



SENECA COUNTY

Emergency Medical Services



2014 Seneca County EMS Annual Report

2014 marked 35 years of continuous volunteer EMS service to the citizens of Seneca County. We have certainly come a long way from our meager beginnings in 1979.

2014 marked the first year in our history that we have developed consolidated leadership at the Local Government level. The formation of 2 additional Joint Ambulance Districts and the compensation of the local volunteer EMS workforce have proven that the community based EMS system model is supported in our county overwhelmingly by the citizens and the elected officials at the township and local municipality level.

One year ago, we began discussion of a three phase plan of improvement for Seneca County EMS. Recognition of the work that has been done over the past 35 years, discussion of plans to move into the future of EMS leadership and development through research, and modeling our system after successful systems already in place. And finally, implementation of those plans after development and careful consideration of all options had been weighed, discussed, voted on, and followed through.

We have certainly made good on those goals.

We successfully created the Attica, Venice, Reed, Joint ambulance district, and the New Reigel, Big Springs, Seneca joint ambulance district.

They successfully passed property tax levies in support of their districts to compensate the volunteer EMS personnel for their service to their communities.

Many other districts have begun discussions for formation of districts, or solving their manpower problems through potential contracts with private entities.

Through a joint effort with the Seneca County Commissioner's Office, the Townships, Villages, both Cities, and Seneca County EMS we have successfully brought the situation of EMS manpower to the table and have had very good success in educating the leadership on what needs to be done and how.

The wheels are in motion to see the plan we implemented achieve the success we hope that it does.

Echo Unit Paramedic Response Program

The Echo Unit program has been very successful in providing advanced life support to our patients, support to our local volunteers, education, training, and inventory control and management.

The Echo program was developed in 2008 as a stop-gap measure to deal with minimal day time staffing in the local districts during the daytime hours. It has grown into a part of our normal response and is counted on daily for emergencies and day to day activities.

The Echo unit responded to 591 calls for service in 2014. The Echo arrived on scene 330 times and assisted in the transport of 313 patients. The Echo also assisted in the Life Flight transport of patients from the scene 17 times during 2014.

The Echo unit program provides a professional paramedic responder to assist the volunteer EMS personnel between the hours of 8am and 8pm, seven days a week.

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They also provide access to supplies, equipment, and inventory to the volunteer EMS personnel 12 hours a day every day. This allows for easy resupply during weekend hours that were ordinarily not available prior to the Echo unit.

A lot of folks think that “Echo” is an acronym for something. Actually, it was just a term developed that means the Paramedic Responder “Echoes” the response of the volunteer EMS providers. Much like a reverberation in music “adds a little something”, the Echo unit adds the advanced life support capability to all our county EMS units.

The Echo unit paramedic is a vital asset to the operations of Seneca County EMS. It would be beneficial to provide this service 24/7. In the future we will need to find a way to budget for a 24 hour operation of the Echo unit to provide this service all day, every day.

County Ambulances

Our fleet of 10 ambulances range from 1—21 years of age. All are in good operating order as of this writing. We currently do fleet maintenance with a variety of local vendors to ensure that each unit is maintained to strict operational standards. We replace wear items as needed, and try to keep everything running at the peak of its efficiency for as long as possible. Some of our oldest units are our best operating units. Due to the high maintenance standards that have long been the normal standards here at Seneca County EMS, our trucks remain serviceable long after what is normally considered a normal operational range.

It is not uncommon to see a county ambulance that is 15-20 years old, and most people have no idea it is not a much newer piece of equipment.

Although we have our share of breakdowns, we try to keep them to a minimum. Although the older they get the harder they are to keep on the road.

Our current vehicle replacement schedule is to buy a new ambulance once every 3 years. Which means our oldest first run ambulance will be 21 years old when it is replaced. We have to be very meticulous with our maintenance to ensure an ambulance will last that long. The normal service life of an ambulance averages between 5-10 years in most services. Due to our relatively low call volume, we stretch that out for a good long time.

Attica/Venice/Reed Joint Ambulance District – Ambulance 101 – Unit#930 – 2001 Ford E450 Ambulance

Bascom Joint Ambulance District – Ambulance 201 – Unit#932 – 2005 Ford E450 Ambulance
Ambulance 202 – Unit#917- 1995 Ford E350 Ambulance

Bettsville/Liberty/Jackson Joint Ambulance District – Ambulance 301 Unit#926 1999 Ford E450 Ambulance

Bloomville EMS – Ambulance 401 – Unit#944 – 2008 GMC C4500 Ambulance

New Reigel/Big Springs/Seneca Joint Ambulance District – Ambulance 501 Unit#938 2005 Ford E450

Republic EMS – Ambulance 601 – Unit#910 – 2008 GMC 4500 Ambulance

Green Springs EMS – Ambulance 701 – Unit#947 – 2014 International Ambulance

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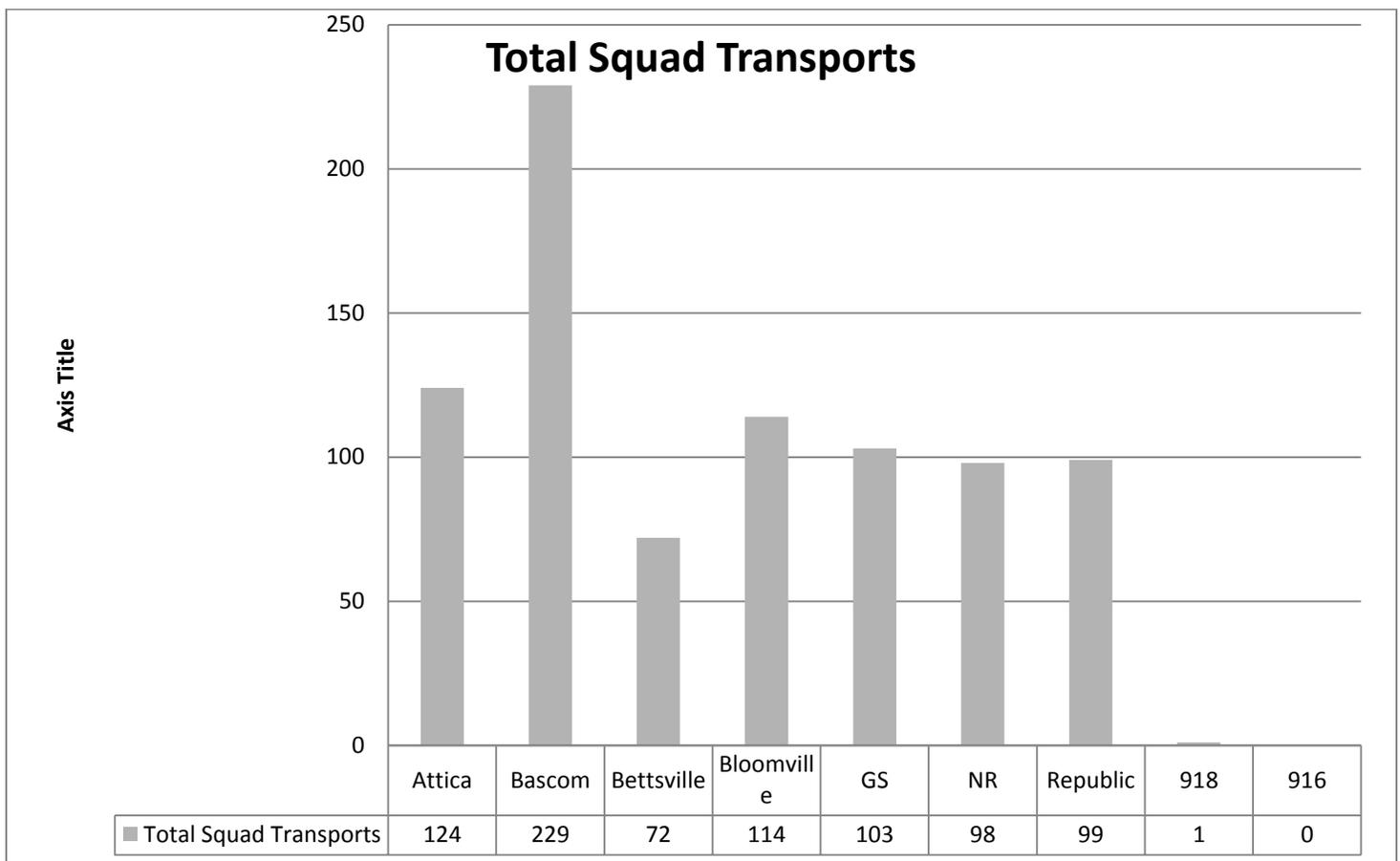
County EMS Response

Seneca County EMS responded to 1288 total EMS calls for service in 2014.

We were called and did not transport a patient 448 times in 2014.

No Transport calls can be for a variety of reasons, sometimes another service transports the patient (i.e. Life Flight), or the patient just needs assistance but not transport, or the patient is DOA.

The following is a breakdown of where our runs originated and where we transported them.



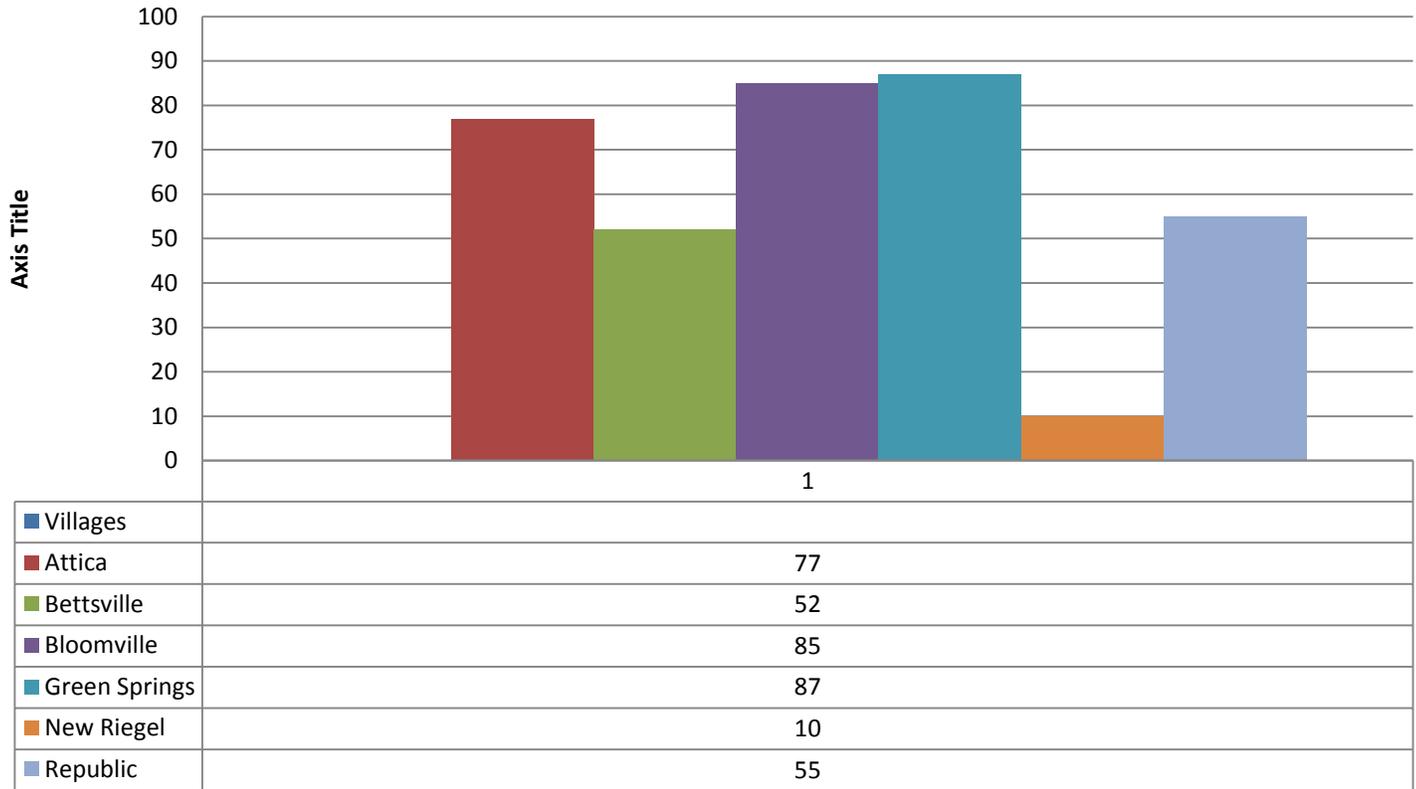
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Village Totals



Hospital Transports by Seneca County EMS Ambulances: 840 patients

Mercy Tiffin: 442 patients

Bellevue Hospital: 101 patients

Willard Mercy: 93 patients

Fostoria Community: 91 patients

Fremont Memorial: 90 patients

Bucyrus Community: 12 patients

Blanchard Valley (Findlay): 7 patients

Wyandot Community (Upper): 4 patients

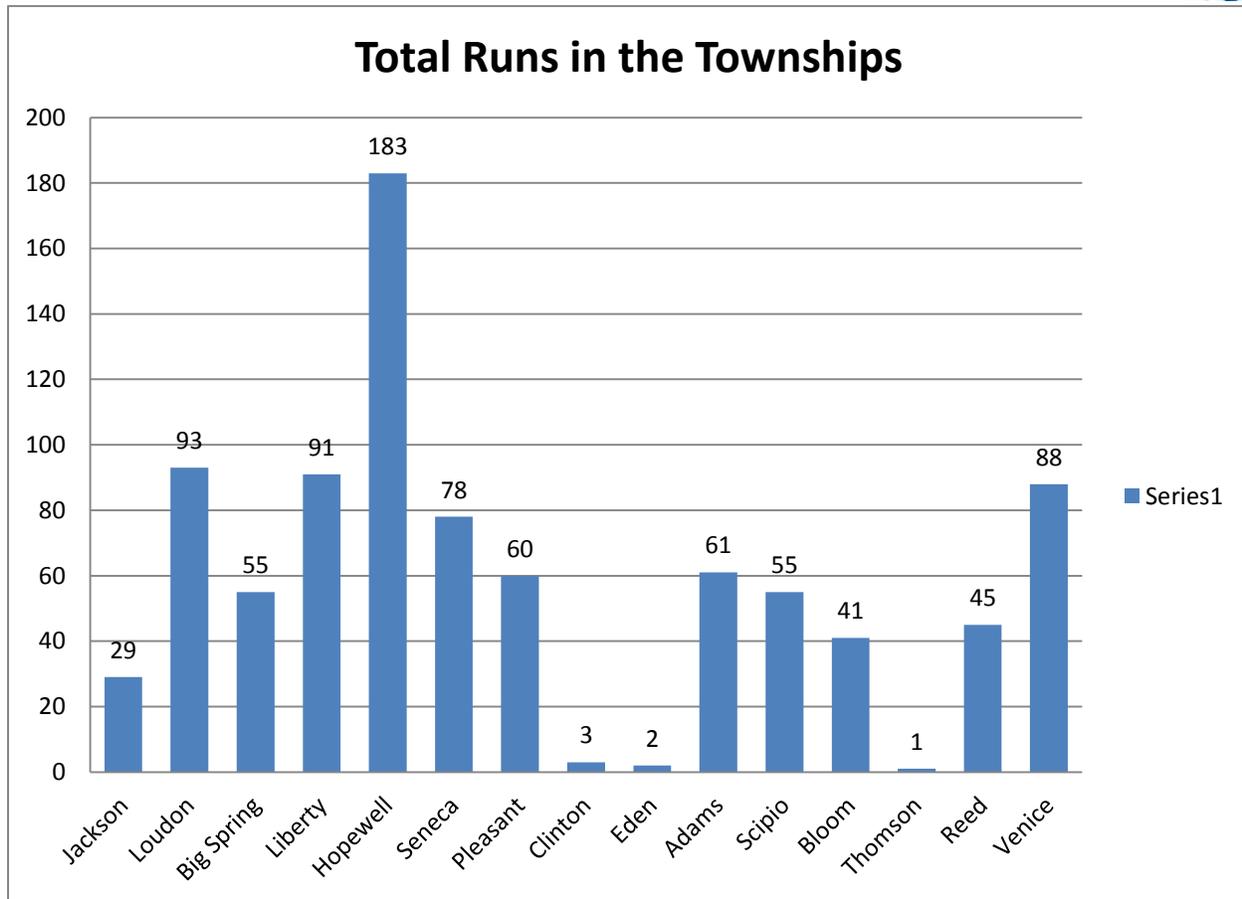
Life Flight – 17 patients to a variety of hospitals.

These patients were transported to these facilities by choice, or by physician order. If a patient is in critical condition and cannot make a choice the EMS crew transports to the closest, most appropriate hospital to the scene.

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The graphs are pretty obvious and they show that most of our transports come out of the Hopewell/Loudon township area. Bascom Joint Ambulance district has been very busy this year. They have run a good portion of Bettsville area runs due to Bettsville squad being out of service an average of 6-12 hours per day.

As the graph above plainly depicts, the Green Springs area (Pleasant, Adams, Green Springs) accounts for 208 transports this year. They were out of service approximately 73% of the year. More than half of the transports from the Green Springs area were handled by Republic primarily, and Bettsville when they were available. The majority of the EMS runs in Green Springs village are to the nursing facilities on the Sandusky County side of the village. We could relinquish the responsibility of those runs to Sandusky County EMS with a simple written agreement between Seneca and Sandusky County.

There are approximately 400 EMS calls total in Green Springs area. We only get about half of them due to our high amount of out of service. The remaining are already handled by Sandusky County EMS out of their Clyde station. I believe if we gave up the village of Green Springs to Sandusky County, and formed a Joint ambulance district between Adams, Pleasant, Scipio townships and Republic Village, we could encourage more participation from the volunteers in that area, due to the decrease in nursing home calls.

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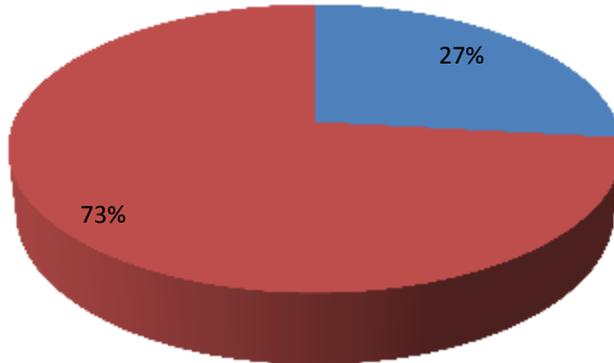


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OOS Percentage for GS EMS

■ Total IN=2345.5 ■ Total Out=6419.5



The above graph shows that Green Springs EMS was out of service due to lack of manning 6419.5 hours out of a total possible hours of 8760. This equates to 73% out of service time due to lack of manpower. The squad personnel did do a very good job towards the middle of the year of “making up” a lot of time. Otherwise the total would have been over 80%.

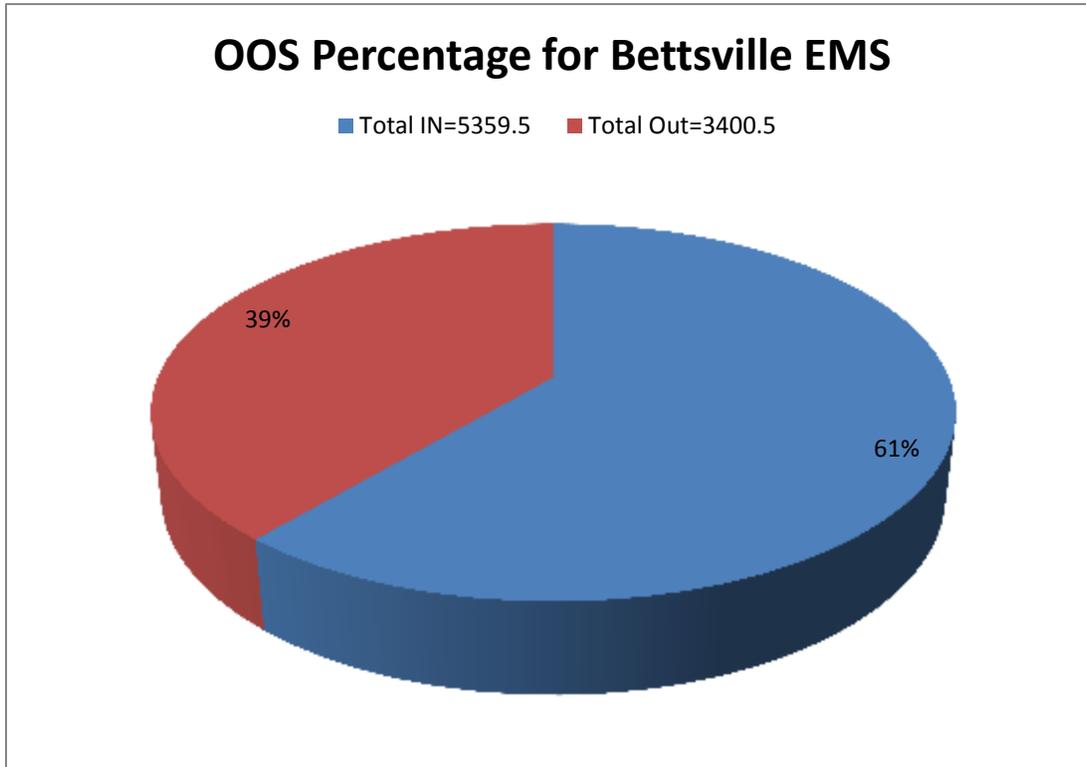
The difference made was due to the decision to begin compensating volunteers at a rate of \$2.50/hr for time scheduled. The funds to provide this came from the squads own reserves from fund raisers, run allowances from previous years, and donations. These funds will soon be expended.

The formation of an Ambulance district that provides for funding of a consistent compensation of \$3.50/hr for scheduled time would almost certainly have a positive impact in improving the in-service/out of service ratio.

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The above graph depicts the percentage of Out of Service vs. In-service time for Bettsville EMS. It shows that Bettsville was In-Service 61% of the time. Most of their in-service time is at night from 6pm-6am. Daytime coverage is where Bettsville is “leanest” on personnel.

The remaining squads of Attica, Bascom, Bloomville, New Riegel, and Republic were in service almost 100% of the time, with Bascom Joint Ambulance District manning 2 ambulances most of the time.

Bascom Joint Ambulance District is verifiably the busiest ambulance. Running 2 ambulances, staffed by compensated volunteers, that are uniformed, well organized, and well led.

The Bascom Joint ambulance board meets monthly to discuss scheduling, payroll, staffing, and personnel matters. The district has been in existence for almost 15 years, and is an example of how the Joint Ambulance district model can work to provide a shared service EMS system, in collaboration with Seneca County.

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Education:

A large part of what we do at Seneca County EMS involves the continuing education of the volunteer EMS personnel.

We have an enormous amount of continuing education provided by our own certified EMS instructors. Most of the classes are taught by the EMS director and are provided at each of the 7 EMS stations throughout the county.

We also provide EMT and Paramedic Refreshers in January through February of every year. Each EMT requires 24 hours of Continuing Education per year to maintain their certification, and paramedics require almost twice that amount.

Our Medical Director, Dr. Michael Fitzpatrick MD, is also the ER Director at Mercy Tiffin Hospital. Most of our education is directed by Dr. Fitzpatrick, based on what he is seeing come through his Emergency Department. Our physician medical director approves all of our education, and we do all of our own continuing education.

Seneca County EMS is an approved Continuing Education Site by the State Board of EMS. We achieved this credentialing in 2014. This allows us to do all of our own education without having to pay an outside institution to either provide it or approve it.

Having an EMS Director with the education and background to do this is an important cost saving measure to Seneca County EMS.

Our collaboration with Mercy Saint Vincent Trauma Center, Mercy Tiffin Hospital, and the State Board of EMS is important to maintain compliance in EMS. The education and training of pre-hospital personnel is complex, and highly specialized. We are fortunate to have formed relationships that benefit us in our ability to train our personnel locally and efficiently.

Equipment:

Seneca County EMS provides all equipment, inventory, supplies, fuel, and vehicles for all 7 County squads. We provide some of the latest prehospital emergency medical equipment available to all of our crews. Budgeting for replacement of these items is also important and not all of our equipment is as new as it once was.

2014 was a good year for grant money and we received a \$40,000 grant to purchase power lift ambulance cots from the Bureau of Workers Compensation. These cots will reduce the risk of lifting injuries from lifting a patient into the ambulance. We were fortunate to receive this grant and the cots have a service life of approximately 10-15 years. Many thanks to the commissioner's office staff for assisting in the completion of the grant paperwork.

We also received a \$10,000 grant from the State Board of EMS for the purchase of equipment and supplies. We utilized this money quickly and purchased many items that are on their approved list of equipment.

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We had a few issues involving communications in 2014, more specifically our ability to transmit 12 lead ECG data to our local hospital was interrupted due to Alltel discontinuing service in our area. AT&T took over for Alltel and was unable to replicate their service package.

We are still struggling to restore our ability to reliably transmit 12 lead ECG data to Mercy Tiffin even after securing a contract with Verizon to provide our cell phone service. We are still trouble shooting this situation, and it works intermittently at best.

The solution it seems is a costly one. The utilization of cell phone communication to send 12 Lead data is approximately an 8 year old technology. Which doesn't seem old but apparently technology is a lot like "dog years". We may need to upgrade our current cardiac monitors to communicate via Wireless Internet technology.

Wifi seems to be the most reliable and secure method of transmitting 12 lead data to the hospital servers.

To maintain compliance with the latest technology it will require some creativity on our part.

Upgrading our cardiac monitor systems will be required to keep up with what is required to transmit data.

Cost of these upgrades can range anywhere between \$10-15 thousand dollars per monitor and require a Wifi data package for each squad per month.

My plan is to discuss this project with the commissioners and also the boards at each Joint ambulance district.

Perhaps we can work out a deal where the Joint Ambulance district can pick up the cost of the data packages, and we can find a way to finance the upgrades to the cardiac monitors.

The cost of medical equipment, supplies, and medications continues to rise. We are doing our best to stay ahead of it; however, these items all need to be replaced eventually.

EMS Office Operations:

With the addition of the assistant director's position, the Seneca County EMS office has streamlined the operation and is moving into the information age.

Our primary area of improvement have been in record keeping, medical record transmission to and from our EMS billing vendor, and certification compliance.

We have done this without increasing our budget, and not having to purchase specialized software. Although the need for electronic medical records will be absolutely necessary in the near future; we have been able to side-step that in the short term with some creative use of existing software. We also have increased our knowledge, skill, and ability in the use of the existing technology, by employing a well-educated, and talented assistant director.

We are able to submit EMS runs to billing much quicker and easier than ever before. We have upgraded our scanning and faxing abilities through the purchase of a new copier/scanner/fax machine, and we are operating much more efficiently than ever before. There is still room for improvement, but we are getting the most "bang out of our buck" doing it the way we are currently. Electronic medical records are on the horizon, but we may have created an efficient way to avoid that for a while.

Our compliance with state mandated reporting has increased dramatically this year, and we are doing everything electronically. We are able to renew our State Board of Pharmacy licenses online, and also check certifications of all personnel through the State Board of EMS online portal.

Our efficiency in the office has increased to a new level in 2014.

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Summary:

2014 has been an extraordinary year for Seneca County EMS. We have seen the formation of 2 Joint Ambulance Districts for a total of 3 Joint ambulance Districts in Seneca County.

Bettsville, Liberty, and Jackson townships are also forming a Joint Ambulance District, but as of this writing we have not met with them to discuss the details.

We met our goals to form districts in most of the squad districts that needed them the most. We have created public awareness of the benefits of community based EMS comprised of compensated volunteers.

The citizens of Seneca County are aware of what EMS is, who provides it, and how it is funded.

The leadership at the County level, the township and village level, and the State know that we are working very hard to improve the service we provide to the public.

We have moved swiftly during the 2014 calendar year, to get things moving in a positive direction.

The future for Seneca County EMS is bright, and we are looking forward to 2015 with new direction, drive, and an eagerness to improve our service.

We have many new projects in the works for the upcoming year, and years to come. Our education program is on track and moving forward with many new prospective EMS personnel.

The Echo unit program continues to be a model for others to follow, and we are very proud of the level of care that we provide to our community.

Seneca County EMS is a charter member and endorsed by the Ohio EMS Chiefs Association, and the Mercy Saint Vincent Trauma Program. We are fortunate to have partners such as these prestigious groups of medical professionals to help guide us through the complex world of delivering excellent prehospital emergency medical care and transportation to the sick and injured.

Thank you for the opportunity to serve the citizens of Seneca County.

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