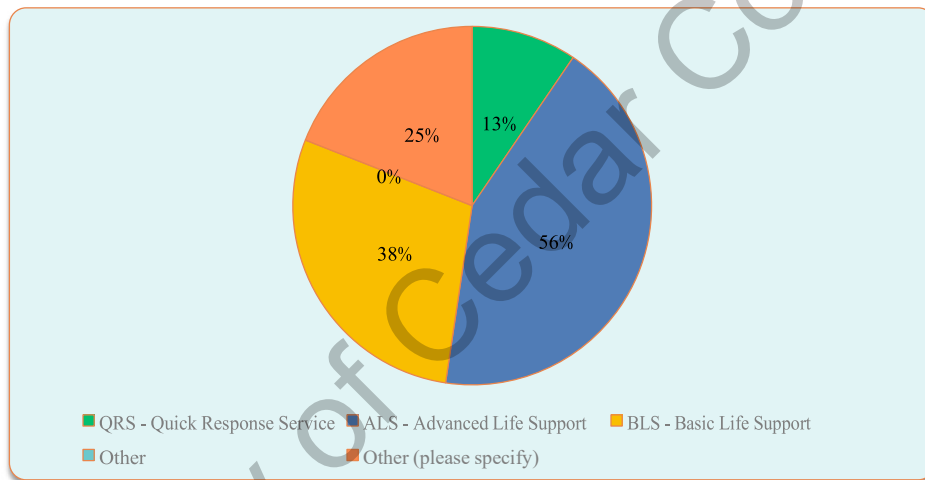
| Question 5 Response Results                                   |
|---|
| RESPONSES   |
| Hybrid paid employees with volunteers that are paid a stipend |
| n/a   |
| Paid staff and volunteer                                      |
| Hybrid  |
| Volunteer with a stipend paid per call                        |
| Hybrid  |
| Volunteers and paid on call                                   |
| Paid Director, volunteer staff                                |

A majority of emergency medical services agencies are volunteer with hybrid models including paid on-call, paid per call staff, volunteer membership with a paid emergency medical services director. Less than twelve percent of agencies responding to the survey identified as a paid service.



### Question 6: What service(s) does your agency provide?

Answered: 16 Skipped: 2



Question 6: What service(s) does your agency provide?

Answered: 16 Skipped: 2

| ANSWER CHOICES               | RESPONSES |           |
|------------------------------|-----------|-----------|
| QRS - Quick Response Service | 12.50%    | 2         |
| ALS - Advanced Life Support  | 56.25%    | 9         |
| BLS - Basic Life Support     | 37.50%    | 6         |
| Other                        | 0%        | 0         |
| Other (please specify)       | 25.00%    | 4         |
| <b>TOTAL</b>                 |           | <b>21</b> |

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### Question 6: What service(s) does your agency provide?

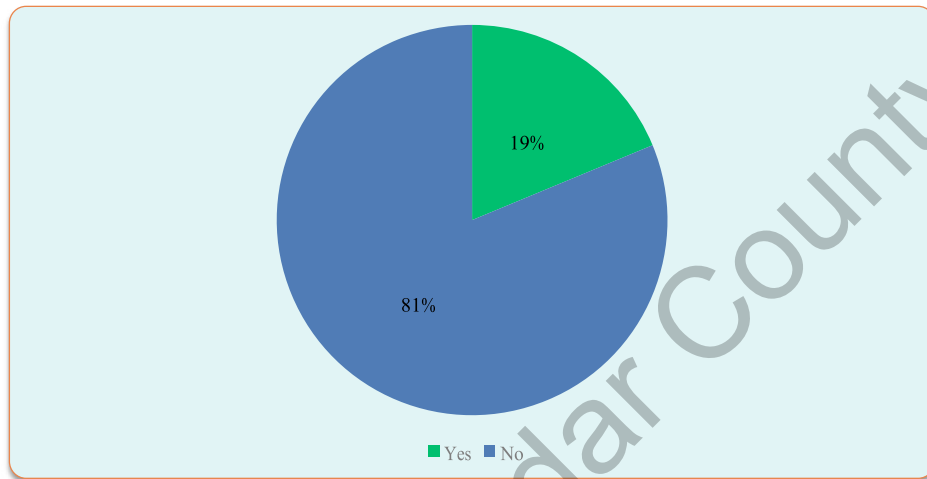
Answered: 16 Skipped: 2

| Question 6 Response Results         |
|-------------------------------------|
| RESPONSES                           |
| Dispatch                            |
| n/a                                 |
| CPR and lift assistance, rescue     |
| Provisional BLS- Basic Life Support |

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Question 7: Does your agency provide non-emergency transport or wheelchair van services?

Answered: 16 Skipped: 2



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Question 7: Does your agency provide non-emergency transport or wheelchair van services?

Answered: 16 Skipped: 2

| ANSWER CHOICES | RESPONSES |
|----------------|-----------|
| Yes            | 18.75% 3  |
| No             | 81.25% 13 |
| <b>TOTAL</b>   | <b>16</b> |

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## Survey Section 2: Staffing

This section of the survey was designed to ascertain information on staffing levels, crew schedules, and placement of units.

Question 8: What is your full EMS staffing compliment?

Answered: 8 Skipped: 10

| Question 8 Response Results |    |
|-----------------------------|----|
| RESPONSES                   |    |
| None                        |    |
|                             | 17 |
|                             | 18 |
| n/a                         |    |
|                             | 27 |
|                             | 2  |
|                             | 17 |
|                             | 4  |

Question 9: What are your current EMS staffing levels for full time, part time, per-diem, and volunteer staffing?

Answered: 12 Skipped: 6

| # | FULL TIME: | DATE                |
|---|------------|---------------------|
| 1 | 0          | 11/28/2022 12:17 PM |
| 2 | 2          | 11/15/2022 3:43 PM  |
| 3 | n/a        | 11/7/2022 4:40 PM   |
| 4 | 2          | 10/25/2022 9:48 AM  |
| 5 | 2          | 10/12/2022 3:09 PM  |
| 6 | 0          | 10/11/2022 3:47 PM  |
| 7 | 1          | 10/11/2022 1:07 PM  |
| 8 | 1          | 10/11/2022 1:01 PM  |
| # | PART TIME: | DATE                |
| 1 | 0          | 11/28/2022 12:17 PM |
| 2 | 1          | 11/15/2022 3:43 PM  |
| 3 | n/a        | 11/7/2022 4:40 PM   |
| 4 | 5          | 10/25/2022 9:48 AM  |
| 5 | 4          | 10/12/2022 3:09 PM  |
| 6 | 0          | 10/11/2022 3:47 PM  |

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Question 9: What are your current EMS staffing levels for full time, part time, per-diem, and volunteer staffing?

Answered: 12 Skipped: 6

| #  | PER DIEM:  | DATE                |
|----|------------|---------------------|
| 1  | 0          | 11/28/2022 12:17 PM |
| 2  | 2          | 11/15/2022 3:43 PM  |
| 3  | n/a        | 11/7/2022 4:40 PM   |
| 4  | 2          | 10/12/2022 3:09 PM  |
| 5  | 17         | 10/11/2022 3:47 PM  |
| #  | VOLUNTEER: | DATE                |
| 1  | 0          | 11/28/2022 12:17 PM |
| 2  | 12         | 11/15/2022 3:43 PM  |
| 3  | 18         | 11/14/2022 10:54 AM |
| 4  | EMT, EMR   | 11/9/2022 7:58 PM   |
| 5  | n/a        | 11/7/2022 4:40 PM   |
| 6  | 20         | 10/25/2022 9:48 AM  |
| 7  | 14         | 10/13/2022 3:08 PM  |
| 8  | 12         | 10/12/2022 4:06 PM  |
| 9  | 15         | 10/12/2022 3:09 PM  |
| 10 | 17         | 10/11/2022 3:47 PM  |
| 11 | 12         | 10/11/2022 1:07 PM  |

In general, respondents identified mostly volunteer staffing and listed an available personnel pool averaging fifteen members available to provide staffing for medical calls. While this number seems sufficient, recognizing a minimum of two personnel required per call, and specific training requirements to staff an ambulance twenty-four hours per day, a volunteer pool of staff is insufficient to cover emergency medical calls adequately and consistently.



**Question 10: How many of your personnel work/volunteer at multiple agencies?**

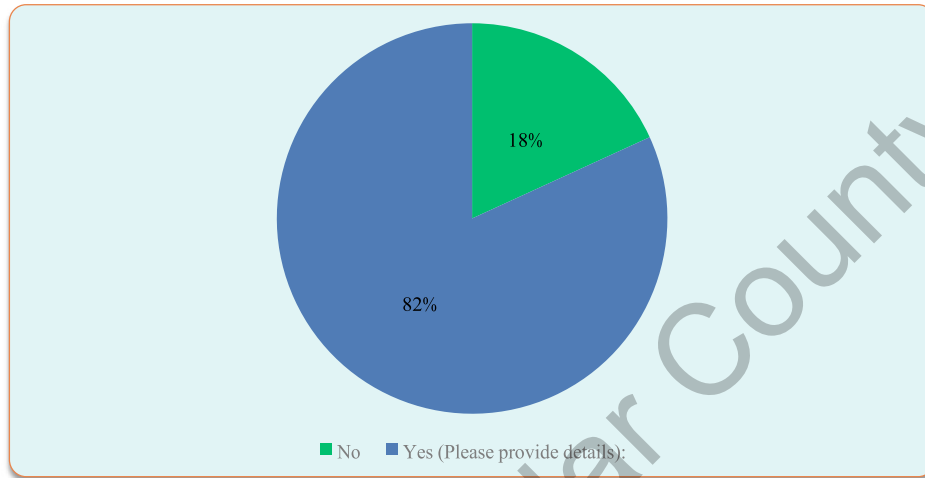
Answered: 13 Skipped: 5

| #  | RESPONSES | DATE                |
|----|-----------|---------------------|
| 1  | 0         | 11/28/2022 12:17 PM |
| 2  | 5         | 11/15/2022 3:43 PM  |
| 3  | 0         | 11/14/2022 10:54 AM |
| 4  | 1         | 11/9/2022 7:58 PM   |
| 5  | n/a       | 11/7/2022 4:40 PM   |
| 6  | 13        | 10/25/2022 9:48 AM  |
| 7  | 5         | 10/19/2022 1:34 PM  |
| 8  | 4         | 10/13/2022 3:08 PM  |
| 9  | 12        | 10/12/2022 4:06 PM  |
| 10 | 14        | 10/12/2022 3:09 PM  |
| 11 | 10        | 10/11/2022 3:47 PM  |
| 12 | 4         | 10/11/2022 1:07 PM  |
| 13 | 0         | 10/11/2022 1:01 PM  |

A majority of respondents identified some of their available personnel pool work or volunteer with other emergency medical services agencies. While a few individuals working with multiple agencies is typical, it suggests a potential concern for staff burn-out. The recognition many agencies share staff also underscores the ideation that many agencies are not sufficiently staffed.

Question 11: Does your EMS agency have an established staffing plan (24-hour coverage or another schedule)?

Answered: 11 Skipped: 7



A concerning percentage of agencies responded that they do not have an established staffing plan to cover emergency calls.

Question 11: Does your EMS agency have an established staffing plan (24-hour coverage or another schedule)?

Answered: 11 Skipped: 7

| ANSWER CHOICES                | RESPONSES |           |
|-------------------------------|-----------|-----------|
| No                            | 18.18%    | 2         |
| Yes (Please provide details): | 81.82%    | 9         |
| <b>TOTAL</b>                  |           | <b>11</b> |

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Question 11: Does your EMS agency have an established staffing plan (24-hour coverage or another schedule)?

Answered: 11 Skipped: 7

| Question 11 Response Results  |
|---|
| RESPONSES   |
| Currently have 88 hours of the week covered by one paid staff member (hiring to fill 24/7 coverage). The volunteers have dedicated weeks that they are first up on a four-week rotation. Fire Department members assist as drivers in addition to our 17 EMS members. |
| Members and volunteer drivers sign a 2-week calendar as to when they are available for 6 and 12-hour shifts or parts thereof.   |
| Online Scheduling   |
| Monthly schedule of day 12 hour/ night 12-hour shifts. Mechanicsville and Stanwood are affiliated so we assist each other for 24-hour coverage  |
| Online Scheduling, contingency plan utilized frequently to ensure coverage of calls as we do not always have an EMS crew available to provide coverage  |
| We try to have people on call 24 seven.   |
| Monthly schedule  |
| Normal police schedule  |

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Question 12: How many ALS/BLS/QRS crew are scheduled: Day/Middle/Overnight –or- Day/Night?

Answered: 11 Skipped: 7

| ANSWER CHOICES         | RESPONSES |   |
|------------------------|-----------|---|
| Day:                   | 63.64%    | 7 |
| Middle:                | 45.45%    | 5 |
| Overnight:             | 54.55%    | 6 |
| Day (for Day/Night):   | 72.73%    | 8 |
| Night (for Day/Night): | 72.73%    | 8 |

Respondents providing input to this question suggest many agencies do not have staffing sufficient to cover calls twenty-four hours per day.

Question 12: How many ALS/BLS/QRS crew are scheduled: Day/Middle/Overnight –or- Day/Night?

Answered: 11 Skipped: 7

| # | DAY:       | DATE                |
|---|------------|---------------------|
| 1 | NA         | 11/28/2022 12:17 PM |
| 2 | 1          | 11/15/2022 3:43 PM  |
| 3 | 1          | 11/14/2022 10:54 AM |
| 4 | n/a        | 11/7/2022 4:40 PM   |
| 5 | 1          | 10/13/2022 3:08 PM  |
| 6 | 1          | 10/12/2022 3:09 PM  |
| 7 | BLS-1      | 10/11/2022 1:01 PM  |
| # | MIDDLE:    | DATE                |
| 1 | NA         | 11/28/2022 12:17 PM |
| 2 | 1          | 11/15/2022 3:43 PM  |
| 3 | 1          | 11/14/2022 10:54 AM |
| 4 | n/a        | 11/7/2022 4:40 PM   |
| 5 | 1          | 10/12/2022 3:09 PM  |
| # | OVERNIGHT: | DATE                |
| 1 | NA         | 11/28/2022 12:17 PM |
| 2 | 1          | 11/15/2022 3:43 PM  |
| 3 | 1          | 11/14/2022 10:54 AM |
| 4 | n/a        | 11/7/2022 4:40 PM   |
| 5 | 1          | 10/13/2022 3:08 PM  |
| 6 | 3?         | 10/11/2022 3:47 PM  |

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Question 12: How many ALS/BLS/QRS crew are scheduled: Day/Middle/Overnight –or- Day/Night?

Answered: 11 Skipped: 7

| # | DAY (FOR DAY/NIGHT):  | DATE                |
|---|---|---------------------|
| 1 | NA  | 11/28/2022 12:17 PM |
| 2 | 1   | 11/15/2022 3:43 PM  |
| 3 | 1   | 11/14/2022 10:54 AM |
| 4 | n/a   | 11/7/2022 4:40 PM   |
| 5 | 1   | 10/25/2022 9:48 AM  |
| 6 | 5a-5p 2 people, 1 crew; except M-F day shift McVile covers; but because others work in Mechanicsville, there could be 2 crews available if needed | 10/12/2022 4:06 PM  |
| 7 | 1   | 10/12/2022 3:09 PM  |
| 8 | 1   | 10/11/2022 1:07 PM  |

Property of Cedar County

Question 12: How many ALS/BLS/QRS crew are scheduled: Day/Middle/Overnight –or– Day/Night?

Answered: 11 Skipped: 7

| # | NIGHT (FOR DAY/NIGHT):  | DATE                |
|---|-------------------------|---------------------|
| 1 | NA                      | 11/28/2022 12:17 PM |
| 2 | 1                       | 11/15/2022 3:43 PM  |
| 3 | 1                       | 11/14/2022 10:54 AM |
| 4 | n/a                     | 11/7/2022 4:40 PM   |
| 5 | 1 (goal but not always) | 10/25/2022 9:48 AM  |
| 6 | 5p-5a 2 people, 1 crew  | 10/12/2022 4:06 PM  |
| 7 | 1                       | 10/12/2022 3:09 PM  |
| 8 | 1                       | 10/11/2022 1:07 PM  |

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## Survey Section 3: Unit Placement and “Move-Ups”

This section of the survey was designed to gather information on where agencies place their staff and units, how they are moved as circumstances dictate, and how back up crews and additional staff are mobilized.

### Question 13: Where are your ALS/BLS scheduled crews located during shifts?

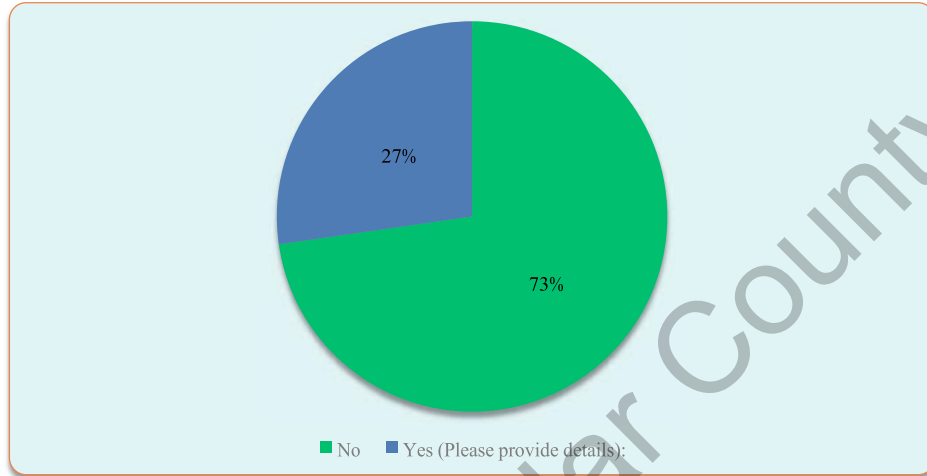
Answered: 11 Skipped: 7

| #  | RESPONSES  | DATE                |
|----|--|---------------------|
| 1  | NA   | 11/28/2022 12:17 PM |
| 2  | Paid staff are at the station during their shifts  | 11/15/2022 3:43 PM  |
| 3  | All personnel are at home or within 5 miles of the ambulance building and respond to the ambulance building when a page is received. 5 miles is the receiving limit of our pagers. | 11/14/2022 10:54 AM |
| 4  | n/a  | 11/7/2022 4:40 PM   |
| 5  | Paramedic M-Sat day, usually EMT crew at night unless part time medic working overnight, usually 1-2 times a week  | 10/25/2022 9:48 AM  |
| 6  | Home/ work. Crews respond to station when called   | 10/13/2022 3:08 PM  |
| 7  | Where ever they happen to be when the pager goes off, such as at home or somewhere else within the response area.  | 10/12/2022 4:06 PM  |
| 8  | career - office, volunteer - Home  | 10/12/2022 3:09 PM  |
| 9  | Home   | 10/11/2022 3:47 PM  |
| 10 | Home, station, their normal jobs   | 10/11/2022 1:07 PM  |
| 11 | Patrolling or Office   | 10/11/2022 1:01 PM  |

Responses to this question highlight that emergency medical services do not have crews available at station regularly, contributing to extended time to form crews and respond an ambulance.

Question 14: Do any of your scheduled crews overlap schedules?

Answered: 11 Skipped: 7



Question 14: Do any of your scheduled crews overlap schedules?

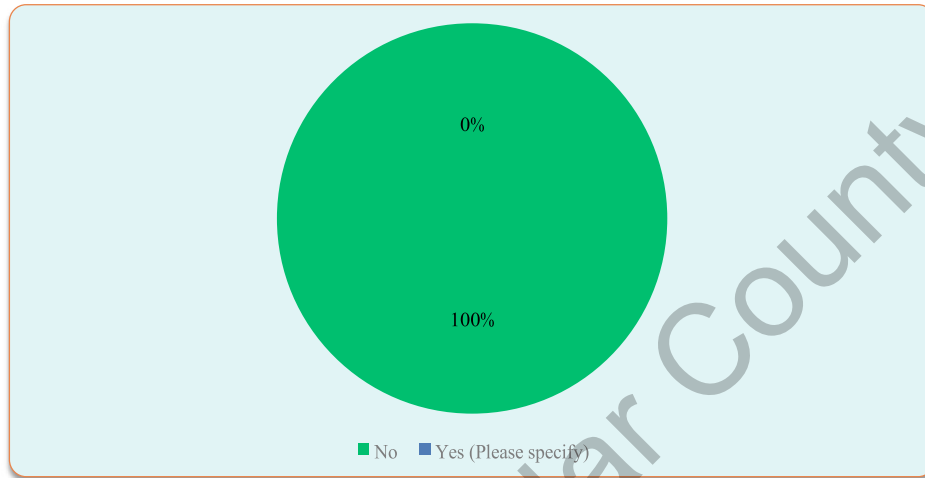
Answered: 11 Skipped: 7

| ANSWER CHOICES                | RESPONSES |           |
|-------------------------------|-----------|-----------|
| No                            | 72.73%    | 8         |
| Yes (Please provide details): | 27.27%    | 3         |
| <b>TOTAL</b>                  |           | <b>11</b> |

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Question 15: Do you have automation built into unit placement, and if yes, under what circumstances does your unit move, and to what locations?

Answered: 12 Skipped: 6



Respondents identified that there are no trigger events or automation built into ambulance placement, pre-assignment, or move-up assignments to cover calls during times of high call volume. Without pre-planning strategic placement of ambulances to cover gaps in primary medical coverage assignments or areas, significant dispatch to on-scene times occur, and negatively affect patient outcomes.

Question 15: Do you have automation built into unit placement, and if yes, under what circumstances does your unit move, and to what locations?

Answered: 12 Skipped: 6

| ANSWER CHOICES       | RESPONSES |           |
|----------------------|-----------|-----------|
| No                   | 100%      | 12        |
| Yes (Please specify) | 0%        | 0         |
| <b>TOTAL</b>         |           | <b>12</b> |

Property of Cedar County

Question16: What triggers a unit moving back to the assigned location?

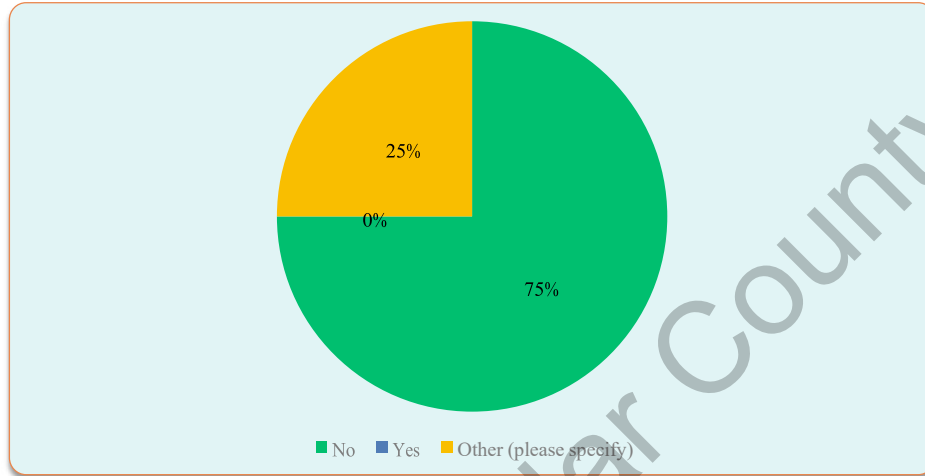
Answered: 5 Skipped: 13

| # | RESPONSES             | DATE                |
|---|-----------------------|---------------------|
| 1 | NA                    | 11/28/2022 12:29 PM |
| 2 | n/a                   | 11/7/2022 4:40 PM   |
| 3 | Cedar County Disptach | 10/25/2022 9:48 AM  |
| 4 | Call for service      | 10/12/2022 3:09 PM  |
| 5 | N/A                   | 10/11/2022 1:09 PM  |

Property of Cedar County

Question 17: Do any of your crews participate in “move-ups” to other station or locations during times of high call volume across the county/region?

Answered: 12 Skipped: 6



Question 17: Do any of your crews participate in “move-ups” to other station or locations during times of high call volume across the county/region?

Answered: 12 Skipped: 6

| ANSWER CHOICES         | RESPONSES |           |
|------------------------|-----------|-----------|
| No                     | 75.00%    | 9         |
| Yes                    | 0%        | 0         |
| Other (please specify) | 25.00%    | 3         |
| <b>TOTAL</b>           |           | <b>12</b> |

Property of Cedar County



Question 17: Do any of your crews participate in “move-ups” to other station or locations during times of high call volume across the county/region?

Answered: 12 Skipped: 6

| # | OTHER (PLEASE SPECIFY)   | DATE                |
|---|--|---------------------|
| 1 | NA   | 11/28/2022 12:30 PM |
| 2 | n/a  | 11/7/2022 4:40 PM   |
| 3 | No, but if you base the location on the volume, there would never be an ambulance in the northern half of the county, because most of the volume is in Tipton, Durant and West Branch and on I-80. | 10/12/2022 4:21 PM  |

Property of Cedar County

Question 18: Describe your operation relative to back-up crew and/or call-out procedures for times of high call volume.

Answered: 10 Skipped: 8

| #  | RESPONSES   | DATE                |
|----|---|---------------------|
| 1  | NA  | 11/28/2022 12:30 PM |
| 2  | We have two ambulances that we run. If first crew is out an all pager on Fire pager is placed to staff the second ambulance. If we have no more trucks available then we call out a neighboring service such as Wilton, Muscatine Fire, or Johnson County Ambulance dependent on location and nature of call. | 11/15/2022 3:47 PM  |
| 3  | If we have a 2nd crew available they respond from their homes as above. If no 2nd crew is available dispatch is notified to call one of our mutual aid services.  | 11/14/2022 10:54 AM |
| 4  | n/a   | 11/7/2022 4:40 PM   |
| 5  | 2nd crew can be requested with pager. Dispatcher also has access to online scheduling to see if we have a 1st crew signed up  | 10/25/2022 9:49 AM  |
| 6  | We do have 2 fully stocked ambulances and 2nd page might get 2nd crew on some occasions. Affiliation with Stanwood to cover or call on surrounding towns ambulances   | 10/13/2022 3:15 PM  |
| 7  | Mechanicsville and Stanwood have a service affiliation agreement in place to share a 24/7 schedule. The page goes off and whoever is on the schedule goes, and if available others go to help.  | 10/12/2022 4:21 PM  |
| 8  | paged out by the Cedar County Sheriff's Office for 2nd call. Director on call 24/7 for call back as needed  | 10/12/2022 3:11 PM  |
| 9  | Age for more help needed  | 10/11/2022 3:49 PM  |
| 10 | We only have one rig, so we staff one rig.  | 10/11/2022 1:11 PM  |

Property of Cedar County

**Question 19: List the municipalities to which your agency provides assigned coverage.**

Answered: 10 Skipped: 8

| #  | RESPONSES   | DATE                |
|----|---|---------------------|
| 1  | West Liberty, Atalissa, Nichols, West Branch (Downey)   | 11/15/2022 3:47 PM  |
| 2  | Durant, Stockton, Walcott, Pleasant Prairie   | 11/14/2022 10:54 AM |
| 3  | n/a   | 11/7/2022 4:40 PM   |
| 4  | Tipton  | 10/25/2022 9:49 AM  |
| 5  | West Branch   | 10/19/2022 1:36 PM  |
| 6  | Mechanicsville/ Starwood. We respond often to Clarence, Lowden, Tipton if unit out on another call, when "out of service", no ambulance crew available and occasionally Lisbon if needed.   | 10/13/2022 3:15 PM  |
| 7  | Service affiliation agreement between Starwood and Mechanicsville; but Starwood gets paged to cover Lowden and Clarence when no crew in Clarence, also gets paged to cover Tipton when they don't have anyone on there schedule at night or the weekends, they seems to seldom have a crew available, especially the weekends when it's nice weather. A few weeks ago on a Saturday: Starwood, Mechanicsville, and Bennett all had to respond to Tipton to cover 3 different calls because they didn't have a crew. | 10/12/2022 4:21 PM  |
| 8  | City of Tipton, Rural Cedar County  | 10/12/2022 3:11 PM  |
| 9  | City of West Branch hearts of cedar county and Johnson County   | 10/11/2022 3:49 PM  |
| 10 | Clarence, Lowden, Massillon   | 10/11/2022 1:11 PM  |

Property of Cedar County

Question 20: To what counties/municipalities does your service provide second due coverage?

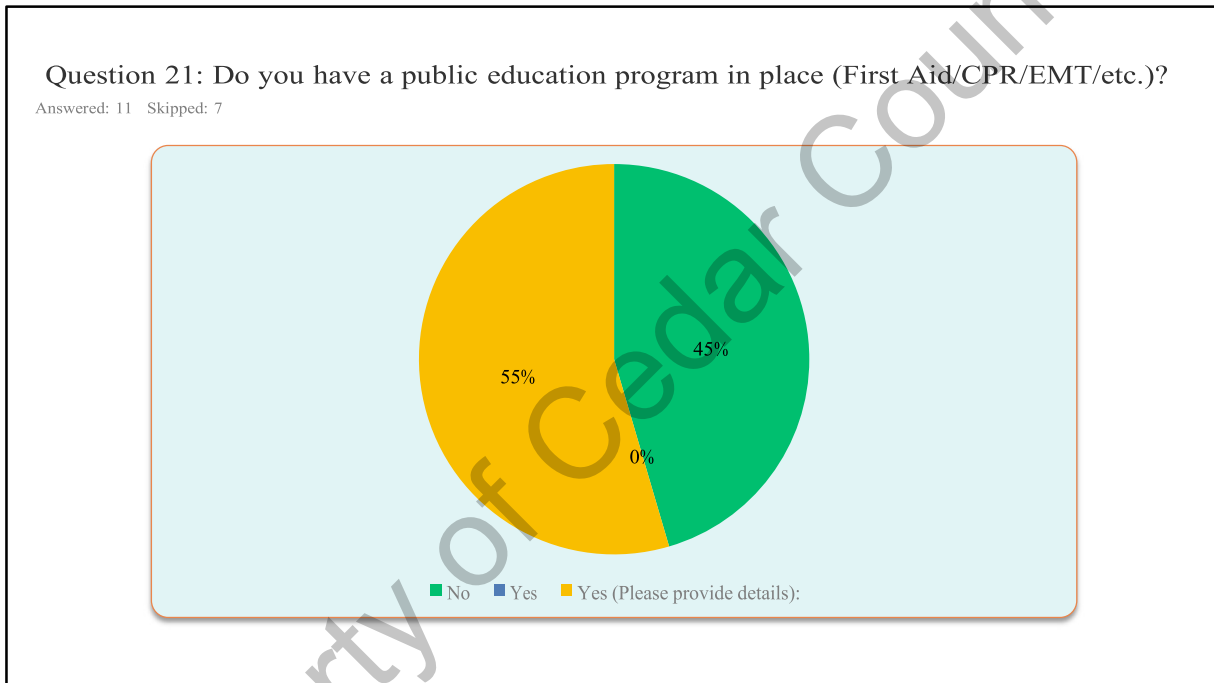
Answered: 10 Skipped: 8

| #  | RESPONSES   | DATE                |
|----|---|---------------------|
| 1  | NA  | 11/28/2022 12:30 PM |
| 2  | Muscatine (Wilton, Moscow), Cedar Co, Johnson Co, and Louisa Co   | 11/15/2022 3:47 PM  |
| 3  | Cedar, Muscatine, and Scott counties  | 11/14/2022 10:54 AM |
| 4  | n/a   | 11/7/2022 4:40 PM   |
| 5  | All surrounding communities, just like all of the other agencies  | 10/25/2022 9:49 AM  |
| 6  | Muscatine county  | 10/19/2022 1:36 PM  |
| 7  | Cedar- Jones- Linn Tipton, Clarence, Lowden, Massillon, Olin, Lisbon, Mt Vernon and Starwood.   | 10/13/2022 3:15 PM  |
| 8  | Besides the affiliation agreement with Mechanicsville, Starwood gets paged to go to Clarence, Lowden, Tipton and once in a while a Bennett address or a Lisbon address, and Olin which is Jones county. | 10/12/2022 4:21 PM  |
| 9  | All surrounding, just like all of the other entities  | 10/12/2022 3:11 PM  |
| 10 | Cedar and Johnson County  | 10/11/2022 3:49 PM  |
| 11 | Bennett, Tipton, Starwood. We are an ALS tier for Oxford Junction.  | 10/11/2022 1:11 PM  |

Property of Cedar County

## Survey Section 5: Public Education

This section of the survey was designed to gather information on whether responding agencies are providing any type of public education about emergency medical services and public safety. This information was requested to determine if public education may impact proper use of emergency medical services, staffing, and public welfare.



More than fifty percent of the agencies responding to this question indicated that they have a public education program.

Question 21: Do you have a public education program in place (First Aid/CPR/EMT/etc.)?

Answered: 11 Skipped: 7

| ANSWER CHOICES                | RESPONSES |           |
|-------------------------------|-----------|-----------|
| No                            | 45.45%    | 5         |
| Yes                           | 0%        | 0         |
| Yes (Please provide details): | 54.55%    | 6         |
| <b>TOTAL</b>                  |           | <b>11</b> |

Property of Cedar County

Question 21: Do you have a public education program in place (First Aid/CPR/EMT/etc.)?

Answered: 11 Skipped: 7

| # | YES (PLEASE PROVIDE DETAILS):   | DATE                |
|---|---|---------------------|
| 1 | We have three instructors and offer classes to the surrounding EMS and Fire agencies along with community needs for CPR, Stop the Bleed, EVOS Our monthly meetings include free continuing education for EMS which are open to any Atalissa or Nichols providers also | 11/15/2022 3:52 PM  |
| 2 | 5 of our members are CPR/Frist Aid instructors and instruct classes at the school and the surrounding communities. 1 member is an ACLS instructor and 1 is an instructor for EMT classes.   | 11/14/2022 10:54 AM |
| 3 | PADS, Stop the Bleed, Hands Only CPR, have also done COVID clinics and on scene information about them too  | 10/25/2022 9:51 AM  |
| 4 | Occasionally. Stop the Bleed, CPR, EMT  | 10/13/2022 3:18 PM  |
| 5 | Community CPR/ AED program  | 10/12/2022 3:12 PM  |
| 6 | We provide CPR, First Aid classes for public. We occasionally host an EMT class at our facility.  | 10/11/2022 1:14 PM  |

Property of Cedar County

**Question 22: How often do you provide public education and to what audiences?**

Answered: 9 Skipped: 9

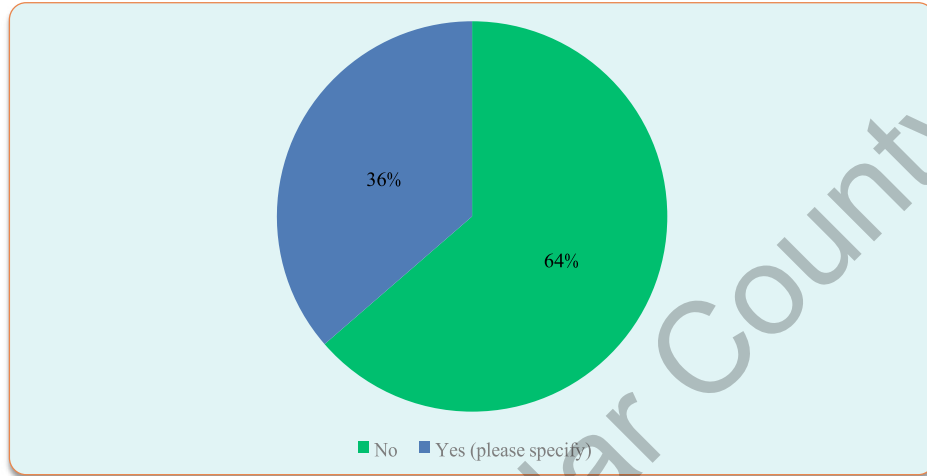
| # | RESPONSES   | DATE                |
|---|---|---------------------|
| 1 | NA  | 11/28/2022 12:31 PM |
| 2 | As needed basis. It has been a blend of nursing home staff, West Liberty School district teachers and coaches, pool lifeguards, along with caretakers | 11/15/2022 3:52 PM  |
| 3 | Annually to the 8th graders (CPR) in the Wilton and Durant schools and whenever individuals, groups, or businesses want a class.                      | 11/14/2022 10:54 AM |
| 4 | n/a   | 11/7/2022 4:41 PM   |
| 5 | 2-3 times per year for classes, PADS as needed  | 10/25/2022 9:51 AM  |
| 6 | Once a year. Public, farmers, EMS   | 10/13/2022 3:18 PM  |
| 7 | biannual and on demand  | 10/12/2022 3:12 PM  |
| 8 | Very seldom   | 10/11/2022 3:50 PM  |
| 9 | We offer a free CPR class to anyone every quarter. We offer CPR/First Aid classes on a scheduled basis.   | 10/11/2022 1:14 PM  |

Respondents who have public education programs in place identified the frequency of courses, trainings, or offerings, on average, are provided one to two times per year.



Question 23: Do you coordinate your public education sessions with any other public safety groups?

Answered: 11 Skipped: 7



Question 23: Do you coordinate your public education sessions with any other public safety groups?

Answered: 11 Skipped: 7

| ANSWER CHOICES       | RESPONSES |           |
|----------------------|-----------|-----------|
| No                   | 63.64%    | 7         |
| Yes (please specify) | 36.36%    | 4         |
| <b>TOTAL</b>         |           | <b>11</b> |

Property of Cedar County

Question 23: Do you coordinate your public education sessions with any other public safety groups?

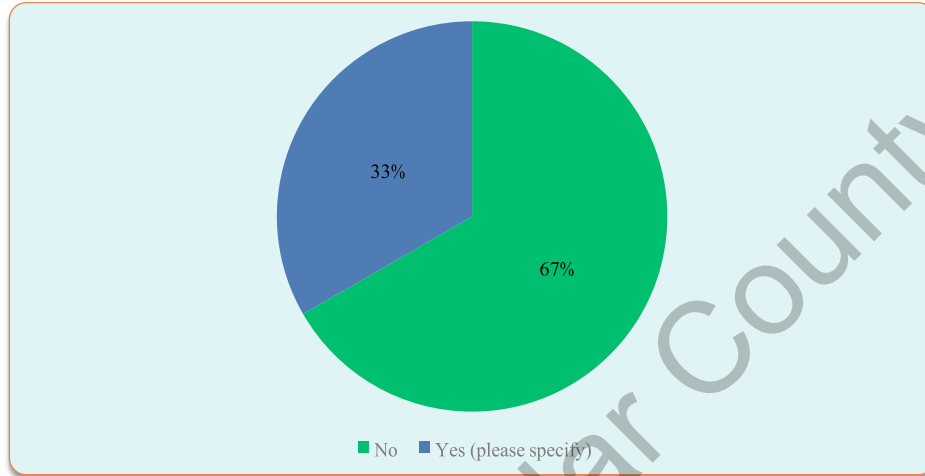
Answered: 11 Skipped: 7

| # | YES (PLEASE SPECIFY)                               | DATE               |
|---|--|--------------------|
| 1 | PD, fire and public health                         | 10/25/2022 9:51 AM |
| 2 | Lions, Legion/ Aux, Boy Scouts, Elementary School  | 10/13/2022 3:18 PM |
| 3 | Tipton Fire, Tipton PD, Cedar County Public Health | 10/12/2022 3:12 PM |
| 4 | Sometimes. Depends on what is requested.           | 10/11/2022 1:14 PM |

Property of Cedar County

Question 24: Does your public education material include when to call and what constitutes an emergency?

Answered: 9 Skipped: 9



Agency respondents answering this survey question indicate many of the public education programs or offerings do not include informing the public of how or when to call 911. Public education programs that review when to call 911 could reduce the instances of calls placed to 911 for non-emergency medical events, and potentially reducing or eliminating unnecessary dispatching of emergency medical services.

Question 24: Does your public education material include when to call and what constitutes an emergency?

Answered: 9 Skipped: 9

| ANSWER CHOICES       | RESPONSES |          |
|----------------------|-----------|----------|
| No                   | 66.67%    | 6        |
| Yes (please specify) | 33.33%    | 3        |
| <b>TOTAL</b>         |           | <b>9</b> |

Property of Cedar County

## Survey Section 6: Busy Times, Length of Calls and Dispatch

This section of the survey was developed to gather information on when the agencies are busiest, staffing during these busy times, and length of calls. This information will be analyzed to see if staffing and unit location are being optimized for the most efficient use of ambulances and responses.

Question 25: What are the busiest times of the day and busiest day(s) of the week for your agency?

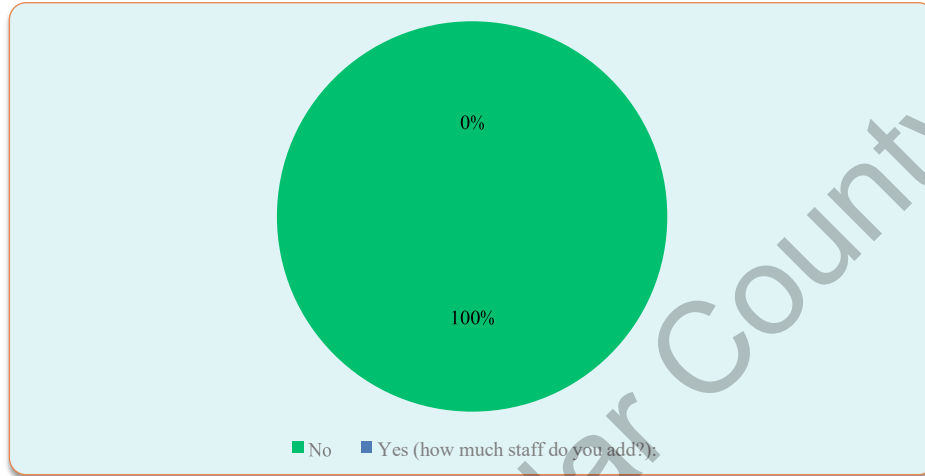
Answered: 9 Skipped: 9

| # | RESPONSES  | DATE                |
|---|--|---------------------|
| 1 | 4am-8am 8pm-8pm  | 11/28/2022 12:32 PM |
| 2 | 0800-2200 are our peak times with Fridays and Mondays having the most calls overall  | 11/15/2022 3:57 PM  |
| 3 | 78% of calls are between 0600 - 2000 day(s) of the week varies. No particular day of the week stands out.                                | 11/14/2022 10:54 AM |
| 4 | n/a  | 11/7/2022 4:41 PM   |
| 5 | 01/01/2015-current data Sunday - 11.34 Monday - 15.95 Tuesday - 14.73 Wednesday - 14.56 Thursday - 14.67 Friday - 15.95 Saturday - 12.79 | 10/25/2022 9:56 AM  |
| 6 | 0900-1500 Tuesdays/ Thursdays/ Fridays/ Saturdays  | 10/13/2022 3:30 PM  |
| 7 | Nights and weekends  | 10/12/2022 4:39 PM  |
| 8 | Busy all the time  | 10/11/2022 3:51 PM  |
| 9 | Unsure.  | 10/11/2022 1:15 PM  |

While the responses to this survey question vary in beginning and ending times, most align to indicate the busy times are weekdays during daylight hours.

Question 26: Do you up-staff for these known busy times?

Answered: 11 Skipped: 7



Respondents to survey question twenty-five identified the busiest times of the day and week; however, none of the responding agencies schedule additional staff for the identified busiest periods each week.

Question 26: Do you up-staff for these known busy times?

Answered: 11 Skipped: 7

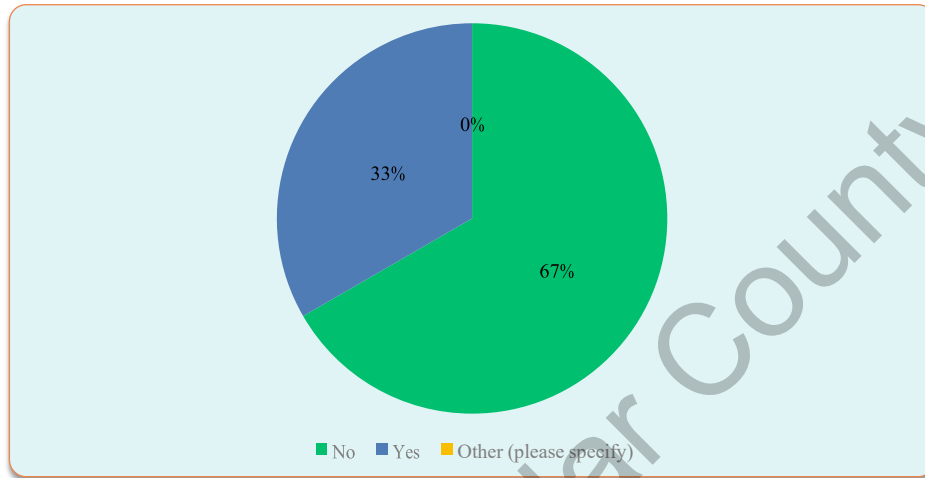
| ANSWER CHOICES                    | RESPONSES |           |
|-----------------------------------|-----------|-----------|
| No                                | 100%      | 11        |
| Yes (how much staff do you add?): | 0%        | 0         |
| <b>TOTAL</b>                      |           | <b>11</b> |

Property of Cedar County



Question 27: Has your organization ever participated in a busy study, or heat-mapped, predictive call location study?

Answered: 12 Skipped: 6



One third of survey respondents noted that they participated in a busy study. However, only one respondent documented related change to staffing reviews.

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*"The heat map showed the locations of our hot dots. This did not change how we located EMS resources through the county as there was not substantial interest and no funding for the project."*

---

Question 27: Has your organization ever participated in a busy study, or heat-mapped, predictive call location study?

Answered: 12 Skipped: 6

| ANSWER CHOICES         | RESPONSES |           |
|------------------------|-----------|-----------|
| No                     | 66.67%    | 8         |
| Yes                    | 33.33%    | 4         |
| Other (please specify) | 0%        | 0         |
| <b>TOTAL</b>           |           | <b>12</b> |

Property of Cedar County

Question 28: What were the recommendations, and how have you responded to the information related to staffing and/or unit placement?

Answered: 6 Skipped: 12

| # | RESPONSES  | DATE                |
|---|--|---------------------|
| 1 | NA   | 11/28/2022 12:32 PM |
| 2 | n/a  | 11/7/2022 4:41 PM   |
| 3 | Heat map demonstrated that our call volumes were predominantly within City of Tipton limits. It did not change our staffing, nore our billing rates  | 10/25/2022 9:56 AM  |
| 4 | Working on Essential Service   | 10/13/2022 3:30 PM  |
| 5 | When this is done for the whole county the "heat" is in Tipton, Durant, and West Branch. We (the smaller communities) are not as heavily populated and even though we are willing to volunteer for our own community, we didn't sign up to volunteer for the whole county, there is only so much time a person can spend going on calls when it isn't even your own community. If those communities can afford to "pay" their daytime staff, then they should be paying for 24/7 staff, not making those of us who are volunteers get out of bed to respond to their night and weekend calls. The nighttime and weekend calls are just as important and require the same level of care as the M-F 8-4p.m. ones due. If I lived in those communities, I would NOT volunteer either knowing that one or two are getting paid for their time. If one gets paid then everyone should get paid. And those in the less populated areas should not have to pay to provide a service to those in a higher populated area. It is one thing having to cover while the rig is out on another call, but totally different story to have to cover just because they have no crew on the schedule. | 10/12/2022 4:39 PM  |
| 6 | The heat map showed the locations of our hot dots. This did not change how we located EMS resources through the county as there was not substantial interest and no funding for the project.   | 10/12/2022 3:13 PM  |

Property of Cedar County

Question 29: How much time does a “typical” call take from dispatch to on-scene, and from on-scene to available?

Answered: 8 Skipped: 10

| # | DISPATCH TO ON-SCENE:   | DATE                |
|---|---|---------------------|
| 1 | 13 minutes  | 11/14/2022 10:54 AM |
| 2 | 5 minutes   | 11/9/2022 8:00 PM   |
| 3 | n/a   | 11/7/2022 4:41 PM   |
| 4 | 11.25   | 10/25/2022 11:48 AM |
| 5 | 9.13  | 10/13/2022 3:44 PM  |
| 6 | 5-8 minutes unless we have to go to Tipton or Lowden then 15-20 | 10/12/2022 4:46 PM  |
| 7 | 10-15 minutes, depends on location,                             | 10/11/2022 1:20 PM  |
| # | ON-SCENE TO ENROUTE HOSPITAL:                                   | DATE                |
| 1 | 14 minutes  | 11/14/2022 10:54 AM |
| 2 | n/a   | 11/7/2022 4:41 PM   |
| 3 | 16.5  | 10/25/2022 11:48 AM |
| 4 | 13.35   | 10/13/2022 3:44 PM  |
| 5 | 10-15 minutes   | 10/12/2022 4:46 PM  |
| 6 | 10-20 minutes   | 10/11/2022 1:20 PM  |

Responses to the first half of this survey question (dispatch to on-scene) are wide-ranging as expected due to the location of emergency medical services buildings and location of the medical or traumatic call for service. Likewise, on-scene to enroute hospital times will differ with the criticality of the patient, stabilization efforts, and extent of extrication required, among others.

Question 29: How much time does a “typical” call take from dispatch to on-scene, and from on-scene to available?

Answered: 8 Skipped: 10

| # | TRANSPORT TO HOSPITAL: | DATE                |
|---|------------------------|---------------------|
| 1 | 32 minutes             | 11/14/2022 10:54 AM |
| 2 | n/a                    | 11/7/2022 4:41 PM   |
| 3 | 38.19                  | 10/25/2022 11:48 AM |
| 4 | 29.77                  | 10/13/2022 3:44 PM  |
| 5 | 30-50 minutes          | 10/12/2022 4:46 PM  |
| 6 | 0                      | 10/11/2022 3:53 PM  |
| 7 | 30-60 minutes          | 10/11/2022 1:20 PM  |

Time required to transport a patient to a critical care facility varies based on the patient request, acuity, hospital diversion status, traffic, and whether the transport is emergency or non-emergent.

Question 29: How much time does a “typical” call take from dispatch to on-scene, and from on-scene to available?

Answered: 8 Skipped: 10

| # | AVAILABLE TO BACK IN COVERAGE/RESPONSE AREA:   | DATE                |
|---|--|---------------------|
| 1 | 38 minutes                                     | 11/14/2022 10:54 AM |
| 2 | 20 minutes                                     | 11/9/2022 8:00 PM   |
| 3 | n/a  | 11/7/2022 4:41 PM   |
| 4 | 33.28  | 10/25/2022 11:48 AM |
| 5 | 62.20  | 10/13/2022 3:44 PM  |
| 6 | 30-45 minutes                                  | 10/12/2022 4:46 PM  |
| 7 | Depends on what hospital Pt is transported to. | 10/11/2022 1:20 PM  |

Times identified as “typical” from available to back in coverage or response area could include factors such as the distance from a receiving facility to the primary coverage area, standard operating procedures for when a unit is considered available, and patient care record documentation requirements, among other items.

Question 30: In the past 6 months, how often have the calls in your primary territory gone:

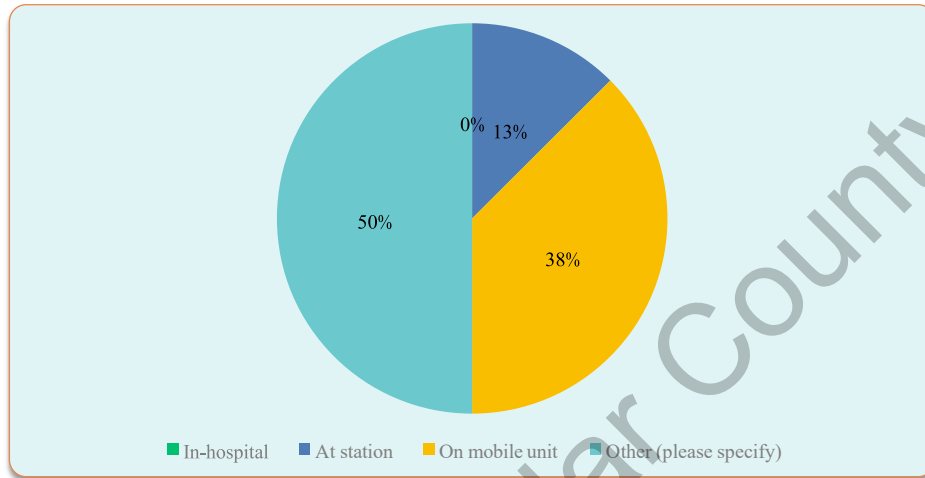
Answered: 5 Skipped: 13

| # | 2ND DUE?                               | DATE                |
|---|--|---------------------|
| 1 | 6 where both units were on a call      | 11/14/2022 10:54 AM |
| 2 | n/a                                    | 11/7/2022 4:41 PM   |
| 3 | Unsure - we are unable to measure this | 10/25/2022 11:48 AM |
| 4 | 1                                      | 10/13/2022 3:44 PM  |
| 5 | 1                                      | 10/12/2022 4:46 PM  |
| # | 3RD DUE?                               | DATE                |
| 1 | 0                                      | 11/14/2022 10:54 AM |
| 2 | n/a                                    | 11/7/2022 4:41 PM   |
| 3 | Unsure - we are unable to measure this | 10/25/2022 11:48 AM |
| 4 | 0                                      | 10/13/2022 3:44 PM  |
| 5 | 0                                      | 10/12/2022 4:46 PM  |
| # | 4TH DUE?                               | DATE                |
| 1 | 0                                      | 11/14/2022 10:54 AM |
| 2 | n/a                                    | 11/7/2022 4:41 PM   |
| 3 | Unsure - we are unable to measure this | 10/25/2022 11:48 AM |
| 4 | 0                                      | 10/13/2022 3:44 PM  |
| 5 | 0                                      | 10/12/2022 4:46 PM  |

Property of Cedar County

Question 31: Do you complete your PCR in-hospital, at station, or on a mobile unit?

Answered: 8 Skipped: 10



Emergency medical services agencies responses to this question indicate a majority complete their patient care records once they are back at station. None of the respondents noted records are completed at the receiving facility potentially indicating the ambulance could be back in service quicker. However, completing patient care records in station could increase the amount of time personnel are required to remain past the end of their shift.



Question 31: Do you complete your PCR in-hospital, at station, or on a mobile unit?

Answered: 8 Skipped: 10

| ANSWER CHOICES         | RESPONSES |          |
|------------------------|-----------|----------|
| In-hospital            | 0%        | 0        |
| At station             | 12.50%    | 1        |
| On mobile unit         | 37.50%    | 3        |
| Other (please specify) | 50.0%     | 4        |
| <b>TOTAL</b>           |           | <b>8</b> |

Property of Cedar County

Question 31: Do you complete your PCR in-hospital, at station, or on a mobile unit?

Answered: 8 Skipped: 10

| # | OTHER (PLEASE SPECIFY)  | DATE               |
|---|---|--------------------|
| 1 | n/a   | 11/7/2022 4:41 PM  |
| 2 | Station/ home/ work   | 10/13/2022 3:44 PM |
| 3 | home  | 10/12/2022 4:46 PM |
| 4 | Some on tablet or CAD system, the rest of computer at the station | 10/11/2022 1:20 PM |

Property of Cedar County

Question 32: What is the closest/farthest critical care facility to which you transport patients?

Answered: 8 Skipped: 10

| # | RESPONSES  | DATE                |
|---|--|---------------------|
| 1 | Genesis East - 20 miles  | 11/14/2022 10:54 AM |
| 2 | n/a  | 11/7/2022 4:41 PM   |
| 3 | Closests generally is Mercy Iowa City, furthest is Trinity Bettendorf, however we have gone to all surrounding hospitals | 10/25/2022 11:48 AM |
| 4 | 25 miles   | 10/19/2022 1:27 PM  |
| 5 | Jones Regional Medical Center University Of Iowa Trauma Center Genesis facilities in Quad Cities                         | 10/13/2022 3:46 PM  |
| 6 | St Lukes or Mercy in Cedar Rapids or Mercy, VA, or University of Iowa, have also went to Genesis Davenport and Muscatine | 10/12/2022 4:49 PM  |
| 7 | Mercy Iowa city university of Iowa   | 10/11/2022 3:54 PM  |
| 8 | Typically, the University of Iowa  | 10/11/2022 1:21 PM  |

Receiving facilities nearest to Cedar County vary based on the starting patient location but average twenty-five miles from the center of the county.

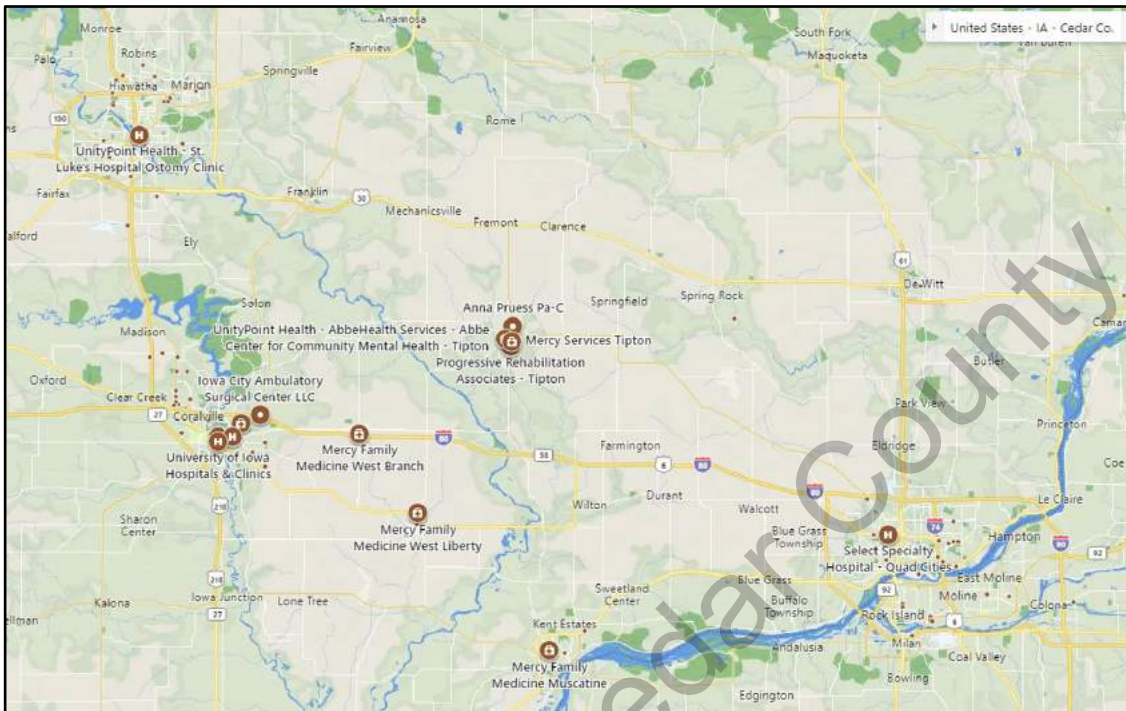


Figure 1. Hospitals surrounding Cedar County, IA.

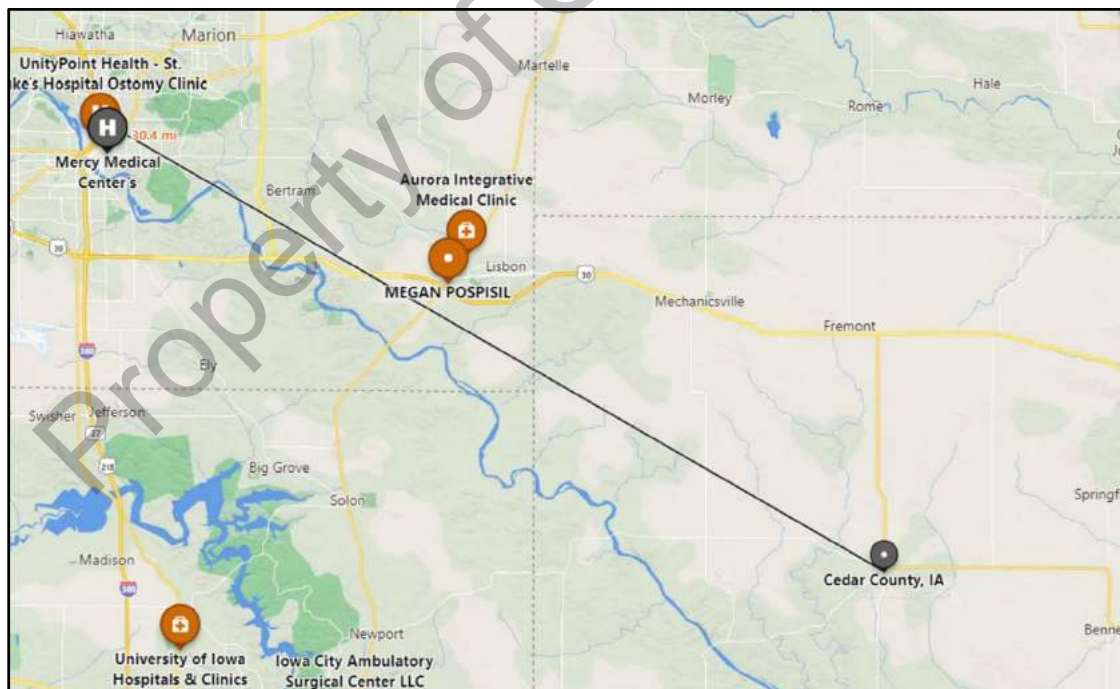


Figure 2. Distance from Tipton, IA to Cedar Rapids, IA.

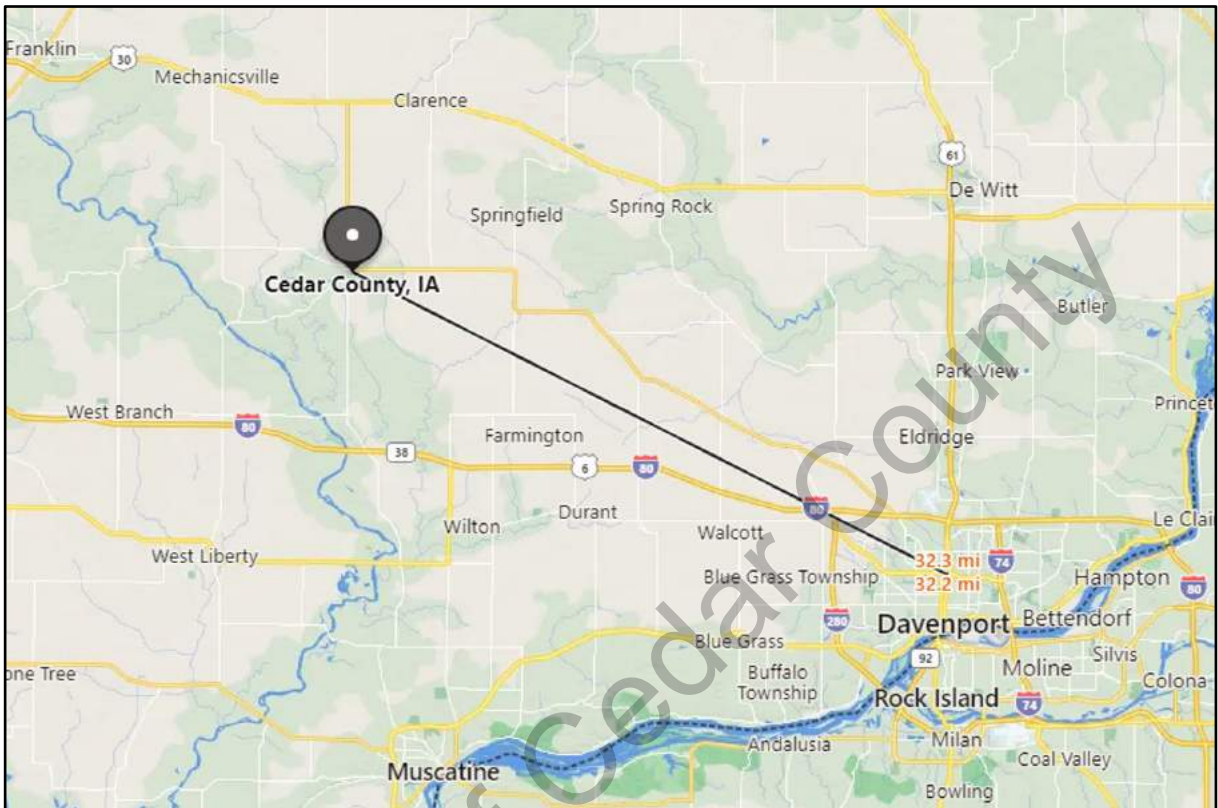


Figure 3. Distance from Tipton, IA to Davenport, IA.



Figure 4. Distance from Tipton, IA to Iowa City, IA.

**Question 33: What kind of critical care hospitals do you have in your coverage area?**

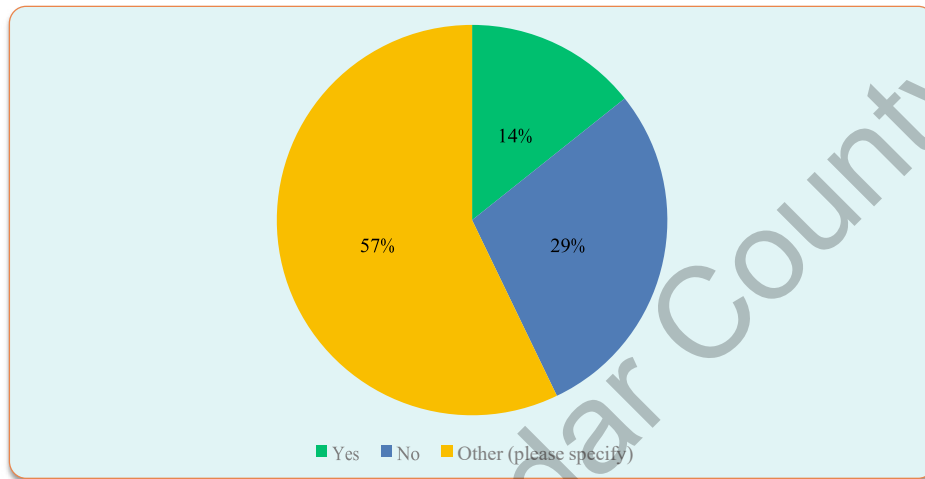
Answered: 8 Skipped: 10

| # | RESPONSES   | DATE                |
|---|---|---------------------|
| 1 | Genesis East - all critical care services University of Iowa - all critical care services | 11/14/2022 10:54 AM |
| 2 | None  | 11/9/2022 8:01 PM   |
| 3 | n/a   | 11/7/2022 4:41 PM   |
| 4 | None  | 10/25/2022 11:48 AM |
| 5 | None  | 10/13/2022 3:46 PM  |
| 6 | None  | 10/12/2022 4:49 PM  |
| 7 | Good  | 10/11/2022 3:54 PM  |
| 8 | There are no hospitals in Cedar County.   | 10/11/2022 1:21 PM  |

Property of Cedar County

Question 34: When transporting an acute patient, does the ALS truck transport, allowing the BLS to be back in service?

Answered: 7 Skipped: 11





Question 34: When transporting an acute patient, does the ALS truck transport, allowing the BLS to be back in service?

Answered: 7 Skipped: 11

| ANSWER CHOICES         | RESPONSES |          |
|------------------------|-----------|----------|
| Yes                    | 14.29%    | 1        |
| No                     | 28.57%    | 2        |
| Other (please specify) | 57.14%    | 4        |
| <b>TOTAL</b>           |           | <b>7</b> |

Property of Cedar County

Question 34: When transporting an acute patient, does the ALS truck transport, allowing the BLS to be back in service?

Answered: 8 Skipped: 10

| # | OTHER (PLEASE SPECIFY)  | DATE                |
|---|---|---------------------|
| 1 | n/a   | 11/7/2022 4:41 PM   |
| 2 | We do not have this luxury, there is only one crew on generally | 10/25/2022 11:48 AM |
| 3 | no transport  | 10/11/2022 3:54 PM  |
| 4 | N/A   | 10/11/2022 1:21 PM  |

Property of Cedar County

### Question 35: Which 911 center(s)/PSAP(s) dispatch you?

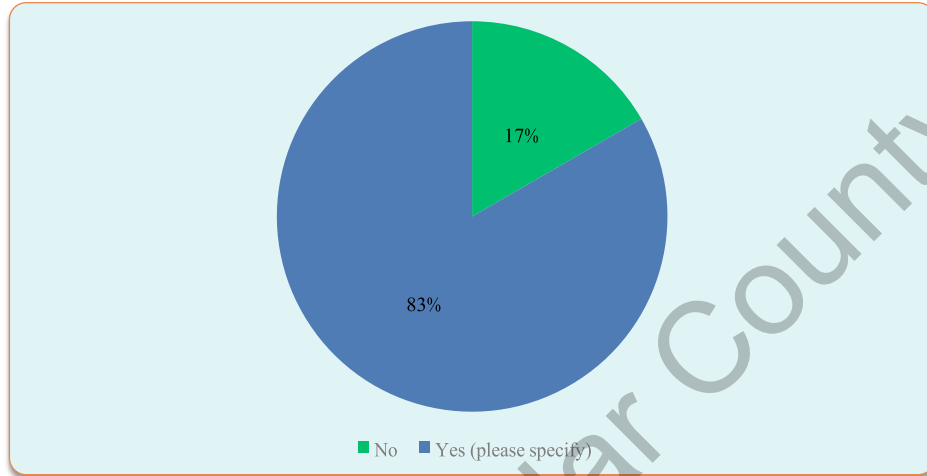
Answered: 9 Skipped: 9

| # | RESPONSES  | DATE                |
|---|--|---------------------|
| 1 | Cedar County Scott County Med-Com  | 11/14/2022 10:56 AM |
| 2 | Sheriff office   | 11/9/2022 8:02 PM   |
| 3 | Cedar County Sheriff's Office dispatches the majority of our services. Other counties will contact Cedar County to dispatch EMS. | 11/7/2022 4:42 PM   |
| 4 | Cedar County Sheriff's Office  | 10/25/2022 11:48 AM |
| 5 | Cedar County Dispatch Center   | 10/13/2022 3:49 PM  |
| 6 | Cedar County S.O.  | 10/12/2022 5:51 PM  |
| 7 | Tipton-Cedar County  | 10/12/2022 4:57 PM  |
| 8 | Cedar county sheriffs office and Johnson county communication center   | 10/11/2022 3:58 PM  |
| 9 | Cedar County Dispatch.   | 10/11/2022 1:22 PM  |

Responses to this survey question indicate the Cedar County Sheriff's Office dispatch a majority of emergency medical services agencies. One-on-one interview sessions provided additional information suggesting agencies are dispatched directly by the contiguous counties. To alleviate competition for emergency medical services resources, all unit management and dispatch must be completed through a single entity. Contiguous county requests for emergency medical services should only be completed through the Cedar County Sheriff's Office.

Question 36: Are you dispatched by zone/area/region/coverage? If yes, are there “assigned” ESZ to each unit on shift?

Answered: 6 Skipped: 12



Property of Cedar County

Question 36: Are you dispatched by zone/area/region/coverage? If yes, are there “assigned” ESZ to each unit on shift?

Answered: 6 Skipped: 12

| ANSWER CHOICES       | RESPONSES |          |
|----------------------|-----------|----------|
| No                   | 16.67%    | 1        |
| Yes (please specify) | 83.33%    | 5        |
| <b>TOTAL</b>         |           | <b>6</b> |

Property of Cedar County

Question 36: Are you dispatched by zone/area/region/coverage? If yes, are there “assigned” ESZ to each unit on shift?

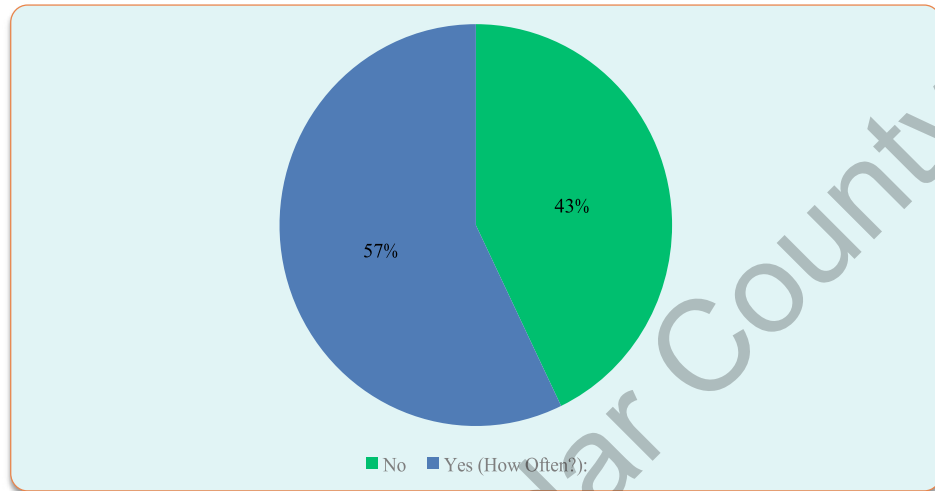
Answered: 6 Skipped: 12

| # | YES (PLEASE SPECIFY)   | DATE                |
|---|--|---------------------|
| 1 | Approximately a 10 mile radius of Durant. Western edge recently decreased to 3 miles due to start up of another service. | 11/14/2022 10:56 AM |
| 2 | Will send copy of Cedar County EMS Territory Map   | 11/7/2022 4:42 PM   |
| 3 | ESN number   | 10/25/2022 11:48 AM |
| 4 | Mechanicsville   | 10/13/2022 3:49 PM  |
| 5 | West Branch Fire district  | 10/11/2022 3:58 PM  |

Property of Cedar County

Question 37: Are you ever dispatched by proximity (closest unit regardless of zone)?

Answered: 7 Skipped: 11



While the responses to this survey question reflect units are dispatched by proximity, detailed answers to the question suggest the information is based on next closest unit (by municipality or station) to a call if the primary units are unavailable. Instead, proximity dispatch of an ambulance is based solely on unit geographical position to the call for service.

Question 37: Are you ever dispatched by proximity (closest unit regardless of zone)?

Answered: 7 Skipped: 11

| ANSWER CHOICES    | RESPONSES |          |
|-------------------|-----------|----------|
| No                | 42.86%    | 3        |
| Yes (How Often?): | 57.14%    | 4        |
| <b>TOTAL</b>      |           | <b>7</b> |

Property of Cedar County



Question 37: Are you ever dispatched by proximity (closest unit regardless of zone)?

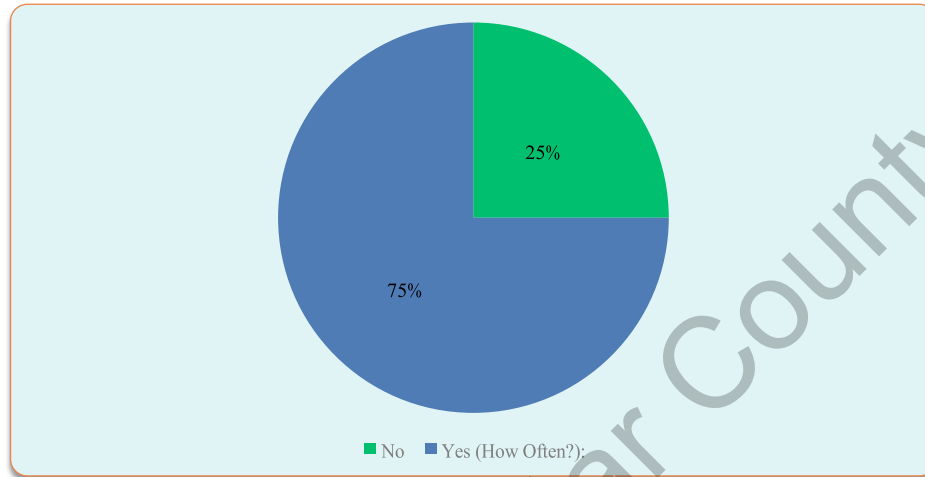
Answered: 7 Skipped: 11

| # | YES (HOW OFTEN?):   | DATE                |
|---|---|---------------------|
| 1 | < 1 per month   | 11/14/2022 10:56 AM |
| 2 | infrequently  | 10/25/2022 11:48 AM |
| 3 | Often with failure of other units due to no crew          | 10/13/2022 3:49 PM  |
| 4 | If first unit not available, then it goes by closest unit | 10/12/2022 4:57 PM  |

Property of Cedar County

**Question 38: Are you ever dispatched to cover calls for other services?**

Answered: 8 Skipped: 10



Responses to this survey question are wide-ranging from “never” to “all the time” but are reflective of most agencies being required to cover calls for service for other agencies.

Question 38: Are you ever dispatched to cover calls for other services?

Answered: 8 Skipped: 10

| ANSWER CHOICES    | RESPONSES |          |
|-------------------|-----------|----------|
| No                | 25.00%    | 2        |
| Yes (How Often?): | 75.00%    | 6        |
| <b>TOTAL</b>      |           | <b>8</b> |

Property of Cedar County

**Question 38: Are you ever dispatched to cover calls for other services?**

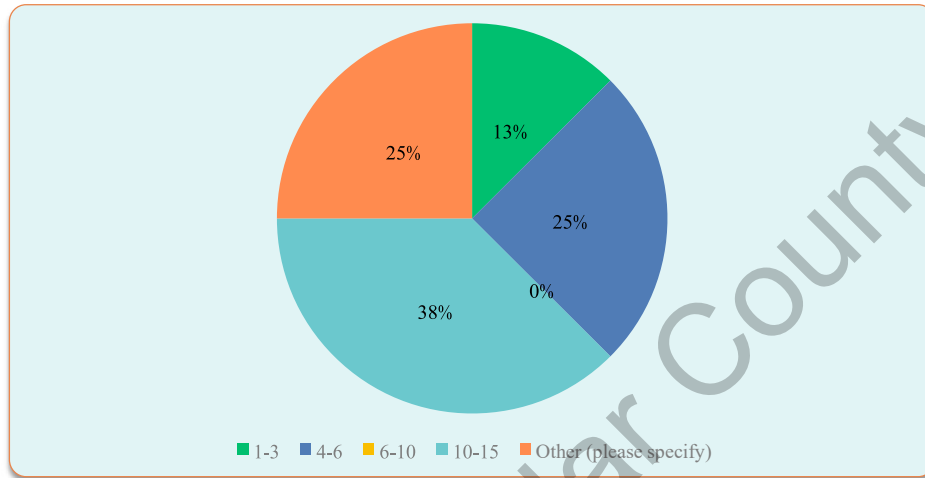
Answered: 7 Skipped: 11

| # | YES (HOW OFTEN?): | DATE                |
|---|-------------------|---------------------|
| 1 | 1 x per week      | 11/14/2022 10:56 AM |
| 2 | infrequently      | 10/25/2022 11:48 AM |
| 3 | Often             | 10/13/2022 3:49 PM  |
| 4 | All the time      | 10/12/2022 4:57 PM  |
| 5 | Very seldom       | 10/11/2022 3:58 PM  |
| 6 | 30% of calls.     | 10/11/2022 1:22 PM  |

Property of Cedar County

Question 39: What is an average number of calls handled per week by your agency?

Answered: 8 Skipped: 10



Total calls for emergency medical services in 2022 in Cedar County were Two thousand, four hundred fifty-one. Based on the total call volume, the total average number of calls per day for all services in Cedar County is just over six and one half.

Question 39: What is an average number of calls handled per week by your agency?

Answered: 8 Skipped: 10

| ANSWER CHOICES         | RESPONSES |          |
|------------------------|-----------|----------|
| 1-3                    | 12.50%    | 1        |
| 4-6                    | 25.00%    | 2        |
| 6-10                   | 0%        | 0        |
| 10-15                  | 37.50%    | 3        |
| Other (please specify) | 25.00%    | 2        |
| <b>TOTAL</b>           |           | <b>8</b> |

Property of Cedar County

Question 39: What is an average number of calls handled per week by your agency?

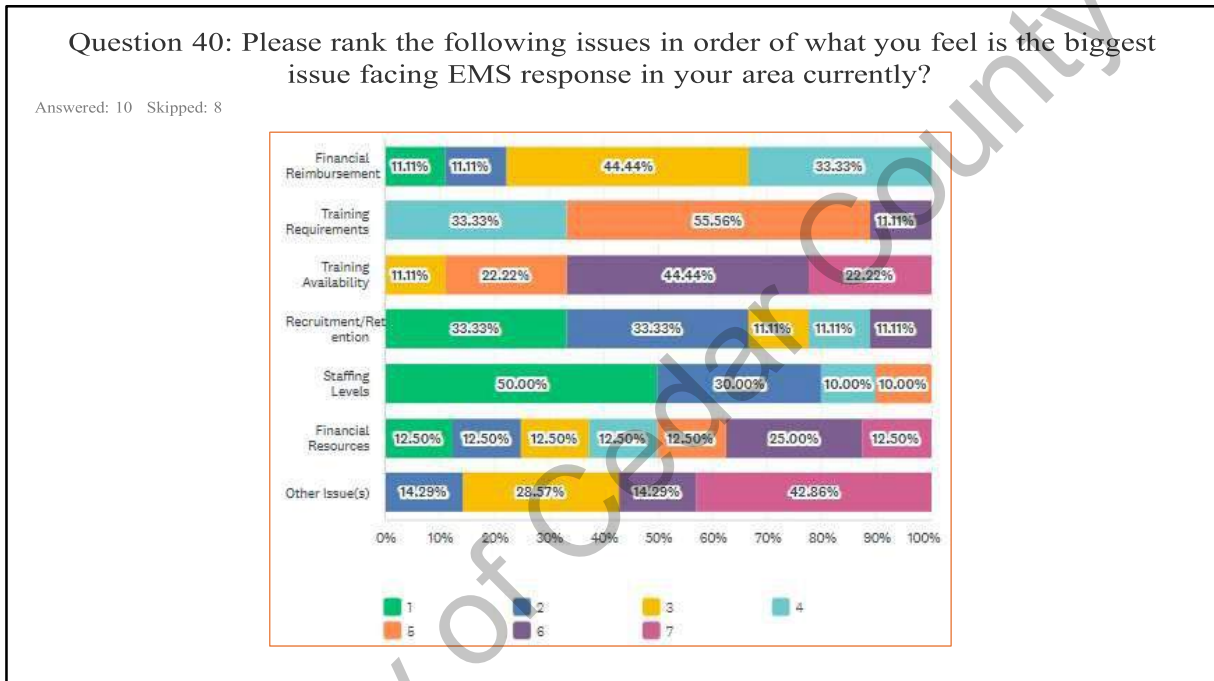
Answered: 8 Skipped: 10

| # | OTHER (PLEASE SPECIFY) | DATE               |
|---|------------------------|--------------------|
| 1 | n/a                    | 11/7/2022 4:42 PM  |
| 2 | It varies              | 10/11/2022 1:22 PM |

Property of Cedar County

## Survey Section 7: Issues facing EMS in Cedar County

This section of the survey was developed to obtain responders opinions on what issues are facing EMS in Cedar County today and what possible solutions the respondents believe are available.



The responses to this survey question reflect the most plaguing issue facing EMS in Cedar County is staffing levels, followed by recruitment and retention, and financial stability.

*“Politics, drama, burnout, discrimination in pay between coordinators, bigger cities abusing the resources of the smaller communities at the expense of the smaller community, paying some but not all for performing the same job.”*

*-Respondent answer to other issues facing EMS-*



Question 40: Please rank the following issues in order of what you feel is the biggest issue facing EMS response in your area currently?

Answered: 10 Skipped: 8

|                         | 1           | 2           | 3           | 4           | 5           | 6           | 7           | TOTAL | WEIGHTED AVERAGE |
|-------------------------|-------------|-------------|-------------|-------------|-------------|-------------|-------------|-------|------------------|
| Financial Reimbursement | 11.11%<br>1 | 11.11%<br>1 | 44.44%<br>4 | 33.33%<br>3 | 0%<br>0     | 0%<br>0     | 0%<br>0     | 9     | 5                |
| Training Requirements   | 0%<br>0     | 0%<br>0     | 0%<br>0     | 33.33%<br>3 | 55.56%<br>5 | 11.11%<br>1 | 0%<br>0     | 9     | 3.22             |
| Training Availability   | 0%<br>0     | 0%<br>0     | 11.11%<br>1 | 0%<br>0     | 22.22%<br>2 | 44.44%<br>4 | 22.22%<br>2 | 9     | 2.33             |
| Recruitment/Retention   | 33.33%<br>3 | 33.33%<br>3 | 11.11%<br>1 | 11.11%<br>1 | 0%<br>0     | 11.11%<br>1 | 0%<br>0     | 9     | 5.56             |
| Staffing Levels         | 50.0%<br>5  | 30.0%<br>3  | 0%<br>0     | 10.0%<br>1  | 10.0%<br>1  | 0%<br>0     | 0%<br>0     | 10    | 6                |
| Financial Resources     | 12.50%<br>1 | 12.50%<br>1 | 12.50%<br>1 | 12.50%<br>1 | 12.50%<br>1 | 25.00%<br>2 | 12.50%<br>1 | 8     | 3.75             |
| Other Issue(s)          | 0%<br>0     | 14.29%<br>1 | 28.57%<br>2 | 0%<br>0     | 0%<br>0     | 14.29%<br>1 | 42.86%<br>3 | 7     | 3                |

Property of Cedar County

Question 41: If you answered “Other Issue” to the previous question, please elaborate.

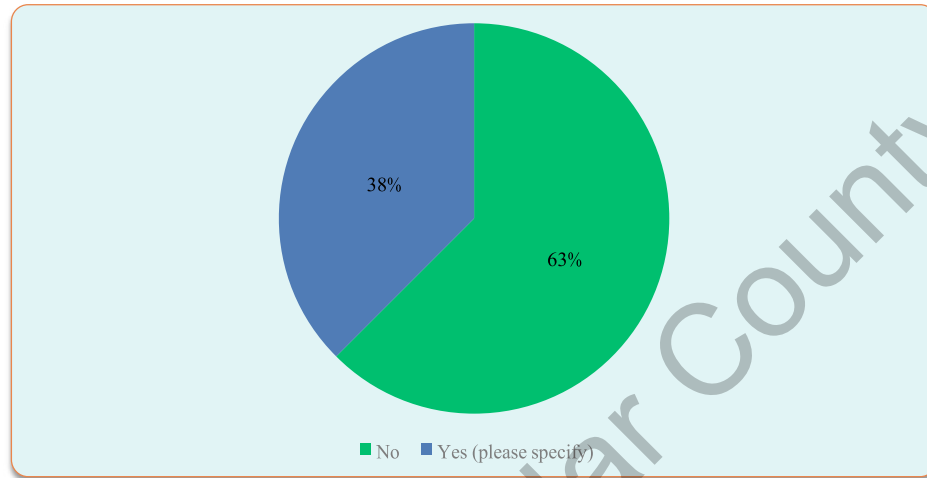
Answered: 4 Skipped: 14

| # | RESPONSES  | DATE               |
|---|--|--------------------|
| 1 | Would like to discuss in person.   | 11/7/2022 4:46 PM  |
| 2 | Getting called as 2nd, 3rd or 4th service to another community because they don't have crew. Taking coverage from our area out of town.  | 10/13/2022 3:52 PM |
| 3 | When Clarence Ambulance is responding to Tipton for calls. Is going to burn our Ambulance service staff out. Covering for another service when there service can't respond.  | 10/12/2022 6:00 PM |
| 4 | Politics, drama, burnout, discrimination in pay between coordinators, bigger cities abusing the resources of the smaller communities at the expense of the smaller community, paying some but not all for performing the same job. | 10/12/2022 5:07 PM |

Property of Cedar County

Question 42: Do you have a recruitment program in your agency? (If so, what?)

Answered: 8 Skipped: 10



While staffing levels and recruitment and retention were identified by respondents as the two biggest issues facing EMS in Cedar County, less than 38% of the agencies who responded to this question have a recruitment program in use.

**Question 42: Do you have a recruitment program in your agency? (If so, what?)**

Answered: 8 Skipped: 10

| ANSWER CHOICES       | RESPONSES |          |
|----------------------|-----------|----------|
| No                   | 62.50%    | 5        |
| Yes (please specify) | 37.50%    | 3        |
| <b>TOTAL</b>         |           | <b>8</b> |

Property of Cedar County

Question 42: Do you have a recruitment program in your agency? If so, what?

Answered: 4 Skipped: 14

| # | YES (PLEASE SPECIFY)   | DATE               |
|---|--|--------------------|
| 1 | Ads, word of mouth   | 10/14/2022 9:14 AM |
| 2 | Personally asking various people to be a part of the EMS group. Does not always work, but that's what we do. | 10/12/2022 5:32 PM |
| 3 | Finding people that want commit to helping with EMS  | 10/11/2022 4:01 PM |

Property of Cedar County

Question 43: Do you believe that recruitment or retention of staff is an issue for your agency, and if so why?

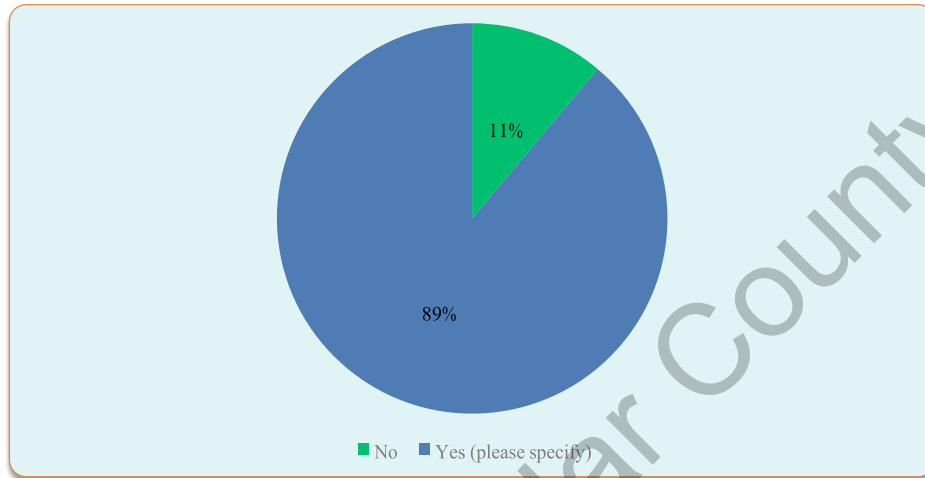
Answered: 7 Skipped: 11

| # | RESPONSES   | DATE                |
|---|---|---------------------|
| 1 | Yes, as a volunteer service it is difficult to recruit people due to both parents working and they do not have the time.  | 11/14/2022 10:56 AM |
| 2 | Not necessarily staff, but volunteers. Will elaborate in person.  | 11/7/2022 4:46 PM   |
| 3 | Yes, we are all having a difficult time recruiting good talent that is able to provide large amounts of scheduled coverage for our community.   | 10/25/2022 11:48 AM |
| 4 | Few dedicated volunteers. Some join and then don't care for the requirements of education, schedule, call time  | 10/14/2022 9:14 AM  |
| 5 | Yes, previously mentioned, when an agency pays one or a few to be on the schedule, then everyone should get paid. You cant pay your day shift and expect the night and weekend shifts to do it for nothing or for that matter the next town over. It causes burnout, when you don't mind giving up a couple hours a week, but when it turns into the entire Saturday and Sunday of nothing but responding to calls, it gets old real quick. | 10/12/2022 5:32 PM  |
| 6 | If I knew that answer I would fix it  | 10/11/2022 4:01 PM  |
| 7 | Retention, only because of providers moving away  | 10/11/2022 1:26 PM  |

Property of Cedar County

Question 44: Based on your ranking of the biggest issues facing EMS service in your area currently, do you have any ideas on how to improve the current situation?

Answered: 9 Skipped: 9



Question 44: Based on your ranking of the biggest issues facing EMS service in your area currently, do you have any ideas on how to improve the current situation?

Answered: 9 Skipped: 9

| ANSWER CHOICES       | RESPONSES |          |
|----------------------|-----------|----------|
| No                   | 11.11%    | 1        |
| Yes (please specify) | 88.89%    | 8        |
| <b>TOTAL</b>         |           | <b>9</b> |

Property of Cedar County



**Question 44: Based on your ranking of the biggest issues facing EMS service in your area currently, do you have any ideas on how to improve the current situation?**

Answered: 9 Skipped: 9

| # | YES (PLEASE SPECIFY)  | DATE                |
|---|---|---------------------|
| 1 | We need to do better promoting EMS to the public as they believe every time the ambulance goes out it is going to some gory scene or life or death situation. This belief keeps them from wanting to do what we do. Increasing our public relations should help with recruitment. The public gets most of their information concerning EMS from TV and they also get the idea that we are going to save everyone we treat. We need to turn this around and convince the public that they could do the job too. We need to look at other tasks the public could do other than pt. care. Example, babysit for parent members with small children, assist with cleaning the building, ambulance, and other areas; help promote the service they may be better at it than we are).  | 11/14/2022 10:56 AM |
| 2 | County-wide service.  | 11/7/2022 4:40 PM   |
| 3 | 1.)Regionalize EMS within Cedar County to one EMS transport agency with multiple ambulances positioned strategically throughout the county to guarantee response times of 12 minutes or less 95% of the time. Goal, response times of 10 minutes or less 90% 2.) Consider 3 full time ambulances 24/7 + 1 supervisor and 1 oncall person per shift (offers surge capacity to at least 1 extra ng quickly) 3.) day time admin + admin assistant (offers day time surge to an additional 1+ unit (total 5 now for peak hours)) 3.1.) Goal - paramedic with CCP level endorsement service 3.2.) Able to offer advanced and progressive care guidelines to the community to optimize patient outcomes, based on population types, historical data and average transport time 3.3.) Regional Medical Director 3.4.) Community Paramedicine Program with a PCP advisory board (made up of local clinic PCP's) 3.5) goal, all staffed (EIT) ambulances have 1 paramedic and 1 EMT. 3.6.) If surplus of existing ambulances, place one extra in Durant and in Mechanicsville, to offer to first responders to create a non transport with | 10/25/2022 11:48 AM |

Property of Cedar County

**Question 44: Based on your ranking of the biggest issues facing EMS service in your area currently, do you have any ideas on how to improve the current situation?**

Answered: 9 Skipped: 9

| # | YES (PLEASE SPECIFY)  | DATE                |
|---|---|---------------------|
| 1 | We need to do better promoting EMS to the public as they believe every time the ambulance goes out it is going to some gory scene or life or death situation. This belief keeps them from wanting to do what we do. Increasing our public relations should help with recruitment. The public gets most of their information concerning EMS from TV and they also get the idea that we are going to save everyone we treat. We need to turn this around and convince the public that they could do the job too. We need to look at other tasks the public could do other than pt. care. Example, babysit for present members with small children, assist with cleaning the building, ambulance, and other areas; help promote the service they may be better at it than we are).   | 11/14/2022 10:56 AM |
| 2 | County-wide service.  | 11/7/2022 4:48 PM   |
| 3 | 1.)Regionalize EMS within Cedar County to one EMS transport agency with multiple ambulances positioned strategically throughout the county to guarantee response times of 12 minutes or less 95% of the time. Goal, response times of 10 minutes or less 90% 2.) Consider 3 full time ambulances 24/7 + 1 supervisor and 1 oncall person per shift (offers surge capacity to at least 1 extra ng quickly) 3.) day time admin + admin assistant (offers day time surge to an additional 1+ unit (total 5 now for peak hours)) 3.1.) Goal - paramedic with CCP level endorsement service 3.2.) Able to offer advanced and progressive care guidelines to the community to optimize patient outcomes, based on population types, historical data and average transport time 3.3.) Regional Medical Director 3.4.) Community Paramedicine Program with a PCP advisory board (made up of local clinic PCP's) 3.5) goal, all staffed (E.T) ambulances have 1 paramedic and 1 EMT. 3.6.) If surplus of existing ambulances, place one extra in Durant and in Mechanicsville, to offer to first responders to create a non transport with | 10/25/2022 11:48 AM |

Property of Cedar County

**Question 44: Based on your ranking of the biggest issues facing EMS service in your area currently, do you have any ideas on how to improve the current situation?**

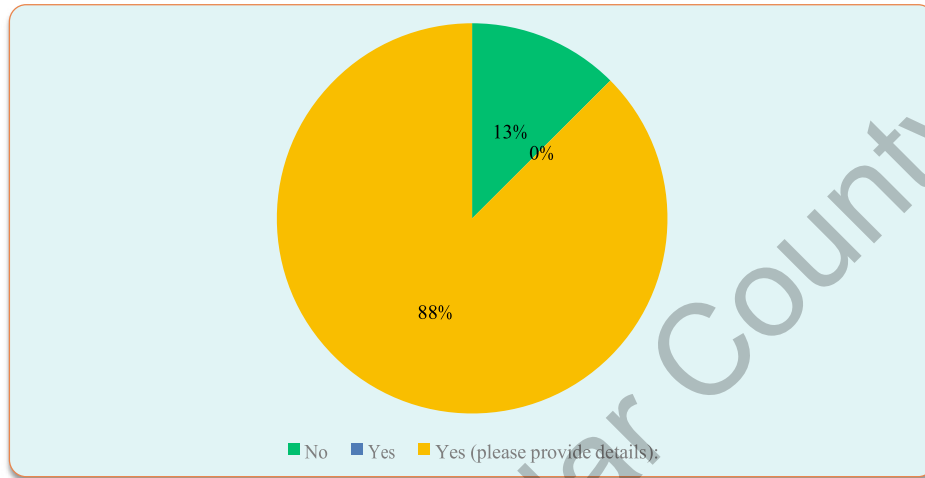
Answered: 9 Skipped: 9

|    |  |                    |
|----|--|--------------------|
| 4  | We'd like an ambulance able to respond with in a acceptable time. Not having to page two other services to get someone to respond. The service that responds was not made aware others were "out of service" or "no crew available" which puts added burden to responding unit and their community. Some of our crew works in town and we leave our businesses to take care of other communities that have two to three times the EMT's we do. | 10/14/2022 9:14 AM |
| 5  | Tipton needs to staff there service so Clarence doesn't need to respond there several times a week.  | 10/12/2022 6:04 PM |
| 6. | Tipton and Clarence need to fix their staffing issue, as when they don't have staff it falls on to more work and more calls for the surrounding agencies, which in turn causes the burnout and disgruntled volunteers for having to cover for a community that will pay for part of their coverage but not for all of it. All of our time is valuable. They should have considered equal pay for equal work.                                   | 10/12/2022 5:32 PM |
| 7  | Lots of money to pay people  | 10/11/2022 4:01 PM |
| 8  | Taxation, then should be distributed to the services based on the taxation from your service area.   | 10/11/2022 1:26 PM |

Property of Cedar County

Question 45: Does your agency receive support (financial/In-kind/Insurance/etc.) from your municipal or county governments?

Answered: 8 Skipped: 10



A high percentage of respondents indicated their agency receives financial support from the municipality through annual budget allocations, while other agencies supplement finances through call-based revenue and donations.

Question 45: Does your agency receive support (financial/In-kind/Insurance/etc.) from your municipal or county governments?

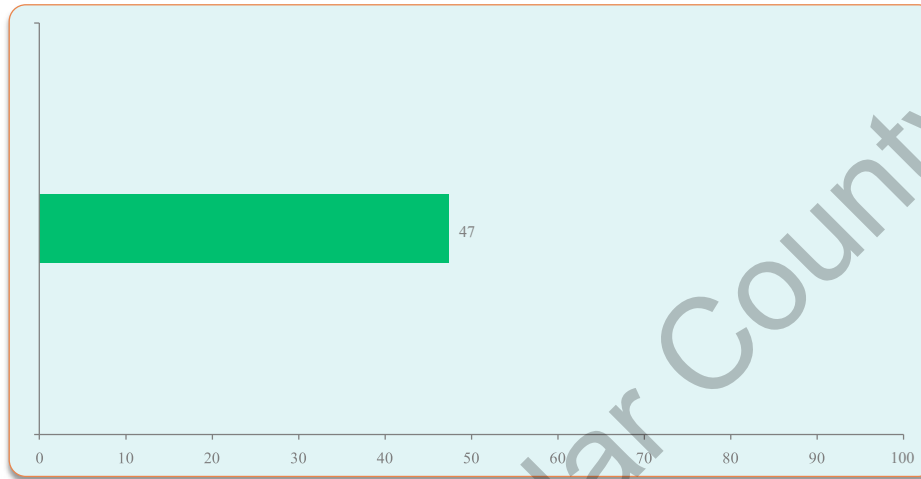
Answered: 8 Skipped: 10

| ANSWER CHOICES                | RESPONSES |          |
|-------------------------------|-----------|----------|
| No                            | 12.50%    | 1        |
| Yes                           | 0%        | 0        |
| Yes (please provide details): | 87.50%    | 7        |
| <b>TOTAL</b>                  |           | <b>8</b> |

Property of Cedar County

Question 46: What percentage of your agency's overall budget is provided by county(ies)/municipality(ies)?

Answered: 8 Skipped: 10



While the average of the agencies overall budget provided by the municipality is 47%, it should be noted of the eight respondents, three are budgeted near 100%, one at 65%, two at 8 to 10%, and two agencies reported that they are not funded through municipal budget allocations.

Question 46: What percentage of your agency's overall budget is provided by county(ies)/municipality(ies)?

Answered: 8 Skipped: 10

| ANSWER CHOICES | AVERAGE NUMBER | TOTAL NUMBER | RESPONSES |
|----------------|----------------|--------------|-----------|
|                | 47             | 379          | 8         |

Property of Cedar County

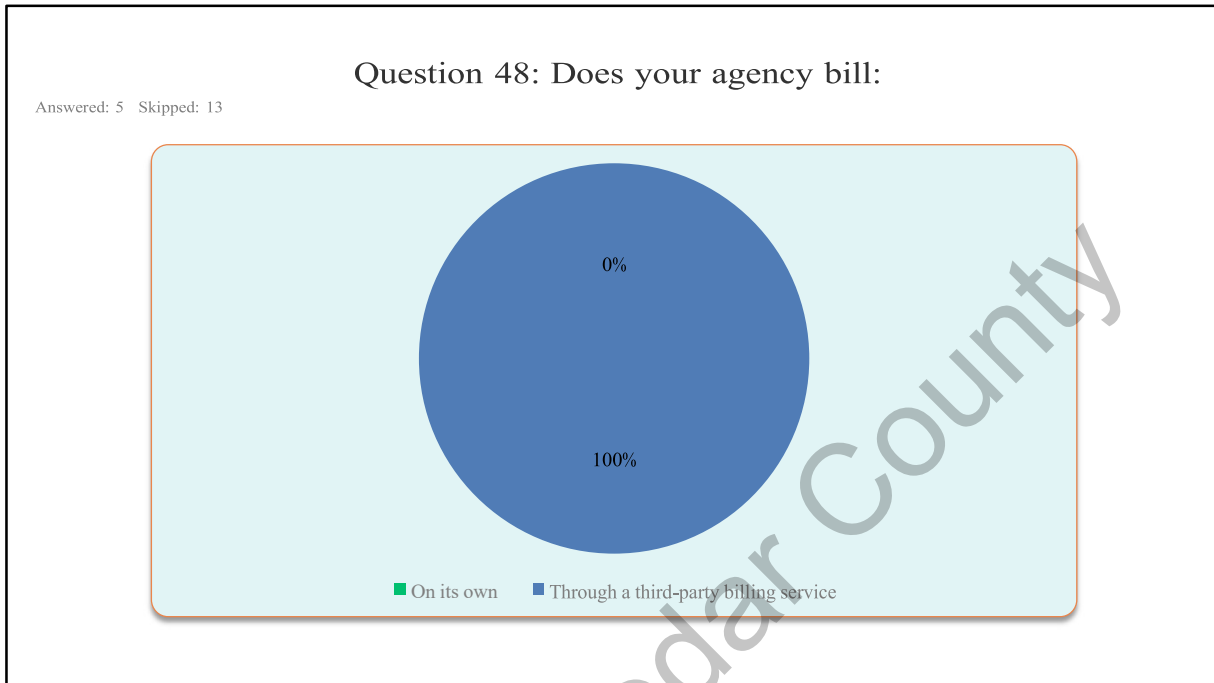
**Question 47: What is the amount needed financially to cover your per call costs?**

Answered: 5 Skipped: 13

| # | RESPONSES  | DATE                |
|---|--|---------------------|
| 1 | Unable to obtain at this point.  | 11/14/2022 5:09 PM  |
| 2 | n/a  | 11/7/2022 4:47 PM   |
| 3 | 1400   | 10/25/2022 11:48 AM |
| 4 | Our call volume has been very irregular and therefore skews this number. | 10/12/2022 5:34 PM  |
| 5 | \$300/500  | 10/11/2022 4:03 PM  |

Depending on the level of services provided by the reporting agencies, cost expended per call will vary greatly. As provided by the two agencies and corroborated through one-on-one interviews, the costs per call to each agency averages \$800.00 to \$900.00





None of the agencies who responded to this survey question bill for services on their own, instead they bill through a third-party agency or entity. Typically, the billing service retains a percentage of the billed amount, thereby reducing the amount collected by the agency providing services. A collective agreement among the agencies with a single, third-party agency could save significant funding, while a full-time staff person billing for all calls within Cedar County will both cover personnel costs as well as providing for significant savings over individual contracts.

Question 48: Does your agency bill:

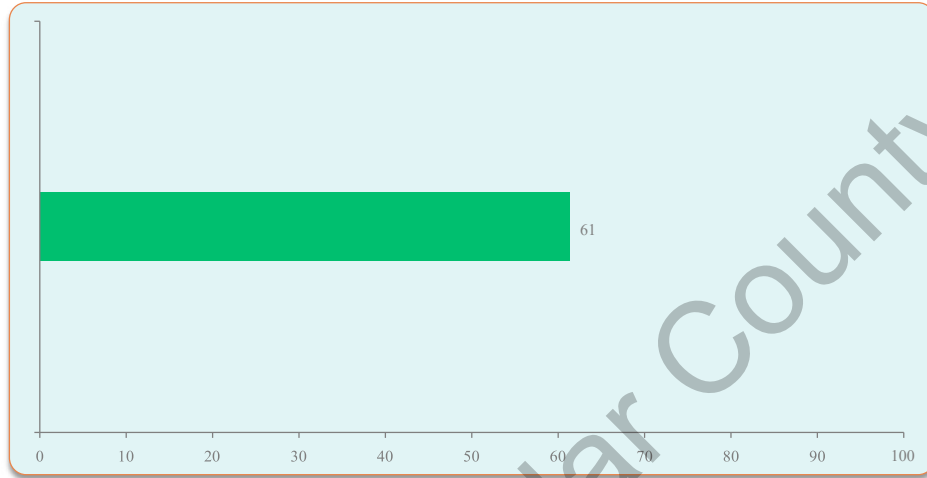
Answered: 5 Skipped: 13

| ANSWER CHOICES                        | RESPONSES |          |
|---------------------------------------|-----------|----------|
| On its own                            | 0%        | 0        |
| Through a third-party billing service | 100%      | 5        |
| <b>TOTAL</b>                          |           | <b>5</b> |

Property of Cedar County

Question 49: If you bill through a third-party service, what percentage of funds collected does your agency retain?

Answered: 3 Skipped: 15



Question 49: If you bill through a third-party service, what percentage of funds collected does your agency retain?

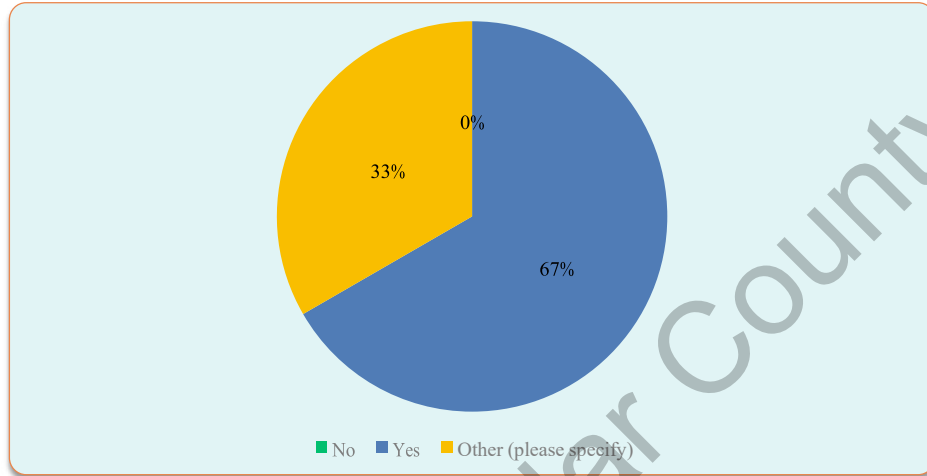
Answered: 3 Skipped: 15

| ANSWER CHOICES | AVERAGE NUMBER | TOTAL NUMBER | RESPONSES |
|----------------|----------------|--------------|-----------|
|                | 61             | 184          | 3         |

Property of Cedar County

**Question 50: Is your agency satisfied with the billing service provided?**

Answered: 6 Skipped: 12



**Question 50: Is your agency satisfied with the billing service provided?**

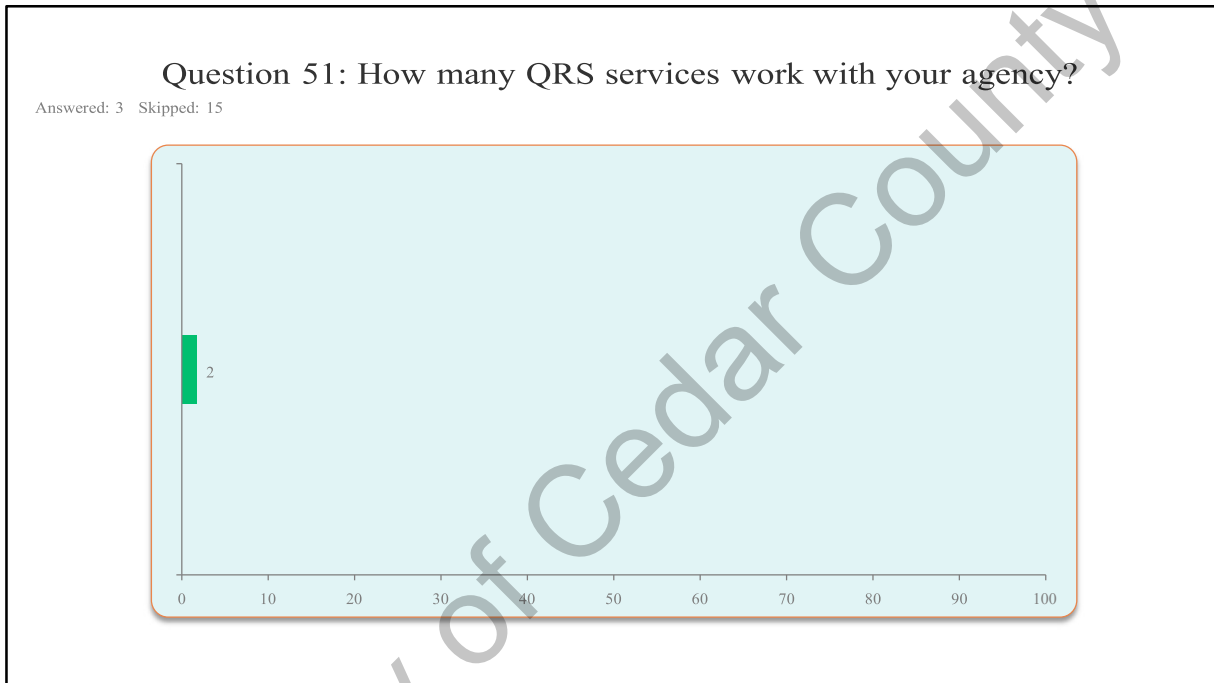
Answered: 6 Skipped: 12

| ANSWER CHOICES         | RESPONSES |          |
|------------------------|-----------|----------|
| No                     | 0%        | 0        |
| Yes                    | 66.67%    | 4        |
| Other (please specify) | 33.33%    | 2        |
| <b>TOTAL</b>           |           | <b>6</b> |

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## Survey Section 8: QRS Agencies

This section of the survey was designed to gather information on quick response services (QRS) in Cedar County. QRS agencies are normally first to arrive at an incident scene and begin providing patient care.



Question 51: How many QRS services work with your agency?

Answered: 3 Skipped: 15

| ANSWER CHOICES | AVERAGE NUMBER | TOTAL NUMBER | RESPONSES |
|----------------|----------------|--------------|-----------|
|                | 2              | 5            | 3         |

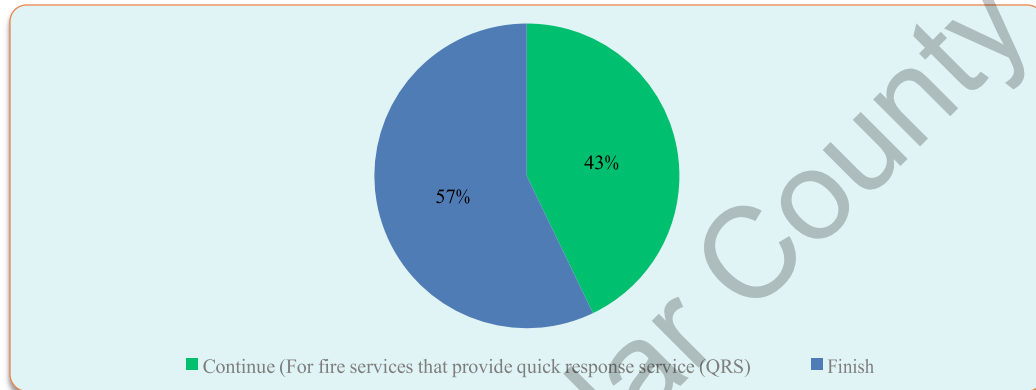
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Question 52: The following questions are for fire services that provide quick response services (QRS). If this applies to you, please select "Continue." If not, please select "Finish" to complete survey.

Answered: 7 Skipped: 11



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Question 52: The following questions are for fire services that provide quick response services (QRS). If this applies to you, please select "Continue." If not, please select "Finish" to complete survey.

Answered: 7 Skipped: 11

| ANSWER CHOICES   | RESPONSES |          |
|--|-----------|----------|
| Continue (For fire services that provide quick response service (QRS)) | 42.86%    | 3        |
| Finish   | 57.14%    | 4        |
| <b>TOTAL</b>   |           | <b>7</b> |

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Question 53: What is the average number of medical calls your fire service has past five years?

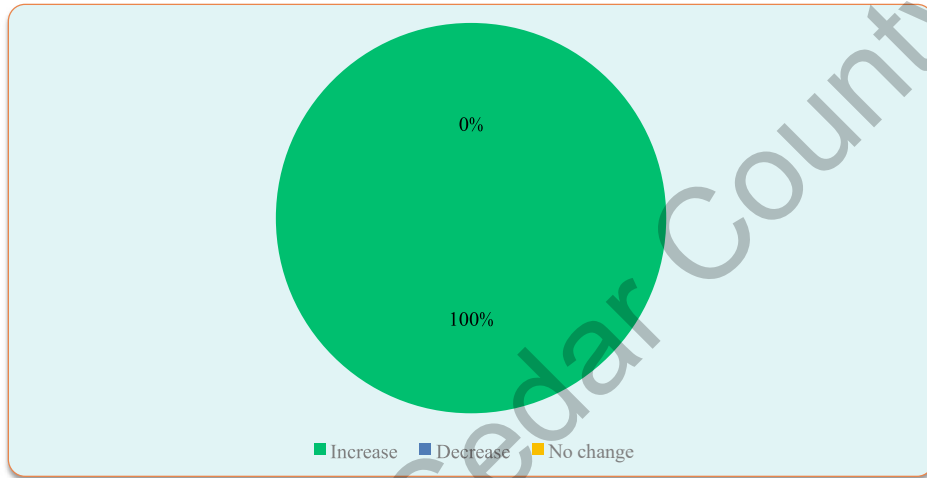
Answered: 3 Skipped: 15

| # | RESPONSES                      | DATE               |
|---|--------------------------------|--------------------|
| 1 | 50                             | 11/0/2022 8:06 PM  |
| 2 | ten per year average. 50 total | 10/12/2022 6:08 PM |
| 3 | 450 a year                     | 10/11/2022 4:06 PM |

Fire departments with quick response services are responding to a significant amount of emergency medical services calls and could be due to an unavailability of ambulances and/or longer than normal response times of EMS agencies.

Question 54: Have you seen an increase or decrease in number of medical calls?

Answered: 3 Skipped: 15



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Question 54: Have you seen an increase or decrease in number of medical calls?

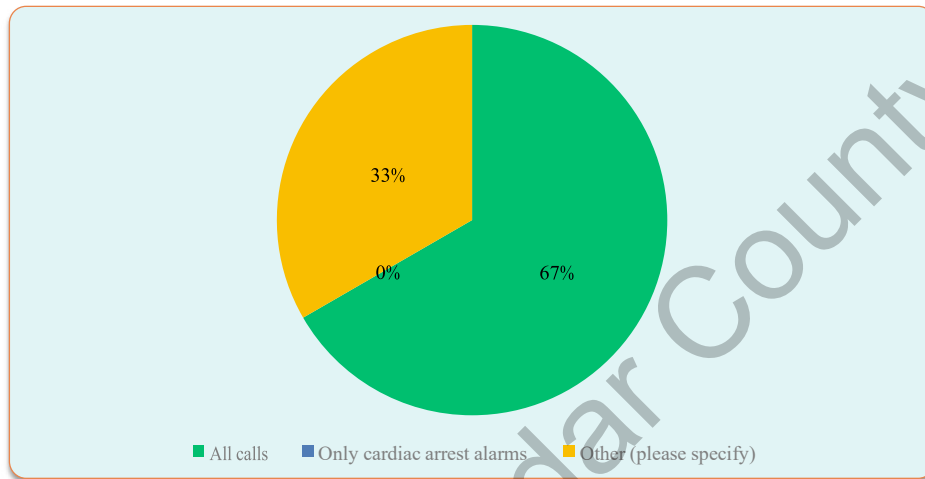
Answered: 3 Skipped: 15

| ANSWER CHOICES | RESPONSES |
|----------------|-----------|
| Increase       | 100% 3    |
| Decrease       | 0% 0      |
| No change      | 0% 0      |
| <b>TOTAL</b>   | <b>3</b>  |

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Question 55: Does your fire service provide QRS on all types of medical calls or only cardiac arrest alarms?

Answered: 3 Skipped: 15



Property of Cedar County

Question 55: Does your fire service provide QRS on all types of medical calls or only cardiac arrest alarms?

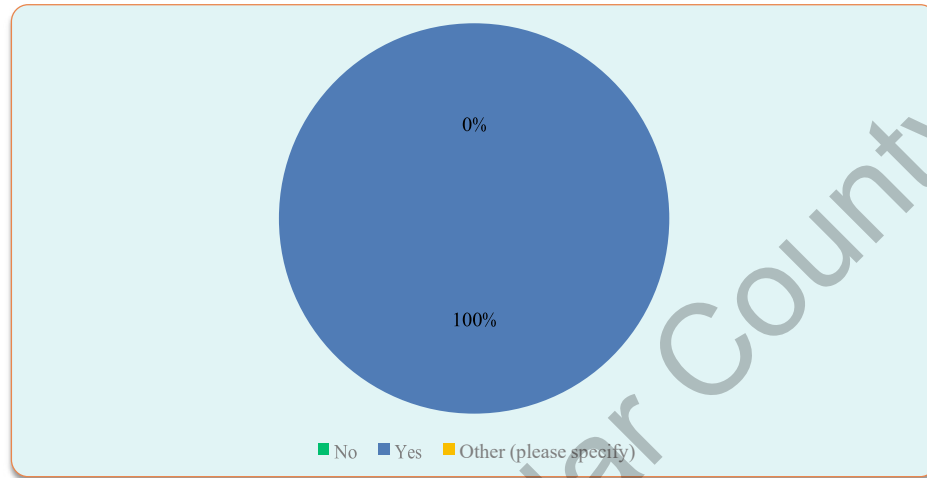
Answered: 3 Skipped: 15

| ANSWER CHOICES             | RESPONSES |          |
|----------------------------|-----------|----------|
| All calls                  | 66.67%    | 2        |
| Only cardiac arrest alarms | 0%        | 0        |
| Other (please specify)     | 33.33%    | 1        |
| <b>TOTAL</b>               |           | <b>3</b> |

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Question 56: Does your fire service provide QRS coverage outside your service area if requested?

Answered: 2 Skipped: 16



All agencies responding to this survey question provide QRS responses outside of their coverage area. The instances of in-county or service area versus out-of-county or service area were not measured.



Question 57: How many of your fire service personnel are cross trained medically (e.g., F.R., EMT, EMT-A, EMT-Paramedic, PHRN, others?)

Answered: 3 Skipped: 15

| # | RESPONSES | DATE               |
|---|-----------|--------------------|
| 1 | 4         | 11/9/2022 8:06 PM  |
| 2 | 0         | 10/12/2022 6:08 PM |
| 3 | 17        | 10/11/2022 4:06 PM |

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Question 58: Of these who are cross trained medically, how many have a National Registry Certification?

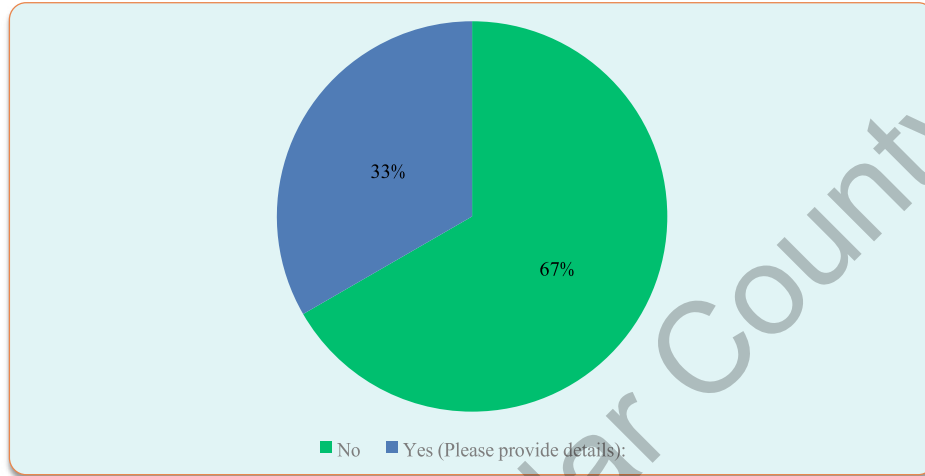
Answered: 2 Skipped: 16

| # | RESPONSES | DATE               |
|---|-----------|--------------------|
| 1 | 0         | 11/9/2022 8:06 PM  |
| 2 | 0         | 10/12/2022 6:08 PM |

Property of Cedar County

Question 59: Has your fire service ever had to decline/turnover a call for QRS in the past five years?

Answered: 3 Skipped: 15



Property of Cedar County

Question 59: Has your fire service ever had to decline/turnover a call for QRS in the past five years?

Answered: 3 Skipped: 15

| ANSWER CHOICES                | RESPONSES |          |
|-------------------------------|-----------|----------|
| No                            | 66.67%    | 2        |
| Yes (Please provide details): | 33.33%    | 1        |
| <b>TOTAL</b>                  |           | <b>3</b> |

Property of Cedar County

Question 59: Has your fire service ever had to decline/turnover a call for QRS in the past five years?

Answered: 3 Skipped: 15

| # | YES (PLEASE PROVIDE DETAILS): | DATE              |
|---|-------------------------------|-------------------|
| 1 | No body around                | 11/9/2022 8:06 PM |

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## Strategic Plan and Recommendations

Based upon the knowledge and information gathered through the agency surveys, one-on-one interviews, documents received from the agencies and other sources, and meetings conducted, MCM Consulting Group, Inc. documented recommendations in the following section. The goal of the recommendations provided in this section is to improve the overall state of emergency medical services in Cedar County.

Ultimately, the state of emergency medical services in Cedar County, in the present state, does not appear to be sustainable, long-term, under the current model. Using the existing model of emergency medical services delivery in Cedar County may pose a potentially high risk of an eventual collapse of the emergency medical services system, and unfortunately once the existing services available meet a point of imminent decline, a Herculean effort will be required to re-establish minimally sufficient services.

Each emergency medical services agency maintains ambulances and equipment in accordance with state requirements inclusive of an equipment list, as well as budgeting funds for the operational needs of the agency. While not all should be viewed negatively, the number of calls for service each year reflect a duplication of efforts, and often carry financial inefficiencies. The combined financial impacts of duplicated services and efforts are likely significant and therefore, the recommendations consider increasing efficiencies and reducing unnecessary duplication.

MCM Consulting Group, Inc. recommends Cedar County explore assuming responsibility for providing emergency medical services administrative and operational services for all of Cedar County. Cedar County emergency medical services agencies have a valuable commodity: devoted and compassionate volunteers interested in seeing EMS succeed. Careful consideration should be taken to include those who choose to continue volunteering their time and valuable skills for the betterment of Cedar County. The recommendations that follow include means to provide full-time coverage to the residents and visitors of Cedar County while conserving the dedication of volunteer EMS providers.

Cedar County Sheriff's Department provided 911 call volumes for emergency medical services call for service information for the previous five years. While call volume continues to increase annually, the most recent years' call volume was used to determine our recommendations. For the calendar year 2022, a total number of emergency medical services dispatched calls totaled two thousand, four hundred fifty-one. Based on the call volume data

provided to MCM Consulting Group, Inc. for several previous years, we recommend the following:

- Emergency medical services coverage can be provided by staffing two advanced life support ambulances twenty-four hours per day.
  - A third ambulance could be provided through volunteer staffing supplementing and assisting with basic life support coverage or splitting crews to provide a third advanced life support ambulance during times of high call volume. The paramedic for this third ambulance would not require additional staffing, instead using either the program administrator or operations supervisor.
- Each advanced life support ambulance should be staffed with one paramedic and one emergency medical technician.
  - The national average for an ambulance to arrive at the scene of a reported medical or traumatic emergency following dispatch is thirteen minutes. Staffing personnel in station ready to respond to an emergency in Cedar County will bring the county emergency medical services in line with the national average response time.
- Personnel staffing of ambulances should be configured in an overlapping schedule allowing for extended periods of coverage while significantly reducing personnel costs. As an example, crew staffing of the first ambulance would on shift at 6:00 a.m., while crew staffing of the second ambulance would on shift at 9:00 a.m.
  - Methodologies for hiring staff should include preference reflected in scoring to qualified, experienced individuals currently volunteering at a Cedar County emergency medical services agency.
- Employ one program administrator certified as a paramedic.
- Employ one operations supervisor certified as a paramedic.
  - The program administrator and operations supervisor should be scheduled on overlapping schedules allowing for extended operational periods.
  - The program administrator and operations supervisor certified as paramedics allow for quick response operations prior to the arrival of transport capable ambulances, assisting with high acuity patients, and provide for staffing of a third advanced life support transport ambulance during times of high call volume. Additionally, these staff allow for supplementing crews in the event of call offs, family emergencies, or injuries without reducing the services available to Cedar County.
- In addition to providing emergency medical services, we are recommending enhancing emergency medical services responses with existing quick response



services by financially assisting and/or supporting the entities providing services to Cedar County.

- Quick response services (QRS) agencies and response vehicles decrease response times, decrease the time a patient will wait for care, and can improve patient care outcomes.
- Equip and implement all emergency medical services vehicles with GPS based system status management for better resource management and assignment to emergency medical and traumatic calls for service.
  - Establish governance policies for both the emergency medical services agency and the communications center related to systems status management and assignment of ambulances to calls for service.
  - Establish move up agreements with mutual aid partners.
  - Establish a reciprocal staging plan inclusive of pre-determined locations within the county for movement of ambulances during times of high call volume. Pre-determined location movement of ambulances based on areas of call volumes can reduce the amount of time necessary to establish patient contact when ambulances are committed to medical or traumatic calls for service.
- Equip all emergency medical services vehicles with mobile data terminals for tracking other EMS units, enhanced communications, and completion of patient care records in transit.
  - Completion of patient care records in transit reduces the necessity for crews to complete documentation on return to station and potentially eliminates the need for staff to remain on duty beyond their scheduled shifts. Realized benefits include reduced overtime potential and crew burn out.
- Divide the county into four equal response zones, assigning a station order for back up emergency medical services of at least five levels.
  - Establish reciprocal mutual aid agreements for emergency medical services with counties contiguous to Cedar County.
- Eliminate non-emergency medical transportation of patients capable of using alternative methods of transportation to and from routine medical appointments or discharged from medical facilities. The use of ambulances assigned to cover emergency calls within a given jurisdiction increases strain on the EMS system, reduces the number of available ambulances, and increases the time a medical or traumatic emergency goes without life-saving interventions.
- Develop a mass casualty plan in coordination with emergency management.

- Consider employing an administrative staff person to conduct the business of the organization including in-house billing. As previously noted, one full-time staff member handling all billing within the organization allows the county to retain all reimbursement as opposed to a third-party billing vendor who retains a significant portion of potential funds.
  - All agencies interviewed bill for services and are providing an average of ten percent of their income, as a fee for service. As an example, one of the agencies interviewed paid a third-party billing vendor nearly \$3,500.00 for an eleven-month period in 2022. Invoices totaled \$26,500.00, amounting to thirteen percent lost as a fee paid to the vendor. If each of the services bill through a third-party vendor, using the average of ten percent fee paid to the vendor, across the county, nearly \$30,000.00 in fees are lost to third-party billing.
- Develop and implement a public education program inclusive of what constitutes an emergency and when to dial 911.
- Consider implementation of a community paramedicine program to review low acuity, high frequency patient calls for service. Such programs may include actions such as involvement of home visits to assess the patient environment for slip and fall hazards and/or weekly check-in calls to special needs populations.
- Develop a training component within the agency to coordinate state certification course for paramedic training as needed, become a designated training facility and host regular EMT and First Responder training courses. Additionally, the agency should host regular in-service and continuing educational training sessions for staff and volunteers.
  - CPR training sessions should be scheduled and hosted regularly for the public, first responders, and other county staff.

Develop and implement a quality improvement program to review patient care records for proper documentation, validate appropriate use of state and local protocols, responses, training, and other internal processes.

## In Conclusion

The recommendations made in this report are based upon the totality of all information gathered, assessment of the current state of emergency medical services in Cedar County, and the validated concerns of the Cedar County Board of Supervisor and emergency medical services agencies and community members. The recommendations will fully meet the needs of Cedar County today and will provide the foundation for decades of professionally developed emergency medical services.

While there are costs associated with the recommendations in this report, there is ample time to plan a successful implementation. The next steps for Cedar County are to:

- Establish legislation providing for a Cedar County emergency medical services organization as the primary EMS response agency for the county.
- Establish an essential services tax.
- Develop a crew staffing plan to provide twenty-four-hour coverage of two advanced life support ambulances.
- Develop a department budget, staffing sufficient personnel for two advanced life support ambulances twenty-four-hours, a volunteer basic life support ambulance, as well as a program administrator and operations supervisor at forty hours.
- Consider short term measures implementation prior to establishing a full time, county emergency medical services agency.
  - Sharing personnel between agencies to establish around the clock coverage/scheduled crews to respond to calls for service.
  - Develop an agency rotation to cover calls among all existing agencies. For example, two agencies could provide coverage Sunday through Wednesday at 12:00 p.m. while another agency provides coverage Wednesday 12:00 p.m. through Saturday at 11:59 p.m.
  - Establish sectors within the county, assigning second and third due EMS inclusive of out-of-county mutual aid agencies as necessary.

Appendix A – MCM Interview Form

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State College, PA 16803



1. Name of the agency you are representing:

2. Your Name:

3. Your Title:

4. Your Email address:

5. Is your EMS station staffed by paid, volunteer or per diem staff?  Paid  
 Per Diem  
 Volunteer  
 Other (please specify)

6. What service(s) does your agency provide?  QRS - Quick Response Service  
 ALS - Advanced Life Support  
 BLS - Basic Life Support  
 Other  
 Other (please specify)

7. Does your agency provide non-emergency transport or wheelchair van services?



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8. What is your full EMS staffing compliment?

9. What are your current EMS staffing levels for full time, part time, per-diem, and volunteer staffing?

Full time:

Part time:

Per diem:

Volunteer:

10. How many of your personnel work/volunteer at multiple agencies?

11. Does your EMS agency have an established staffing plan (24-hour coverage or another schedule)?

No

Yes (Please provide details):

12. How many ALS/BLS/QRS crews are scheduled: Day / Middle / Overnight -or- Day/Night?

Day:

Middle:

Overnight:

Day (for Day/Night):

Night (for Day/Night):

13. Where are your ALS/BLS scheduled crews located during shifts?

14. Do any of your scheduled crews overlap schedules?

No

Yes (Please provide details):



15. Do you have automation built into unit placement, and if yes, under what circumstances does your unit move, and to what locations?

- No
- Yes (Please specify)

16. What triggers a unit moving back to the assigned location?

17. Do any of your crews participate in "move-ups" to other station or locations during times of high call volume across the county/region?

- No
- Yes
- Other (please specify)

18. Describe your operation relative to back-up crews and/or call-out procedures for times of high call volume.

19. List the municipalities to which your agency provides assigned coverage.



20. To what counties/municipalities does your service provide second due coverage?





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21. Do you have a public education program in place (First Aid/CPR/EMT/etc.)?  

- No
- Yes (Please provide details):

22. How often do you provide public education and to what audiences?  

23. Do you coordinate your public education sessions with any other public safety groups?  

- No
- Yes (please specify)

24. Does your public education material include when to call and what constitutes an emergency?  

- No
- Yes (please specify)









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
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25. What are the busiest times of the day and busiest day(s) of the week for your agency?  

26. Do you up-staff for these known busy times?  



No

Yes (how much staff do you add?):

27. Has your organization ever participated in a busy study, or heat-mapped, predictive call location study?  

No

Yes

28. What were the recommendations, and how have you responded to the information related to staffing and/or unit placement?  

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29. How much time does a "typical" call take from dispatch to on-scene, and from on-scene to available?

Dispatch to on-scene:

On-scene to enroute hospital:

Transport to hospital:

Available to back in coverage/response area:

30. In the past 6 months, how often have the calls in your primary territory gone:

2nd Due?

3rd Due?

4th Due?

31. Do you complete your PCR in-hospital, at station, or on a mobile unit?

In-hospital

At station

On mobile unit

Other (please specify)

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32. What is the closest/farthest critical care facility to which you transport patients?

33. What kind of critical care hospitals do you have in your coverage area?

34. When transporting an acute patient, does the ALS truck transport, allowing the BLS to be back in service?

Yes

No

Other (please specify)

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35. Which 911 center(s)/PSAP(s) dispatch you?

36. Are you dispatched by zone/area/region/coverage? If yes, are there "assigned" ESZ to each unit on shift?

- No  
 Yes (please specify)

37. Are you ever dispatched by proximity (closest unit regardless of zone)?

- No  
 Yes (How Often?):



38. Are you ever dispatched to cover calls for other services?

- No  
 Yes (How Often?):



39. What is an average number of calls handled per week by your agency?

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40. Please rank the following issues in order of what you feel is the biggest issue facing EMS response in your area currently?  

- Financial Reimbursement
- Training Requirements
- Training Availability
- Recruitment/Retention
- Staffing Levels
- Financial Resources
- Other Issue(s)

41. If you answered "Other Issue" to the previous question, please elaborate  



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42. Do you have a recruitment program in your agency? (If so, what?)  

- No
- Yes (please specify)



43. Do you believe that recruitment or retention of staff is an issue for your agency, and if so why?  

44. Based on your ranking of the biggest issues facing EMS service in your area currently, do you have any ideas on how to improve the current situation?  

- No
- Yes (please specify)

45. Does your agency receive support (financial/In-kind/Insurance/etc.) from your municipal or county governments?  

- No
- Yes (please provide details)



46. What percentage of your agency's overall budget is provided by county(ies)/municipality(ies)?  





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47. What is the amount needed financially to cover your per call costs?  



48. Does your agency bill:  

- On its own
- Through a third-party billing service

49. If you bill through a third-party service, what percentage of funds collected does your agency retain?  

50. Is your agency satisfied with the billing service provided?  

- No
- Yes
- Other (please specify)

51. How many QRS services work with your agency?  



52. The following questions are for fire services that provide quick response services (QRS). If this applies to you, please select "Continue." If not, please select "Finish" to complete survey. ☐

- Continue (For fire services that provide quick response service (QRS))
- Finish

53. What is the average number of medical calls your fire service has responded to over the past five years? ☐

54. Have you seen an increase or decrease in number of medical calls? ☐

- Increase
- Decrease
- No change

55. Does your fire service provide QRS on all types of medical calls or only cardiac arrest alarms? ☐

- All calls
- Only cardiac arrest alarms
- Other (please specify)

56. Does your fire service provide QRS coverage outside your service area if requested? ☐

- No
- Yes
- Other (please specify)

57. How many of your fire service personnel are cross trained medically (e.g. F.R., EMT, EMT-A, EMT-Paramedic, PHRN, others)? ☐





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58. Of these who are cross trained medically, how many have a National Registry Certification?

📍

59. Has your fire service ever had to decline/turnover a call for QRS in the past five years? 📍

No

Yes (Please provide details):

**Thank you for completing the survey!**

**If we have any follow-up questions or need any clarification on your responses, we will be in contact with you.**

**We expect that aggregate survey results will be available early this summer.**

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Appendix B – Survey Invitation Letter

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Date: October 10, 2022  
To: All Cedar County EMS Agencies  
From: MCM Consulting Group, Inc., on behalf of Cedar County  
Subject: Cedar County EMS Study Survey

---

Hello,

Cedar County has hired MCM Consulting Group, Inc. (MCM) to conduct an EMS study for Cedar County. As part of the study, a user survey has been created. Your input is valuable, and your response would be appreciated.

Here is a link to the survey: <https://www.surveymonkey.com/r/CedarEMS>  
Please complete the survey by: **November 14, 2022**

Contact Jeff Steiert, MCM Consulting Group, Inc., [jsteiert@memconsultinggrp.com](mailto:jsteiert@memconsultinggrp.com), phone (484) 546-9023, with any questions.

Thank you for your participation.

Best Regards,

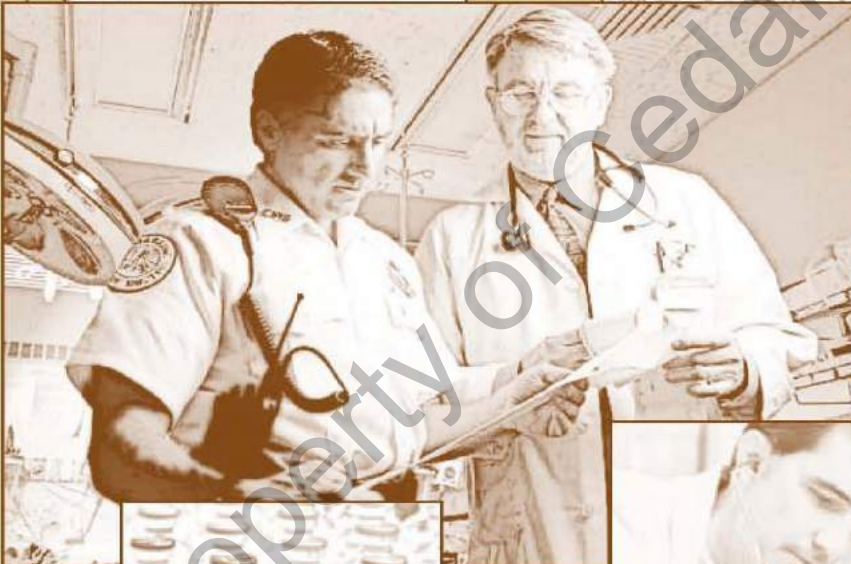


Jeffery P. Steiert, ENP  
Project Manager/Staff Supervisor  
MCM Consulting Group, Inc.

Appendix C – Rural Ambulance Service Budget Model

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# RURAL AMBULANCE SERVICE BUDGET MODEL



U.S. Department of Health and Human Services  
Health Resources and Services Administration (HRSA)  
Office of Rural Health Policy (ORHP)



---

# Rural Ambulance Service

---

# Budget Model

U.S. Department of Health and Human Services  
Health Resources and Services Administration  
Office of Rural Health Policy

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This document was prepared under HRSA contract # 250-03-0022, U. S. Department of Health and Human Services, Health Resources and Services Administration, Office of Rural Health Policy.

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Rural Ambulance Service Budget Model

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Property of Cedar County

# Foreword

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We are very pleased to offer you the

**Rural Ambulance Service Budget Model.**

This budgeting and financial management tool is an important part of the financial toolkit under development for rural ambulance services and rescue squads that do not have the resources to purchase such tools themselves. We recognize that rural ambulance services are an essential component of rural health care systems. Budgeting and financial management is but one of the many challenges facing rural Emergency Medical Services (EMS) agencies in the United States today. Rural EMS agencies also face such issues as recruitment and retention of qualified, trained human resources; increasing education and training requirements; increasing cost of equipment and increasing funding challenges, to name a few.

With capital and operating costs increasing and reimbursement decreasing, management of limited financial resources is becoming a more important component of rural ambulance service management and governance.

Marcia K. Brand, Ph.D.

Associate Administrator for Rural Health,  
HRSA

Rural Ambulance Service Budget Model

The **Rural Ambulance Service Budget Model** provides a management tool that enables a service to enter known financial information into a simple, yet elegant preprogrammed spreadsheet. Once information is entered into the model, a budget is automatically calculated that can be exported into off the shelf accounting software and monthly budget versus actual results can be used to better manage limited funds and plan for improved financial management of the service.

This publication was developed by the  
Federal Office of Rural Health Policy,  
Health Resources and Services

Administration in cooperation with the  
Rural Emergency Medical Services and  
Trauma Technical Assistance Center. It is  
hoped that this **Rural Ambulance Service  
Budget Model** will serve as a valuable tool  
for rural ambulance services and provide for  
better informed fiscal management in the  
challenging realm of out of hospital health  
care.

Please see the special note on the following  
page concerning the ongoing availability of  
this document.

Nels D. Sanddal, Director

A special note to the reader:

In FY 2000, Congress funded the Trauma and EMS Program within the Department of Health and Human Services, Health Resources and Services Administration (HRSA) to foster the development of appropriate, modern systems of such care. Ten percent of the funding provided for that program was earmarked for “rural” trauma and EMS and was administered by HRSA’s Office of Rural Health Policy (ORHP). In FY 03, ORHP established the Rural Emergency Medical Services and Trauma Technical Assistance Center (REMSTTAC). This product represents one of the deliverables identified in the REMSTTAC contract. Congress zeroed out the HRSA Trauma and EMS Program in FY 05 and ORHP, therefore, lost the resources necessary to continue REMSTTAC. However, as part of ORHP’s ongoing commitment to rural EMS, this and other products will continue to be available from two sources. These include the Critical Illness & Trauma Foundation ([www.citmt.org](http://www.citmt.org)) [not a government Web site], the parent organization of the previously funded REMSTTAC, and the Rural Assistance Center ([www.RAOnline.org](http://www.RAOnline.org)) [not a government Web site]

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## OVERVIEW

In the early stages of the development of the Rural EMS and Trauma Technical Assistance Center (REMSTTAC) a diverse group of stakeholders were brought together to provide input and direction regarding how the TA center might best meet the needs of its constituency groups. These three groups are broadly defined as:

- Federal Agencies and national EMS, trauma, and rural health organizations with interest in or responsibility for rural EMS and trauma and their intersection with rural health.
- State EMS lead agencies, State Offices of Rural Health, and similar State level organizations that relate to rural EMS, trauma, and overall rural health.
- Local and regional EMS and trauma providers, including rural ambulance services, hospitals, rural health clinics, and other agencies and organizations involved in regional and local health planning and provision.

In developing and prioritizing the REMSTTAC scope of work, the stakeholder group recommended the development of a financial tool kit that would provide specific financial and budgeting tools to rural EMS agencies and organizations that may be managed by volunteer EMS providers or others with limited experience or training in the financial and budgeting aspects of public, private or not-for-profit organizations. As cited in the Rural and Frontier EMS Agenda for the Future (2005), many rural and frontier EMS services “have no expertise or infrastructure for collecting fees or maintaining the business functions.” The need for this toolkit has been further validated through a series of “town hall” meetings conducted in the intermountain west and New England States with representation from local EMS leadership.

In response to this direction, a task group was organized within REMSTTAC to develop tools for this financial tool kit. The task group, coordinated by a REMSTTAC staff person, includes a business/financial consultant and representatives of the National Association of State EMS Officials, the Rural Health Resource Center and the National Association of Emergency Medical Technicians (EMTs). In addition to the considerable knowledge and expertise of these task group members, tasks and priorities are reviewed by the entire stakeholder group. Their input and direction guides the work of the task group. The task group and stakeholders identified the following priorities for toolkit development:

- A financial Chart of Accounts that identifies common elements of assets, liabilities, revenues, and expenses applicable to a rural EMS agency or organization
- A budget tool that assists rural EMS agencies and organizations in developing and tracking operating budgets and establishing fee schedules

- Instructions for using a budgeting tool and interface with common “off the shelf” accounting software that is readily available at low cost to rural EMS agencies or organizations.

The **Sample Chart of Accounts** represents the first drawer in the Financial Toolkit. It provides a bookkeeping and accounting framework for rural EMS services and is consistent with generally accepted accounting principles. It is organized as follows:

- **Assets** – These accounts represent both cash and non-cash assets and include bank accounts, accounts receivable, fixed assets such as property, plant, and equipment with allowances for applicable depreciation of such assets.
- **Liabilities and Equity** – These accounts represent accounts payable, loans and lines of credit as well as earnings and owners’ equity or fund balances, depending on the type and structure of the organization.
- **Revenue** – These are income accounts such as revenues from patient billing, other revenue, subsidies, etc. and are applicable to either cash basis or accrual basis accounting rules.
- **Expense** – These accounts represent the costs of doing business, such as payroll, fringe benefits, costs of occupancy, repairs, maintenance, and similar expense items.

Some EMS services may not need all the items shown in the sample Chart of Accounts. Others may find the need to add accounts. Either way, the sample provides a model with the most commonly used accounts in the accounting structure of a rural EMS organization.

| <b>Sample Chart of Accounts</b> |                               |                             |                            |
|---------------------------------|-------------------------------|-----------------------------|----------------------------|
| <b>Assets</b>                   |                               | <b>Liabilities/Equities</b> |                            |
| 1000                            | Cash                          | 4001                        | Patient Revenue - Medicare |
| 1200                            | Accounts Receivable           | 4002                        | Patient Revenue - Medicaid |
| 1300                            | Prepays                       | 4003                        | Patient Revenue - Other    |
| 1400                            | Inventory                     |                             |                            |
| 1500                            | Investments                   | 4100                        | Grant / Subsidies Revenue  |
| 1600                            | Property, Plant and Equipment | 4200                        | Investment Income          |
| 1700                            | Other Assets                  | 4300                        | Other Income               |
|                                 |                               |                             |                            |

|      |                                  |      |                                    |
|------|----------------------------------|------|------------------------------------|
| 2000 | Accounts Payable                 | 5000 | Contractual Adjustments - Medicare |
| 2100 | Short Term Debt                  | 5001 | Contractual Adjustments - Medicaid |
| 2200 | Accrued Salaries                 | 5002 | Contractual Adjustments - Other    |
| 2300 | Other Accrued Liabilities        |      |                                    |
| 2400 | Long-term debt                   |      |                                    |
|      |                                  |      |                                    |
| 3000 | Net assets/Equity - Unrestricted |      |                                    |
| 3100 | Net assets/Equity - Restricted   |      |                                    |

| <b>Expenses</b> |                                       |      |                                |
|-----------------|---------------------------------------|------|--------------------------------|
| 6101            | Salaries-Patient Care                 | 6342 | Legal Fees                     |
| 6102            | Benefits-Patient Care                 | 6343 | Collection Agency Fees         |
| 6103            | Medical Supplies - Patient Care       | 6344 | Software Maintenance Contracts |
| 6104            | Gases (oxygen) - Patient Care         | 6345 | Consulting Fees                |
| 6105            | Drugs - Patient Care                  | 6346 | Service Contracts              |
| 6106            | Laundry & Linen - Patient Care        | 6347 | Management Contract            |
| 6107            | Equipment Depreciation - Patient care | 6348 | Claim Processing Contract      |
| 6108            | Equipment Repair - Patient Care       | 6350 | Dues & Memberships             |
| 6109            | Minor Equipment - Patient Care        | 6351 | Licenses                       |
| 6110            | Training - Patient Care               | 6352 | Donations                      |
| 6111            | Books & Periodicals - Patient Care    | 6353 | Food                           |
| 6112            | Travel & Entertainment - Patient Care | 6360 | Printing & Publication         |
|                 |                                       |      |                                |
| 6201            | Dispatch Salaries                     | 6400 | Interest Expense               |
| 6202            | Dispatch Benefits                     |      |                                |
| 6203            | Dispatch Supplies                     | 6503 | Facilities Supplies & Services |
| 6207            | Dispatch Equipment Depreciation       | 6507 | Building Depreciation          |
| 6209            | Dispatch Minor Equipment              | 6508 | Building Maintenance           |
| 6213            | Telephone                             | 6570 | Building Rent                  |
| 6214            | Radio Maintenance                     | 6571 | Property Taxes                 |
| 6215            | Radio Antenna                         | 6572 | Utilities                      |
| 6216            | Cell Phones                           | 6573 | Housekeeping                   |
| 6217            | Pagers                                | 6574 | Laundry - Non Patient Care     |
|                 |                                       | 6575 | Uniforms                       |
| 6301            | Administration Salaries               | 6576 | Property Insurance             |
| 6302            | Administration Benefits               |      |                                |
| 6303            | Office Supplies                       | 6680 | Vehicle Registration           |
| 6307            | Office Equipment Depreciation         | 6681 | Vehicle Gas & Oil              |
| 6308            | Office Repair & Maintenance           | 6682 | Vehicle Repairs                |
| 6309            | Office Minor Equipment                | 6683 | Vehicle Depreciation           |

|      |                                  |      |                                |
|------|----------------------------------|------|--------------------------------|
| 6311 | Books & Periodicals              | 6684 | Vehicle Leases                 |
| 6312 | Travel & Entertainment           | 6685 | Auto Insurance                 |
| 6313 | Administration Telephone         | 6400 | Interest Expense               |
| 6320 | Worker's Comp                    |      |                                |
| 6321 | Unemployment Tax                 | 6503 | Facilities Supplies & Services |
| 6322 | FICA Tax                         | 6507 | Building Depreciation          |
| 6323 | General Liability Insurance      | 6508 | Building Maintenance           |
| 6324 | Professional Liability Insurance | 6570 | Building Rent                  |
| 6325 | Umbrella Coverage                | 6571 | Property Taxes                 |
| 6326 | Health Insurance                 | 6572 | Utilities                      |
| 6327 | Pension Plan                     |      |                                |
| 6340 | Physician Fees                   |      |                                |
| 6341 | Accounting Fees                  |      |                                |

The **Rural Ambulance Service Budget Model (RASBM)** fills a very large drawer in the REMSTTAC Financial Toolkit. The Budget Model is a customized Microsoft Excel® spreadsheet. Part of the Microsoft Office® software family, Excel® is commonly available to most computer users and is often bundled on computers marketed in the U.S. Where Excel® is not already installed on a personal computer; the software can be purchased inexpensively from most office supply stores or on-line software vendors. If you have other spreadsheet software REMSTTAC will assist you in the conversion or importation of this template.

This tool was developed to assist rural ambulance services in establishing an annual budget. It also helps calculate the value of services donated to the ambulance service by another entity and the value of donated services provided by the ambulance staff to the community.

Why should you prepare and use a budget? A budget is a record and forecast of all cash sources and cash expenditures. Maintaining a budget allows you to estimate future needs and profits and to plan for managing any discrepancies. At minimum, your budget should track the expenses of running your service compared to the money generated. A detailed budget will allow you to do much more than simply track revenue and expenses; it will provide the framework for quantifying the overall value of your ambulance service. This becomes especially important when seeking community support, reporting to oversight boards or committees, and in applying for grants or loans. The Rural Ambulance Service Budget Model provides step-by-step instructions for organizing important data regarding your service.

By simply opening this Excel® file the user can input known or easily obtainable information into the spreadsheet. The following tutorial provides a detailed, easy to follow procedure for obtaining and entering necessary data into the budget model. When the worksheet variables are filled, the model automatically calculates and displays information that provides the user with an operating budget and information for establishing a fee schedule (for those ambulance services that charge for their services). The Budget Model file consists of a series of spreadsheet "tabs", all of which are interrelated for calculation purposes. The "tabs" are labeled as follows:



- Introduction
- Demographics
- Vehicles
- Building
- Other Capital
- Staffing
- Training
- Other Expenses
- Budget
- Rate Study

The first step in using this REMSTTAC Budget Model is to copy the .xls file from the enclosed CD ROM onto your computer hard drive. This file should reside in the directory on your hard drive where other Excel® spreadsheet files are maintained. **Do not attempt to fill in your service information on the file on the CD ROM.**

#### DISCLAIMER:

The rural EMS industry is widely diverse, and this budget model will not be appropriate for, nor was it intended to serve, all ambulance services. Ambulance services are encouraged to engage the services of a professional accountant as necessary.

#### Future Efforts:

The REMSTTAC Budget Model and its associated Chart of Accounts are the first of several drawers in the Financial Toolkit to be developed. Additional tools under consideration are:

- Cash flow management tools
- Accounts receivable management tools
- Billing and third-party payer tools
- Others as identified by the Financial Toolkit task group and the REMSTTAC stakeholder group

We welcome your feedback on the REMSTTAC Budget Model and associated Tutorial.

You may contact us at:

REMSTTAC

300 North Willson Avenue

Suite 802-H

Bozeman, MT 59715

*Phone* 406-587-6370 *Toll*

*Free* 866-587-6370 *Fax*

406-585-2741

[info@remsttac.org](mailto:info@remsttac.org)

<http://www.remsttac.org>

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## *Rural Ambulance Service Budget Model*

### INTRODUCTION

Congratulations! You've taken an important first step in deciding to use the budget model tool provided by the Department of Health and Human Services, Health Resources and Service Administration's Office of Rural Health Policy (ORHP). This product was developed by the Rural Emergency Medical Services & Trauma Technical Assistance Center (REMSTTAC) under a previous contract with ORHP.

This tool was developed to assist rural ambulance services in establishing an annual budget. It also provides some utility in demonstrating the value to a community for services donated to the ambulance service by another entity (such as dispatch functions provided free by the sheriff), and the value of donated services provided by the ambulance staff to the community (such as the value of volunteer labor contributions). The tool is one of a series of "EMS Management Tools" being produced.

The model will also give you the ability to upload our national standard EMS Chart of Accounts and the budget you develop directly into the Intuit's QuickBooks® program. QuickBooks® is a proprietary accounting program that can help you manage your finances, print reports, provide payroll functions, and more. We chose QuickBooks®

to provide an interface because Intuit supports it fully on-line and provides comprehensive help and training.

#### Limitations:

The rural EMS industry is widely diverse, and this budget model will not be appropriate for, nor was it intended to serve, all ambulance services. Ambulance services are encouraged to engage the services of a professional accountant as necessary.

#### Notes about the Model:

This model consists of a series of visible and hidden rows and columns. It is designed to be completed sequentially; however it is possible to start one section, skip part, and then return. **Green areas** of the worksheet are always fine to fill in. **Yellow areas** provide caution or an either/or Statement. Filling in **red sections**, or any section on the budget page will override formulas. Do so with caution and monitor the effect on the rest of the model. These areas should be changed only by those with strong expertise in spreadsheet design and use.

## Let's Get Started:

First, print the document included in this package called "Budget Model Worksheet.doc". Keep it handy: we'll be filling it in as you move along in this tutorial. Next, open the budget model by double clicking on the "Budget Model.xls" file. The first page you see is the Demographics page.

## SPREADSHEETS

|    | A   | B                      | C  | D | E |
|----|---|------------------------|--|---|---|
| 1  | <b>Rural EMS &amp; Trauma Technical Assistance Center</b> |                        |  |   |   |
| 2  | <b>Ambulance Service Budget Model</b>                     |                        |  |   |   |
| 3  |   |                        |  |   |   |
| 4  | <i>Demographics</i>                                       |                        |  |   |   |
| 5  |   |                        |  |   |   |
| 6  | <i>Ambulance Service Name:</i>                            | Test Ambulance Service | The name entered here will appear on all subsequent worksheets |   |   |
| 7  | <i>Administrator/Chief Name:</i>                          |                        |  |   |   |
| 8  | <i>Address Line 1:</i>                                    |                        |  |   |   |
| 9  | <i>Address Line 2:</i>                                    |                        |  |   |   |
| 10 | <i>City, State, Zip Code:</i>                             |                        |  |   |   |
| 11 | <i>County:</i>  |                        |  |   |   |
| 12 | <i>Telephone Number:</i>                                  |                        |  |   |   |
| 13 | <i>Fax Number:</i>  |                        |  |   |   |
| 14 |   |                        |  |   |   |
| 15 | <i>Emergency Ambulance Runs Last Year</i>                 |                        |  |   |   |
| 16 | <i>Non-Emergency Ambulance Runs Last Year</i>             |                        |  |   |   |
| 17 | <i>Loaded Miles Driven Last Year</i>                      |                        |  |   |   |
| 18 |   |                        |  |   |   |
| 19 | <i>I am preparing a budget for the year:</i>              | 2006                   |  |   |   |
| 20 |   |                        |  |   |   |
| 21 |   |                        |  |   |   |
| 22 |   |                        |  |   |   |
| 23 |   |                        |  |   |   |
| 24 |   |                        |  |   |   |
| 25 |   |                        |  |   |   |
| 26 |   |                        |  |   |   |
| 27 |   |                        |  |   |   |
| 28 |   |                        |  |   |   |
| 29 |   |                        |  |   |   |
| 30 |   |                        |  |   |   |
| 31 |   |                        |  |   |   |

If you are familiar with spreadsheets, skip to the next page. If you're not, here's a little primer.

Spreadsheets are organized into columns and rows. Columns are identified by letters (A to Z and then AA to ZZ, and so on). Look at the words "Test Ambulance Service" above, (they are at the top of the yellow area). The area those words appear in is called a cell. The reference for that cell is B6. That is because those words appear going across the top in column B and going down to row six. The cell reference for the words "I am preparing a budget for the year:" is A19. The words in cell C7 are "on all subsequent worksheets".

Now look at the bottom of the graphic. Under the number for row 31 you see a group of four arrows pointing left or right and then seven words: *QuickBooks, Demographics, Vehicles, Building, Other Capital, Staffing and Training*. (Your spreadsheet program may display some, all, or all of these plus others.) These are tabs. We're working on the *Demographics* tab right now. To switch to the Vehicles tab, click on the word Vehicles and that tab will be displayed.

If you need more assistance in learning about spreadsheets, please refer to the Help function on your spreadsheet program.

### Demographics:

**What this tab does:** The transport and miles information you enter on this page will become important as you get to the final steps of the model. You will use them to help determine what you will need to set your rates at in order to cover your costs.

|    | A   | B                      | C  | D | E |
|----|---|------------------------|--|---|---|
| 1  | <b>Rural EMS &amp; Trauma Technical Assistance Center</b> |                        |  |   |   |
| 2  | <b>Ambulance Service Budget Model</b>                     |                        |  |   |   |
| 3  |   |                        |  |   |   |
| 4  | <i>Demographics</i>                                       |                        |  |   |   |
| 5  |   |                        |  |   |   |
| 6  | Ambulance Service Name:                                   | Test Ambulance Service | The name entered here will appear on all subsequent worksheets |   |   |
| 7  | Administrator/Chief Name:                                 |                        |  |   |   |
| 8  | Address Line 1:   |                        |  |   |   |
| 9  | Address Line 2:   |                        |  |   |   |
| 10 | City, State, Zip Code:                                    |                        |  |   |   |
| 11 | County:   |                        |  |   |   |
| 12 | Telephone Number:   |                        |  |   |   |
| 13 | Fax Number:   |                        |  |   |   |
| 14 |   |                        |  |   |   |
| 15 | Emergency Ambulance Runs Last Year                        |                        |  |   |   |
| 16 | Non-Emergency Ambulance Runs Last Year                    |                        |  |   |   |
| 17 | Loaded Miles Driven Last Year                             |                        |  |   |   |
| 18 |   |                        |  |   |   |
| 19 | I am preparing a budget for the year:                     | 2006                   |  |   |   |
| 20 |   |                        |  |   |   |
| 21 |   |                        |  |   |   |
| 22 |   |                        |  |   |   |
| 23 |   |                        |  |   |   |
| 24 |   |                        |  |   |   |
| 25 |   |                        |  |   |   |
| 26 |   |                        |  |   |   |
| 27 |   |                        |  |   |   |
| 28 |   |                        |  |   |   |
| 29 |   |                        |  |   |   |
| 30 |   |                        |  |   |   |
| 31 |   |                        |  |   |   |

On this tab you will enter the name and other information about your ambulance service. In cell B15, enter the number of emergency ambulance runs your service performed last year that resulted in a bill being sent. Do not include responses that did not result in a bill. In cell B16, follow the same procedure to record the number of non-emergencies. In cell B17, enter the total number of miles billed. Try to be accurate with these numbers, they are important later.

## **STOP – IT IS TIME TO SAVE YOUR WORK.**

This is the first save of your work. To save your file to your hard drive, click on File and then Save-As. Choose a location on your computer to save your work. Rename the file if you would like. We'll have you save your data frequently as you work through this tutorial, always to the same place. Also, if you take a break, when you come back to continue working, be sure to open the saved spreadsheet from your hard drive, not the template version you opened to begin this tutorial.

Now it's time to move to the *Vehicles* tab.

### Vehicles:

***What this tab does:*** The information you enter on this page feeds necessary information to your final budget. For vehicles you lease, it will transfer the lease costs into your budget. For vehicles you purchase, it will set up depreciation. Depreciation is an important part of your final budget. By depreciating over time, you will be saving money in the bank to replace your vehicles when their useful life is exhausted. Since the cost of vehicles will increase over time, depreciation alone will not produce enough cash to meet the increased price when replacement is necessary. You will need to supplement depreciation with either cash reserves, or funds produced another way.

|    | A  | B       | C         | D         | E         | F         | G          | J       | K  | L         | M | N |
|----|--|---------|-----------|-----------|-----------|-----------|------------|---------|--|-----------|---|---|
| 1  | <b>Rural EMS &amp; Trauma Technical Assistance Center</b>  |         |           |           |           |           |            |         |  |           |   |   |
| 2  | <b>Ambulance Service Budget Model</b>  |         |           |           |           |           |            |         |  |           |   |   |
| 3  |  |         |           |           |           |           |            |         |  |           |   |   |
| 4  | Test Ambulance Service   |         |           |           |           |           |            |         |  |           |   |   |
| 5  |  |         |           |           |           |           |            |         |  |           |   |   |
| 6  | Feel free to over-write the ambulance or vehicle with your unit numbers. Information entered on this sheet will transfer |         |           |           |           |           |            |         |  |           |   |   |
| 7  | to the other sheets.   |         |           |           |           |           |            |         |  |           |   |   |
| 8  |  |         |           |           |           |           |            |         |  |           |   |   |
| 9  | Do you replace ambulances based on their age or mileage?   |         |           |           |           |           |            |         | If you make lease payments, do not       |           |   |   |
| 10 | If by age, how many years?   |         |           |           |           |           |            |         | fill in the cost or mileage information. |           |   |   |
| 11 | If by mileage, what number of miles?   |         |           |           |           |           |            |         |  |           |   |   |
| 12 |  |         |           |           |           |           |            |         |  |           |   |   |
| 13 |  |         |           |           | Last Year | Last Year | Or Monthly |         |  |           |   |   |
| 14 |  | Vehicle | Equipment | Beginning | Ending    | Lease     |            | Vehicle | Vehicle                                  |           |   |   |
| 15 | Year   | Cost    | Cost      | Mileage   | Mileage   | Payment   |            | License | Registration                             | Insurance |   |   |
| 16 | Ambulance #1   |         |           |           |           |           |            |         |  |           |   |   |
| 17 | Ambulance #2   |         |           |           |           |           |            |         |  |           |   |   |
| 18 | Ambulance #3   |         |           |           |           |           |            |         |  |           |   |   |
| 19 | Ambulance #4   |         |           |           |           |           |            |         |  |           |   |   |
| 20 | Ambulance #5   |         |           |           |           |           |            |         |  |           |   |   |
| 21 | Ambulance #6   |         |           |           |           |           |            |         |  |           |   |   |
| 22 | Ambulance #7   |         |           |           |           |           |            |         |  |           |   |   |
| 23 | Ambulance #8   |         |           |           |           |           |            |         |  |           |   |   |
| 24 | Ambulance #9   |         |           |           |           |           |            |         |  |           |   |   |
| 25 | Ambulance #10  |         |           |           |           |           |            |         |  |           |   |   |
| 26 |  |         |           |           |           |           |            |         |  |           |   |   |
| 27 | Do you replace non-ambulance vehicles (if any) based on their age or mileage?  |         |           |           |           |           |            |         | If you make lease payments, do not       |           |   |   |
| 28 | If by age, how many years?   |         |           |           |           |           |            |         | fill in the cost or mileage information. |           |   |   |
| 29 | If by mileage, what number of miles?   |         |           |           |           |           |            |         |  |           |   |   |
| 30 |  |         |           |           |           |           | Or Monthly |         |  |           |   |   |
| 31 |  | Vehicle | Equipment | Beginning | Ending    | Lease     |            | Vehicle | Vehicle                                  |           |   |   |

Let's make this friendly for you first. Click on cell A16 and replace the words "Ambulance #1" with terminology that is familiar to you. Call it Unit 101, Squad 54, or whatever label will help you recognize this as your primary ambulance. If you have more than one ambulance, replace the text in A17 through A25 similarly.

If you are LEASING any of these ambulances, enter the monthly lease amount in the yellow area on the same row as that vehicle. For leased vehicles, you will not complete columns C to G.

For all vehicles - LEASED AND OWNED - fill in columns K (Vehicle License), L (Vehicle Registration) and M (Insurance). In column K, fill in the amount paid in vehicle licensing fees from your State EMS agency, if any, for all vehicles. The amount should be an annual amount, so if the State charges you once every two years, divide the total by two and enter that amount. Column L is for vehicle registration and license plates from your State vehicle licensing bureau, if any, for all vehicles. Enter an annual amount. Column M is for one year of vehicle insurance. Fill in the annual amount for each of the ambulances.

If you LEASE your vehicles follow the same process as above for any non-ambulances you might have, using rows 32-36. Then, you're done with this tab, unless you also own some of your vehicles.

We'll use columns C to G for vehicles you OWN (or are making loan payments). If you normally replace your vehicles based on a specific number of years, enter the number of years in cell G10. If you normally replace vehicles when their mileage hits a specific level, enter the target number of miles in G11. Do NOT put values in both cells, but also make sure you fill in one of them. If you don't follow either of these replacement milestones, pick one and estimate a number for it.

For each owned ambulance enter the following information: Cell C16 (through C25) – the year the ambulance was acquired. Cell D16 (through D25) – the cost of the vehicle the year it was purchased. Cell E16 (through E25) – the cost of any capital equipment you purchased with the ambulance.

Many ambulance services will purchase new stretchers, mobile radios, defibrillators and other capital equipment each time they purchase an ambulance. If you follow this process, enter the total value of capital items that are purchased with the vehicle. Capital is commonly defined as those items that cost more than \$500 and have a useful life exceeding one year. It is important to keep track of what equipment is represented in this figure. It will roll into the total vehicle depreciation calculation; therefore, it should not be listed again later with other capital equipment.

Cells F16 and G16 (through F25 and G25) – if you entered a number of years in cell G10, you do not need to fill in these numbers; your depreciation will be calculated based on the number of years the vehicle is in service. If you entered a number of miles in G11, then you need to complete F16 and G16. In F16, enter the odometer reading of your vehicle at the beginning of the previous 12 month period and the odometer reading at the end of the 12 month period. Since you replace your vehicles based on miles driven, depreciation will be calculated based on the total number of miles driven last year.

Complete the same information on rows 32-36 for all non-ambulances you own or lease.

**STOP – IT IS TIME TO SAVE YOUR WORK.** Click on File and then Save.

Now it's time to move to the *Building* tab.



**What this tab does:** The Building:

*Buildings* tab will record rent and mortgage information. It sets up depreciation for buildings owned by the ambulance service. In addition, it estimates the value of space donated for your use. Pay attention to donated space for two reasons: first, it will help you understand the value of the donation, and secondly, you can publicly report the value of the donation.

|    | A   | B                    | C   | D                    | E                      | F   | H | I |
|----|---|----------------------|---|----------------------|------------------------|---|---|---|
| 1  | <b>Rural EMS &amp; Trauma Technical Assistance Center</b> |                      |   |                      |                        |   |   |   |
| 2  | <b>Ambulance Service Budget Model</b>                     |                      |   |                      |                        |   |   |   |
| 3  |   |                      |   |                      |                        |   |   |   |
| 4  | Test Ambulance Service                                    |                      |   |                      |                        |   |   |   |
| 5  |   |                      |   |                      |                        |   |   |   |
| 6  |   |                      |   |                      |                        |   |   |   |
| 7  | <b>Donated Space</b>                                      | <b>Square Feet</b>   | <b>Value per Square Foot</b>  |                      |                        |   |   |   |
| 8  |   |                      |   |                      |                        |   |   |   |
| 9  | Garage Space  |                      | \$ 10.00  |                      |                        | For donated space just fill in the number of square feet. Example: 1 ambulance bay at 12 feet by 12 feet is 144 square feet (12x12=144) |   |   |
| 10 | Office Space  |                      | \$ 15.00  |                      |                        |   |   |   |
| 11 | Meeting Rooms   |                      | \$ 15.00  |                      |                        |   |   |   |
| 12 | Other Space   |                      | \$ 12.00  |                      |                        |   |   |   |
| 13 |   |                      |   |                      |                        |   |   |   |
| 14 |   | Monthly Lease        |   |                      |                        |   |   |   |
| 15 | <b>Leased Space</b>                                       |                      |   |                      |                        |   |   |   |
| 16 |   | Payment              |   |                      |                        |   |   |   |
| 17 | Building #1   |                      | Feel free to change the building name to something that makes sense to you. All future spreadsheets will display what you enter here. |                      |                        |   |   |   |
| 18 | Building #2   |                      |   |                      |                        |   |   |   |
| 19 | Building #3   |                      |   |                      |                        |   |   |   |
| 20 | Building #4   |                      |   |                      |                        |   |   |   |
| 21 |   |                      |   |                      |                        |   |   |   |
| 22 |   |                      |   |                      |                        |   |   |   |
| 23 | <b>Owned Buildings</b>                                    | <b>Original Cost</b> | <b>Term in Years</b>  | <b>Interest Rate</b> | <b>Annual Payments</b> | Override the annual payments if you know the amount but not the cost, term or interest rate   |   |   |
| 24 |   |                      |   |                      |                        |   |   |   |
| 25 | Building #1   |                      | 30  |                      | \$0.00                 |   |   |   |
| 26 | Building #2   |                      | 30  |                      | \$0.00                 | Feel free to change the building name to something that makes sense to you. All future spreadsheets will display what you enter here.   |   |   |
| 27 | Building #3   |                      | 30  |                      | \$0.00                 |   |   |   |
| 28 | Building #4   |                      | 30  |                      | \$0.00                 |   |   |   |
| 29 |   |                      |   |                      |                        |   |   |   |
| 30 |   |                      |   |                      |                        |   |   |   |
| 31 |   |                      |   |                      |                        |   |   |   |

Rows 7-12 are for donated space. For each category of space, enter the number of square feet in column B. Column C has some default square footage price estimates. If you know a specific value for your area, you can override these numbers with actual values.

Rows 14-20 are for lease payments made for space you occupy but don't own. Enter your monthly lease payment for each building.

Rows 23-28 are for buildings you own. If you know the original cost, interest rate and mortgage term, enter those values and the annual payment amount will be automatically calculated. As an alternative, if you know the annual mortgage cost, you can just type it into the red area. NOTE: for owned buildings, enter ANNUAL information and for leased buildings, enter MONTHLY lease payments.

**What this tab does:** The

**STOP – IT IS TIME TO SAVE YOUR WORK.** Click on File and then Save.

Now it's time to move to the *Other Capital* tab.

Other Capital:

**What this tab does:** *Other Capital* tab collects information to set up depreciation for capital items that are not included on the *Vehicles* tab. Capital items are those that cost over \$500 and have a useful life that exceeds one year.

| Rural EMS & Trauma Technical Assistance Center<br>Ambulance Service Budget Model |                           |  |          |             |              |  |   |
|--|---------------------------|--|----------|-------------|--------------|--|---|
| 4  | Test Ambulance Service    |  |          |             |              |  |   |
| 6  |                           |  | Purchase | Years       |              |  |   |
| 7  | Communications            |  | Cost     | Useful Life | Depreciation |  |   |
| 8  | Base Stations             |  |          | 10          | \$0          | Feel free to change the names of equipment and the useful life listed in the first column anywhere on this page. |   |
| 9  | Repeaters, Towers         |  |          | 10          | \$0          |  |   |
| 10   | Vehicle Radios            |  |          | 10          | \$0          |  |   |
| 11   | Pagers, Radios, Phones    |  |          | 5           | \$0          |  | If you know actual depreciation you may change the red areas. |
| 12   | Other                     |  |          | 5           | \$0          |  |   |
| 14   | Patient Care Equipment    |  |          |             |              |  |   |
| 15   | Stretchers                |  |          | 5           | \$0          |  |   |
| 16   | Defibrillators            |  |          | 10          | \$0          |  |   |
| 17   | Other                     |  |          | 5           | \$0          |  |   |
| 19   | Mechanic Tools, Equipment |  |          |             |              |  |   |
| 20   | Mechanic                  |  |          | 20          | \$0          |  |   |
| 22   | Office Equipment          |  |          |             |              |  |   |
| 23   | Furniture                 |  |          | 5           | \$0          |  |   |
| 24   | Computers                 |  |          | 5           | \$0          |  |   |
| 25   | Other                     |  |          | 5           | \$0          |  |   |

The *Other Capital* tab has 4 categories common capital equipment:

communications, patient care, mechanic, and office equipment. If you have equipment that doesn't fit into one of these categories, you'll have to make it fit somewhere. Use one of the "other" categories on rows 12, 17 or 25. Type over the word "other" to remember what equipment you placed there.

**What this tab does:** The

In each category, enter the purchase cost of the item(s) purchased. Feel free to change the number of years in the “Years Useful Life” columns. If you included your stretcher(s) or defibrillator(s) as equipment on the vehicle tab, do not enter them here.

**STOP – IT IS TIME TO SAVE YOUR WORK.** Click on File and then Save.

Now it’s time to move to the *Staffing* tab.

**Staffing:**

*Staffing* tab collects information about how you staff your ambulance service and will estimate your salary costs for next year.

|    | A  | B | C                 | D             | E           | F  | G               | I              | J                              | K | L |
|----|--|---|-------------------|---------------|-------------|--|-----------------|----------------|--------------------------------|---|---|
| 1  | Rural EMS & Trauma Technical Assistance Center |   |                   |               |             |  |                 |                |                                |   |   |
| 2  | Ambulance Service Budget Model                 |   |                   |               |             |  |                 |                |                                |   |   |
| 3  |  |   |                   |               |             |  |                 |                |                                |   |   |
| 4  | Test Ambulance Service                         |   |                   |               |             |  |                 |                |                                |   |   |
| 5  |  |   |                   |               |             |  |                 |                |                                |   |   |
| 6  |  |   |                   |               |             |  |                 |                |                                |   |   |
| 7  | Administration                                 |   | Hours Per Week    | Rate/Hr       | OR Annual   |  |                 |                |                                |   |   |
| 8  | Administrative Position #1                     |   |                   |               | \$ -        | Either specify hours per week and a rate |                 |                |                                |   |   |
| 9  | Administrative Position #2                     |   |                   |               | \$ -        | OR enter an annual amount.               |                 |                |                                |   |   |
| 10 | Administrative Position #3                     |   |                   |               | \$ -        |  |                 |                |                                |   |   |
| 11 | Administrative Position #4                     |   |                   |               | \$ -        |  |                 |                |                                |   |   |
| 12 | Administrative Position #5                     |   |                   |               | \$ -        |  |                 |                |                                |   |   |
| 13 |  |   |                   |               |             |  |                 |                |                                |   |   |
| 14 |  |   | # of Crew Members | Hours per day | Hourly Rate | Pay Per Transport                        | # of Transports | OR Annual Cost |                                |   |   |
| 15 | Ambulance Staff                                |   |                   |               |             |  |                 |                |                                |   |   |
| 16 | Ambulance #1                                   |   |                   |               |             |  |                 | \$ -           | Either use the green sections  |   |   |
| 17 | Ambulance #2                                   |   |                   |               |             |  |                 | \$ -           | OR enter an yellow amount.     |   |   |
| 18 | Ambulance #3                                   |   |                   |               |             |  |                 | \$ -           |                                |   |   |
| 19 | Ambulance #4                                   |   |                   |               |             |  |                 | \$ -           |                                |   |   |
| 20 | Ambulance #5                                   |   |                   |               |             |  |                 | \$ -           |                                |   |   |
| 21 | Ambulance #6                                   |   |                   |               |             |  |                 | \$ -           |                                |   |   |
| 22 | Ambulance #7                                   |   |                   |               |             |  |                 | \$ -           |                                |   |   |
| 23 | Ambulance #8                                   |   |                   |               |             |  |                 | \$ -           |                                |   |   |
| 24 | Ambulance #9                                   |   |                   |               |             |  |                 | \$ -           |                                |   |   |
| 25 | Ambulance #10                                  |   |                   |               |             |  |                 | \$ -           |                                |   |   |
| 26 |  |   |                   |               |             |  |                 |                |                                |   |   |
| 27 |  |   |                   |               |             |  |                 |                |                                |   |   |
| 28 |  |   | # of Crew Members | Hours per day | Hourly Rate |  |                 | Annual Cost    |                                |   |   |
| 29 | Communications                                 |   |                   |               |             |  |                 | \$ -           | Either use the yellow sections |   |   |
| 30 | Administrative Dispatcher                      |   |                   |               |             |  |                 | \$ -           | OR enter an annual amount.     |   |   |
| 31 |  |   |                   |               |             |  |                 | \$ -           |                                |   |   |
| 32 |  |   |                   |               |             |  |                 |                |                                |   |   |

Let’s make this friendly for you. If you have administrative staff, type over the label Administrative Position #1 in cell A8 with either the name or job classification for the person

***What this tab does:*** The filling the role. If you have more than one administrative position (billing, secretary, etc.) do the same on A9 to A12.

For administration, you will either enter the hours worked per week in column C and the rate per hour in column D, or you can type in an annual amount in column E.

Whether you staff full-time, volunteer or some combination of each, the ambulance staff section should work for you. This section is organized around your ambulance vehicles. If you have full-time staff or pay an on-call stipend to volunteers, you'll use columns E and F. If you pay your staff a per-run stipend, you'll use columns G and H. If you already know your annual salary costs, you can simply enter those in column J.

*Example:* ABC ambulance service staffs one ambulance 24 hours a day with two fulltime staff. They have a second ambulance which uses on-call staff that are each paid \$2 per hour while on call, and \$20 per run. On their 500 billable runs, the full-time staffed ambulance completes 450 and volunteers complete the other 50.

**What this tab does:**

In cell D16 enter “2” to represent the two full time staff. In cell D17 enter “2” to represent the volunteers on call. In E16 and E17 enter 24, to represent around the clock staffing.

In cell F16 you will enter the average pay rate of the full-time staff. If your staff are paid different hourly rates depending on their longevity with the service, simply add up all of their pay rates and divide by the number of employees and this will give you the average hourly rate. The typical ambulance service will pay some overtime during the course of the year. Estimate the number of overtime hours and fill in the blocks below. Use that result as the Hourly Rate for cell F16.

|  | <i>Calculation</i>   | <i>Result</i> |
|--|--|---------------|
| Number of hours per year                         | 24 hours times 365 days  | 8,760         |
| Average hourly pay rate                          | XXXXXXXXXX   |               |
| Estimated annual number of hours of overtime pay | XXXXXXXXXX   |               |
| Average hourly pay rate at time and one-half     | Average hourly pay rate times 1.5  |               |
| Annual Regular Pay                               | Number of hours per year (8,760) times average hourly pay rate                       |               |
| Annual Overtime Pay                              | Number of overtime hours per year times average hourly pay rate at time and one-half |               |
| Total Pay  | Annual Regular Pay Plus Annual Overtime Pay  |               |
| Average hourly pay including overtime factor     | Total Pay divided by number of hours per year (8,760)                                |               |

In cell D16 enter “2” for the volunteers that are on call. In cell E16 enter 24. In cell F16 enter “2” for the \$2 per hour call time. In cell G16 enter 20 for the per-run stipend and in cell H16 enter 50 – the number of transports completed by the volunteers.

Use a similar process to enter the information for communications and mechanic staff (if any).

**STOP – IT IS TIME TO SAVE YOUR WORK.** Click on File and then Save.

Now it’s time to move to the *Training* tab.

**What this tab does:**

**Training:**

The *Training* tab collects information about your ongoing education costs.

|    | A   | B | C | D      | E              | F            | G          | H        | I     | J |
|----|---|---|---|--------|----------------|--------------|------------|----------|-------|---|
| 1  | <b>Rural EMS &amp; Trauma Technical Assistance Center</b> |   |   |        |                |              |            |          |       |   |
| 2  | <b>Ambulance Service Budget Model</b>                     |   |   |        |                |              |            |          |       |   |
| 3  |   |   |   |        |                |              |            |          |       |   |
| 4  | Test Ambulance Service                                    |   |   |        |                |              |            |          |       |   |
| 5  |   |   |   |        |                |              |            |          |       |   |
| 6  |   |   |   |        |                |              |            |          |       |   |
| 7  |   |   |   |        |                |              |            |          |       |   |
| 8  |   |   |   |        | State/Natl     | Continuing   |            |          |       |   |
| 9  |   |   |   |        | Certification/ | Ed/Refresher |            |          | Other |   |
| 10 | Administration  |   |   |        | License Fee    | Cost         | Conference | Training | Total |   |
| 11 | Administrative Position #1                                |   |   |        |                |              |            |          |       |   |
| 12 | Administrative Position #2                                |   |   |        |                |              |            |          |       |   |
| 13 | Administrative Position #3                                |   |   |        |                |              |            |          |       |   |
| 14 | Administrative Position #4                                |   |   |        |                |              |            |          |       |   |
| 15 | Administrative Position #5                                |   |   |        |                |              |            |          |       |   |
| 17 | Ambulance Staff   |   |   | Number |                |              |            |          |       |   |
| 18 | First Responders/Drivers                                  |   |   |        |                |              |            |          |       |   |
| 19 | EMTs  |   |   |        |                |              |            |          |       |   |
| 20 | Paramedics  |   |   |        |                |              |            |          |       |   |
| 21 | Nurses  |   |   |        |                |              |            |          |       |   |
| 22 | Other   |   |   |        |                |              |            |          |       |   |
| 24 | Communications  |   |   | Number |                |              |            |          |       |   |
| 25 | Administrative  |   |   |        |                |              |            |          |       |   |
| 26 | Dispatcher  |   |   |        |                |              |            |          |       |   |
| 28 | Mechanics   |   |   | Number |                |              |            |          |       |   |
| 29 | Administrative  |   |   |        |                |              |            |          |       |   |
| 30 | Mechanics   |   |   |        |                |              |            |          |       |   |
| 32 |   |   |   |        |                |              |            | Total    |       |   |
| 33 |   |   |   |        |                |              |            |          |       |   |
| 34 |   |   |   |        |                |              |            |          |       |   |
| 35 |   |   |   |        |                |              |            |          |       |   |

The amounts entered into this tab should be ANNUAL amounts per person. Many States require certification/licensure renewal every two or three years. If your service pays these fees or reimburses staff for them, divide the fee paid by the number of years the certificate/licensure is valid. See an example on the Budget Model Worksheet for how to calculate this result. The example is based on a State certification/licensure fee of \$40 for four years and a National Registry fee of \$25 for two years.

Use a similar process to calculate the annual cost of refresher courses if your service pays for them. If your service pays for conference attendance, include the average cost of conference registration plus travel expenses in column G.

If there is other training that you pay for (for example ACLS or PALS courses), report an average ANNUAL amount that includes reimbursed travel costs. For example, let's say you pay a registration fee of \$150 and reimburse on average \$50 in travel related costs for ACLS. Since the refresher course is every two years, the cost per two-year cycle per person is \$200. However, you should report the ANNUAL cost per person (\$100).

**What this tab does:**

**STOP – IT IS TIME TO SAVE YOUR WORK.** Click on File and then Save.

Now it's time to move to the *Other Expenses* tab.

Other Expenses:

**What this tab does:** This tab collects information about expenses that have not been recorded elsewhere on any tabs.

|    | A   | B                                   | C | D   | E |
|----|---|-------------------------------------|---|---|---|
| 1  | <b>Rural EMS &amp; Trauma Technical Assistance Center</b> |                                     |   |   |   |
| 2  | <b>Ambulance Service Budget Model</b>                     |                                     |   |   |   |
| 3  |   |                                     |   |   |   |
| 4  | <b>Test Ambulance Service</b>                             |                                     |   |   |   |
| 5  |   |                                     |   |   |   |
| 6  | <b>Patient Care</b>                                       |                                     |   |   |   |
| 7  | 6103  | Medical Supplies-Patient Care       |   | Please do not change the account numbers or descriptions on this page. They are part of a national standardized EMS accounting system. Include the cost of uniforms, coats, etc., on this line.   |   |
| 8  | 6104  | Gases (oxygen)-Patient Care         |   |   |   |
| 9  | 6105  | Drugs-Patient Care                  |   |   |   |
| 10 | 6106  | Laundry & Linen-Patient Care        |   |   |   |
| 11 | 6108  | Equipment Repair-Patient Care       |   |   |   |
| 12 | 6109  | Minor Equipment-Patient Care        |   |   |   |
| 13 | 6111  | Books & Periodicals-Patient Care    |   |   |   |
| 14 | 6112  | Travel & Entertainment-Patient Care |   | Enter items on this page that have not been covered earlier in the worksheet  |   |
| 15 | <b>Dispatch</b>   |                                     |   |   |   |
| 16 | 6203  | Dispatch Supplies                   |   |   |   |
| 17 | 6209  | Dispatch Minor Equipment            |   |   |   |
| 18 | 6213  | Telephone                           |   |   |   |
| 19 | 6214  | Radio Maintenance                   |   |   |   |
| 20 | <b>Administration</b>                                     |                                     |   |   |   |
| 21 | 6303  | Office Supplies                     |   | Note: On the next sheet, benefits are automatically calculated as a percentage of payroll (30% unless you adjust it). If you wish to use actual numbers in these red cells, be sure to adjust the benefits accordingly on the next sheet. |   |
| 22 | 6308  | Office Repair & Maintenance         |   |   |   |
| 23 | 6309  | Office Minor Equipment              |   |   |   |
| 24 | 6311  | Books & Periodicals                 |   |   |   |
| 25 | 6312  | Travel & Entertainment              |   |   |   |
| 26 | 6313  | Administration Telephone            |   |   |   |
| 27 | 6320  | Worker's Comp                       |   |   |   |
| 28 | 6321  | Unemployment Tax                    |   |   |   |
| 29 | 6322  | FICA Tax                            |   |   |   |
| 30 | 6323  | General Liability Insurance         |   |   |   |
| 31 | 6324  | Professional Liability Insurance    |   |   |   |

This tab requires some detective work on your part. You will need to go through your records from last year to determine the total amounts paid for these various categories. The tab is organized into six different sections: patient care expenses, dispatch expenses, administrative expenses, interest expense, building expenses, and vehicle expenses.

**DO NOT CHANGE THE ACCOUNT NUMBERS OR DESCRIPTIONS ON**

**THIS TAB.** They are part of a national standard EMS Chart of Accounts. If you don't see a category that matches the way you have previously recorded your expenses, you'll need to find the best fit. If you use QuickBooks® or some other proprietary software, you can set-up sub-accounts to these categories later to match the way you keep track of expenses.

On the *Budget* tab that follows this one, some benefit costs will be automatically calculated for you, using an average benefit rate of 30 percent of salary. If you don't want to use this average rate and you know the actual costs of the red areas in column C, fill in the actual amount in the benefits cells under patient care, dispatch and administration in column C. Change the (0.3) in the formula to reflect your actual benefit.

What this tab does:  
percentage.

**STOP – IT IS TIME TO SAVE YOUR WORK.** Click on File and then Save.

Now it's time to move to the *Budget* tab.

**Budget:**

This tab displays the calculations and amounts entered on all previous tabs. It also demonstrates the value of contributed items, either by other agencies to yours, or by your volunteer staff. It uses an inflation factor to increase your budget amounts from last year to the current year.

| Rural EMS & Trauma Technical Assistance Center<br>Ambulance Service Budget Model |      |                                     |           |             |             |           |
|--|------|-------------------------------------|-----------|-------------|-------------|-----------|
| Test Ambulance Service   |      |                                     |           |             |             |           |
|  |      |                                     |           | Contributed | Contributed |           |
|  |      | Last                                | Percent   | By          | By          | Budget    |
|  |      | Year                                | Inflation | Community 1 | Staff 2     |           |
| <b>Patient Care</b>  |      |                                     |           |             |             |           |
| 10   | 6101 | Salaries-Patient Care               | \$ -      | 3.00%       |             | \$ -      |
| 11   | 6102 | Benefits-Patient Care               | \$ -      | 3.00%       |             | \$ -      |
| 12   | 6103 | Medical Supplies-Patient Care       | \$ -      | 3.00%       |             | \$ -      |
| 13   | 6104 | Gases (oxygen)-Patient Care         | \$ -      | 3.00%       |             | \$ -      |
| 14   | 6105 | Drugs-Patient Care                  | \$ -      | 3.00%       |             | \$ -      |
| 15   | 6106 | Laundry & Linen-Pateint Care        | \$ -      | 3.00%       |             | \$ -      |
| 16   | 6107 | Equipment Depreciation-patient care | \$ -      | 3.00%       |             | \$ -      |
| 17   | 6108 | Equipment Repair-Patient Care       | \$ -      | 3.00%       |             | \$ -      |
| 18   | 6109 | Minor Equipment-Patient Care        | \$ -      | 3.00%       |             | \$ -      |
| 19   | 6110 | Training-Patient Care               | \$ -      | 3.00%       |             | \$ -      |
| 20   | 6111 | Books & Periodicals-Patient Care    | \$ -      | 3.00%       |             | \$ -      |
| 21   | 6112 | Travel & Entertainment-Patient Care | \$ -      | 3.00%       |             | \$ -      |
| <b>Dispatch</b>  |      |                                     |           |             |             |           |
| 23   | 6201 | Dispatch Salaries                   | \$ -      | 3.00%       | \$ 131,400  | \$ -      |
| 24   | 6202 | Dispatch Benefits                   | \$ -      | 3.00%       | \$ 39,420   | \$ -      |
| 25   | 6203 | Dispatch Supplies                   | \$ -      | 3.00%       |             | \$ -      |
| 26   | 6207 | Dispatch Equipment Depreciation     | \$ -      | 3.00%       |             | \$ -      |
| 27   | 6209 | Dispatch Minor Equipment            | \$ -      | 3.00%       |             | \$ -      |
| 28   | 6213 | Telephone                           | \$ -      | 3.00%       |             | \$ -      |
| 29   | 6214 | Radio Maintenance                   | \$ -      | 3.00%       |             | \$ -      |
| <b>Administration</b>  |      |                                     |           |             |             |           |
| 31   | 6301 | Administration Salaries             | \$ -      | 3.00%       |             | \$ 31,200 |

About the patient care section: If you elected to fill in the red cells in the previous tab for benefits you should make the amount in cell C11 "0." Otherwise, benefits will be reported twice. If your total employee salaries do not equate to at least \$10 per hour for two people, cells F10 and F11 will report an amount that volunteers contribute. This number can be a powerful tool for you as you report the estimated dollar value you provided to the community through the volunteers' service. Feel free to change the Percent Inflation on any or all of the rows in column D to match your particular circumstances. Column G is calculated by taking the actual or estimated information in column C times the inflation factor in column E for that row.



**What this tab does:**

About the dispatch section: Many ambulance services do not operate their own dispatch centers; the service is dispatched by the police or sheriff's departments. If you haven't reported an amount equivalent to \$15 per hour, 24 hours a day in dispatch salaries, this sheet will estimate the value that your dispatch center provides to you. If you elected to fill in the red cells in the previous tab for benefits you should make the amount in cell C24 "0."

About the administrative section: Many ambulance services have part-time managers. If you have not reported at least \$15 per hour for 40 hours per week in administrative payroll costs, this sheet will report the value of the contribution to the service by your management staff. If you elected to fill in the red cells in the previous tab for benefits you should make the amount in cell C36 zero.

| Rural Emergency Medical Services & Trauma Technical Assistance Center<br>Ambulance Service Budget Model Tool |      |                         |                      |                   |                   |        |
|--|------|-------------------------|----------------------|-------------------|-------------------|--------|
| Ambulance Service Name   |      |                         |                      |                   |                   |        |
|  |      |                         |                      | Contributed<br>By | Contributed<br>By | Budget |
|  |      | Last<br>Year            | Percent<br>Inflation | Community 1       | Staff 2           |        |
| <b>Administration</b>  |      |                         |                      |                   |                   |        |
| 35   | 6301 | Administration Salaries | \$ -                 | 3.00%             | \$ 31,200         | \$ -   |
| 36   | 6302 | Administration Benefits | \$ -                 | 3.00%             | \$ 9,360          | \$ -   |
| 37   | 6303 | Office Supplies         | \$ -                 | 3.00%             |                   | \$ -   |

About the building section: Cell E24 will report the annual value given to the ambulance service for donated space that was reported on the building tab.

|                         |  |                                |      |       |            |           |      |  |
|-------------------------|--|--------------------------------|------|-------|------------|-----------|------|--|
| 64                      | 6353   | Food                           | \$ - | 3.00% |            | \$ -      |      |  |
| 65                      | 6360   | Printing & Publication         | \$ - | 3.00% |            | \$ -      |      |  |
| 66                      | 6361   | Advertising                    | \$ - | 3.00% |            | \$ -      |      |  |
| 67                      | 6362   | Employment Agencies            | \$ - | 3.00% |            | \$ -      |      |  |
| <b>Interest Expense</b> |  |                                |      |       |            |           |      |  |
| 69                      | 6400   | Interest Expense               | \$ - | 3.00% |            | \$ -      |      |  |
| <b>Building</b>         |  |                                |      |       |            |           |      |  |
| 71                      | 6503   | Facilities Supplies & Services | \$ - | 3.00% |            | \$ -      |      |  |
| 72                      | 6507   | Building Depreciation          | \$ - | 3.00% |            | \$ -      |      |  |
| 73                      | 6508   | Building Maintenance           | \$ - | 3.00% |            | \$ -      |      |  |
| 74                      | 6570   | Building Rent                  | \$ - | 3.00% | \$ -       | \$ -      |      |  |
| 75                      | 6571   | Property Taxes                 | \$ - | 3.00% |            | \$ -      |      |  |
| 76                      | 6572   | Utilities                      | \$ - | 3.00% |            | \$ -      |      |  |
| 77                      | 6573   | Housekeeping                   | \$ - | 3.00% |            | \$ -      |      |  |
| 78                      | 6574   | Laundry-non patient care       | \$ - | 3.00% |            | \$ -      |      |  |
| 79                      | 6576   | Property Insurance             | \$ - | 3.00% |            | \$ -      |      |  |
| <b>Vehicles</b>         |  |                                |      |       |            |           |      |  |
| 81                      | 6680   | Vehicle Registration           | \$ - | 3.00% |            | \$ -      |      |  |
| 82                      | 6681   | Vehicle Gas & Oil              | \$ - | 3.00% |            | \$ -      |      |  |
| 83                      | 6682   | Vehicle Repairs                | \$ - | 3.00% |            | \$ -      |      |  |
| 84                      | 6683   | Vehicle Depreciation           | \$ - | 3.00% |            | \$ -      |      |  |
| 85                      | 6684   | Vehicle Leases                 | \$ - | 3.00% |            | \$ -      |      |  |
| 86                      | 6685   | Auto Insurance                 | \$ - | 3.00% |            | \$ -      |      |  |
| 87                      |  |                                | \$ - |       | \$ 170,820 | \$ 40,560 | \$ - |  |
| 88                      |  |                                |      |       |            |           |      |  |
| 89                      | Note 1: If there aren't costs included on the staffing sheet to pay one dispatcher at least minimum wage 24 hours a day, the cost of |                                |      |       |            |           |      |  |
| 90                      | one dispatcher at an average \$15, less any amount indicated paid for dispatching fees is included in this column. Donated space is  |                                |      |       |            |           |      |  |
| 91                      | also reflected here as calculated on the Building sheet.   |                                |      |       |            |           |      |  |
| 92                      | Note 2: if there isn't enough costs per staffed ambulance to pay two people 24x7 at least minimum wage, then the donated services    |                                |      |       |            |           |      |  |
| 93                      | indicated here are calculated at \$10 per hour for each of 2 people 24x7 for each scheduled ambulance, less any amounts paid         |                                |      |       |            |           |      |  |
| 94                      | in salary costs on the staffing sheet. A similar method is used to determine at least one manager works full-time at \$15 per hour.  |                                |      |       |            |           |      |  |
| 95                      |  |                                |      |       |            |           |      |  |

***What this tab does:***

Row 87 provides a total of your expenses from last year, the value added to the service by donated space or dispatch, the value provided to the community by volunteers, and budget amounts for next year that are based on this year's budget plus an inflation factor. When you're satisfied the amounts are correct, you should print this page.

**STOP – IT IS TIME TO SAVE YOUR WORK.** Click on File and then Save.

Now it's time to move to the *Rate Study* tab.

Property of Cedar County

Rate Study:

**What this tab does:** This tab allows you to see the effect of varying base and mileage changes, based on the percentage of collections of your service.

|    | A  | B    | C   | D       | E       | F       | G       | H       | I       | J       | K       | L        | M        | N    | O    |
|----|--|------|---|---------|---------|---------|---------|---------|---------|---------|---------|----------|----------|------|------|
| 1  | <b>Rural EMS &amp; Trauma Technical Assistance Center</b>  |      |   |         |         |         |         |         |         |         |         |          |          |      |      |
| 2  | <b>Ambulance Service Budget Model</b>  |      |   |         |         |         |         |         |         |         |         |          |          |      |      |
| 3  |  |      |   |         |         |         |         |         |         |         |         |          |          |      |      |
| 4  | Test Ambulance Service   |      |   |         |         |         |         |         |         |         |         |          |          |      |      |
| 5  |  |      |   |         |         |         |         |         |         |         |         |          |          |      |      |
| 6  | You entered the # of emergency and non-emergency trips and # of loaded miles (the red cells) on the demographics page. |      |   |         |         |         |         |         |         |         |         |          |          |      |      |
| 7  | If you wish to see the affect of changes to these values, please change them on the demographics                       |      |   |         |         |         |         |         |         |         |         |          |          |      |      |
| 8  |  |      |   |         |         |         |         |         |         |         |         |          |          |      |      |
| 9  | <b>EMERGENCIES</b>   |      | Charge If you change the number in yellow, the other columns will automatically increase by 50 dollars. |         |         |         |         |         |         |         |         |          |          |      |      |
| 10 | Emergency Calls  | 0    | \$ 250  | \$ 300  | \$ 350  | \$ 400  | \$ 450  | \$ 500  | \$ 550  | \$ 600  | \$ 650  | \$ 700   | \$ 750   |      |      |
| 11 | Collections at   | 100% | \$ -  | \$ -    | \$ -    | \$ -    | \$ -    | \$ -    | \$ -    | \$ -    | \$ -    | \$ -     | \$ -     | \$ - | \$ - |
| 12 | Collections at   | 90%  | \$ -  | \$ -    | \$ -    | \$ -    | \$ -    | \$ -    | \$ -    | \$ -    | \$ -    | \$ -     | \$ -     | \$ - | \$ - |
| 13 | Collections at   | 80%  | \$ -  | \$ -    | \$ -    | \$ -    | \$ -    | \$ -    | \$ -    | \$ -    | \$ -    | \$ -     | \$ -     | \$ - | \$ - |
| 14 | Collections at   | 70%  | \$ -  | \$ -    | \$ -    | \$ -    | \$ -    | \$ -    | \$ -    | \$ -    | \$ -    | \$ -     | \$ -     | \$ - | \$ - |
| 15 | Collections at   | 60%  | \$ -  | \$ -    | \$ -    | \$ -    | \$ -    | \$ -    | \$ -    | \$ -    | \$ -    | \$ -     | \$ -     | \$ - | \$ - |
| 16 | Collections at   | 50%  | \$ -  | \$ -    | \$ -    | \$ -    | \$ -    | \$ -    | \$ -    | \$ -    | \$ -    | \$ -     | \$ -     | \$ - | \$ - |
| 17 | Collections at   | 40%  | \$ -  | \$ -    | \$ -    | \$ -    | \$ -    | \$ -    | \$ -    | \$ -    | \$ -    | \$ -     | \$ -     | \$ - | \$ - |
| 18 |  |      |   |         |         |         |         |         |         |         |         |          |          |      |      |
| 19 | <b>NON-EMERGENCIES</b>   |      | Charge If you change the number in yellow, the other columns will automatically increase by 50 dollars. |         |         |         |         |         |         |         |         |          |          |      |      |
| 20 | Non-emergency Calls  | 0    | \$ 250  | \$ 300  | \$ 350  | \$ 400  | \$ 450  | \$ 500  | \$ 550  | \$ 600  | \$ 650  | \$ 700   | \$ 750   |      |      |
| 21 | Collections at   | 100% | \$ -  | \$ -    | \$ -    | \$ -    | \$ -    | \$ -    | \$ -    | \$ -    | \$ -    | \$ -     | \$ -     | \$ - | \$ - |
| 22 | Collections at   | 90%  | \$ -  | \$ -    | \$ -    | \$ -    | \$ -    | \$ -    | \$ -    | \$ -    | \$ -    | \$ -     | \$ -     | \$ - | \$ - |
| 23 | Collections at   | 80%  | \$ -  | \$ -    | \$ -    | \$ -    | \$ -    | \$ -    | \$ -    | \$ -    | \$ -    | \$ -     | \$ -     | \$ - | \$ - |
| 24 | Collections at   | 70%  | \$ -  | \$ -    | \$ -    | \$ -    | \$ -    | \$ -    | \$ -    | \$ -    | \$ -    | \$ -     | \$ -     | \$ - | \$ - |
| 25 | Collections at   | 60%  | \$ -  | \$ -    | \$ -    | \$ -    | \$ -    | \$ -    | \$ -    | \$ -    | \$ -    | \$ -     | \$ -     | \$ - | \$ - |
| 26 | Collections at   | 50%  | \$ -  | \$ -    | \$ -    | \$ -    | \$ -    | \$ -    | \$ -    | \$ -    | \$ -    | \$ -     | \$ -     | \$ - | \$ - |
| 27 | Collections at   | 40%  | \$ -  | \$ -    | \$ -    | \$ -    | \$ -    | \$ -    | \$ -    | \$ -    | \$ -    | \$ -     | \$ -     | \$ - | \$ - |
| 28 |  |      |   |         |         |         |         |         |         |         |         |          |          |      |      |
| 29 | <b>Mileage</b>   |      | Charge If you change the number in yellow, the other columns will automatically increase by 50 cents.   |         |         |         |         |         |         |         |         |          |          |      |      |
| 30 | Loaded Miles   | 0    | \$ 5.50   | \$ 6.00 | \$ 6.50 | \$ 7.00 | \$ 7.50 | \$ 8.00 | \$ 8.50 | \$ 9.00 | \$ 9.50 | \$ 10.00 | \$ 10.50 |      |      |
| 31 | Collections at   | 100% | \$ -  | \$ -    | \$ -    | \$ -    | \$ -    | \$ -    | \$ -    | \$ -    | \$ -    | \$ -     | \$ -     | \$ - | \$ - |

This tab is a tool for you to estimate what your charges will need to be in order to recoup your cost of providing service. The number of emergency calls, non-emergency calls, and billed miles reported on the demographics tab are displayed in cells B10, B20 and B30. Note: in order to provide you with an example, we have used 500 emergency trips, 200 non-emergency trips and 9,000 billable miles. When you open this sheet, the numbers you entered on the demographics page will be displayed.

In order to use this sheet, you will need to ask your billing clerk or billing company what your average percentage of collections are. If you bill \$100,000 annually and collect \$70,000, then your collection percentage is 70 percent. We'll use this as an example. In this example, if you bill a \$250 base rate for your 500 emergencies, you would collect roughly the amount in cell C14 (\$87,500). For 200 non-emergencies charged at a \$250 base rate you would collect the amount in cell C24 (\$35,000). For 9,000 billed miles at \$9 per mile, you would collect the amount in cell C34 (\$56,700). Your total collections for 500 emergencies, 200 non-emergencies and 9,000 billed miles would be \$179,200.

**STOP – IT IS TIME TO SAVE YOUR WORK.** Click on File and then Save.

You can use this sheet to test various rates and collection percentages. We have provided space for you to add these three collections amounts on the Budget Model Worksheet.

If you need to adjust the rates up or down for any or each of the categories, simply change the numbers in cells C10, C20 and C30. Each column D through M on row 10 increases the base rate by \$50. If you want to see what a base rate of \$100 would collect, change C10 to \$100. Then D10 will automatically convert to \$150, E10 to \$200 and so on.

**STOP – IT IS TIME TO SAVE YOUR WORK.** Click on File and then Save.

Congratulations! You have finished your own budget based on the Budget Model. We would appreciate hearing from you about your experience using this tool, what you did with it when you were finished, and ways we can enhance it in the future. To provide comments, please e-mail [info@remsttac.org](mailto:info@remsttac.org) or telephone us at (866) 587-6370.

Unless you plan to use QuickBooks® and want to import the Chart of Accounts and your budget, you're finished with this tool. Importing into QuickBooks® will be covered in the next section. Printing costs for the QuickBooks® Pro Edition ranged from \$199.95 to \$399.95 at the time this document was printed.

Whether or not you export your data to QuickBooks® you have taken a very important step in planning for the financial future of your Agency. By exporting your data to QuickBooks® or another off-the-shelf accounting software system, you will be able to follow the financial performance of your ambulance service on a monthly basis. Tracking expenditures and revenues monthly better enables you to anticipate future needs and plan for addressing them. Maintaining a detailed budget will also provide you with persuasive data to share with others when you need to demonstrate the value and needs of your ambulance service.

## QUICKBOOKS EASY STEP INTERVIEW

There is one tab in the Budget Model that you haven't used yet. This tab contains the and budget information you've just completed, which can be imported into QuickBooks®. This information is formatted for QuickBooks® Pro 2006. Whether it will import into other versions of QuickBooks® is unknown.

We will provide you with a step-by-step example of importing this data that assumes you just purchased QuickBooks® and are starting from scratch.

After installing QuickBooks®, start the program. Follow the prompts in the program.

You will see the following screen.



Fill in the appropriate information and click Next.

**Creating New Company**

Please enter your company name, address, and the first month of your fiscal year.

Company Name

Legal Name

Address

Country

Phone #

FAX #

E-mail

Web Site

First month in your fiscal year

First month in your income tax year

Income Tax Form Used

Next Cancel Help

Select "(No Type)" on the left side and click Next.

**Creating New Company**

QuickBooks can help you start your company with a preset chart of accounts. You'll be able to edit the accounts that are created.

Please select the company type which most closely matches yours.

Listed below are the accounts QuickBooks will create for the company type you have selected.

General Business

**(No Type)**

Accounting/CPA

Advertising/PR

Architecture

Construction/Contracting

Consulting

Farming/Ranching

Graphic Design/Printing

Healthcare: General

Insurance

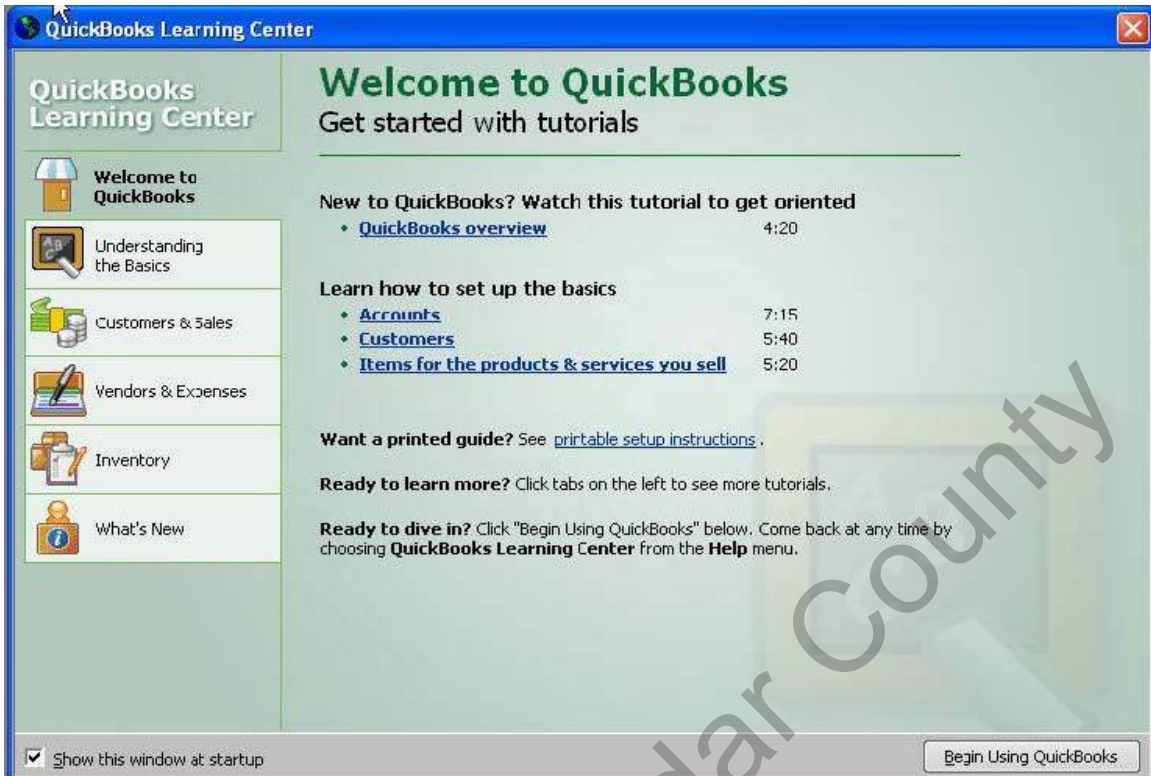
Legal

Manufacturing

(No Accounts):

Next Prev Cancel Help

Choose either the default place to save your file or another location on your hard drive and click save.



Click “Begin Using QuickBooks” in the lower right corner.

If some Alerts pop up, click “Mark as Done” or “Remind Me Again” if you want to be reminded.

Now go back to your Budget Model spreadsheet. You’ll see this in the lower left corner of the sheet:

|    |                     |             |                |  |           |           |    |
|----|---------------------|-------------|----------------|--|-----------|-----------|----|
| 29 | <b>Mileage</b>      |             | <b>Charge</b>  | <b>If you change the number in green, the ot</b> |           |           |    |
| 30 | <b>Loaded Miles</b> | <b>9000</b> | <b>\$ 9.00</b> | \$ 9.50  | \$ 10.00  | \$ 10.50  | \$ |
| 31 | Collections at      | 100%        | \$ 81,000      | \$ 85,500  | \$ 90,000 | \$ 94,500 | \$ |
| 32 | Collections at      | 90%         | \$ 72,900      | \$ 76,950  | \$ 81,000 | \$ 85,050 | \$ |
| 33 | Collections at      | 80%         | \$ 64,800      | \$ 68,400  | \$ 72,000 | \$ 75,600 | \$ |
| 34 | Collections at      | 70%         | \$ 56,700      | \$ 59,850  | \$ 63,000 | \$ 66,150 | \$ |
| 35 | Collections at      | 60%         | \$ 48,600      | \$ 51,300  | \$ 54,000 | \$ 56,700 | \$ |
| 36 | Collections at      | 50%         | \$ 40,500      | \$ 42,750  | \$ 45,000 | \$ 47,250 | \$ |
| 37 | Collections at      | 40%         | \$ 32,400      | \$ 34,200  | \$ 36,000 | \$ 37,800 | \$ |

Navigation: Building / Other Capital / Staffing / Training / Other Expenses / Budget / **Rate Study**

Just above where it says “Ready” click the first arrow on the left side.



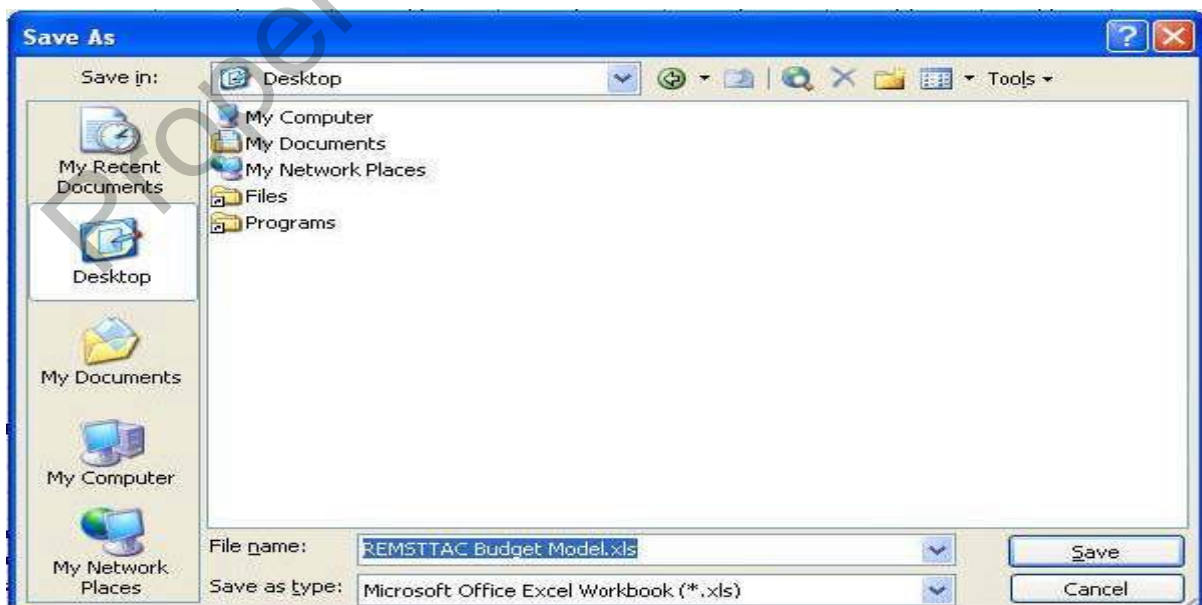
Then you will see the first few tabs in the spreadsheet.



Click on the QuickBooks tab, and you should see this:

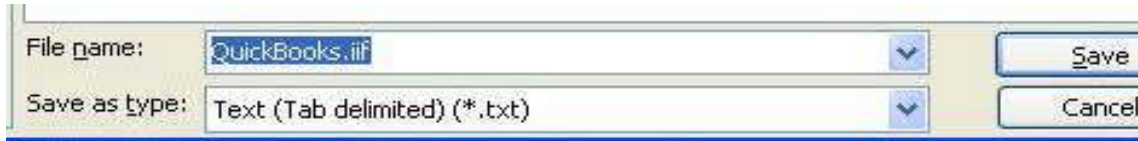
|    | A      | B                           | C             | D           | E         | F          | G          | H       | ACC |
|----|--------|-----------------------------|---------------|-------------|-----------|------------|------------|---------|-----|
| 1  | IHDR   | PROD                        | VER           | REL         | IFVER     | DATE       | TIME       | ACCNTNT | ACC |
| 2  | HDR    | QuickBooks Pro              | Version 16.00 | Release R3P | 1         | 12/30/2005 | 1135995417 | N       |     |
| 3  | IACCNT | NAME                        | REFNUM        | TIMESTAMP   | ACCNTTYPE | OBAMOUNT   | DESC       | ACCNUM  | SCD |
| 4  | ACCNT  | Accounts Receivable         | 6             | 1135983967  | AR        | 0          |            | 1200    |     |
| 5  | ACCNT  | Cash                        | 5             | 1135983963  | OCASSET   | 0          |            | 1000    |     |
| 6  | ACCNT  | Prepaid Expenses            | 7             | 1135984026  | OCASSET   | 0          |            | 1300    |     |
| 7  | ACCNT  | Investments                 | 9             | 1135984079  | OCASSET   | 0          |            | 1500    |     |
| 8  | ACCNT  | Other Assets                | 11            | 1135984122  | OCASSET   | 0          |            | 1700    |     |
| 9  | ACCNT  | Property, Plant & Equipment | 10            | 1135984108  | FIXASSET  | 0          |            | 1600    |     |
| 10 | ACCNT  | Inventory                   | 8             | 1135984055  | OASSET    | 0          |            | 1400    |     |
| 11 | ACCNT  | Accounts Payable            | 12            | 1135984154  | AP        | 0          |            | 2000    |     |
| 12 | ACCNT  | Payroll Liabilities         | 3             | 1135966540  | OCLIAB    | 0          |            | 2100    |     |
| 13 | ACCNT  | Short Term Debt             | 13            | 1135984271  | OCLIAB    | 0          |            | 2200    |     |

We need to save this tab in a format that QuickBooks can recognize. To do that, we're going to save a duplicate of your budget model under a different name and format.





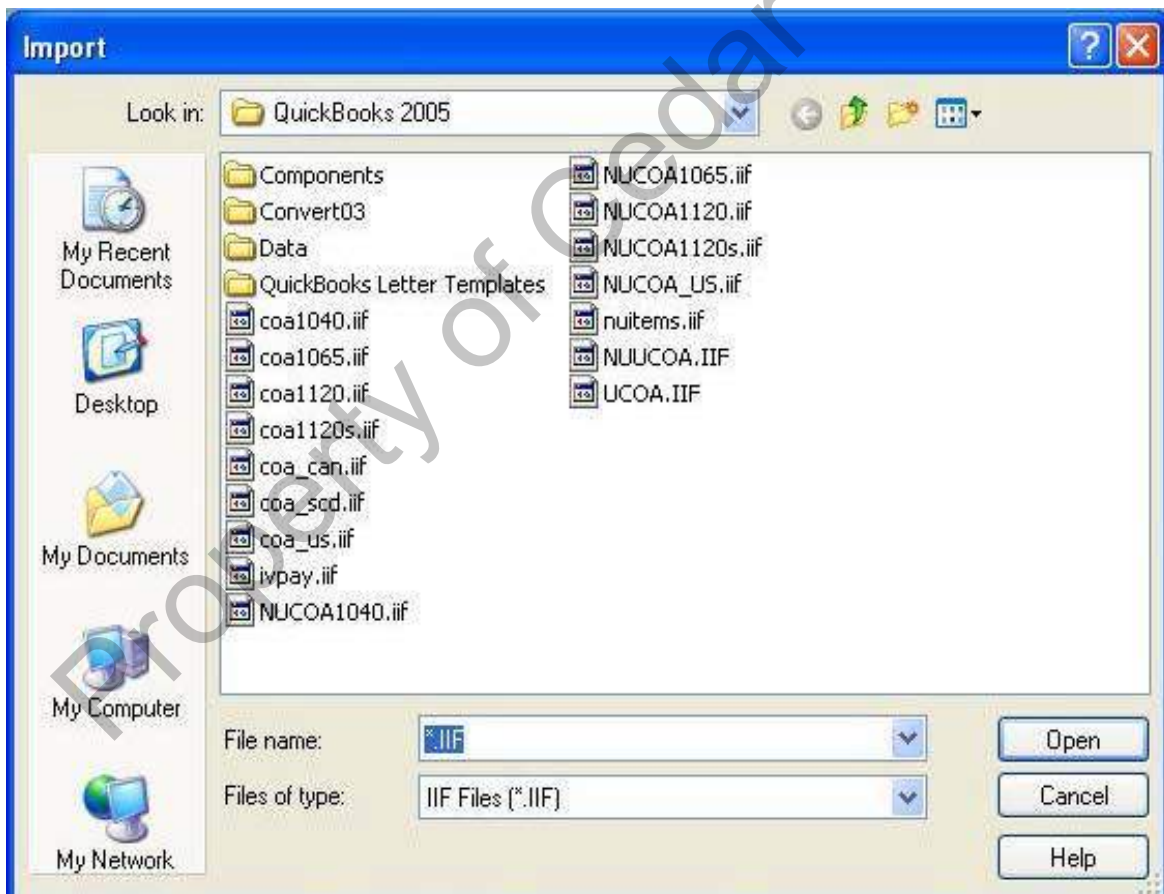
Now change the “Save as type” in the center on the bottom to TEXT. Also, rename the file to QuickBooks.iif.



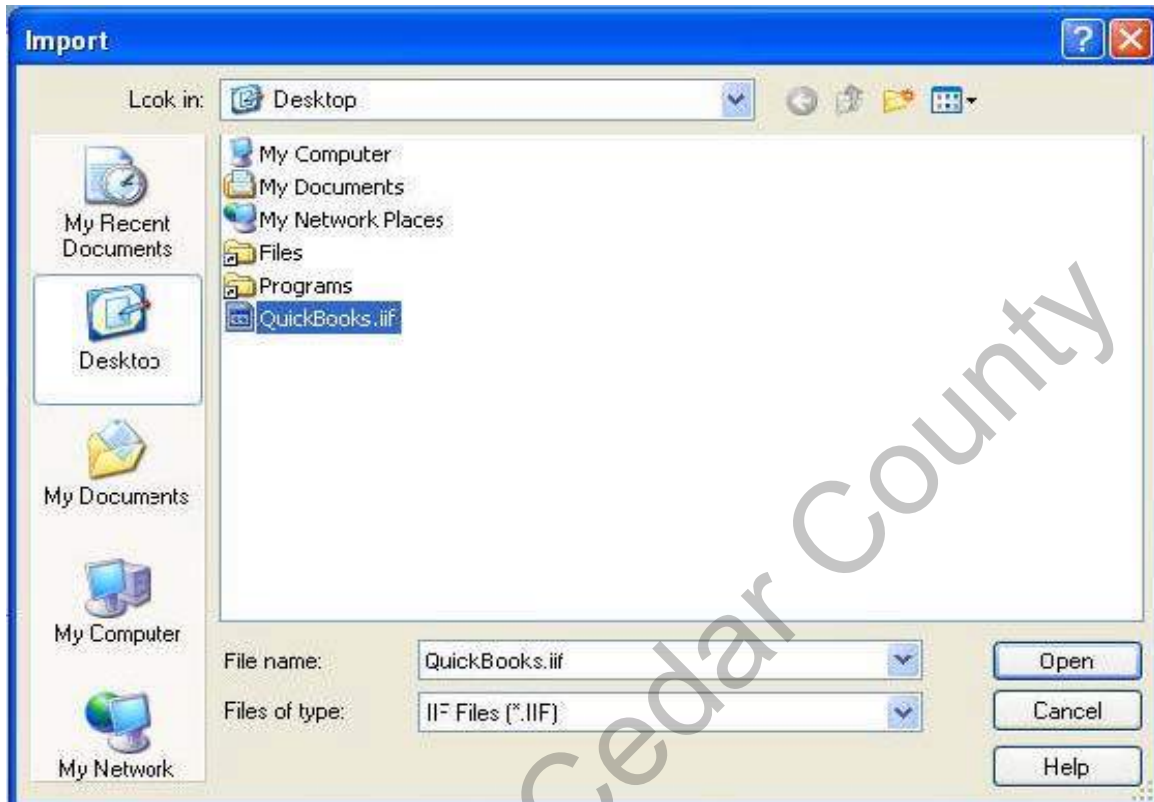
Now click Save. You may now see two dialogue boxes, one informing you that only the current sheet can be saved and the other that some features of Excel may not be available in this format. Click YES to both dialogue boxes.

Back to QuickBooks.

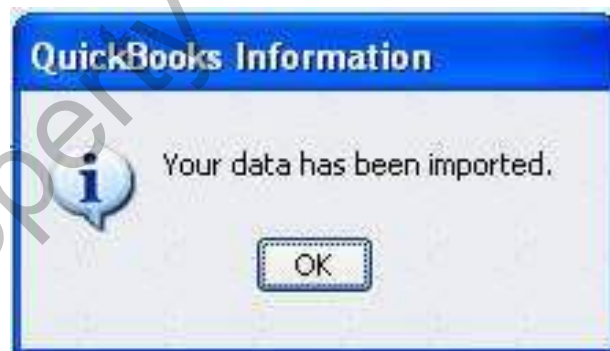
Click on File, then Utilities, then Import, then IIF files.



Now click on Desktop on the left and select the QuickBooks.iif file you previously saved.



Click Open. After the budget is imported you will see the following:



Contact REMSTTAC:

Congratulations! You are finished with this tutorial. Please refer to the extensive in-product and on-line support for QuickBooks.

Thank you for using the budget model. We're interested in your feedback on the use and utility of this product. If you have comments or suggestions for improvement, please contact us at:

REMSTTAC

300 North Willson Avenue

Suite 802-H

Bozeman, MT 59715

*Phone* 406-587-6370 *Toll*

*Free* 866-587-6370 *Fax*

406-585-2741

[info@remsttac.org](mailto:info@remsttac.org)

<http://www.remsttac.org>

Health Resources and Services Administration, Office of Rural Health Policy

5600 Fishers Lane, Room 9A-55

Rockville, MD 20857

*Phone* 301-443-0835 *Fax*

301-443-2803

<http://ruralhealth.hrsa.gov/>

#### **APPENDIX A: REMSTTAC STAKEHOLDERS GROUP**

Jane Ball, Executive Director

EMSC National Resource Center

Trauma-EMS Technical Assistance  
Center

Eli Briggs, Policy & State Affairs  
Manager

National Rural Health Association  
Government Affairs Office

Bethany Cummings  
Rural Affairs Ad Hoc Committee  
National Association of EMS Physicians

Drew Dawson, Chief, EMS Division  
National Highway Traffic Safety  
Administration

Tom Esposito, Medical Director  
Rural EMS and Trauma Technical Assistance Center  
Loyola University Medical Center

Blanca Fuentes, Project Officer  
Department of Health and Human  
Services  
Health Resources and Services  
Administration  
Office of Rural Health Policy

Grant Gray, Representative

National Association of Emergency

Medical Technicians

Christian L. Hanna, Rural Site Director

Children's Safety Network

National Children's Center for Rural

Agricultural Health and Safety

Bob Heath, EMS Education Coordinator

Nevada State Health Division

Marilyn Jarvis, Assistant Director for

Continuing Education

Burns Telecommunications Center

Montana State University

Doug Kupas

Rural Affairs Ad Hoc Committee

National Association of EMS Physicians

Fergus Laughridge, Program Manager

Nevada State Health Division

EMS Bureau of Licensure &

Certification

Tami Lichtenberg, Program Manager

Technical Assistance and Services

Center

Rural Health Resource Center

Patrick Malone, Director

Initiative for Rural Emergency Medical

Services

University of Vermont

N. Clay Mann, Professor, Associate

Director of Research

Intermountain Injury Control Research

Center

University of Utah

Evan Mayfield, CDC Public Health

Advisor

New York Department of Health

Charity Moore, Research Assistant

Cecil G. Sheps Center for Health

Services Research

University of North Carolina at Chapel

Hill

Carol Miller, Executive Director

Frontier Education Center

National Clearinghouse for Frontier

Communities

Daniel Patterson, AHRQ-NRSA Post-

Doctoral Research Fellow

Cecil G. Sheps Center for Health

Services Research

University of North Carolina at Chapel

Hill

Davis Patterson, Research Associate

WWAMI Center for Health Workforce

Studies

University of Washington

Kristine Sande, Project Director

Rural Assistance Center

Dan Summers, Director of Education

Center for Rural Emergency Medicine

West Virginia University

Chris Tilden, Interim Director

Kansas Department of Health &

Environment

Office of Local & Rural Health

Robert K. Waddell II, Secretary

/Treasurer

National Association of EMS Educators

Bill White, President

National Native American EMS

Association

Gary Wingrove, Program Development

Technical Assistance and Services

Center

Rural Health Resource Center

Jill Zabel, Healthcare Consulting

Wipfli LLP

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Appendix D – Cedar County EMS Districts

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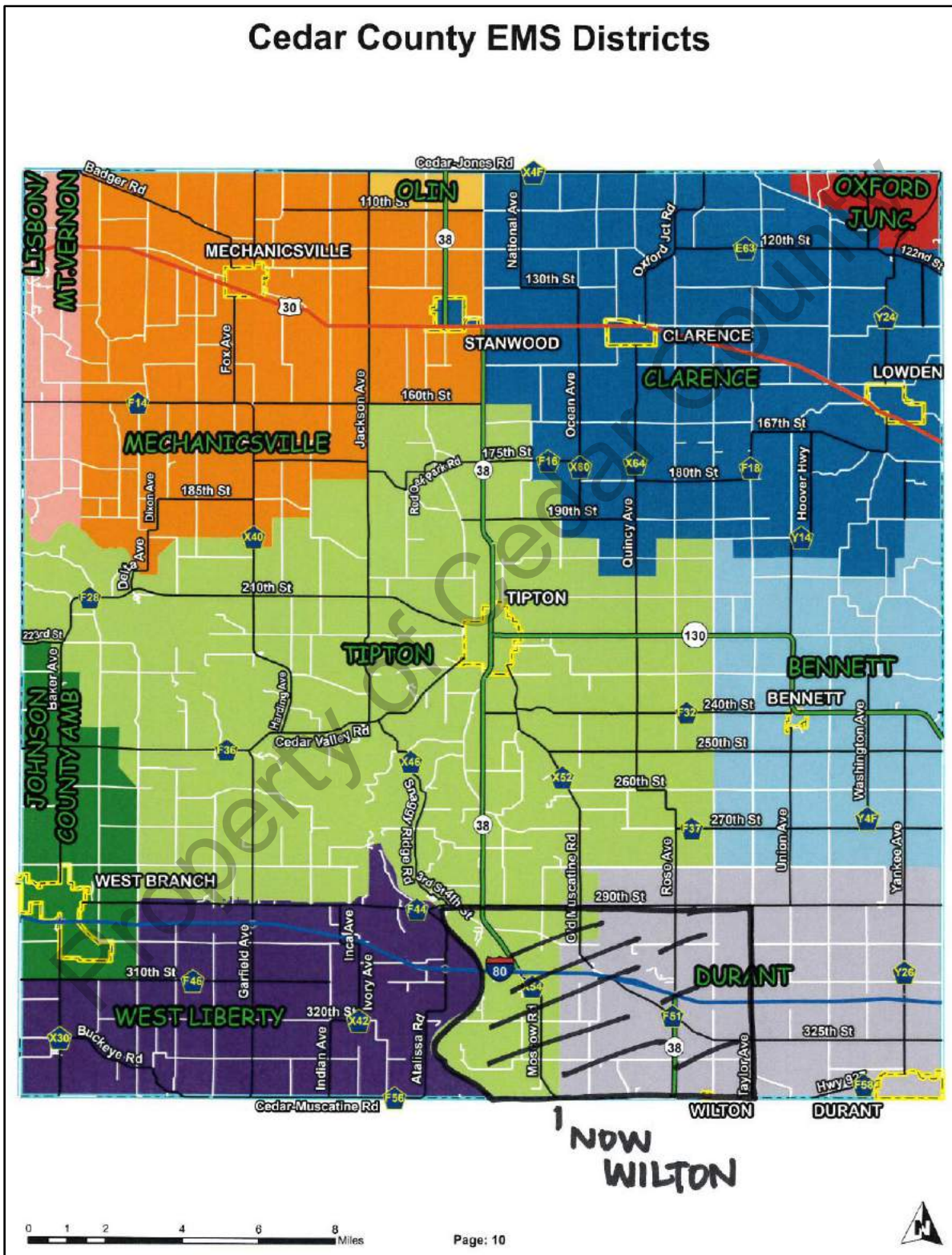


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## Cedar County EMS Districts



Appendix E – Community Paramedicine Programs

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## Community Paramedicine Program

Community paramedicine allows paramedics to function outside their traditional emergency response and transport roles to help facilitate more appropriate use of emergency care resources while enhancing access to primary care for medically underserved populations. Community Paramedics could provide more effective and efficient services, including preventative services, at a lower cost. Regular preventive services and on-site primary care services can decrease the need for ambulance dispatches.

Issues: Health and Safety codes would need to be addressed at the state level.

Discussion:

California Project concepts:

- Post discharge – avoid unnecessary EMS transports, emergency department (ED) visits, and hospital readmissions.
- Alternate Destination – relieve emergency room overcrowding, reduce costs, transport patients to care sites appropriate to meet their needs, and increase emergency services availability and options for the community.
- Frequent 911 – connect frequent 911 callers with services best able to address their needs, reduce costs, and reduce burdens on EDs from patients whose needs are better served by non-emergency aspects of health care or by the social system.
- Hospice – Provide hospice patients with the medical care and the support necessary to remain in their location of choice, rather than being transported to an emergency medical facility.
- Public Health Collaboration – Provide more efficient and effective healthcare of TB patients by partnering specially training Community Paramedics with public health department case workers.
- Behavioral Health – Provide behavioral health patients with the most effective, efficient, and timely care possible, ease ED overcrowding, reduce the number of patient transfers, and lower hospital and EMS system costs.
- Sobering Center – Provide patients with the most effective, efficient, and timely care possible, ease ED overcrowding, reduce the number of patient transfers, and lower hospital and EMS system costs.

Rugby Community Paramedic Program (Five counties in North Dakota) offer the following services:

- Assessments
- Wound care
- Vital sign monitoring
- Medication administration

- Blood glucose monitoring
- Laboratory draws
- Medication reconciliation and compliance
- Patients enrolled in one of two programs:
- Transitional care:
  - Primary care medical services administered in a patient's home.
  - Telephone follow-up calls made after each appointment.
  - The goal was to prevent hospital readmissions.
- Chronic care:
  - Included evaluations, screenings, and care for patients with chronic diseases. EMS staff also made referrals for adjustments to the patient's home environment to better accommodate their medical situation.
  - Telephone follow-up calls were made after each appointment.
- Additional services Community Paramedics could perform:
  - Asthma management
  - Diabetic testing/monitoring
  - Immunizations
  - INR testing/monitoring
  - Telephone-based support to frequent 911 callers
  - Training and education
  - Well Baby checks

Some states that are supporting Community Paramedics:

- California \*See attached document on California's Community Paramedicine Pilot Projects
- Colorado
- Minnesota
- Maine
- Texas

Summit County, Ohio, has a program where the sheriff's department visits homes of the elderly population. Not only do they identify issues such as "scam operations", but they can also identify any medical issues.

Recommendations:

- Assess the need for community paramedicine locally.
- Determine the cost-benefit of decreased transports versus implementing and maintaining paramedicine programs.

## Overview: Community Paramedicine

CALIFORNIA'S COMMUNITY PARAMEDICINE PILOT PROJECTS

April 2018



Illustration by  
Ruben DeLuna

Community paramedicine seeks to improve the effectiveness and efficiency of health care delivery by partnering specially trained paramedics with other health care providers to meet local health care needs. Community paramedics receive additional training beyond what is

required for paramedic licensure and provide care outside of their traditional role, which in California is restricted to responding to 911 calls and transporting patients to an acute care hospital emergency department (ED) or performing interfacility transfers.

A major goal of community paramedicine is to address an overloaded system of emergency care by capitalizing on the unique abilities of paramedics and emergency medical services (EMS) systems to provide alternatives to ambulance transports and ED visits. Community paramedicine, which is being implemented or tested in most states in the US, also aligns with the health care sector's Triple Aim: to improve patient experience, improve the health of populations, and decrease the cost of care.

In 1972, California established the Health Workforce Pilot Project (HWPP) program (California Health and Safety Code §§ 128125–128195), a visionary program administered by the California Office of Statewide Health Planning and Development (OSHPD) that waives scope of practice laws to test and evaluate new

and innovative models of care. In November 2014, OSHPD approved HWPP #173, a project sponsored by the California Emergency Medical Services Authority (EMSA). The pilot initially involved 13 projects testing six community paramedicine concepts. One additional project and concept ("alternate destination – sobering center") began operation in early 2017. In November 2017, six new projects were approved. Four projects testing two concepts were discontinued earlier in 2017, including all three "alternate destination – urgent care" projects. The six remaining concepts being tested are:

- 1. Post-discharge.** Provide short-term, home-based follow-up to care for people recently discharged from a hospital due to a serious health condition with the goal of decreasing hospital readmissions within 30 days.
- 2. Frequent EMS users.** Provide case management services to people who are frequent 911 callers or frequent visitors to EDs to reduce their use of the EMS system by connecting them with primary care, behavioral health, housing, and social services.
- 3. Directly observed TB therapy.** Collaborate with local public health officials to provide directly observed therapy to people with tuberculosis (i.e., dispense medications and observe patients taking them) to assure effective treatment and prevent spread of the disease.
- 4. Hospice.** In response to 911 calls, collaborate with hospice agency nurses, patients, and family members to treat patients in their homes and according to their wishes instead of transporting them to the ED.

**5. Alternate destination – mental health.** In response to 911 calls, offer patients who have mental health needs but no emergent medical needs transport to a mental health crisis center instead of an ED.

**6. Alternate destination – sobering center.** In response to 911 calls, offer patients with acute alcohol intoxication and no other acute medical or mental health needs transport to a sobering center instead of an ED.

HWPP regulations require organizations that sponsor pilot projects to retain an independent evaluator. A team of evaluators at the University of California, San Francisco (UCSF), serves in this role for HWPP #173. The initial 13 projects began enrolling patients in June to October of 2015, and the 14th project began enrolling patients in February 2017. The most recent UCSF evaluation covers pilot site operations through September 2017 ([healthforce.ucsf.edu](http://healthforce.ucsf.edu)).

### Summary of the Evaluation Results

The community paramedicine pilot projects have demonstrated that specially trained paramedics can provide services beyond their traditional and current statutory scope of practice in California. Enrolling a total of 2,515 people through September 2017, these projects are enhancing patients' well-being by improving the coordination of medical care, behavioral health, and social services. They are also reducing ambulance transports, ED visits, and hospital readmissions, yielding potential savings for payers and other parts of the health care system.

The majority of potential savings associated with these pilot projects accrued to Medicare and hospitals serving Medicare patients as they accounted for the largest share of people enrolled in the pilot projects. Potential savings also accrued to the Medi-Cal program and providers that serve Medi-Cal beneficiaries.

Californians benefit from these innovative models of health care that leverage an existing workforce operating at all times under medical control, either directly or by protocols developed by physicians experienced in emergency care.

No adverse outcomes were attributable to any of these pilot projects. No health professionals were displaced; in fact, the pilot projects demonstrated that community paramedics can collaborate with physicians, nurses, behavioral health professionals, and social workers to fill gaps in the health and social services safety net. These projects integrate with existing health care resources and leverage the unique skills of paramedics and their round-the-clock availability.

At least 33 states are operating community paramedicine programs, and research conducted to date indicates that these programs are improving the efficiency and effectiveness of the health care system. Research findings suggest that the benefits of community paramedicine programs grow as they mature, solidify partnerships, and find their optimal structure and niche within a community.


If community paramedicine is implemented on a broader scale, California's current EMS system design is well-suited to incorporate the results of these pilot programs to (1) optimize the design and implementation of proposed programs and (2) assure effectiveness and patient safety. The two-tiered system of local control with state oversight and regulation enables cities and counties to tailor community paramedicine programs to meet local needs while ensuring patient safety.

### Community Paramedicine Pilot Projects, 2018



16 PROJECTS • 12 SITES • 6 CONCEPTS

- PD** Post-Discharge. Provide short-term, home-based follow-up care for persons recently discharged from a hospital due to a serious health condition to decrease hospital readmissions within 30 days.
- TB** Directly Observed TB Therapy. Collaborate with local public health services to provide directly observed therapy to persons with tuberculosis (i.e., dispense medications and observe patients taking them) to assure effective treatment) to prevent its spread.
- HO** Hospice. In response to 911 calls, collaborate with hospice agency nurses, patients, and family members to treat patients in their homes, according to their wishes, instead of transporting them to the ED.
- EM** Frequent EMS Users. Provide case management services to persons who are frequent 911 callers or frequent visitors to EDs to reduce their use of the EMS system by connecting them with primary care, behavioral health, housing, and social services.

 Projects approved November 2017. Expected to be operational spring 2018.

#### Alternate Destinations

- MH** Mental Health. In response to 911 calls, offer patients who have mental health needs but no emergent medical needs transport to a mental health crisis center instead of an ED.
- SC** Sobering Center. In response to 911 calls, offer patients who are acutely intoxicated but have no emergent medical needs transport to a sobering center instead of an ED.



The California Health Care Foundation provided support for state-level project management and independent evaluation.  
For more information on community paramedicine programs operating today in California, visit [www.emsa.ca.gov/community\\_paramedicine](http://www.emsa.ca.gov/community_paramedicine).

## Post-Discharge Follow-Up to Avoid Excessive Readmissions

CALIFORNIA'S COMMUNITY PARAMEDICINE PILOT PROJECTS

April 2018



Illustration by  
Ruben Delafuente

Patients recently discharged from a hospital after treatment of a chronic condition such as congestive heart failure, acute myocardial infarction, or chronic obstructive pulmonary disease (COPD), are visited at home by a community paramedic. The goal of these

short-term follow-up visits is to decrease the number of patients who are readmitted to the hospital within 30 days of discharge. These projects seek to give patients tools to manage their conditions more effectively so that they can avoid readmission.

### Results (as of September 30, 2017)

- ▶ 1,401 patients were enrolled in post-discharge projects at five sites across California. At four sites, patients received at least one in-person visit from a community paramedic. At the other site, community paramedic contact was primarily by phone or, if needed, in-person.
- ▶ All five post-discharge projects have reduced the 30-day readmission rate for people with one or more of the chronic conditions they target to a level that is below the partner hospital's historical readmission rate. Butte County's heart failure patients were the only group whose 30-day readmission rate was higher than the historical rate. In response to these findings, the county changed its protocol in November 2017 to provide at least one home visit to every patient.
- ▶ These projects reduced the risk of harm to patients, particularly related to prescription medications. Community paramedics examined all prescription drugs in a patient's possession and reconciled them with the patient's discharge instructions. They then worked with patients to understand the medications and assisted them in obtaining any needed refills. Community paramedics identified 229 instances in which a patient needed additional instructions about how to take their medications as directed by their doctors.
- ▶ Community paramedics also made at least 188 referrals to other service providers including primary care physicians, specialist physicians, pharmacists, mental health services, home health providers, drug and alcohol treatment programs, food assistance agencies, and domestic violence agencies. These service providers can help patients manage their conditions and improve their overall well-being.
- ▶ All five pilot sites saw potential cost savings for payers, primarily Medicare and Medi-Cal, due to reductions in inpatient readmissions. The average potential savings per enrollee ranged from about \$246 to \$2,619, for an estimated total of \$1.4 million across the five sites. In addition, partner hospitals may have benefitted if reductions in readmissions were sufficient to lower the risk that they would be penalized by Medicare for excessive readmissions.

### How It Works

Local paramedic service providers and hospitals are collaborating to reduce the number of avoidable readmissions. Community paramedics provide patients with timely follow-up visits, calls, or both. Patients with the designated diagnoses are contacted by a community paramedic within 48–72 hours of their discharge from the hospital. Having contact with a health professional during the first week after discharge is important because many readmissions occur during this time period. The community paramedics work with patients to ensure that they are taking medications as prescribed, have sufficient refills to manage their conditions, have scheduled follow-up visits with their physicians, and are adhering to any dietary restrictions related to management of their condition. In some sites, the community paramedics provide a home safety inspection when visiting patients in their homes.

The services provided by community paramedics do not replace home health care or other services available to patients. When community paramedics learn that a patient is receiving home health services, for example, they coordinate with home health agency staff.

See reverse side for a list of partners.



**Partners**

| LOCAL EMERGENCY MEDICAL SERVICES (EMS) AGENCY | LEAD AGENCY   | HEALTH CARE SYSTEM PARTNERS  | EMS PROVIDER PARTNERS   | LOCATIONS                        |
|---|---|--|---|----------------------------------|
| Alameda County                                | Alameda County EMS Agency                           | Alameda Hospital   | Alameda City Fire Department  | City of Alameda                  |
| Inland Counties                               | San Bernardino County Fire Department               | Arrowhead Regional Medical Center  | San Bernardino County and Rialto Fire Departments                         | San Bernardino County (5 cities) |
| Los Angeles*                                  | UCLA Center for Prehospital Care                    | Glendale Adventist Hospital  | Glendale Fire Department  | City of Glendale                 |
| Sierra Sacramento Valley                      | Butte County EMS<br>Dignity Health EMS <sup>†</sup> | Enloe Medical Center<br>Vituity (formerly California Emergency Physicians)<br>Shasta County Public Health<br>Shasta Regional Medical Center<br>Dignity Health hospitals:<br><ul style="list-style-type: none"> <li>▶ Mercy Medical Center Redding</li> <li>▶ Mercy Medical Center Mt. Shasta</li> <li>▶ St. Elizabeth Community Hospital</li> </ul> Dignity Health Home Health | Butte County EMS<br>Dignity Health EMS<br>American Medical Response (AMR) | Butte County<br>Redding          |
| Solano County                                 | Medic Ambulance Service                             | NorthBay Healthcare  | Medic Ambulance Service   | Solano County                    |

\*Pilot project ended August 2016.

†Pilot project approved November 2017, expected to be operational spring 2018.



For more information on community paramedicine programs operating today in California, visit [www.emsa.ca.gov/community\\_paramedicine](http://www.emsa.ca.gov/community_paramedicine).

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## Frequent Emergency Medical Services Users

CALIFORNIA'S COMMUNITY PARAMEDICINE PILOT PROJECTS

April 2018



Illustration by  
Ruben Salinas

Frequent 911 callers or frequent visitors to emergency departments (EDs) are provided with case management services to connect them with primary care, behavioral health, housing, and social services. The goal of these projects is to reduce frequent emergency medical services (EMS) users' dependence on EMS agencies and EDs for care.

### Results (as of September 30, 2017)

- ▶ 103 patients were enrolled in frequent 911 projects at two sites — one in San Diego and one in the Bay Area.
- ▶ Among enrolled patients at the pilot sites, there were large reductions in the number of 911 calls, ambulance transports, and ED visits. In San Diego's pilot project, the total number of 911 calls decreased by 35%, from an average of 26 per person per year to 17. In Alameda, the total number of 911 calls decreased by 16%, from an average of four per person per year to three.

- ▶ Community paramedics linked patients to housing and other nonemergency services to meet the physical, psychological, and social needs that led to their frequent EMS use. Community paramedics in Alameda and San Diego made 58 referrals to medical care providers, mental health providers, drug and alcohol treatment programs, food assistance programs, housing assistance programs, transportation assistance programs, domestic violence resources, and other social services. In addition, they transported patients to these types of providers on 48 occasions to help them obtain services.
- ▶ Payers, ambulance providers, and hospitals saw potential cost savings estimated to total about \$580,200. The average potential savings per patient was about \$14,912 in San Diego and about \$860 in Alameda. Since 43% of patients enrolled in San Diego were uninsured, reducing the frequency of their ED visits also potentially decreased the amount of uncompensated care provided by ambulance providers and hospitals. Most of the potential savings from Alameda's project accrued to Medicare because the majority of its patients are Medicare beneficiaries.

### How It Works

Frequent EMS user pilot sites enroll people who are frequent 911 callers, ED visitors, or both. Community paramedics identify the reasons for the frequent use of EMS resources and link patients to appropriate non-emergency service providers that can reduce the patients' dependence on EMS agencies and EDs for care.

Community paramedics assess the patient's physical, psychological, and social needs. When possible, a home safety assessment is also conducted. Medication reconciliation is provided for patients who take any prescription medications. These assessments are performed at an initial in-person meeting and then as needed for the duration of the patient's tenure with the project. Patients remain enrolled in the projects until a community paramedic determines that the patient no longer needs the project's services. Criteria for discontinuing services include reaching important individual milestones such as obtaining housing or maintaining sobriety.

The two pilot sites enroll different populations of frequent EMS users. The City of San Diego's project primarily enrolls people with 20 or more ED visits per year. The City of Alameda's project, which serves a population much smaller than San Diego's (79,227 vs. 1,391,676), is open to anyone identified by the EMS agency or the partner hospital as a frequent 911 or ED user.

See reverse side for a list of partners.

**Partners**

| LOCAL EMERGENCY MEDICAL SERVICES (EMS) AGENCY | LEAD AGENCY                   | HEALTH CARE SYSTEM PARTNERS  | EMS PROVIDER PARTNERS   | LOCATION                         |
|---|-------------------------------|--|---|----------------------------------|
| Alameda County                                | Alameda County EMS Agency     | Alameda Hospital   | Alameda City Fire Department  | City of Alameda                  |
| City and County of San Francisco*             | San Francisco Fire Department | San Francisco Department of Public Health<br>San Francisco Department of Homelessness and Supportive Housing | San Francisco Fire Department<br>American Medical Response (AMR)<br>King-American Ambulance | City and County of San Francisco |
| Marin County*                                 | Marin County EMS Agency       | Marin Community Clinics<br>Marin County Department of Health and Human Services<br>Marin General Hospital    | San Rafael Fire Department  | Marin County                     |
| San Diego County                              | City of San Diego             | UC San Diego   | San Diego City Fire Department  | City of San Diego                |

\*Pilot project approved November 2017; expected to be operational spring 2018.

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## Directly Observed Tuberculosis Therapy

CALIFORNIA'S COMMUNITY PARAMEDICINE PILOT PROJECTS

April 2018



Illustration by Robert DeLuca

Community paramedics collaborate with local public health officials to provide directly observed therapy (DOT) to patients with tuberculosis (TB), a highly contagious disease. The community paramedics dispense medications and observe

patients taking them to ensure that treatment protocols are followed, thus preventing spread of the disease.

### Results (as of September 30, 2017)

- ▶ 42 people were enrolled in a pilot project involving DOT at one site in southern California. Because treatment often lasts six to nine months, community paramedics had an average caseload of seven patients per month.
- ▶ Patients with TB who received DOT from community paramedics were more likely to receive all doses of TB medication prescribed by the TB clinic physician than patients who received DOT from the TB clinic's community health workers (CHWs). Properly taking all prescribed doses of TB medications increases the likelihood that a patient will be cured and not spread the disease to others or develop a drug-resistant strain of TB that would be more difficult to treat and to control in the community.

- ▶ Community paramedics dispensed appropriate doses of TB medications. Their patients did not have any greater frequency of side effects than patients who received their medications from CHWs.
- ▶ Community paramedics also helped patients address other medical conditions, such as diabetes, that may create barriers to effective TB treatment.

### How It Works

Tuberculosis is a highly contagious disease that is treated with special antibiotic medications. The number of medications and frequency of dosing are determined by a physician with expertise in TB treatment. Patients with TB must take their medications as directed since stopping treatment too soon or missing doses of medication could lead to the development

of a drug-resistant strain of TB, posing a major public health risk to a community. To ensure that patients take their TB medications as directed, TB clinics often provide DOT, in which a health care worker gives a patient the medication, observes them taking it, and monitors them for side effects.

In Ventura County, public health officials asked EMS provider partners to offer DOT because the TB clinic does not have sufficient staff to serve all TB patients in the county. The clinic's CHWs administer DOT, but they only work on weekdays. In addition, the CHWs are based in Oxnard, where the TB clinic is located, and must drive for up to 60 minutes to reach some of its patients. In contrast, the community paramedics are stationed throughout the county and can usually reach patients within 15 minutes.

### Partners

| LOCAL EMERGENCY MEDICAL SERVICES (EMS) AGENCY | LEAD AGENCY               | HEALTH CARE SYSTEM PARTNER              | EMS PROVIDER PARTNERS   | LOCATION       |
|---|---------------------------|---|---|----------------|
| Ventura County                                | Ventura County EMS Agency | Ventura County Public Health Department | American Medical Response (AMR)<br>Gold Coast Ambulance<br>LifeLine Ambulance | Ventura County |



For more information on community paramedicine programs operating today in California, visit [www.emsa.ca.gov/community\\_paramedicine](http://www.emsa.ca.gov/community_paramedicine).

## 911 Hospice Calls

CALIFORNIA'S COMMUNITY PARAMEDICINE PILOT PROJECTS

April 2018



In response to 911 calls, community paramedics collaborate with hospice agency nurses, patients, and family members to treat patients in their homes and according to their wishes instead of transporting them to the emergency department (ED).

transports occurred when a patient requested it or when they had a medical need that could not be met in their home, such as a bone fracture. Community paramedics also alerted hospice agencies and family members to patients' needs for additional assistance (e.g., a caregiver to stay overnight with the patient to assist with safe transfers and help avoid falls).

- ▶ The project potentially saved about \$203,700 (an average of \$755 per patient) for Medicare and other payers by reducing ambulance transports and ED visits.

### How It Works

The goal of hospice care is to provide medical, psychological, and spiritual support to those dying from a terminal illness. Care is provided by a multidisciplinary team of health professionals and volunteers in a patient's place of residence. Hospice staff members tell hospice patients, their family members, and other caregivers to contact the hospice instead of calling 911 if they believe there is a medical need or if they become concerned about the patient's comfort. Despite this instruction, some hospice patients or their family members/caregivers call 911, which typically leads to the hospice patient being transported to an ED. This may be upsetting and uncomfortable for hospice patients, and ED clinicians may perform unwanted medical interventions, including admission for inpatient care. In addition, insurers may revoke hospice benefits if a patient receives treatment or hospitalization that is incompatible with the hospice approach of comfort care.

Ventura County's hospice project seeks to prevent transports to an ED that are not consistent with a patient's wishes. If a 911 dispatcher or a first responder on scene determines that a person is under the care of a hospice agency, a community paramedic is dispatched to the patient's place of residence. The community paramedics are supervisors who can respond to hospice calls while other paramedics respond to 911 calls. The community paramedic assesses the patient, talks with family members and caregivers, and contacts a registered nurse employed by the hospice agency. The hospice nurse directs the community paramedic regarding what care to provide. The hospice nurse may ask the community paramedic to wait with the patient until the nurse arrives or direct the community paramedic to administer pain or other medications to the patient that the hospice has provided in a "comfort care" pack.

See reverse side for a list of partners.

### Results (as of September 30, 2017)

- ▶ 270 people were enrolled in a pilot project involving 911 hospice calls at one site in southern California. Community paramedics visited patients in their homes, which were either private residences, or skilled nursing or residential care facilities.
- ▶ Prior to this pilot project, 80% of 911 hospice calls resulted in ambulance transport of a patient to the ED. This dropped to 30% for patients participating in the pilot project. Not being transported to the ED preserves hospice benefits and better meets the wishes of patients who prefer to receive home care.
- ▶ After conducting an assessment to determine that the patient could remain at home under hospice care, the community paramedics provided hospice patients and their families with emotional support and, when necessary, administered medications from the patients' "comfort care" packs (these contain medications to help manage the patient's symptoms) as directed by a hospice nurse. ED

**Partners**

| LOCAL EMERGENCY MEDICAL SERVICES (EMS) AGENCY | LEAD AGENCY               | HEALTH CARE SYSTEM PARTNERS  | EMS PROVIDER PARTNERS   | LOCATION       |
|---|---------------------------|--|---|----------------|
| Ventura County                                | Ventura County EMS Agency | Assisted Home Care Services Hospice<br>Buena Vista Hospice Care<br>Livingston Memorial Visiting Nurse Association<br>Roze Room Hospice<br>TLC Home Hospice | American Medical Response (AMR)<br>Gold Coast Ambulance<br>LifeLine Ambulance | Ventura County |

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For more information on community paramedicine programs operating today in California, visit [www.emsa.ca.gov/community\\_paramedicine](http://www.emsa.ca.gov/community_paramedicine).

## Alternate Destination – Mental Health

CALIFORNIA'S COMMUNITY PARAMEDICINE PILOT PROJECTS

April 2018



Illustration by  
Ruben Delvino

In response to 911 calls, community paramedics evaluate patients with mental health needs, but no emergent medical needs, for transport directly to a mental health crisis center instead of to an emergency department (ED).

### Results (as of September 30, 2017)

- ▶ 251 people were enrolled in an “alternate destination – mental health” pilot project at one site in central California.
- ▶ The pilot project substantially reduced the rate at which 911 calls involving patients with mental health needs resulted in transport to an ED for medical screening. It also reduced patients’ time to treatment by a mental health professional, which improved their well-being.
- ▶ Twenty-six percent of eligible patients were evaluated by community paramedics and transported to the mental health crisis center without the long delay of a preliminary ED visit. Based on their mental health needs, another 26% of evaluated patients could have been transported directly to the mental health center if an inpatient psychiatric bed was available or if they were uninsured or enrolled in Medi-Cal.

- ▶ The community paramedics accurately screened patients to determine which ones could be safely transported directly to the mental health crisis center. About 4% of patients required subsequent transfer to the ED, and there were no adverse outcomes. The medical evaluation protocols used in the field were refined six months into the project, after which there was only one transfer to an ED.
- ▶ Prior to the pilot project, law enforcement transported many mental health patients to an ED and waited with them to transfer responsibility for the patient to a clinician. This pilot project improved public safety since community paramedics can assess patients’ mental health needs and arrange ambulance transports directly to the mental health center, allowing officers to focus on law enforcement duties.
- ▶ The project yielded potential savings of about \$266,200 (an average of \$1,061) for payers, primarily Medi-Cal, because screening mental health patients in the field for medical needs and transporting them directly to the mental health crisis center avoided the need for an ED visit with subsequent transfer to a mental health facility.
- ▶ For uninsured patients, the amount of uncompensated care provided by ambulance providers and hospitals also potentially decreased.

### How It Works

Many California EDs are overcrowded. Some of the patients served in an ED could be treated safely and effectively in other settings, including some who arrive via ambulance.

Patients with mental health needs are often transported to an ED for medical clearance or when there is no capacity to evaluate them at a mental health crisis center. These patients can spend hours in an ED waiting for medical clearance, and in some cases, they can spend days in the ED waiting for a bed to be available at an inpatient mental health facility and not receive definitive mental health care during their ED stay.

In Stanislaus County, community paramedics respond to 911 calls that a dispatcher determines to be a mental health emergency or when another paramedic or a law enforcement officer identifies a patient with mental health needs. Community paramedics are also dispatched to the mental health crisis center to assess patients who arrive on their own and need to be medically cleared before being admitted to the county’s inpatient psychiatric facility. The community paramedics provide these services as needed in addition to responding to traditional 911 calls.

Once on scene, a community paramedic assesses the patient for medical needs or intoxication due to alcohol or drug consumption. If the patient has no emergent medical needs, is not intoxicated, and is not violent,

the community paramedic contacts the mental health crisis center to determine bed availability at the county inpatient psychiatric facility. If a bed is available and the patient agrees, the community paramedic arranges

for the patient to be transported to the mental health crisis center. Upon a patient's arrival, professionals on the mental health crisis center staff evaluate the patient to determine what services they need. Eligibility in the

pilot project is limited to nonelderly adults who are uninsured or enrolled in Medi-Cal because the county inpatient psychiatric facility does not accept patients with other health insurance.

#### Partners

| LOCAL EMERGENCY MEDICAL SERVICES (EMS) AGENCY | LEAD AGENCY  | HEALTH CARE SYSTEM PARTNER   | EMS PROVIDER PARTNER            | LOCATION          |
|---|--|--|---------------------------------|-------------------|
| Central California*                           | Central California EMS Agency and American Ambulance | Fresno County Behavioral Health and Public Health Departments<br>Fresno County hospitals | American Ambulance              | Fresno County     |
| Mountain Valley                               | Mountain Valley EMS Agency                           | Stanislaus County Behavioral Health and Recovery Services                                | American Medical Response (AMR) | Stanislaus County |
| Santa Clara County*                           | Santa Clara County EMS Agency                        | Santa Clara County Behavioral Health Services Department                                 | City of Gilroy Fire Department  | City of Gilroy    |

\*Pilot project approved November 2017; expected to be operational spring 2018.



For more information on community paramedicine programs operating today in California, visit [www.emsa.ca.gov/community\\_paramedicine](http://www.emsa.ca.gov/community_paramedicine).



## Alternate Destination – Sobering Center

CALIFORNIA'S COMMUNITY PARAMEDICINE PILOT PROJECTS

April 2018



Illustration by Ruben Duarte

In response to 911 calls, paramedics offer patients with acute alcohol intoxication and no other acute medical or mental health needs transport to a sobering center instead of to an emergency department (ED).

are candidates for transfer to the sobering center. They also collaborate with sobering center staff and homeless outreach workers to encourage people who use the sobering center frequently to seek treatment for their alcohol use disorder.

- ▶ During its first eight months of operation, the pilot project generated about \$132,700 in potential savings (an average of \$332 per patient), the majority of which accrued to Medi-Cal because about 61% of patients enrolled in the pilot are Medi-Cal beneficiaries.

### How It Works

Nationwide, an estimated 9.7% of ED visits are due to inebriation. In busy EDs, clinicians have little time to assist intoxicated patients unless they also have an acute medical need. As a result, they may not counsel patients about their drinking or provide information about detoxification programs, case management, or other resources. Sobering centers have been established in several cities to care for intoxicated patients — these centers are much less expensive to operate than EDs, and their staff can focus on the needs of people who are intoxicated.

As of February 2017, one pilot site (San Francisco) offered patients with acute alcohol intoxication and no other acute medical or mental health needs transport to a sobering center instead of an ED. The sobering center has cared for over 50,000 people since it opened in 2003. It serves people who are acutely intoxicated but do not have other urgent health care needs. The

sobering center is open 24 hours per day, seven days per week and is staffed by registered nurses who monitor patients throughout their stay. Staff social workers help patients obtain treatment for alcoholism and also assist them in obtaining housing, Medi-Cal, Supplemental Security Income, and General Assistance. Most patients stay for 4 to 12 hours. About one-third of the sobering center's patients are treated there multiple times per year, and about 90% of patients are homeless when services are provided.

San Francisco has trained all paramedics on 911 response crews to screen intoxicated patients to determine if they are eligible to enroll in the pilot project. Patients are eligible for transport to the sobering center if they have acute alcohol intoxication but no other medical or mental health needs. If a patient meets all the eligibility criteria, the paramedics offer the patient a choice of transport to the sobering center or an ED. Patients who do not meet all eligibility criteria are transported directly to an ED.

Ten experienced community paramedics work with the sobering center's staff to perform quality assurance reviews for patients transported to the sobering center. The community paramedics are also available to consult with paramedics on 911 response crews in the field (e.g., on the street, in a homeless shelter, in a hospital ED) or by telephone if they are unsure whether a patient is eligible for transport to the sobering center.

See reverse side for a list of partners.

### Results (as of September 30, 2017)

- ▶ 400 people were enrolled in an "alternate destination — sobering center" pilot project at one site in the Bay Area during its first eight months of operation; of these, 50 (13%) were admitted to the sobering center more than once.
- ▶ The number of intoxicated people transported to an ED was reduced through this pilot project. In addition, for patients seeking treatment and medical detoxification, staff at the sobering center can provide withdrawal management prior to patient transfer to a medical detoxification center, which helps patients cope with withdrawal and increases their willingness to complete detoxification.
- ▶ 98% of enrolled patients were treated safely and effectively at the sobering center. Only ten patients who were transported to the sobering center were subsequently transferred to an ED.
- ▶ Community paramedics provide feedback to paramedics on 911 crews on how to screen acutely intoxicated people to determine if they

**Partners**

| LOCAL EMERGENCY MEDICAL SERVICES (EMS) AGENCY | LEAD AGENCY                   | HEALTH CARE SYSTEM PARTNERS   | EMS PROVIDER PARTNERS   | LOCATIONS                        |
|---|-------------------------------|---|---|----------------------------------|
| City and County of San Francisco              | San Francisco Fire Department | San Francisco Sobering Center<br>San Francisco Department of Public Health          | San Francisco Fire Department<br>American Medical Response (AMR)<br>King American Ambulance | City and County of San Francisco |
| Santa Clara County*                           | Santa Clara County EMS Agency | Mission Street Sobering Center<br>Gilroy Police Department<br>Saint Louise Hospital | Gilroy Fire Department  | City of Gilroy                   |

\*Pilot project approved November 2017; expected to be operational spring 2018.

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For more information on community paramedicine programs operating today in California, visit [www.emsa.ca.gov/community\\_paramedicine](http://www.emsa.ca.gov/community_paramedicine).

Appendix F – Sample EMS Budget

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**Rural Emergency Medical Services & Trauma Technical Assistance Center  
Ambulance Service Budget Model Tool**

**Cedar County EMS**

You entered the number of emergency and non-emergency trips and number of loaded miles (the red cells) on the demographics page.  
If you wish to see the affect of changes to these values, please change them on the demographics page.

| <b>EMERGENCIES</b>     |             | <b>Charge</b> | <b>If you change the number in yellow, the other columns will automatically increase by 50 dollars.</b> |              |              |              |              |              |              |              |              |              |  |
|------------------------|-------------|---------------|---|--------------|--------------|--------------|--------------|--------------|--------------|--------------|--------------|--------------|--|
| <b>Emergency Calls</b> | <b>2250</b> | \$ 350        | \$ 400  | \$ 450       | \$ 500       | \$ 550       | \$ 600       | \$ 650       | \$ 700       | \$ 750       | \$ 800       | \$ 850       |  |
| Collections at 100%    |             | \$ 787,500    | \$ 900,000  | \$ 1,012,500 | \$ 1,125,000 | \$ 1,237,500 | \$ 1,350,000 | \$ 1,462,500 | \$ 1,575,000 | \$ 1,687,500 | \$ 1,800,000 | \$ 1,912,500 |  |
| Collections at 90%     |             | \$ 708,750    | \$ 810,000  | \$ 911,250   | \$ 1,012,500 | \$ 1,113,750 | \$ 1,215,000 | \$ 1,316,250 | \$ 1,417,500 | \$ 1,518,750 | \$ 1,620,000 | \$ 1,721,250 |  |
| Collections at 80%     |             | \$ 630,000    | \$ 720,000  | \$ 810,000   | \$ 900,000   | \$ 990,000   | \$ 1,080,000 | \$ 1,170,000 | \$ 1,260,000 | \$ 1,350,000 | \$ 1,440,000 | \$ 1,530,000 |  |
| Collections at 70%     |             | \$ 551,250    | \$ 630,000  | \$ 708,750   | \$ 787,500   | \$ 866,250   | \$ 945,000   | \$ 1,023,750 | \$ 1,102,500 | \$ 1,181,250 | \$ 1,260,000 | \$ 1,338,750 |  |
| Collections at 60%     |             | \$ 472,500    | \$ 540,000  | \$ 607,500   | \$ 675,000   | \$ 742,500   | \$ 810,000   | \$ 877,500   | \$ 945,000   | \$ 1,012,500 | \$ 1,080,000 | \$ 1,147,500 |  |
| Collections at 50%     |             | \$ 393,750    | \$ 450,000  | \$ 508,250   | \$ 566,500   | \$ 618,750   | \$ 675,000   | \$ 731,250   | \$ 787,500   | \$ 843,750   | \$ 900,000   | \$ 956,250   |  |
| Collections at 40%     |             | \$ 315,000    | \$ 360,000  | \$ 405,000   | \$ 450,000   | \$ 495,000   | \$ 540,000   | \$ 585,000   | \$ 630,000   | \$ 675,000   | \$ 720,000   | \$ 765,000   |  |

| <b>NON-EMERGENCIES</b>     |          | <b>Charge</b> | <b>If you change the number in yellow, the other columns will automatically increase by 50 dollars.</b> |        |        |        |        |        |        |        |        |        |  |
|----------------------------|----------|---------------|---|--------|--------|--------|--------|--------|--------|--------|--------|--------|--|
| <b>Non-emergency Calls</b> | <b>0</b> | \$ 250        | \$ 300  | \$ 350 | \$ 400 | \$ 450 | \$ 500 | \$ 550 | \$ 600 | \$ 650 | \$ 700 | \$ 750 |  |
| Collections at 100%        |          | \$ -          | \$ -  | \$ -   | \$ -   | \$ -   | \$ -   | \$ -   | \$ -   | \$ -   | \$ -   | \$ -   |  |
| Collections at 90%         |          | \$ -          | \$ -  | \$ -   | \$ -   | \$ -   | \$ -   | \$ -   | \$ -   | \$ -   | \$ -   | \$ -   |  |
| Collections at 80%         |          | \$ -          | \$ -  | \$ -   | \$ -   | \$ -   | \$ -   | \$ -   | \$ -   | \$ -   | \$ -   | \$ -   |  |
| Collections at 70%         |          | \$ -          | \$ -  | \$ -   | \$ -   | \$ -   | \$ -   | \$ -   | \$ -   | \$ -   | \$ -   | \$ -   |  |
| Collections at 60%         |          | \$ -          | \$ -  | \$ -   | \$ -   | \$ -   | \$ -   | \$ -   | \$ -   | \$ -   | \$ -   | \$ -   |  |
| Collections at 50%         |          | \$ -          | \$ -  | \$ -   | \$ -   | \$ -   | \$ -   | \$ -   | \$ -   | \$ -   | \$ -   | \$ -   |  |
| Collections at 40%         |          | \$ -          | \$ -  | \$ -   | \$ -   | \$ -   | \$ -   | \$ -   | \$ -   | \$ -   | \$ -   | \$ -   |  |

| <b>Mileage</b>      |              | <b>Charge</b> | <b>If you change the number in yellow, the other columns will automatically increase by 50 dollars.</b> |            |            |            |            |            |            |            |            |            |  |
|---------------------|--------------|---------------|---|------------|------------|------------|------------|------------|------------|------------|------------|------------|--|
| <b>Loaded Miles</b> | <b>67500</b> | \$ 3.00       | \$ 3.50   | \$ 4.00    | \$ 4.50    | \$ 5.00    | \$ 5.50    | \$ 6.00    | \$ 6.50    | \$ 7.00    | \$ 7.50    | \$ 8.00    |  |
| Collections at 100% |              | \$ 202,500    | \$ 236,250  | \$ 270,000 | \$ 303,750 | \$ 337,500 | \$ 371,250 | \$ 405,000 | \$ 438,750 | \$ 472,500 | \$ 506,250 | \$ 540,000 |  |
| Collections at 90%  |              | \$ 182,250    | \$ 212,625  | \$ 243,000 | \$ 273,375 | \$ 303,750 | \$ 334,125 | \$ 364,500 | \$ 394,875 | \$ 425,250 | \$ 455,625 | \$ 486,000 |  |
| Collections at 80%  |              | \$ 162,000    | \$ 189,000  | \$ 216,000 | \$ 243,000 | \$ 270,000 | \$ 297,000 | \$ 324,000 | \$ 351,000 | \$ 378,000 | \$ 405,000 | \$ 432,000 |  |
| Collections at 70%  |              | \$ 141,750    | \$ 165,375  | \$ 189,000 | \$ 212,625 | \$ 236,250 | \$ 259,875 | \$ 283,500 | \$ 307,125 | \$ 330,750 | \$ 354,375 | \$ 378,000 |  |
| Collections at 60%  |              | \$ 121,500    | \$ 141,750  | \$ 162,000 | \$ 182,250 | \$ 202,500 | \$ 222,750 | \$ 243,000 | \$ 263,250 | \$ 283,500 | \$ 303,750 | \$ 324,000 |  |
| Collections at 50%  |              | \$ 101,250    | \$ 118,125  | \$ 135,000 | \$ 151,875 | \$ 168,750 | \$ 185,625 | \$ 202,500 | \$ 219,375 | \$ 236,250 | \$ 253,125 | \$ 270,000 |  |
| Collections at 40%  |              | \$ 81,000     | \$ 94,500   | \$ 108,000 | \$ 121,500 | \$ 135,000 | \$ 148,500 | \$ 162,000 | \$ 175,500 | \$ 189,000 | \$ 202,500 | \$ 216,000 |  |

**Rural Emergency Medical Services & Trauma Technical Assistance Center  
Ambulance Service Budget Model Tool**

**Demographics**

**Ambulance Service Name:** Cedar County EMS The name entered here will appear on all subsequent worksheets

**Administrator/Chief Name:** \_\_\_\_\_

**Address Line 1:** \_\_\_\_\_

**Address Line 2:** \_\_\_\_\_

**City, State, Zip Code:** \_\_\_\_\_

**County:** Cedar

**Telephone Number:** \_\_\_\_\_

**Email:** \_\_\_\_\_

**Billed Emergency Ambulance Transports Last Year:** 2250

**Billed Non-Emergency Ambulance Transports Last Year:** 0

**Loaded Miles Driven Last Year:** 67500

I am preparing a budget for the 12 month period beginning: 1/1/2024 Format: MM/DD/YYYY

**Rural Emergency Medical Services & Trauma Technical Assistance Center  
Ambulance Service Budget Model Tool**

**Cedar County EMS**

Feel free to over-write the ambulance or vehicle with your unit numbers. Information entered on this sheet will transfer to the other sheets.

Do you replace ambulances based on their age or mileage?

If by age, how many years?

If by mileage, what number of miles?

If you make lease payments, do not fill in the cost or mileage information.

|               | Year | Vehicle Cost | Equipment Cost | Last Year Beginning Mileage | Last Year Ending Mileage | Or Monthly Lease Payment | Vehicle License | Vehicle Registration | Insurance |
|---------------|------|--------------|----------------|-----------------------------|--------------------------|--------------------------|-----------------|----------------------|-----------|
| Ambulance #1  | 2019 | \$ 100,000   | \$ 30,000      |                             |                          |                          | \$ 100.00       | \$ 4,000             |           |
| Ambulance #2  | 2018 | \$ 100,000   | \$ 30,000      |                             |                          |                          | \$ 100          | \$ 4,000             |           |
| Ambulance #3  | 2017 | \$ 100,000   | \$ 25,000      |                             |                          |                          | \$ 100          | \$ 4,000             |           |
| Ambulance #4  |      |              |                |                             |                          |                          |                 |                      |           |
| Ambulance #5  |      |              |                |                             |                          |                          |                 |                      |           |
| Ambulance #6  |      |              |                |                             |                          |                          |                 |                      |           |
| Ambulance #7  |      |              |                |                             |                          |                          |                 |                      |           |
| Ambulance #8  |      |              |                |                             |                          |                          |                 |                      |           |
| Ambulance #9  |      |              |                |                             |                          |                          |                 |                      |           |
| Ambulance #10 |      |              |                |                             |                          |                          |                 |                      |           |

Do you replace non-ambulance vehicles (if any) based on their age or mileage?

If by age, how many years?

If by mileage, what number of miles?

If you make lease payments, do not fill in the cost or mileage information.

|            | Year | Vehicle Cost | Equipment Cost | Beginning Mileage | Ending Mileage | Or Monthly Lease Payment | Vehicle License | Vehicle Registration | Insurance |
|------------|------|--------------|----------------|-------------------|----------------|--------------------------|-----------------|----------------------|-----------|
| Vehicle #1 | 2022 | \$ 65,000    | \$ 25,000      |                   |                |                          |                 | \$ 100               | \$ 3,000  |
| Vehicle #2 | 2019 | \$ 60,000    | \$ 25,000      |                   |                |                          |                 | \$ 100               | \$ 3,000  |
| Vehicle #3 |      |              |                |                   |                |                          |                 |                      |           |
| Vehicle #4 |      |              |                |                   |                |                          |                 |                      |           |
| Vehicle #5 |      |              |                |                   |                |                          |                 |                      |           |

**Rural Emergency Medical Services & Trauma Technical Assistance Center  
Ambulance Service Budget Model Tool**

Cedar County EMS

| Donated Space | Square Feet | Value per Square Foot |   |
|---------------|-------------|-----------------------|---|
| Garage Space  | 600         | \$ 10.00              | For donated space just fill in the number of square feet. Example: 1 ambulance bay at 12 feet by 12 feet is 144 square feet (12x12=144) |
| Office Space  | 450         | \$ 15.00              |   |
| Meeting Rooms | 625         | \$ 15.00              |   |
| Other Space   | 300         | \$ 12.00              |   |

| Leased Space | Monthly Lease Payment |   |
|--------------|-----------------------|---|
| Building #1  | \$2,000               | Feel free to change the building name to something that makes sense to you. All future spreadsheets will display what you enter here. |
| Building #2  | \$2,000               |   |
| Building #3  |                       |   |
| Building #4  |                       |   |

| Owned Buildings | Original Cost | Term in Years | Interest Rate | Annual Payments |  |
|-----------------|---------------|---------------|---------------|-----------------|--|
| Building #1     |               | 10            |               | \$0.00          | Override the annual payments if you know the amount but not the cost, term or interest rate<br><br>Feel free to change the building name to something that makes sense to you. All future spreadsheets will display what you enter here. |
| Building #2     |               | 30            |               | \$0.00          |  |
| Building #3     |               | 30            |               | \$0.00          |  |
| Building #4     |               | 30            |               | \$0.00          |  |

**Rural Emergency Medical Services & Trauma Technical Assistance Center  
Ambulance Service Budget Model Tool**

Cedar County EMS

| Communications         | Purchase Cost | Years Useful Life | Depreciation |  |
|------------------------|---------------|-------------------|--------------|--|
| Base Stations          | 7,500         | 15                | \$500        | Feel free to change the names of equipment and the useful life listed in the first column anywhere on this page. |
| Repeaters, Towers      |               | 10                | \$0          |  |
| Vehicle Radios         | 6,500         | 10                | \$650        | If you know actual depreciation you may change the red areas.  |
| Pagers, Radios, Phones | 6,000         | 5                 | \$1,200      |  |
| Other                  |               | 5                 | \$0          |  |

| Patient Care Equipment |         |    |          |
|------------------------|---------|----|----------|
| Stretchers             | 39,000  | 10 | \$3,900  |
| Defibrillators         | 235,500 | 9  | \$26,167 |
| Other                  | 75,000  | 5  | \$15,000 |

| Mechanic Tools, Equipment |  |    |     |
|---------------------------|--|----|-----|
| Mechanic                  |  | 20 | \$0 |

| Office Equipment |        |   |         |
|------------------|--------|---|---------|
| Furniture        | 15,000 | 5 | \$3,000 |
| Computers        | 20,000 | 5 | \$4,000 |
| Other            | 7,500  | 5 | \$1,500 |

**Rural Emergency Medical Services & Trauma Technical Assistance Center  
Ambulance Service Budget Model Tool**

Cedar County EMS

| Administration             |  | Hours Per Week | Rate/Hr | OR Annual |  |
|----------------------------|--|----------------|---------|-----------|--|
| Director                   |  | 40             | \$30.00 | \$ 62,400 | Either specify hours per week and a rate<br>OR enter an annual amount. |
| Operations Supervisor      |  | 40             | \$26.00 | \$ 54,080 |  |
| Administrative Position #3 |  |                |         | \$ -      |  |
| Administrative Position #4 |  |                |         | \$ -      |  |
| Administrative Position #5 |  |                |         | \$ -      |  |

| Ambulance Staff |  | # of Crew Members | Hours per day | Hourly Rate | Pay Per Transport | # of Transports | OR Annual Cost |  |
|-----------------|--|-------------------|---------------|-------------|-------------------|-----------------|----------------|--|
| Ambulance #1    |  | 2                 | 24            | \$24.50     | \$0.00            | 0               | \$ 429,240     | Either use the yellow sections<br>OR enter an annual amount. |
| Ambulance #2    |  | 2                 | 24            | \$17.50     |                   |                 | \$ 306,600     |  |
| Ambulance #3    |  |                   |               |             |                   |                 | \$ -           |  |
| Ambulance #4    |  |                   |               |             |                   |                 | \$ -           |  |
| Ambulance #5    |  |                   |               |             |                   |                 | \$ -           |  |
| Ambulance #6    |  |                   |               |             |                   |                 | \$ -           |  |
| Ambulance #7    |  |                   |               |             |                   |                 | \$ -           |  |
| Ambulance #8    |  |                   |               |             |                   |                 | \$ -           |  |
| Ambulance #9    |  |                   |               |             |                   |                 | \$ -           |  |
| Ambulance #10   |  |                   |               |             |                   |                 | \$ -           |  |

| Communications            |  | # of Crew Members | Hours per day | Hourly Rate | Annual Cost |  |
|---------------------------|--|-------------------|---------------|-------------|-------------|--|
| Administrative Dispatcher |  |                   |               |             | \$ -        | Either use the yellow sections<br>OR enter an annual amount. |
|                           |  |                   |               |             | \$ -        |  |

| Mechanics                |  | # of Crew Members | Hours per day | Hourly Rate | Annual Cost |  |
|--------------------------|--|-------------------|---------------|-------------|-------------|--|
| Administrative Mechanics |  |                   |               |             | \$ -        | Either use the yellow sections<br>OR enter an annual amount. |
|                          |  |                   |               |             | \$ -        |  |

**Rural Emergency Medical Services & Trauma Technical Assistance Center  
Ambulance Service Budget Model Tool**

Cedar County EMS

| Administration             |  | State/Natl Certification/ License Fee | Continuing Ed/Refresher Cost | Other Conference Training | Total |  |
|----------------------------|--|---------------------------------------|------------------------------|---------------------------|-------|--|
| Administrative Position #1 |  |                                       |                              |                           | \$ -  | All costs entered on this page will display on the budget sheet on the line item Training - Patient Care |
| Operations Supervisor      |  |                                       |                              |                           | \$ -  |  |
| Administrative Position #3 |  |                                       |                              |                           | \$ -  |  |
| Administrative Position #4 |  |                                       |                              |                           | \$ -  |  |
| Administrative Position #5 |  |                                       |                              |                           | \$ -  |  |

| Ambulance Staff          |  | Number |     |  |  |          |   |
|--------------------------|--|--------|-----|--|--|----------|---|
| First Responders/Drivers |  | 15     | 50  |  |  | \$ 750   | Feel free to change the occupational titles in THIS section. Use caution with the red titles, you used the labels on this sheet elsewhere in your budget. |
| EMTs                     |  | 10     | 80  |  |  | \$ 800   |   |
| Paramedics               |  | 10     | 100 |  |  | \$ 1,000 |   |
| Nurses                   |  |        |     |  |  | \$ -     |   |
| Other                    |  |        |     |  |  | \$ -     |   |

| Communications            |  | Number |  |  |  |      |
|---------------------------|--|--------|--|--|--|------|
| Administrative Dispatcher |  |        |  |  |  | \$ - |

| Mechanics                |  | Number |  |  |  |      |
|--------------------------|--|--------|--|--|--|------|
| Administrative Mechanics |  |        |  |  |  | \$ - |

|              |  |  |  |  |                 |
|--------------|--|--|--|--|-----------------|
| <b>Total</b> |  |  |  |  | <b>\$ 2,550</b> |
|--------------|--|--|--|--|-----------------|

**Rural Emergency Medical Services & Trauma Technical Assistance Center  
Ambulance Service Budget Model Tool**

**Cedar County EMS**

**USE ANNUAL TOTALS ON THIS PAGE**

**Patient Care**

|  |          |
|--|----------|
| 6103 Medical Supplies-Patient Care       | \$ 5,000 |
| 6104 Gases (oxygen)-Patient Care         | \$ 4,000 |
| 6105 Drugs-Patient Care                  | \$ 2,500 |
| 6106 Laundry & Linen-Patient Care        | \$ 5,000 |
| 6108 Equipment Repair-Patient Care       | \$ 2,500 |
| 6109 Minor Equipment-Patient Care        | \$ 2,500 |
| 6111 Books & Periodicals-Patient Care    |          |
| 6112 Travel & Entertainment-Patient Care |          |
| 6113 Uniforms                            | \$ 3,000 |

Please do not change the account numbers or descriptions on this page. They are part of a national standardized EMS accounting system. Include the cost of uniforms, coats, etc., on this line.

**Enter items on this page that have not been covered earlier in the worksheet**

**Dispatch**

|                                   |        |
|-----------------------------------|--------|
| 6203 Dispatch Supplies            |        |
| 6209 Dispatch Minor Equipment     |        |
| 6213 Telephone                    |        |
| 6214 Radio Maintenance            |        |
| 6215 Radio Antenna (Monthly Fees) |        |
| 6216 Cell Phone (Monthly Fees)    | \$ 300 |
| 6217 Pager (Monthly Fees)         |        |

**Administration**

|                                       |           |
|---------------------------------------|-----------|
| 6303 Office Supplies                  | \$ 3,500  |
| 6308 Office Repair & Maintenance      | \$ 1,200  |
| 6309 Office Minor Equipment           | \$ 1,500  |
| 6311 Books & Periodicals              |           |
| 6312 Travel & Entertainment           |           |
| 6313 Administration Telephone         | \$ 2,400  |
| 6320 Worker's Comp                    |           |
| 6321 Unemployment Tax                 |           |
| 6322 FICA Tax                         |           |
| 6323 General Liability Insurance      | \$ 12,000 |
| 6324 Professional Liability Insurance |           |
| 6325 Umbrella Coverage                |           |
| 6326 Health Insurance                 |           |

Note: On the next sheet, benefits are automatically calculated as a percentage of payroll (30% unless you adjust it). If you wish to use actual numbers in these red cells, be sure to adjust the benefits accordingly on the next sheet.



|                                     |           |
|-------------------------------------|-----------|
| 6327 Pension Plan                   |           |
| 6340 Physician Fees                 |           |
| 6341 Accounting Fees                |           |
| 6342 Legal Fees                     |           |
| 6343 Collection Agency Fees         |           |
| 6344 Software Maintenance Contracts | \$ 12,000 |
| 6345 Consulting Fees                |           |
| 6346 Service Contracts              |           |
| 6347 Management Contract            |           |
| 6348 Claim Processing Contract      |           |
| 6350 Dues & Memberships             |           |
| 6351 Licenses                       |           |
| 6352 Donations                      |           |
| 6353 Food                           |           |
| 6360 Printing & Publication         | \$ 3,000  |
| 6361 Advertising                    |           |
| 6362 Employment Agencies            |           |
| <b>Interest Expense</b>             |           |
| 6400 Interest Expense               |           |
| <b>Building</b>                     |           |
| 6503 Facilities Supplies & Services | \$ 4,500  |
| 6508 Building Maintenance           | \$ 2,000  |
| 6571 Property Taxes                 |           |
| 6572 Utilities                      | \$ 12,000 |
| 6573 Housekeeping                   | \$ 10,000 |
| 6574 Laundry-non patient care       |           |
| 6576 Property Insurance             | \$ 2,000  |
| <b>Vehicles</b>                     |           |
| 6681 Vehicle Gas & Oil              | \$ 30,000 |
| 6682 Vehicle Repairs                | \$ 6,500  |

**Rural Emergency Medical Services & Trauma Technical Assistance Center  
Ambulance Service Budget Model Tool**

**Cedar County EMS**

|  | Last Year  | Percent Inflation | Contributed By Community 1 | Contributed By Staff 2 | Budget     |
|--|------------|-------------------|----------------------------|------------------------|------------|
| <b>Patient Care</b>                      |            |                   |                            |                        |            |
| 6101 Salaries-Patient Care               | \$ 735,840 | 3.00%             |                            | \$ -                   | \$ 757,915 |
| 6102 Benefits-Patient Care               | \$ 220,752 | 3.00%             |                            | \$ -                   | \$ 227,375 |
| 6103 Medical Supplies-Patient Care       | \$ 5,000   | 3.00%             |                            |                        | \$ 5,150   |
| 6104 Gases (oxygen)-Patient Care         | \$ 4,000   | 3.00%             |                            |                        | \$ 4,120   |
| 6105 Drugs-Patient Care                  | \$ 2,500   | 3.00%             |                            |                        | \$ 2,575   |
| 6106 Laundry & Linen-Pateint Care        | \$ 5,000   | 3.00%             |                            |                        | \$ 5,150   |
| 6107 Equipment Depreciation-patient care | \$ 45,067  | 3.00%             |                            |                        | \$ 46,419  |
| 6108 Equipment Repair-Patient Care       | \$ 2,500   | 3.00%             |                            |                        | \$ 2,575   |
| 6109 Minor Equipment-Patient Care        | \$ 2,500   | 3.00%             |                            |                        | \$ 2,575   |
| 6110 Training-Patient Care               | \$ 2,550   | 3.00%             |                            |                        | \$ 2,627   |
| 6111 Books & Periodicals-Patient Care    | \$ -       | 3.00%             |                            |                        | \$ -       |
| 6112 Travel & Entertainment-Patient Care | \$ -       | 3.00%             |                            |                        | \$ -       |
| 6113 Uniforms                            | \$ 3,000   | 3.00%             |                            |                        | \$ 3,090   |
| <b>Dispatch</b>                          |            |                   |                            |                        |            |
| 6201 Dispatch Salaries                   | \$ -       | 3.00%             | \$ 131,400                 |                        | \$ -       |
| 6202 Dispatch Benefits                   | \$ -       | 3.00%             | \$ 39,420                  |                        | \$ -       |
| 6203 Dispatch Supplies                   | \$ -       | 3.00%             |                            |                        | \$ -       |
| 6207 Dispatch Equipment Depreciation     | \$ 2,350   | 3.00%             |                            |                        | \$ 2,421   |
| 6209 Dispatch Minor Equipment            | \$ -       | 3.00%             |                            |                        | \$ -       |
| 6213 Telephone                           | \$ -       | 3.00%             |                            |                        | \$ -       |
| 6214 Radio Maintenance                   | \$ -       | 3.00%             |                            |                        | \$ -       |
| 6215 Radio Antenna (Monthly Fees)        | \$ -       | 3.00%             |                            |                        | \$ -       |
| 6216 Cell Phone (Monthly Fees)           | \$ 300     | 3.00%             |                            |                        | \$ 309     |
| 6217 Pager (Monthly Fees)                | \$ -       | 3.00%             |                            |                        | \$ -       |
| <b>Administration</b>                    |            |                   |                            |                        |            |
| 6301 Administration Salaries             | \$ 116,480 | 3.00%             |                            | \$ -                   | \$ 119,974 |
| 6302 Administration Benefits             | \$ 34,944  | 3.00%             |                            | \$ -                   | \$ 35,992  |
| 6303 Office Supplies                     | \$ 3,500   | 3.00%             |                            |                        | \$ 3,605   |

|                                       |              |       |            |      |              |
|---------------------------------------|--------------|-------|------------|------|--------------|
| 6307 Office Equipment Depreciation    | \$ 8,500     | 3.00% |            |      | \$ 8,755     |
| 6308 Office Repair & Maintenance      | \$ 1,200     | 3.00% |            |      | \$ 1,236     |
| 6309 Office Minor Equipment           | \$ 1,500     | 3.00% |            |      | \$ 1,545     |
| 6311 Books & Periodicals              | \$ -         | 3.00% |            |      | \$ -         |
| 6312 Travel & Entertainment           | \$ -         | 3.00% |            |      | \$ -         |
| 6313 Administration Telephone         | \$ 2,400     | 3.00% |            |      | \$ 2,472     |
| 6320 Worker's Comp                    | \$ -         | 3.00% |            |      | \$ -         |
| 6321 Unemployment Tax                 | \$ -         | 3.00% |            |      | \$ -         |
| 6322 FICA Tax                         | \$ -         | 3.00% |            |      | \$ -         |
| 6323 General Liability Insurance      | \$ 12,000    | 3.00% |            |      | \$ 12,360    |
| 6324 Professional Liability Insurance | \$ -         | 3.00% |            |      | \$ -         |
| 6325 Umbrella Coverage                | \$ -         | 3.00% |            |      | \$ -         |
| 6326 Health Insurance                 | \$ -         | 3.00% |            |      | \$ -         |
| 6327 Pension Plan                     | \$ -         | 3.00% |            |      | \$ -         |
| 6340 Physician Fees                   | \$ -         | 3.00% |            |      | \$ -         |
| 6341 Accounting Fees                  | \$ -         | 3.00% |            |      | \$ -         |
| 6342 Legal Fees                       | \$ -         | 3.00% |            |      | \$ -         |
| 6343 Collection Agency Fees           | \$ -         | 3.00% |            |      | \$ -         |
| 6344 Software Maintenance Contracts   | \$ 12,000    | 3.00% |            |      | \$ 12,360    |
| 6345 Consulting Fees                  | \$ -         | 3.00% |            |      | \$ -         |
| 6346 Service Contracts                | \$ -         | 3.00% |            |      | \$ -         |
| 6347 Management Contract              | \$ -         | 3.00% |            |      | \$ -         |
| 6348 Claim Processing Contract        | \$ -         | 3.00% |            |      | \$ -         |
| 6350 Dues & Memberships               | \$ -         | 3.00% |            |      | \$ -         |
| 6351 Licenses                         | \$ -         | 3.00% |            |      | \$ -         |
| 6352 Donations                        | \$ -         | 3.00% |            |      | \$ -         |
| 6353 Food                             | \$ -         | 3.00% |            |      | \$ -         |
| 6360 Printing & Publication           | \$ 3,000     | 3.00% |            |      | \$ 3,090     |
| 6361 Advertising                      | \$ -         | 3.00% |            |      | \$ -         |
| 6362 Employment Agencies              | \$ -         | 3.00% |            |      | \$ -         |
| <b>Interest Expense</b>               |              |       |            |      |              |
| 6400 Interest Expense                 | \$ -         | 3.00% |            |      | \$ -         |
| <b>Building</b>                       |              |       |            |      |              |
| 6503 Facilities Supplies & Services   | \$ 4,500     | 3.00% |            |      | \$ 4,635     |
| 6507 Building Depreciation            | \$ -         | 3.00% |            |      | \$ -         |
| 6508 Building Maintenance             | \$ 2,000     | 3.00% |            |      | \$ 2,060     |
| 6570 Building Rent                    | \$ 48,000    | 3.00% | \$ 25,725  |      | \$ 49,440    |
|                                       |              |       |            |      |              |
| 6571 Property Taxes                   | \$ -         | 3.00% |            |      | \$ -         |
| 6572 Utilities                        | \$ 12,000    | 3.00% |            |      | \$ 12,360    |
| 6573 Housekeeping                     | \$ 10,000    | 3.00% |            |      | \$ 10,300    |
| 6574 Laundry-non patient care         | \$ -         | 3.00% |            |      | \$ -         |
| 6576 Property Insurance               | \$ 2,000     | 3.00% |            |      | \$ 2,060     |
| <b>Vehicles</b>                       |              |       |            |      |              |
| 6680 Vehicle Registration             | \$ 500       | 3.00% |            |      | \$ 515       |
| 6681 Vehicle Gas & Oil                | \$ 30,000    | 3.00% |            |      | \$ 30,900    |
| 6682 Vehicle Repairs                  | \$ 6,500     | 3.00% |            |      | \$ 6,695     |
| 6683 Vehicle Depreciation             | \$ 56,000    | 3.00% |            |      | \$ 57,680    |
| 6684 Vehicle Leases                   | \$ -         | 3.00% |            |      | \$ -         |
| 6685 Auto Insurance                   | \$ 18,000    | 3.00% |            |      | \$ 18,540    |
|                                       | \$ 1,416,383 |       | \$ 196,545 | \$ - | \$ 1,458,874 |

Note 1: If there aren't costs included on the staffing sheet to pay one dispatcher at least minimum wage 24 hours a day, the cost of one dispatcher at an average \$15, less any amount indicated paid for dispatching fees is included in this column. Donated space is also reflected here as calculated on the Building sheet.

Note 2: If there isn't enough costs per staffed ambulance to pay two people 24x7 at least minimum wage, then the donated services indicated here are calculated at \$10 per hour for each of 2 people 24x7 for each scheduled ambulance, less any amounts paid in salary costs on the staffing sheet. A similar method is used to determine at least one manager works full-time at \$15 per hour.