



**DOOR COUNTY EMERGENCY SERVICES
STATE OF THE STATE REPORT**

CHAPTER 1 – INTRODUCTION

Project Overview

In an effort to determine needs for the Emergency Services Department it seemed appropriate to review all aspects of the Department. The below listed category sections will be used for the review which is based on the National standards that have been identified by the Commission on Accreditation of Ambulance Services (CAAS)

The review and subsequent report will provide recommendations and options for the County to use now and in the future, when assessing department needs. This study is designed to review current service administration, operations, rules, regulations, personnel procedures, operating procedures and provide recommendations on future departmental needs, both short and long term. Further, an evaluation of the overall organization and staffing levels of the service will be reviewed and a recommended timeline for implementation. Part of the review will also be an analysis of equipment and vehicles to assess equipment based on the services offered and make recommendations on future equipment needs.

The findings and recommendations are related to the operations, administration, and response for services rendered, related human resources, equipment and program review. The review includes the following categories:

- Governance and Administration
- Assessment and Planning
- Goal and Objectives
- Financial Resources
- Programs
- Physical Resources
- Human Resources

Project Work Tasks

To complete the objectives I met with and gathered the needs and concerns of service personnel. I also met with EMR Chief's, Fire Chief's, Para Tran Ambulance, Hospital CEO and others with a vested interest in the future of EMS in Door County. Consideration was given to the growth that has occurred in the County that has not been adequately dealt with and the potential future growth.

The following presents an overview of the work tasks that I completed



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Developed a project team of appropriate users and stakeholders to oversee and participate in the project.

- Obtained and reviewed historical documentation.
- Conducted interviews and on-site observation to evaluate the current, and future, needs and standards of performance of the Department internally and externally.
 - Fire Chief
 - Line Personnel
 - Administrative Operational Staff
 - Billing Coordinator
 - Medical Director

Interviews and observations were primarily focused on the following:

- Current EMS operations, staffing and levels of service
 - EMS workload, call volume and activity
 - Administrative Organizational Structure
 - Department Policies and Procedures
 - Analysis of regulations and rules of the Department
 - Facilities
 - Major Equipment
 - Future Growth
 - Community relationships
- Reviewed the present EMS workflows and processes to analyze and develop potential organizational and operational requirements. This review was based on the Commission on Accreditation of Ambulance Services (CAAS) categories and criteria. The performance indicators that were examined include the following:
 - Governance and Administration
 - Assessment and Planning
 - Goals and Objectives
 - Financial Resources
 - Programs
 - Physical Resources
 - Human Resources
 - Essential Resources
 - Training
 - Clinical Standards
 - External System Relations



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- Determined any public safety industry standards or trends related to the Department's operational requirements. During the development of all recommendations, I considered many factors and standards as a basis for recommendations, including:
 - National Highway Safety Traffic Administration (NHSTA)
 - Federal Emergency Management Association (FEMA)
 - Occupational Safety and Health Administration (OSHA)
 - State of Wisconsin Statutes and Administrative Code

- Developed a comprehensive EMS organizational analysis, utilizing the information provided by the documentation received, the interviews and on site observations. The projected growth and level of service needs were considered during the development of these recommendations. Recommendations included:
 - Effectiveness, efficiency and performance of current EMS operations
 - Efficient utilization of station resources
 - Administrative growth and organizational structure
 - Review and analysis of the “corporate culture”
 - Review of Department policies, procedures and protocols
 - Analysis of Personnel and staffing needs

- Listed and described the findings and recommendations on the EMS governance and administration, assessment and planning, goals and objectives, financial resources, programs, physical resources, human resources, essential resources, training, and external system relations, and all other items evaluated and analyzed during the project.

Overview of the Current Demographics and Environment

The County of Door has a population of approximately 28,785 in 2012. The County has experienced a progressive rate of growth, with its population growing steadily over the last decade. Door County has a diverse landscape with rural lands, subdivisions, commercial establishments, industrial parks and municipal buildings and a large seasonal tourist population. As a result of the County being surrounded by water on 3 sides, mutual aid from agencies outside of the County is essentially nonexistent. The only exception is the south county line and even in that area the closest mutual aid is 25 minutes away.

The Department was established by the County in 1970 and was housed in the Sheriff's Department. In 1975 the department was moved out of the Sheriff's Department and an individual department was created and was known as the Door County Ambulance Service. At that time a part-time Director was appointed to oversee the department. In 1978 Door County was the first rural ambulance service to provide Paramedic level services to the community. In



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1983 First Responder groups started to form around the County. (Currently known as EMR's) In 1985 the first full-time Director was hired and the Departments name was changed to Door County Emergency Services. Also at this time Emergency Management was added to the responsibilities of the full-time Director. Full time staff was added sporadically over a period of years. In 1991 a new station was built in Sturgeon Bay and the full time staff was moved to in-house, which greatly reduced the response times to calls and established the future service model going forward. In 2004 a station was built in Sister Bay to house the North staff.

At the present time, the department has 1 - Full-time Director; 1 - full-time Deputy Director; 12 - full-time Paramedic's; 1 - full-time billing 1 – full-time Office Assistant; 5 Paramedic's; (part-time) 55 – EMT's (part-time). There are also over 100 EMR's that the Emergency Services department is responsible for medical oversight.

EMS Operations Review and Administrative Study

To present the findings and recommendations that resulted from the review, I have prepared this document; commonly referred to as the ***EMS Operations Review and Administrative (Study)***. This report will provide findings and recommendations in each of the categories listed below which will provide an orderly process for the delivery of the information.

The remainder of this report is structured as follows:

- Chapter 2 – Operational Recommendations: This section lists the findings and presents recommendations on the current and future issues associated with organizational aspects of the Department. This section is outlined in the following sections:
 - Governance and Administration
 - Assessment and Planning
 - Goals and Objectives
 - Financial Resources
 - Programs
 - Physical Resources
 - Human Resources



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CHAPTER 2 – OPERATIONAL FINDINGS & RECOMMENDATIONS

Operational Overview and Recommendations

As stated earlier, the objectives of this report is to evaluate the Door County Emergency Services (DCES) Department and make recommendations for the Department's short/long term organizational, operational, facility, equipment, vehicle and administrative needs. The Report provides an evaluation by its findings and recommendations relating to the Governance and Administration, Assessment and Planning, Goals and Objectives, Financial Resources, Programs, Physical Resources, Human Resources. This review was based on the Commission on Accreditation of Ambulance Services. (CAAS)

The DCES overall is doing a very good job of maintaining high standards in providing emergency medical services in providing high quality patient care. The Department personnel display professionalism and are very dedicated to the service.

Governance and Administration

Findings

The DCES is an organization that was established by the County of Door in 1970. The service was operated in the early years by the Door County Sheriff's Department. The governing authority is the Door County Board of Supervisors and its statutory oversight committee known as Emergency Services Committee. The County Board is responsible for Department over-sight through the Emergency Services Committee. There are communication processes in place between the Committee and the Emergency Services Director to help guide the Department in: policy making, planning, compliance with legal requirements, and the department's vision and mission.

The relationship between DCES and Door County Medical Center is on solid ground with a good give and take communications process in place. The hospital states that DCES provides quality patient care for the patients that it delivers to DCMC and likewise for the patients that are transferred to other medical facilities. The DCES Medical Director is on staff at DCMC which provides for immediate feedback on medical issues.

DCES is what is known as a "municipal third service", which means that it is non-fire and non-law enforcement, but still represents municipal services. At the present time, the department has 1 - Full-time Director; 1 - full-time Deputy Director; 12 - full-time Paramedic's; 1 - full-time billing 1 – full-time Office Assistant; 5 Paramedic's; (part-time) 55 – EMT's (part-time). There are also over 100 EMR's that the Emergency Services department is responsible for medical oversight.



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DCES is strictly regulated by State Statute and Administrative rule, which governs the personnel, training requirements, and vehicle requirements, licensure of the service and personnel and medical oversight approval in the form of an Operational Plan that is required to be reviewed and updated on an annual basis.

DCES responds to approximately 2,500 calls for service a year (based 2013 statistics) and operates out four (4) stations. An EMT staffed station in Brussels; an EMT staffed station on Washington Island and Paramedics in Sturgeon Bay and Sister Bay.

DCES currently has seven (7) fully equipped, State Inspection approved ambulances; Two (2) administrative, first response/incident command vehicles.

There are no recommendations in Governance or Administration to be made at this time due to the general County and State regulations that are in place.

Assessment and Planning

I reviewed area characteristics, EMS risk assessments and response strategies, and planning within the Department. The following findings and recommendations are based on planning concerns and risk management criteria that will impact outcomes and provide for the basic needs to complete the mission of the Department.

Findings

The County of Door has a population of approximately 28,785. The County has 2,370 square miles making it the largest County in Wisconsin. Of the square miles, 483 is land, 1887 is water with 298 miles of Shoreline.

I also reviewed the current station locations and feel that the stations are in a relatively good location to assure adequate response times. They provide access to main roads for response and are the least affected by the seasonal influx of tourist activity.

The Department's Emergency Patient Care Reporting (EPCR) has not provided the desired effect of increased productivity with shorter billing times and higher revenue potential. The reason the system has not performed to expectations is a result of not purchasing the training module that was available that would have created a better understanding of the new system and how it would interface with the billing side of the system. Therefore, a significant back log in processing claims has created a revenue shortfall from budget predictions. This incompatibility results in extra work for EMS and office personnel to transfer patient records into both parts of the software programs, which creates a double entry situation and reduced efficiency. Planning for these issues has had a hap hazard approach for many years which has created many issues in many areas of the department.



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The Department does not have a long-range plan, which includes stations, vehicles and personnel for the next three (3) to five (5) years. This report will attempt to provide the template going forward that will provide a broader strategic plan that has not existed previously.

A formal risk assessment has not been completed for Community related concerns, EMS related issues or weather related issues.

There are no current annexation issues or concerns with neighboring communities. The Department has the wherewithal to manage growth, but would have resource allocation issues to manage moderate growth.

Recommendations

- **As soon as possible contract with Image Trend to provide the training that is needed to assure a more efficient interface between the EPCR and the Billing system.**
- Establish a policy for the evaluation of risks in weather response and difficult medical management situations.
- Create an algorithm based evaluation form for establishing various risks that will encompass both weather and medical response criteria.
- Establish a process template that will allow the department to move forward with the Strategic Planning process.
- Establish a community risk evaluation to predict and plan for community specific hazards that could impact the resources of the service.

Goals and Objectives

I reviewed files to determine if DCES had established any goals and objectives that would provide a plan for future growth and improvement.

Findings

The DCES does not have written goals and objectives that have been identified. The Department has a Mission Statement.

The DCES management process has been unclear at times, and the organizational structure is reported to have been inconsistent to line personnel, until recently. Many staff members felt



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disconnected with “management”, further, a significant level of mistrust developed over the past few years. This feeling can in some ways be attributed to changing personnel and philosophies at the management level and a significant level of lack of follow through in most areas. The lack of staff meetings or a consistent method for communicating with staff has also contributed to the concerns between management and staff.

Further, Managements lack of concern or indifference was found to be frustrating when personnel were looking for leadership and direction. The complete lack of communication between Management and staff that existed was perceived as a general lack of interest in what staff has to say. This type of management attitude resulted in very little involvement from key staff and was interpreted as there is no reason to make suggestions or work on committees, because the decision has already been made and they should just do what has been directed. This opens the door for disgruntled employees, personal agendas and made up information.

A “Policy & Procedure Manual” exists; however, there is very little resemblance from what is stated in the P&P’s and what actually occurs daily in practice. Perception among staff is that “selective” application of the P&P’s was used depending on the situation or individual. Further, the acknowledgement of outdated, ineffective and ignored P&P’s sets the service up for potential liabilities.

DCES staff is not involved in Regional, State or National initiatives or professional organizations. To not participant in this forum results in uniformed paramedics, management that is out of touch with current trends and regulations, which again sets the service up for potential liabilities.

Recommendations

- Develop formal goals and objectives which are articulated to the entire staff. Once completed, all staff needs to be familiar with the mission and goals of the Department and how the Department is going to achieve its goals.
- Re-enforcement of the defined goals and objectives with staff should be done on a regular basis to ensure consistency and compliancy with all Department policies.
- Continue the process of reworking the P&P’s to assure that they reflect actual current operational activities.
- Continue seeking input that will provide a better method for communicating information throughout the entire organization.



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- Determine the makeup of the core management team and establish a process for regular meetings (at least monthly). Define a process up front with clearly defined criteria for meetings structure and establish expectations for outcomes.
- Continue the recently initiated monthly staff meetings.
- Continue refinement of a process for those unable to attend the staff meeting to assure an accurate dissemination of information that was covered at the live meeting. (Recommend videotaping of staff meeting.)
- Define the current organizational structure and disseminate an organizational chart to all staff with clearly defined position responsibilities that appear on the chart.
- Encourage the participation in professional organizations to maintain current knowledge of issues and innovations.

Financial Resources

I reviewed how the budget and how the Department managed financial issues.

Findings

The EMS Director develops the initial budget based on County processes. No specific formal process to obtain input from staff could be identified in the past. The budget then is presented to various Committees' for review, discussion and ultimate approval by the full County Board.

Financial reports are provided to the EMS Director by the Director of Finance as well as the reports that can be run internally. An independent audit is conducted annually by an outside CPA firm.

The EMS Director reviews all purchases as well as invoices for expenses incurred by the Department on a regular and no less than monthly basis. They are then submitted to the Finance Department for processing and payment.

The current fleet of emergency vehicles is in need of updating and is currently in the process of upgrade. Several of the vehicles have exceeded the normal life expectancy for operating in a 9-1-1 response system. Significant outlays will be needed for the purchase of several new units. The County has established a special reserve account for future purchases. This account will need to be added to as a result of the ever increasing cost of the purchase of new ambulances.

Ambulance revenue from 9-1-1 calls typically are insufficient to meet the budgetary needs of the service with the charge of providing high quality Paramedic level services to the citizens and



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visitors to the County. It is well known in the EMS industry that the cost of readiness far exceeds the potential revenue opportunities to recover the costs. Therefore, government subsidies, in the form of tax based revenues are the only method that a service has to be made whole.

The Service has a significant shortfall in training. The personnel have been given very little opportunity to expand their education base beyond the bare minimum to obtain renewal of their licenses. Training budgets have been reduced over the years to the point where staff doesn't even ask any longer if they can attend additional training opportunities.

The shortfall in training also carries over to the billing office. Given the complexity of medical billing, especially as it relates to Medicare billings and the increased scrutiny of the government and third party payers makes it imperative that the billing office staff attend regular workshops to maintain and improve their knowledge base. This is also true for the training opportunities that exist for billing software programs and the patient care reporting system that is used for the medical documentation and reporting of patient transports.

The DCES Committee reviews and approves the fees charged for emergency medical calls with recommendations from the EMS Director. The Department is responsible for processing these fees and submitting them to all third party paying agencies. The Billing Coordinator is responsible for the collection of information from the EPCR and processes each claim utilizing proper coding and bookkeeping techniques. The rate of collection has been maintained at a high level by the Billing Coordinator. However, events in the past year that were out of the control of the Billing Coordinator have created a significant back log of patient accounts in need of billing. The workload of the Billing Coordinator far exceeds the norm in the EMS industry for the number of transports billed per year. A billing company was brought in for a limited time to assist with backload of billings initially and did reduce the number of non-billed accounts. A billing consultant has also been brought in to assist with reducing the backload and providing input on future efficiencies that may be considered for the future.

Recommendations

- Establish a monthly review process with specific benchmarks for flagging predetermined criteria for the review of monthly financial documents.
- The EMS Director should include department administrative and line personnel in the budget process. An example would be to ask all department employees to submit their own budget requests (wish lists) for the upcoming year, and then organize a summit of key personnel to prioritize the requests.
- Develop a process, for reporting back to all personnel, that outlines what items were placed in the budget and the rationale.



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- Review the current vehicle replacement program and assure that it meets the needs of the department going forward for the next three (3) to five (5) years. Establish a plan that will adequately replenish reserve funds for funding the department's fleet of vehicles.
- Through the budget process provide proper funding in the training budget line item, to assure that the entire department is able to attend mandatory and selected enhanced training.
- Continue to evaluate the workload of the Billing office and review options for billing, to include but not limited to the following:
 - Review the effectiveness of the current billing software
 - Review the effectiveness of the patient care reporting system
 - Assure that the billing staff is current with coding and billing requirements.
 - Implement the recommendations of the billing consultant regarding future efficiencies in the billing process.

Programs

This area is defined as the services, activities and responses provided by the department for the community, and supported by the mission, goals and objectives of DCES.

Findings

The EMS response that is performed by the DCES is currently supported by seven (7) fully equipped, State Inspection and approved ambulances; Two (2) administrative, first response/incident command vehicles. All responding personnel are familiar with the Incident Command System (ICS). There is a current lack of training with all personnel for Emergency Vehicle Operators Course (EVOC) training.

The department can improve on their public educational opportunities. They are active and do a good job when asked to talk to the schools or participate in public awareness programs. However, there currently is no written public education program that allows DCES to have a proactive community education program.

The department participates in many community activities, but does not have a plan for when and how the services needs to be involved.

The service provides EMS staffing for numerous events throughout the County that require medical personnel to be on scene and active in the events. There is a significant increase in these activities during the summer when a festival, parade, special event are taking place nearly every weekend. Listed below is a small sampling of those events.



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- Door County ½ Marathon
- 4th of July parades (2) and large fireworks events
- Door County Triathlon

Note: This is only a small sampling of the events that DCES covers on a weekly basis.

Recommendations

- Develop a plan that will set guidelines and goals on how DCES can be more involved in community activities.
- Maintain disaster training and continuing education based on the National Incident Command System.
- Continue to plan and participate in the Special Event activity's that takes place within the County

Physical Resources

This section evaluates the Department's fixed facility, vehicles and maintenance and related personnel needs.

Findings

The Department currently has four (4) stations in the following location within Door County.

- There is an EMT staffed station in Brussels that is not adequate and only provides a warm shelter. This station is currently part of a discussion to share space in a new BUG Fire Department building that is being proposed and will go to referendum in the fall of 2014. The County has gone on record supporting this building project in concept.
- The Sturgeon Bay station has been outgrown due to the growth in call volume and the increase in personnel that will be needed to manage the call volume. The increase in offered services and the significant increase in call volume has created significant logistical issues. The garage facilities are not adequate for the needs of the service.
- A proposal will be developed and presented as part of the 2015 Budget deliberations.
- The Sister Bay station was built in 2004 and houses a full-time Paramedic level staff. This station is currently adequate to manage the needs for the next several years.



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- The Washington Island station is staffed at the basic EMT level. This location is used as part of cooperative agreement between the County and the Town of Washington. This arrangement is adequate for the foreseeable future. There currently are discussions taking place regarding the need for a new fire station. It would be my assumption that our service would be brought into those discussion at some point.

The ideal standards of response to emergency medical responses are 4-6 minutes from the time that the call is dispatched until the unit arrives on the scene. This standard is consistent with the standards of the following agencies;

- National Highway Traffic Safety Administration (NHTSA)
- National Fire Protection Association (NFPA)
- American Heart Association Guidelines for Defibrillation and CPR
- National Standard of Care for EMS Response
- Journal of American Medical Association
- Commission on Accreditation of Ambulance Services (CAAS)
- American Ambulance Association (AAA)

These established national standards for response time have proven to be valid and will be utilized in legal cases as being the benchmark to which services will be judged. The Department currently meets these standards in theory. If it were not for the coordinated utilization of EMR's throughout the County, these standards could never be attained. The average time for an ambulance to be on scene, from time of page to arrival is over 6 minutes 53% of the time. The average time for EMR's to be on scene is less than 3 minutes 85% of the time. The current station locations would be woefully inadequate regarding EMS response time standards alone. Staffing shortfalls are outlined in the Human Resources section of this report.

The Department is working on the development of a certified vehicle maintenance service program and emergency repair for all apparatus. A general maintenance schedule has been established and appears to meet the need for service and reliability of emergency apparatus. Further discussion with the Highway Department on a monthly maintenance program is ongoing.

The Department equipment resources are adequate, but poorly maintained. There is only one area of specialized medical equipment that has contract for preventative maintenance, which did not include all of the devices that the service currently utilizes. This lack of concern and neglect with maintaining the department's equipment has led to the need to immediately replace four (4) ambulance stretchers and three (3) more in the 2015 budget. There is no replacement plan for the non-vehicle equipment that the department needs daily to provide services.



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A vehicle replacement schedule was discussed in the past, but nothing was approved to work from for future purchases. I don't feel that it adequately address the growing needs of the service.

After a review of the computer hardware and software it was noted that the Department has an IS department within the County that maintains and monitors both software and hardware and through the budget process maintains an up to date status. One area of concern was noted with the interface of the patient care reporting system, the billing system and the receivables. This was addressed in another section of this report.

Recommendations

- Immediately develop an aggressive plan for the relocation of the Sturgeon Bay station that meets the needs of the DCES into the foreseeable future.
- Immediately purchase the needed modules for systems interface and system software that will provide a seamless billing system and eliminate further billing delays.
- Immediately develop an equipment preventative maintenance program that will maximize the useful life expectancy of the equipment and provide protection against practical and legal issues that may arise without such a program.
- Revise the vehicle replacement plan that adequately reflects the needs of the service for the next three (3) to five (5) years.
- Research the vehicle maintenance program to assure that the selected service center understands the needs of an emergency ambulance service and is competitive with pricing. This process should include documentation that the dealership mechanics that perform the actual service are EVT Certified.

Human Resources

I reviewed the staffing needs and the development and utilization of human resources for the Department. The Department's organizational chart, policies and standard operating guidelines, management structure and style, turnover, wages, recruitment and retention were examined to provide a basis for the completion of this section.

Findings

The current staffing arrangement is no longer adequate to meet the needs of the continuing rise in call volume throughout the County. Door County has a year round population of



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approximately 30,000 people. From May through the end of October the number of people in the County can be over 200,000 on any given day.

Since the year 2000 call volume has risen 32% with no increase in personnel. This trend is expected to continue with the aging population and the impact of the Affordable Care Act. It is a known fact that fewer individuals have a primary care physician and their entry to the health care system is when they call 9-1-1 and come through the emergency department. One of the major concerns that I have is the inability of the department to manage all 9-1-1 calls in a timely manner when a unit is already out on a call, which occurs county wide. This situation is happening on a more frequent basis and is of particular concern at the Sturgeon Bay station where 8-10 times per week a simultaneous call is received and the call is either not answered at all or is significantly delayed. This inability to meet the need may put the County in a legal quandary. If a legal challenge in our ability to respond timely were to be presented to the County, it may be difficult to defend the current practice against National Standards and to what the community has come to expect from this service. As a current comparison; from the time of page for a call, to the unit going en route to the call (full-time on site); 87% of the time is under 2 minutes. In contrast, the back-up unit that is not staffed at the station full-time has a response history from the time of page to en route of an average between 4 – 10 minutes 72% of the time. This does not factor in the number of times there was no response at all or another EMS service was called in with a significant delay.

Door County has a Human Resources Department and as such meet many of the personnel related issues for DCES. Personnel related issues occupy a large amount of management time. Many staff raised concerns that in the past issues with employees were not dealt with by DCES management. This perception exists as a result of the previous DCES management's (prior to 2014) lack of effort to protect the privacy of the people involved. I found that the process of dealing with personnel issues was being managed in an unprofessional manner. Depending on the individual and circumstances discipline or lack thereof was dependant on which staff was involved. With the change in DCES management in 2014 the disciplinary process is between management and the person or persons involved and corrective action or discipline is between those individuals. Management will not discuss the process with anyone else. Therefore, if information about the process is made public, it is the employee that makes the decision to share it with others. The level of personnel privacy will meet or exceed the legal standards for the management of employee information. Currently, the Director confers with the HR Director on HR issues, as well as Policies & Procedures.

One of the major weaknesses of the Department has been communication. The DCES management team did not function as a true team. The DCES management staff all seemed to work independently and sometimes out of sync with others in the Department. This was a result of the lack of or no management team meetings or staff meetings. Whatever communication that did exist between management was not passed on to staff, coupled with the fact that no regular staff meetings are held, the message that came from management was not well understood or executed as a result.



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Department Policies and Procedures are in need of a total review and rewrite. The Department also has standard operating guidelines and patient care protocols to provide staff with operational guidance and structure. The medical protocols are currently being reviewed with the Medical Director. There has been an ongoing concern that policies were not followed or evenly enforced. This practice, if continued opens a significant legal concern and makes the department vulnerable if medical treatment were to be questioned.

The Department has a written new member orientation program. The County has a written Employee Handbook in place which is presented to new employees.

A written physical/fitness program is not in place at this time or a fitness for duty for employees that are returning from injury. The Department does not have a written risk management policy for medical or weather related issues or an assessment tool in place for gauging risk.

The organizational structure of the department places undue responsibility on very few people. The standard in emergency services is one person can effectively supervise no more than six (6) staff. This concept has never been in place in DCES. The issues associated with situations like these are poor communications, policy and guidelines not being followed, lack of discipline and supervision and personnel freelancing in the system, all of which existed.

The Department organization chart does not adequately provide the structure that is necessary for the growth in how the department operates. A clearer picture of what the responsibilities for each position on the chart should be identified.

No post-accident incident plan (PAIP) was found to be in place in the event of an incident that causes injury or death to a staff member.

Recommendations

- I recommend an immediate addition to the 2015 Budget for the hiring of 6 full-time Paramedic's to be added to the Sturgeon Bay station. (Fiscal impact is an addendum to this report)
- I recommend that a Health and Safety Committee be developed that will establish a written health and fitness program for the Department. Annual physicals should be part of the health and fitness program. Further, the Department should develop a fitness for duty policy that defines various health and physical conditions that would be used for return to work after injury or illness or used for cause in testing an individual that is believed to be impaired. Creating a Health and Safety Committee would create the proper structure for managing this function.



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- The Department should begin putting together a risk management and safety program for the Department. This should include developing standards, criteria for evaluating risks associated with responding to calls in inclement weather and when advance medical procedures may need to be administered during transports.
- I recommend the continuation of a process that enables regular meetings. (At least monthly, possibly more often initially to catch up on processes.) Define a process up front with clearly defined criteria for meetings structure and establish expectations for outcomes.
- I strongly recommend an immediate review and rewrite of the Department Policies and Procedures. This process must include an evaluation of current practice, and a process to determine that current practice is valid and then development of policies that reflect good management practices. This process is currently under way with a new structure and process being defined and should be continued.
- Develop a progressive discipline system that establishes rules pertaining to employee conduct, performance, and responsibilities so that all personnel can conduct themselves according to certain rules of good behavior and good conduct. The system should include; a purpose, policy, training, discipline steps for each offense, and an investigation team/process that is fair and unbiased.
- Provide training that includes review of SOGs, Protocols, P&P's with all department members.
- Create a service PAIP that addresses a comprehensive procedure of the steps that need to be taken in the event of an incident that causes injury or death to a staff member.

DOOR COUNTY EMERGENCY SERVICES

**What is an Emergency
Medical Service?**



DOOR COUNTY EMERGENCY SERVICES

MISSION

It is the mission of Door County Emergency Services to assure readiness and response to everyday emergencies and county crisis situations with an excellence in patient care.



DOOR COUNTY EMERGENCY SERVICES

VISION

Striving for distinction in EMS through innovation, care and continually meeting the changing needs of the community, while providing the highest level of patient care possible.



DOOR COUNTY EMERGENCY SERVICES

CULTURE

Providing a stable environment by encouraging learning, growth and satisfaction. Employees will be awarded the same concern, respect and caring attitude that they are expected to share with the community and those we serve.



DOOR COUNTY EMERGENCY SERVICES

CONCEPT

- Conceptually, it is helpful to understand that an EMS system is an extension of the hospital Emergency Department .
- Specifically the authority to provide advanced care comes through the service Medical Director.
- EMS is considered a “Critical Workforce”, one of the core public services, along with fire-protection and police service, and vital for citizens who reside in, or considering a move to the community as well as well as visitors to the County



DOOR COUNTY EMERGENCY SERVICES

CONCEPT, CONT.

- The delivery of EMS is designed to ensure appropriate and reasonable medical care and transportation for the sick and injured.
- EMS systems must be designed for rapid deployment of the right resources when initial information regarding the nature of the illness or injury suggests that a potentially serious condition exist.



DOOR COUNTY

EMERGENCY SERVICES

HISTORY

- Transport of injured patients was primarily performed by funeral homes.
- Provided basic first aid and transport
- 1970 – The Door County Sherriff Ambulance division forms.
- Stationed in Sturgeon Bay
- Advanced Red Cross Training
- Funeral home was primary transport in the northern county



DOOR COUNTY EMERGENCY SERVICES

HISTORY, CONT.

- 1975 – Emergency Services of Door County becomes its own department
- North ambulance station opens in Sister Bay
- 1979 – Door County completes Paramedic program
- 1986 – The Sturgeon Bay ambulance station moves “in-house”
- North station continues to respond from their homes
- 2004 – The Sister Bay ambulance station moves “in-house”



DOOR COUNTY EMERGENCY SERVICES

HISTORY, CONT.

- 2015 – Central Station adds 6 new Paramedics
- 2015 – Process begins for a new Central Headquarters Station



DOOR COUNTY EMERGENCY SERVICES

SERVICE OVERVIEW



DOOR COUNTY

EMERGENCY SERVICES

SERVICE OVERVIEW

- DCES is known as a municipal “third service,” governed by the Door County Board. The service is directed by Dan Williams and reports to an oversight Committee of County Board Members.
- Service Area – 483 square land miles as well as parts of Green Bay and Lake Michigan. Door County has a year round population of 28,000, a summer population of over 200,000 and experiences almost 2 million visitors a year.
- Responsibilities – Response to medical 911 calls, medical support for fire operations, tactical medical support for Door County SWAT and education of the public on matters concerning emergency medical care and transport.



DOOR COUNTY EMERGENCY SERVICES

SERVICE OVERVIEW, CONT.

- Call Volume – Over 2,700 calls a year
- Average yearly increase of 5 - 8%
- Units – 8 ambulances responding out of 4 stations
- Personnel - 1 Service Director; 1 – Deputy Director; 18 full time Paramedics; 5 casual call Paramedics; 45 part-time EMT Basics and over 200 Emergency Medical Responders (EMR's)



DOOR COUNTY EMERGENCY SERVICES

FUNDING

- Funding for the Ambulance service is a combination of transport fees and tax revenue.
- ESDC has it's own billing department that processes and collects payments from Medicare/Medicaid, Insurance companies and individuals when there is no third party payer.



DOOR COUNTY

EMERGENCY SERVICES

FUNDING

- In 2015 the cost to provide Paramedic level care to the property owner's of Door County is \$0.38 per \$1000 of assessed property value.
- (Example: A person owning a \$150,000 home pays about \$57.00 a year for a Paramedic level ambulance service)
- The Emergency Medical Responders (EMRs) are currently volunteers and have no obligation to respond. All cost associated with DCES support of the EMR program County wide is included in the annual Emergency Services operational budget.



DOOR COUNTY

EMERGENCY SERVICES

FUNDING RELATED – “COST OF READINESS”

- DCES average time per call is 1 hour and 24 minutes
- City of Green Bay, average time per call is 26 minutes
- Average Cost per call - \$981.06
- Average Collection per call - \$481.64
- Virtually no back-up assistance (mutual aid) from other communities (requires more resources)
- A subsidy to a private entity would be minimally \$2,654,757.00 and would allow for no County oversight controls. Once they get in, and after all of the County resources are gone, they can raise the subsidy with little to no recourse, other than to pay it.



DOOR COUNTY EMERGENCY SERVICES

FUNDING RELATED – “COST OF READINESS”

- In 2012 the average age of patients from EMS calls was – 63
- In 2014, the average age of patients from EMS calls was – 79.5
- Over 60% of EMS calls were Females



DOOR COUNTY EMERGENCY SERVICES

SERVICE INFORMATION

SOUTHERN DOOR COUNTY

- Brussels Station – 1358 Cty. Rd DK (shared with BUG FD)
- Staffed by Paid On-Call EMT's
- Shifts run 6A-6P/6P-6A with 2 EMT's per shift
- Respond to calls in Brussels/Union/Gardner Townships
- Unit number: 670



DOOR COUNTY EMERGENCY SERVICES

SERVICE INFORMATION

CENTRAL DOOR COUNTY

- Sturgeon Bay Station – 319 S. 18th Ave Houses Directors office; Billing office; 3 Ambulances
- Shifts are two (2) 7A-7A (24 hour shifts) staffed by 4 paramedics
- Respond to calls from the county line up to Egg Harbor/Jacksonport Townships
- Unit Numbers: 650/620 primary/660 Back-up/690 Festival Truck



DOOR COUNTY EMERGENCY SERVICES

SERVICE INFORMATION



DOOR COUNTY EMERGENCY SERVICES

SERVICE INFORMATION

NORTHERN DOOR COUNTY

- Sister Bay Station – 2258 Mill Road
- Staffed by Paramedics
- Shifts run 48 hours on 96 hours off. Staffed by 2 Paramedics
- Additional summer staff
- Respond to calls from Egg Harbor/Jacksonport up to North Port
- Intercepts all transports off the Island
- Unit Numbers: 680 primary/640 back-up



DOOR COUNTY EMERGENCY SERVICES

SERVICE INFORMATION



DOOR COUNTY EMERGENCY SERVICES

SERVICE INFORMATION

WASHINGTON ISLAND

- Island station – 1 Airport Rd/shared with Island Fire
- Staffed by On-Call EMTs
- Open scheduling
- 2 EMTs per shift
- Unit Numbers: 630 primary/610 back-up



DOOR COUNTY EMERGENCY SERVICES

SERVICE INFORMATION



DOOR COUNTY EMERGENCY SERVICES

LEVELS OF SERVICE

TIERED SYSTEM

- Door County is considered a tiered response system
- System consists three levels of caregivers
- Emergency Medical Responder
- EMT-Basic
- EMT-Paramedic
- Critical Care Paramedic
- All responders work under medical protocols approved by the State of Wisconsin and our Medical Director.



DOOR COUNTY EMERGENCY SERVICES

- Emergency Medical Responder (EMR)
 - Next door neighbor
 - Associated with the local fire department or stand alone
 - Completed 72 hours of training
 - Trained in first aid, CPR and Automated External Defibrillation



DOOR COUNTY EMERGENCY SERVICES

BASIC EMT

- Used for the transport of “Basic” level patients
- Completed 144 hours of training
- Trained in Splinting, some medications including the Epi-pen, CPR and Automated External Defibrillator.



DOOR COUNTY EMERGENCY SERVICES

PARAMEDICS

- Paramedics are used for the primary transport of emergent patients
- Completed around 1200 hours of training including ACLS, PALS, and other continuing education
- Trained in the use of many medications and procedures including, advanced and surgical airways, manual defibrillation and external cardiac pacing



DOOR COUNTY EMERGENCY SERVICES

THE FUTURE

WHERE DO WE GO FROM HERE?



DOOR COUNTY EMERGENCY SERVICES

- **What will the effects of following Cause and Cost?**
- **Increase in call volume**
 - Aging population
 - Lack of insurance
 - Lack of primary care physicians
- **Decline in volunteerism**
- **Increased expectation to respond at a high level of care**
 - Increased training requirements
 - Response times
- **Changing community demographics**
- **To effectively meet the increasing needs of the community, additional resources and infrastructure must be available**



DOOR COUNTY EMERGENCY SERVICES

IS THE CURRENT MODEL COST EFFECTIVE?

TRADITIONAL TOWN ESTABLISHED SYSTEM IF IT HAD BEEN ESTABLISHED IN DOOR COUNTY:

Ambulance Locations and number of ambulances in each location:

Brussels - 2

Forestville - 2

Sturgeon Bay – 3

Egg Harbor – 2

Jacksonport – 2

Fish Creek – 2

Baileys Harbor - 1

Sister Bay – 2

Washington Island – 2

Total number of ambulances - 18

Cost of each ambulance \$200,000.00 each X 18 ambulances =
\$3,600,000.00



DOOR COUNTY

EMERGENCY SERVICES

CURRENT COSTS, CONT.

Cost of Staffing, using the current staffing cost for the Brussels Ambulance applied to the Traditional Town system.

Brussels - \$127,000.00

Forestville - \$127,000.00

Sturgeon Bay - \$992,876.00

Egg Harbor - \$127,000.00

Jacksonport - \$127,000.00

Fish Creek - \$127,000.00

Baileys Harbor - \$127,000.00

Sister Bay - \$496,438.00

Washington Island - \$127,000.00

Cost of salary - \$2,378,314.00

Total cost of ambulance vehicles and wages for the Traditional Town System is \$5,978,314.00



DOOR COUNTY EMERGENCY SERVICES

ACTUAL COSTS OF SERVICE TODAY

CURRENT SYSTEM AS ESTABLISHED IN DOOR COUNTY 45 YEARS AGO WITH TODAY'S CURRENT SYSTEM:

Ambulance Locations and the number of ambulances in each location:

Brussels – 1

Sturgeon Bay – 3

Sister Bay – 2

Washington Island – 2

Total number of ambulances – 8

Cost of each ambulance \$200,000.00 X 8 = \$1,600,000.00



DOOR COUNTY EMERGENCY SERVICES

ACTUAL COSTS OF SERVICE TODAY

Cost of Staffing, using the current staffing cost for the system.

Brussels - \$127,000.00

Sturgeon Bay – \$992,876.00

Sister Bay - \$496,438.00

Total Cost of Current Salary - **\$1,616,314.00**

Total cost of ambulance vehicles and wages for the Current System. \$3,276,314.00

Traditional Town Model: \$5,978,314.00

Current System Model: \$3,276,314.00

Total savings with current system model: \$2,702,000.00



DOOR COUNTY EMERGENCY SERVICES

LOCATIONS

Determining the future locations of the ambulance stations that best meets the needs of the citizens and visitors to Door County.



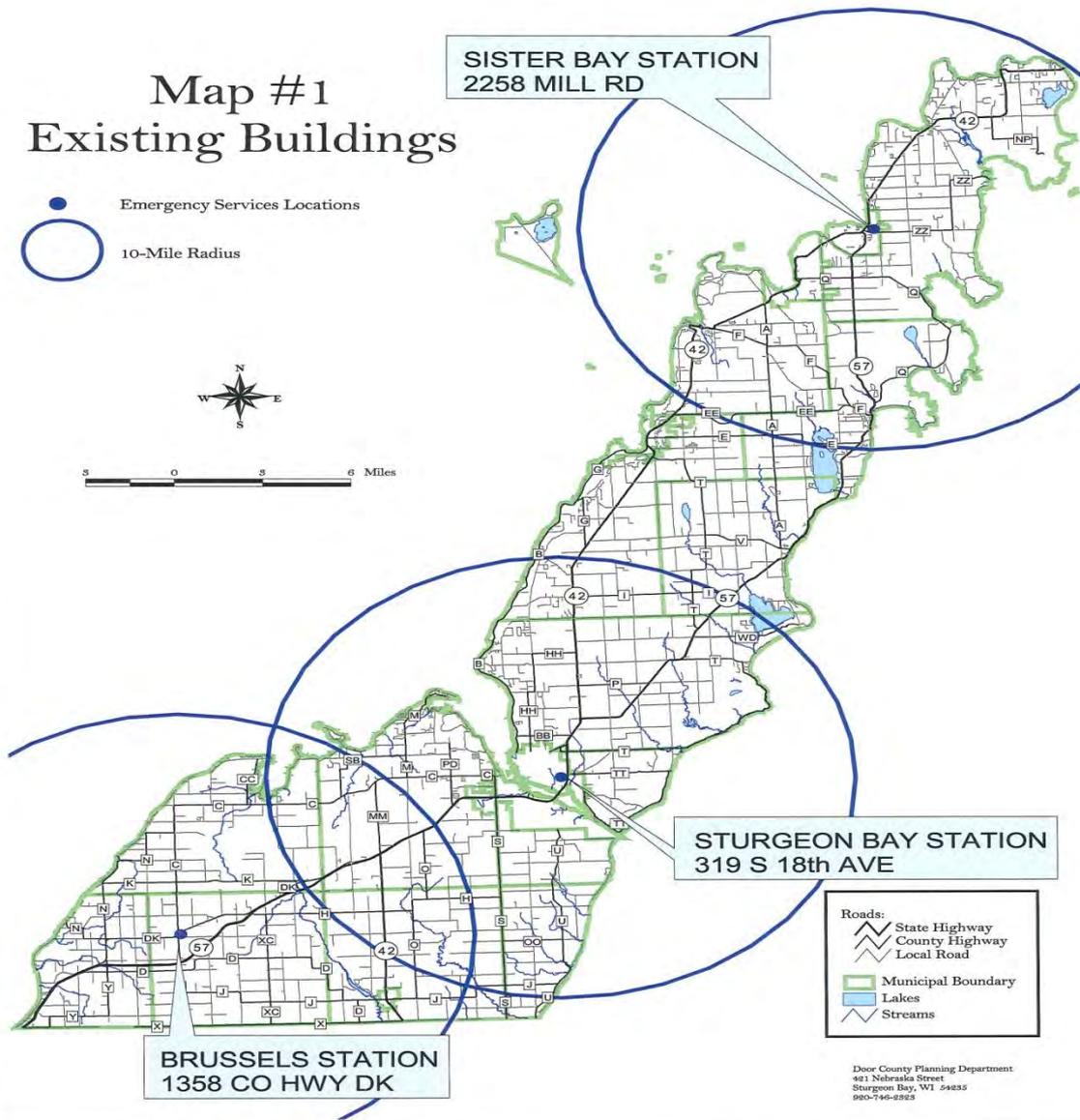
Emergency Services Buildings Proposed Locations Study January, 2015

Map #1
Existing Buildings

-  Emergency Services Locations
-  10-Mile Radius



0 5 Miles

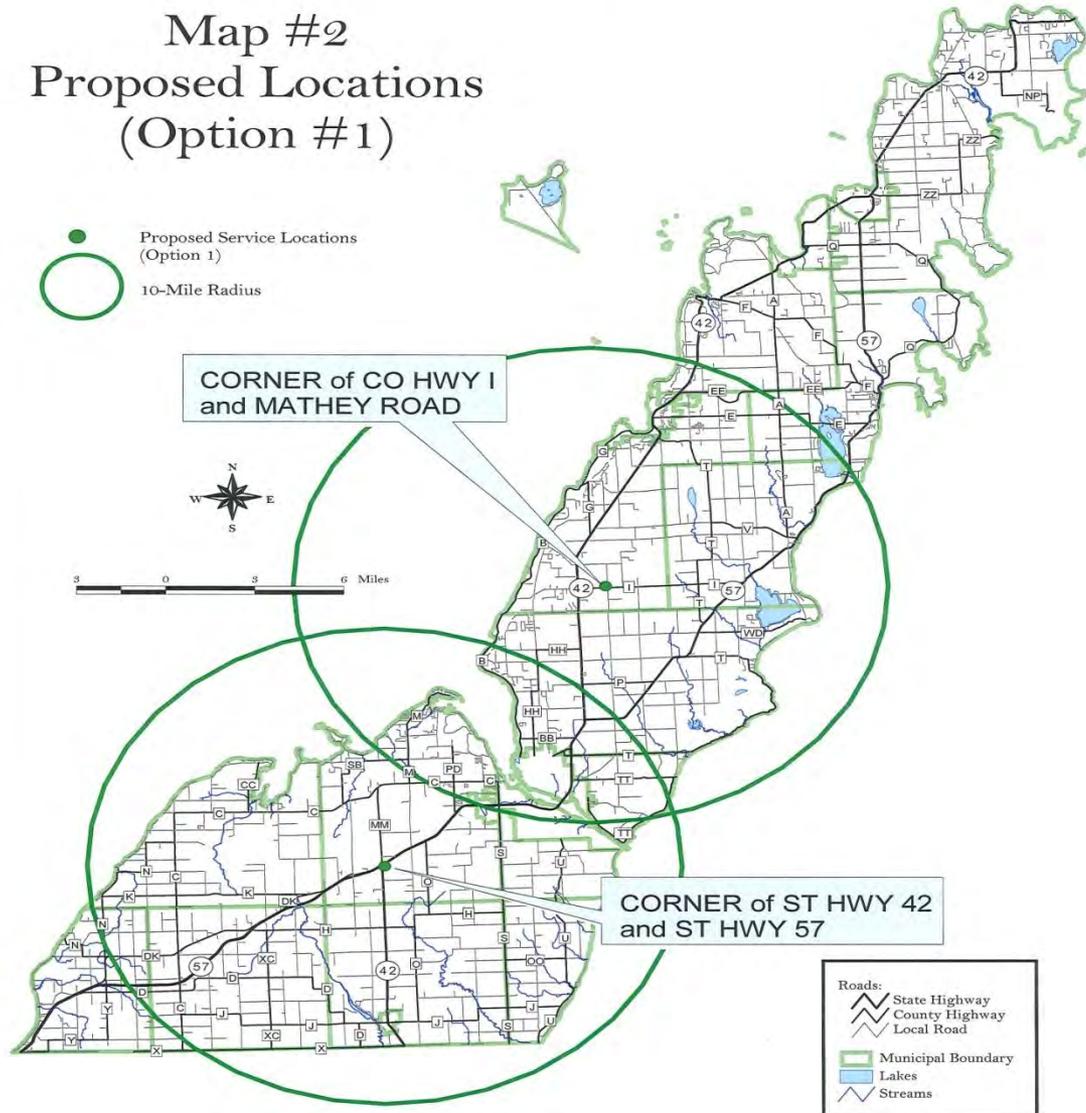


Door County Planning Department
421 Nebraska Street
Sturgeon Bay, WI 54225
920-746-6523



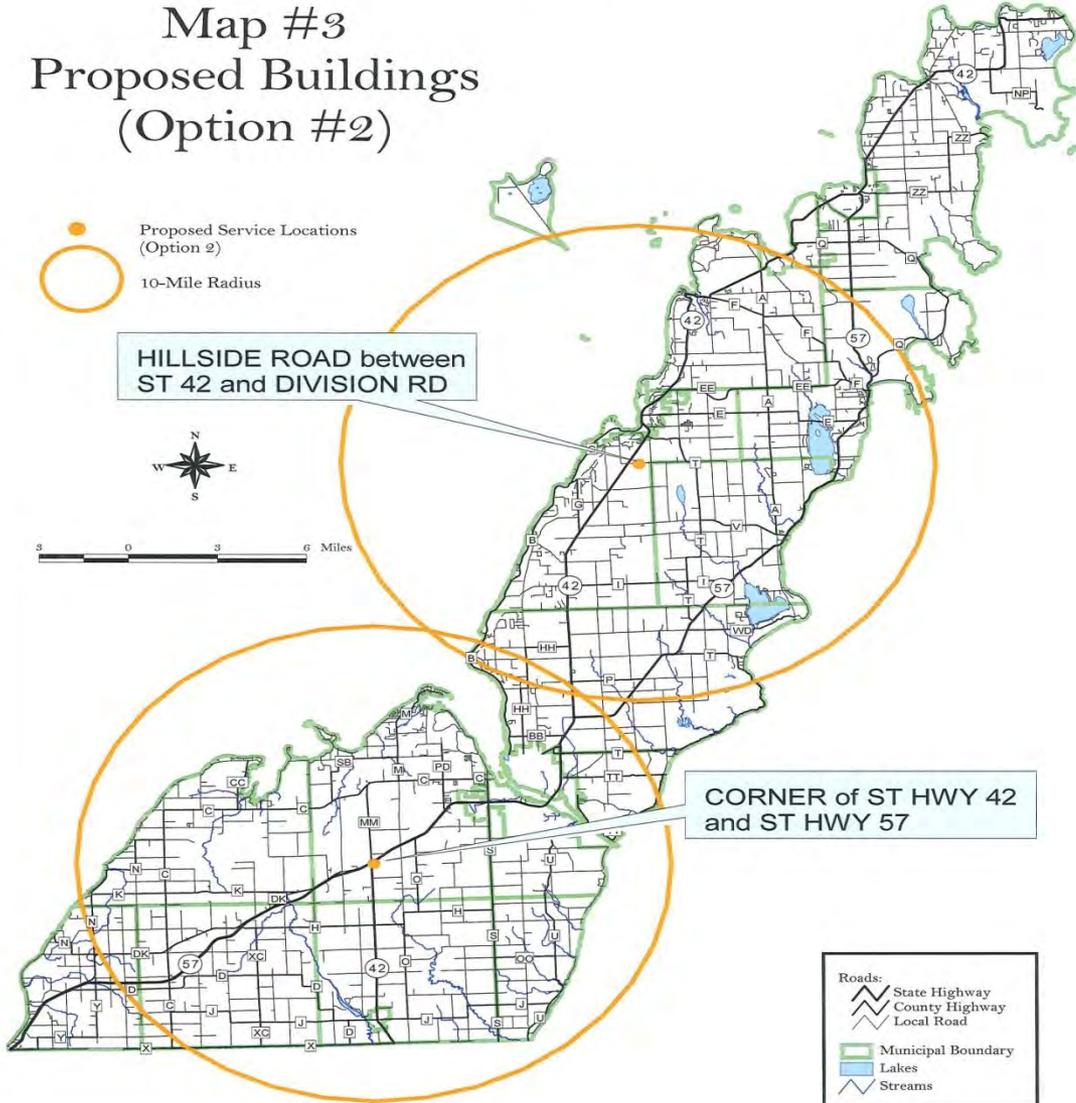
Emergency Services Buildings Proposed Locations Study January, 2015

Map #2 Proposed Locations (Option #1)



Emergency Services Buildings Proposed Locations Study January, 2015

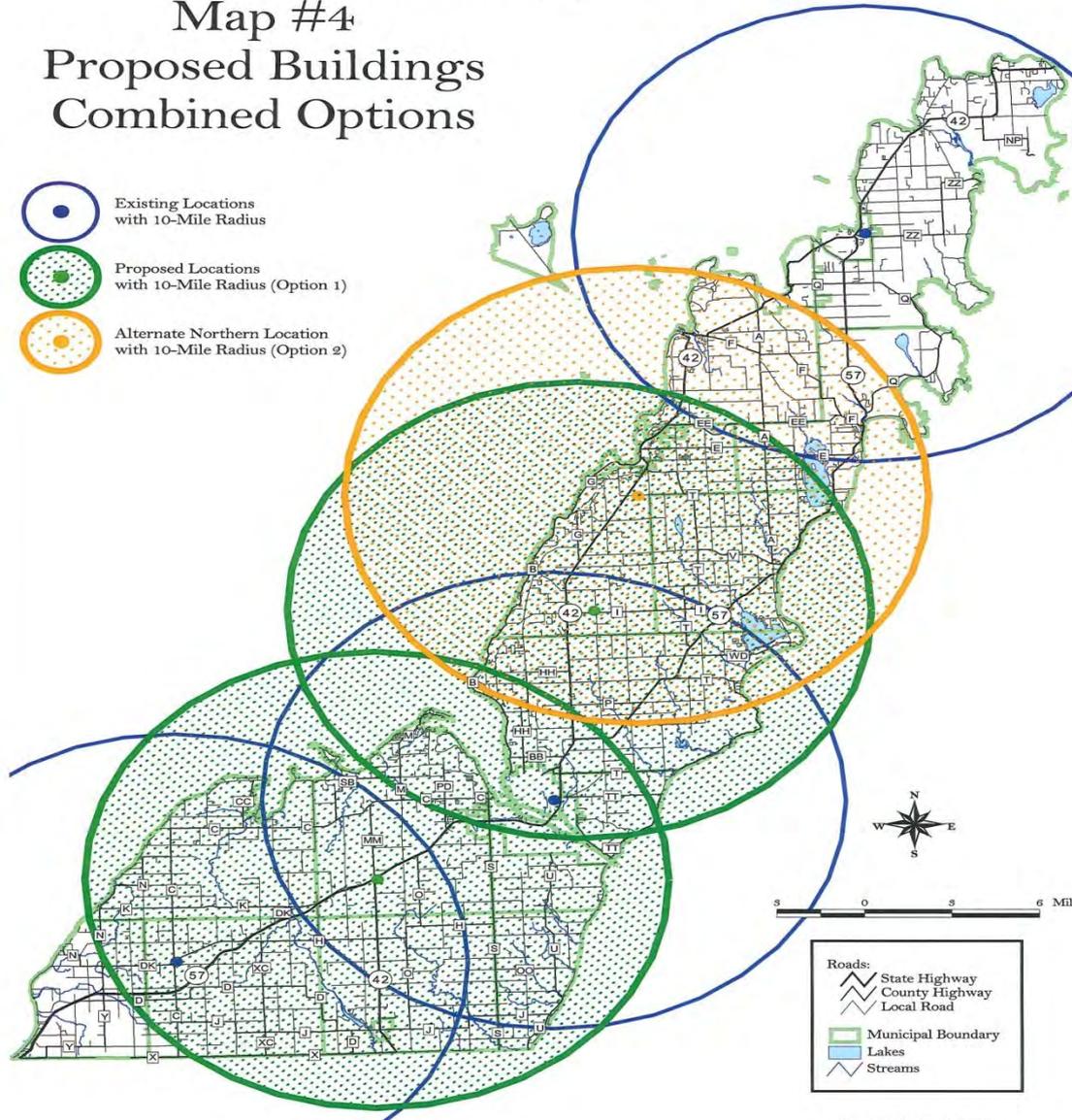
Map #3 Proposed Buildings (Option #2)



Emergency Services Buildings Proposed Locations Study January, 2015

Map #4 Proposed Buildings Combined Options

-  Existing Locations with 10-Mile Radius
-  Proposed Locations with 10-Mile Radius (Option 1)
-  Alternate Northern Location with 10-Mile Radius (Option 2)



- Roads:
- State Highway
 - County Highway
 - Local Road
- Municipal Boundary
- Lakes
- Streams

Door County Planning Department
421 Nebraska Street
Sturgeon Bay, WI 54255
920-746-2323



DOOR COUNTY EMERGENCY SERVICES

QUESTIONS





Door County Emergency Services

319 S. 18th Ave.
Sturgeon Bay, WI 54235

Dan Williams
Director

AD HOC EMS BUILDING STUDY COMMITTEE

FACT SHEET

The below format is being used initially and will continue throughout the period that the EMS Ad Hoc Study Committee is active. The purpose of this fact sheet is to establish a method for providing accurate and factual information. There has been much speculation, innuendo, gossip, rumor, various personal agendas and distortion, in regards to this project and requires a document of this type.

The **COMMENT/QUESTION:** heading represents a question that has been asked, a comment that has been made and/or any other reference to the project.

The **FACT:** heading represents the answer that is the most accurate to be known at the time of development and or revision.

COMMENT/QUESTION: New Stations are going to be located at South Y intersection of State Hwy 42 & 57; Sturgeon Bay (at or near the current station) Station in Carlsville/Egg Harbor area; and the current Sister Bay Station.

FACT: The discussion that has been taking place within the County about these locations is just that. Those locations were mentioned as part of an answer to a hypothetical question. There has been no proposal or any type of official request to go in this direction.

COMMENT/QUESTION: The County has decided to withdraw from the commitment and rescind the Resolution that it approved for a two year commitment to the BUG Fire building project.

FACT: There has been no action by the County Board to rescind the Resolution.

COMMENT/QUESTION: Why do we need a new Central ambulance station, the current one looks fine to me.

FACT: The current central ambulance station was built 25 years ago in a cooperative effort with Door County Memorial Hospital. The hospital provided a portion of their property for the purpose of building and ambulance station. The hospital leased the property to the County for 40 years at \$1.00 per year.



Door County Emergency Services

319 S. 18th Ave.
Sturgeon Bay, WI 54235

Dan Williams
Director

The current station was built to meet the needs that existed 25 years ago, with very little thought to the potential needs of the future. As time progressed, the make-up of the department has changed, the size of ambulances has gotten larger, the mission of the Emergency Services Department has changed and now, with the addition of 6 new staff members, we find ourselves without enough room to operate efficiently.

Examples:

1. Garage space for the ambulances is too short. The front of the ambulance is to the garage door and the back is against the back wall. To clean the inside of the ambulance and the cot, you have to move the ambulance partially outside to open the back doors.
2. There is no place to hold a meeting or training.
3. Storage for supplies is inadequate.
4. All of the windows need to be replaced.
5. The roof needs to be replaced.
6. Office space is not sufficient for current staffing.
7. No fitness area for crews.
8. Bunk rooms were not designed for additional staffing.
9. The hospital has advised our department that the property that we are on would have better utilization potential for the Hospital. As the needs of our service have changed, so have the needs of the Hospital. When our station was built, the front of the hospital was on 16th Place. Now the front of the Hospital is right behind us. They have offered property they own, to our Department on Michigan St., using the same type of lease arrangement as is now in place. The advantage of this type of property exchange is that there is no need for land acquisition, saving significant money. Also, the property remains on the tax rolls as opposed to land owned by the County.
10. Currently we have an ambulance that is stored outside because our three stalls are full with the 3 ambulances at the central station.
11. There currently is no ability to expand or significantly remodel this location based on the Hospital's right of refusal on changes to the property and their expressed statement of preferring we were located off site.
12. It is anticipated that at some point in the next couple of years our responsibilities will include interfacility transports. This would require space for another 2-3 units.



Door County Emergency Services

319 S. 18th Ave.
Sturgeon Bay, WI 54235

Dan Williams
Director

Comment/Question: Why do 2 ambulances respond to all calls in the southern part of the County?

FACT: Door County, by State of Wisconsin Administrative Rule, is what is considered as a two (2) Paramedic service. What this means is that all 9-1-1 calls require an ALS (Paramedic) assessment. The ambulance stationed in Brussels and staffed by paid-on call EMT's, does not meet the required rule. Based on this rule, for every call, a paramedic unit is sent from Sturgeon Bay. If the ALS assessment determines that the call is of a lower acuity then the basic level provider ambulance will transport the patient.

Reference: (DHS 110.50.1.d; Paramedic ambulance. 1. For an ambulance service provider licensed before January 1, 2000; the ambulance shall be staffed with two EMT-Paramedics and must arrive on scene together)

Comment/Question: The cost of 6 new Paramedics of \$540,864 is not accurate.

FACT: The number that was quoted and is part of the 2015 budget was created and validated by the County Finance Director. This number does include; total salary, FICA/MED, Protective Pension, Workers Comp, Family Medical and Family Dental. The number is accurate and breaks down to \$90,145 per person. **(This includes all of the items I outlined in the sentence above and includes the 832 hours of overtime for each person per year)**

Comment/Question: There was no need to hire 6 paramedics... 2 would have been just as good.

FACT: This is a simple math equation. It takes 17,472 hours per year to staff ONE (1) full-time ambulance 24 hours a day, 7 days a week, for 365 days per year. At a minimum, with conventional industry standard models of 6 people working 56 hour work weeks, the 17,472 hours are able to be covered. That works out to 2,912 hours per person, per year. Normal 40 hour per week personnel work 2,080 hours per year. So the paramedics work 832 hours more than the 2,080. The 832 hours are at an overtime rate that is factored into their overall salary.

There is no schedule that can be created that would allow 2 people to cover 17,472 hours. That would be 8,741 per person, which would require each person to work 365 days in a year at 23.94 hours per day.



Door County Emergency Services

319 S. 18th Ave.
Sturgeon Bay, WI 54235

Dan Williams
Director

Comment/Question: The cost of a second ambulance would be cheaper if it were staffed with “Casual Call” Paramedics.

FACT: To provide coverage of a second ambulance you still have the same number of hours to cover in a year, per unit, 17,472. To make this option cheaper, a schedule would have to be created where no overtime, benefits, etc. would be provided. You would need 14.5 people to cover the hours based on each working 23 hours per week. Currently our service has 7 active casual call Paramedic’s. (This is before the newly hired group is in place)

Comment/Question: If more people were hired the overtime could be reduced.

FACT: This is a question or comment that has come up many times previously. Yes, you could eliminate or reduce overtime if you had everyone work the standard 40 hour week or 2,080 hours per year. The problem with that is that our service is required to be available 24 hours a day, 365 days per year. Below is what it would like if we went to 40 hour work weeks.

CURRENT

52,416 – Number of hours to cover (3 staffed ambulances)

18 – Full-Time Paramedics

2,912 – Hours for each Paramedic per year

56 – Hour work week

\$90,145 – Rounded Salary per Paramedic. \$1,622,610.00 (Salary includes all benefits, mandatory deductions, etc.)

EXAMPLE: IF SCHEDULE WAS BASED ON A NO-OVERTIME FORMULA

52,416 – Number of hours to cover

26 – Full-time Paramedics

2080 – Hours for each Paramedic per year

40 – Hour work week

\$79,500 – Rounded Salary per Paramedic. = \$2,067,000.00 (Salary includes all benefits, mandatory deductions, etc.)



Door County Emergency Services

319 S. 18th Ave.
Sturgeon Bay, WI 54235

Dan Williams
Director

Comment/Question: The numbers that were used to illustrate the number of back-up calls was distorted and is significantly less than what was reported.

FACT: It was reported consistently (monthly) to the EMS Committee how many back-up calls the service was getting and how many times the response was either delayed or the service was unable to respond at all. The number for the year is over 200.

Comment/Question: The number of calls per year and the percent of increase have not been reported accurately.

FACT: The calls are tracked in house and are an accurate account of all calls responded to. The number of calls in 2011 were; 2,101. The number of calls in 2014 were; 2,706. That is an increase of 29%.

(Added Since 1/12/2015)

Comment/Question: How do we know if Door County citizens are getting a good deal with current model for providing service?

FACT: Door County's EMS system is considered a model system throughout the State of Wisconsin. There are frequent inquiries on how to establish a similar system in other areas of the State. The model is by far the most cost effective system that can be created as opposed to the traditional services models found elsewhere.

The example below provides an apples to apples comparison of the Door County system and the traditional Town supported systems that are found throughout most Counties in the State. For the sake of comparison the numbers being used for both models are numbers as they exist today. The example will go back to the beginning when EMS services were being established and the subsequent continues growth for both examples.

TRADITIONAL TOWN ESTABLISHED SYSTEM IF IT HAD BEEN ESTABLISHED IN DOOR COUNTY:

Ambulance Locations and number of ambulances in each location:

Brussels - 2

Forestville - 2

Sturgeon Bay – 3



Door County Emergency Services

319 S. 18th Ave.
Sturgeon Bay, WI 54235

Dan Williams
Director

Egg Harbor – 2

Jacksonport – 2

Fish Creek – 2

Baileys Harbor - 1

Sister Bay – 2

Washington Island – 2

Total number of ambulances - **18**

Cost of each ambulance \$200,000.00 each X 17 ambulances = \$3,600,000.00

Cost of Staffing, using the current staffing cost for the Brussels Ambulance applied to the Traditional Town system.

Brussels - \$127,000.00

Forestville - \$127,000.00

Sturgeon Bay - \$992,876.00

Egg Harbor - \$127,000.00

Jacksonport - \$127,000.00

Fish Creek - \$127,000.00

Baileys Harbor - \$127,000.00

Sister Bay - \$496,438.00

Washington Island - \$127,000.00

Cost of salary - \$2,378,314.00

**Total cost of ambulance vehicles and wages for the Traditional Town System is
\$5,978,314.00**



**Door County
Emergency Services**

319 S. 18th Ave.
Sturgeon Bay, WI 54235

Dan Williams
Director

**CURRENT SYSTEM AS ESTABLISHED IN DOOR COUNTY 45 YEARS AGO WITH
TODAY'S CURRENT SYSTEM:**

Ambulance Locations and the number of ambulances in each location:

Brussels – 1

Sturgeon Bay – 3

Sister Bay – 2

Washington Island – 2

Total number of ambulances – 8

Cost of each ambulance \$200,000.00 X 8 = \$1,600,000.00

Cost of Staffing, using the current staffing cost for the system.

Brussels - \$127,000.00

Sturgeon Bay – \$992,876.00

Sister Bay - \$496,438.00

Total Cost of Current Salary - \$1,616,314.00

**Total cost of ambulance vehicles and wages for the Current System.
\$3,276,314.00**

Traditional Town Model: \$5,978,314.00

Current System Model: \$3,276,314.00

Total savings with current system model: \$2,702,000.00



**Door County
Emergency Services**

319 S. 18th Ave.
Sturgeon Bay, WI 54235

Dan Williams
Director

NOTE: More will be added to this list as the committee moves forward and identifies more areas that need clarification.

Developed: 1/9/2015

Revised: 1/12/2015

Revised: 1/25/2015

Revised:

Door County, Wisconsin

Organizational and
Operational Audit of Door
County Emergency Services

Prepared by
Public Administration Associates, LLC

April 2012



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Executive Summary

In review of Emergency Services, a multitude of issues were found. One of the most significant issues that was found was the lack of communication throughout the organization. This has led to animosity throughout the organization and between the stations. This lack of communication has also progressed past Emergency Services of Door County into the first responder groups and fire departments.

Another issue that was discovered was the amount of overtime that the employees were working. This is a financial benefit for them; however, they are not able to enjoy their time off, because they do not truly receive a vacation as it was intended. When they are off on vacation, a fellow employee is working to cover their shift.

Compliance of billing is also a concern at this time. An audit was performed almost two years ago by an outside agency, and it appears management has not made much progress on correcting the issues identified in the audit.

Storage of narcotics, documentation, and procurement of such medications was found to be non-compliant with the DEA recommended practices. This places not only the organization, and paramedics at risk, but also the County.

The most serious issue is the lack of ability to respond to backup (second) calls within the County. This is because of organizational changes made in the past years to decrease response times to incidents. There have been documented times where a 911 call for an ambulance has gone unanswered. This puts Door County at significant liability risk. Per the operational plan that is required by DHS 110, that is submitted to the State of Wisconsin, mutual aid has to be identified. Door County's geographic challenges of being bordered by water significantly reduces the ability for neighboring ambulance services to cover backup (second) calls within the County.

Introduction

This report is a review of Emergency Services and the Emergency Management Position for Door County. Public Administration Associates was contacted by Door County's Human Resource Department to perform a study of the County's Ambulance Service (Emergency Services) and the position of Emergency Manager. The assessment comes after the Director of Emergency Services retired and an internal investigation was performed by Human Resources.

The general purpose of this study was to assist the Human Resource Department and the County Board perform an operational assessment of Emergency Services and the Emergency Manager's position.

The following areas were requested to be evaluated:

- A review of personnel policies and practices to include staffing schedules, the idea of rotating crews between the Central Station and the North Station, process and procedures for time off, replacement of personnel for leave, notification of back-up calls, investigation of internal and external complaints, and staff qualifications.
- A review of the stations to include the location, condition, staffing, equipment inventory and condition, and protocols and practices for narcotic and medication storage and documentation.
- A review of patient care to include patient care protocols, hospital selection, hospital to hospital transfers, and if continuous quality improvement and quality assurance are in place.
- A review of the billing process to include the personnel performing the billing, HIPPA compliance, Medicare compliance, processing of patient care reports (PCR's) into an invoice, release of patient care reports, and posting of patient care reports to the Wisconsin Run Data System (WARDS).
- The Emergency Management Position was to be reviewed to see how many full time equivalents (FTE's) are needed to full-fill the requirements for local, state and federal requirements.

Public Administration Associates are dedicated to provide the best review of Emergency Services and the Emergency Management position. Data was obtained by interviews of pertinent parties to include all personnel of Emergency Services, hospital administration, Wayne Denil from Para Tran, Sheriff Vogel, Dr. Eugene Kastenson, and Ann Demuse the Emergency Management Director. All policies and guidelines and financial documents related to billing and personnel costs were also reviewed. This report is broken down into six sections including: stations, billing, accountability, personnel, patient care, operational recommendations and the emergency management position.

Background and Significance
General Demographic Profile and Population

According to the U.S. Census Bureau (2011), the population of Door County in 2010 was 27,785 (U.S. Census Bureau, 2011). Door County is 2,370 square miles making it the largest County in Wisconsin. Of the square miles, 483 is land, 1,887 is water with 298 miles of shoreline. Because of the large amount of shoreline, Door County is referred to as the “Cape Cod of the Midwest”. Door County experiences a substantial seasonal population fluctuation due to its status as a major tourist destination. Between Memorial Day and Labor Day the population soars to an estimated 250,000 from tourism. Most of the visitors come from the Milwaukee, Chicago, Madison and the Twin Cities area.

With the geographic challenges that Door County presents, being approximately 70 miles long and 5 miles at its widest point and the fluctuation in population throughout the year, providing ambulance service to the County can become challenging. Currently, Ambulance service is provided by Emergency Services of Door County which is referred to as a third service next to law enforcement and fire protection. There is only one other County in Wisconsin (Waushara County) that provides ambulance service as a county wide service. Kevin Moore, Executive Assistant, Office of the Secretary for the Department of Health Services, has commented that Emergency Services of Door County is a model service, and would like to see other Counties operate in the same fashion. With the cost of providing emergency services increasing, and the reduction in the availability of volunteer staff during daytime hours, it has become more imperative for services to combine forces to provide the best service possible.

It is a statutory requirement for each municipality to provide ambulance service to their community whether they provide it themselves or contract it out with either another community or a private service. It is the opinion of Public Administration Associates that Emergency Services is the most cost effective way of providing the best service to Door County as a whole. If the County would disband the service, each municipality would be required to provide their own service, which would become cost prohibitive and fragmented.

Section I Personnel policies and practices

Section I will outline personnel policies and practices and overview staff schedules, rotation of crews, process and procedures for time off, replacement of personnel for leave, notification of back-up calls (second calls), investigation of internal and external complaints, staff qualifications, and policy and practice recommendations. Each area will be broken down with a recommendation(s) provided for each.

Staff Schedules

The first area that was reviewed within personnel was the work schedule, amount of staff, hours worked, and budget allocated for wages. A great concern that was brought forward by the County was the amount of overtime each employee receives. Each employee works 56 hours per week, which is, on average, 16 hours of overtime as part of their normal work schedule. Paramedics are not exempt from the Fair Labor Standards Act work rules like fire fighters are. The workforce is only designed to cover the minimum amount of hours without taking into account paid leave (vacation and paid holidays). When an employee is on paid leave, another employee needs to work overtime or a casual call person is used to cover the vacant position. Based on the current contract and the current staff, there are approximately 284 days of paid leave that need to be covered by overtime. Other leave days, as an example, are sick days, family leave, funeral leave, and emergency leave, which make up an additional 75 days of shift coverage. Total leave coverage alone accounts for 8,616 hours of overtime. The scheduled hours of work for one position are 2,912 hours of work annually. As a point of reference, a 40 hour week employee works only 2,080 hours before vacation. Paramedics do receive vacation; but, do not really enjoy the reduced number of hours per year because they cover their fellow employees paid leave. Some of these hours are covered by casual call staff; but, there is no procedure currently in place on the amount of casual call staff and how they are assigned to cover hours. From year to year, there is a fluctuation in the amount of casual staff available; there is not a set number of casual staff that is maintained.

Table 1 below illustrates the base pay or normal work schedule cost for an average

Leave time for 7 year employee

Leave Type	Overtime (Rate C)	Leave in Hours	Total
Vacation	\$25.82	288	\$7,434.72
Holiday	\$25.82	192	\$4,956.48
Sick	\$25.82	143	\$3,691.55
Total		623	\$16,082.75
Average Leave Cost Total for 12 employees			\$192,992.94

Total leave hours for 12 employees	7476
FTE =2912	2.56
Annual Hours less leave time	2289
Net FTE's needed(annual hours- leave)	3.27

Table 2 below illustrates the leave time and cost using the average 7 year tenure employee as an example.

Average Base Wage current employees 56 hours per week average 7 Year Employee

Pay Period	Regular Hours	Regular Rate	Sub-total Regular	Overtime Hours	Overtime rate (Rate D)	Sub-total Overtime	Total
Bi-weekly	80	\$15.66	\$1,252.80	32	\$23.49	\$751.68	\$2,004.48
Annual	2080	\$15.66	\$32,572.80	832	\$23.49	\$19,543.68	\$52,116.48
Annual Hours Scheduled 2912				Average base cost 12 employees			\$625,397.76

The current staffing model and organizational structure used for full time personnel has several areas of concern which are primarily evident through the high volume of overtime generated and to a lesser extent other issues. These other issues include difficulty in calling back staff for back up calls, general morale issues, and communication issues.

The first area we will address is the schedule and overtime. As we stated earlier in the report, the current work schedule creates an average 56 hour work week for employees. With 40 hours being the threshold for overtime for the employees', one can easily see that there is an expected level of overtime. The labor agreement also reflects this in compensating for this overtime by having two pay rates for regular hours worked, to balance out to an annual salary goal. Put another way, the overtime worked under a "normal work week" offsets a lower base level of pay to average out and reach the desired annual salary. We have provided an example of the work schedule for illustrative purposes (Appendix A) for your review. In this example, you can follow an employee assigned to the "A- Shift" to see in what weeks how much overtime is inherent to the shift.

In reviewing this shift schedule, we have also illustrated the leave time an average employee has. We chose a seven year employee, to see the number of calendar days that this leave time presents in this schedule. According to the labor agreement, a seven year employee receives 12 24 hour vacation days, 8 24-hour paid holidays, and based on payroll summaries, employees use an average of 5.9 24-hour sick leave days per year. As you can see with this work schedule, this leave time generates 11 calendar weeks of time. Based on comparisons to municipal fire departments, which are the best comparable available, the leave time is very generous. The average employee that we have illustrated, although scheduled to work 2912 hours, with a leave time average of 623 hours works a net of 2228 hours or 76.5% of the assigned work schedule. We are not sure how this compares internally in the County or what precipitated the development of such a generous leave package, but we have some speculation as to how this may have developed. The first possibility is that it reflects the same number of leave days provided to other County employees on a 40 hour work week. The second possibility is that when employees transitioned from a 48 on, 48 off on call status to the current in house schedule that the vacation hours/days were not adjusted to a lower workweek.

The current staffing level of 12 personnel for full time shifts does not have any additional staff for paid leave coverage. In Table 2, we illustrated several items. The first is the leave time for a seven year employee and the overtime replacement cost to cover the positions when they are vacant. By the nature of this service, 12 positions are minimum staffing and any vacancies must be filled. Covering these vacancies is the equivalent of 3.27 full time positions. Without these positions, overtime is the only option to maintain minimum staffing. This lack of staff to cover leave time not only generates overtime, but essentially negates or cancels out the vacation or holiday leave an employee receives. They merely trade these days off for additional workdays. Albeit these days are compensated at time and one half, the purpose of leave time is to provide the employees a true break from work to rest and rejuvenate, this does not happen with this system. We also see a symptom of this issue in getting employees to respond to emergency backup calls while off duty. With their off-duty time invaded by a high volume of replacement duty, they simply aren't often available and/or choose to have some uninterrupted time off. This situation is most likely another underlying problem that may be manifesting itself in other ways such as poor morale. It is well documented that members of

generations after the baby boom value their time off greater than earning additional compensation of which this system also does not provide.

The final item of review is the current table of organization, which is shown in Appendix B; the current structure reveals to us why some of the organizational issues we found exist. The most dramatic point is span of control or the number of people being supervised by one person. In emergency services, the standard is one person can effectively supervise no more than six people. This concept is the basis for emergency service organizational models and clearly is not in place. The symptoms of situations like this are poor communications, policy and guidelines not being followed, lack of discipline and supervision, and personnel freelancing within the system. During our interviews with staff and constituents, it was very apparent that there was not a clean line of communication occurring internally and externally with the organization.

The next section will outline all of the recommendations to increase the effectiveness of service for Emergency Services of Door County to provide the best patient care to the citizens and visitors to Door County. All recommendations should be implemented to achieve full fiscal relief.

Recommendation: The following changes should be implemented to improve the operational issues outlined above.

- Add three paramedic positions for coverage of paid leave. The cost for these positions, budget impact and comparisons are listed in Section VI Operational Summary. The majority of the cost for these three employees is for the most part offset by the overtime savings realized in leave coverage. Currently, cost for covering paid leave is approximately \$192,000.00; the cost for three additional employees (using the 7 year employee) cost is \$201, 958.00, for a net additional cost of \$9,958.00 We used the 7 year cost for comparison/modeling purposes, but actual cost would be lower in the first seven years as the new employees would be in a lower pay grade. Although cost saving may not be significant, we believe this will provide several operational improvements addressing the concerns listed.
 - Employees would truly receive vacation and other leave time off, without other employees having to work extra hours to cover it.
 - Improved morale with less interrupted off duty time.
 - Provide 25% more staff available for back-up calls (second call).
 - Provide a work environment that is more conducive to employees returning for emergency duty
 - Provide additional staff for organizational re-structuring.

- Consider addressing the paid leave benefits in future contract negotiations to place employees leave more in line with other County employees as to calendar days produced by the leave. This could produce more available

coverage days in the future to be used with peak demand staffing, for example, the current and proposed Egg Harbor Unit.

- Revise the organizational structure of the department to meet a more manageable span of control and specifically define lines of authority and communication. We recommend that in addition to the Director, that a Deputy Director position be created. In addition to assisting the Director, they would supervise operations at the north station as the Director would the central station. We also recommend that each crew on each shift have one person designated as crew chief (supervisor) to ensure adherence to policy and guidelines at emergency scenes and to make operational decisions. This structure also outlines the lines of communication in both directions throughout the organization. This model also clearly defines where the Washington Island crew fits into the organization and communication lines. It should be noted that the Director and Deputy Director also play the role of fill in staff for leave coverage and are not assigned to a specific shift. The two floating staff would be first assigned for leave coverage, then the Deputy Director, and lastly, on some occasions, the Director may also need to be employed for paid leave coverage to avoid overtime.
- An aggressive marketing campaign should be performed to acquire qualified staff to operate as casual call paramedics. This marketing initiative should occur in the County, but should not be limited to it. There may be interest from people that live in other areas of the State to work as a casual call paramedic. Marketing in the County should also be for Emergency Medical Responders (EMR). EMR's are the backbone of Emergency Services to assist in providing good response times throughout the County.

Rotation of Crews

During interviews of all personnel, it was found that the Staff of Emergency Services is very dedicated to their work, community, and the patients they serve. It was identified that there is a difference between the Central and North station how they operate, which promotes animosity amongst the employees between the two stations. One of the recommendations to try to reduce the animosity was to rotate personnel between stations. During interviews, this idea was presented and was not received very well by staff. The benefit of maintaining the same staff in each station is learning the area to understand the idiosyncrasies that reside within the facilities that they respond to. The personnel have become ingrained in the community by being known by the public, which they enjoy when they have interactions with them.

Recommendation: The recommendation at this time would be to maintain staff in their current station assignment. The idea of rotating staff from north station to central station to reduce the animosity between stations may have a negative

impact on the current unstable relationship. An increase in department staff meetings to include everyone in the service will foster a better relationship between stations.

Process and Procedures for Time Off

In review of the process and procedures for requesting time off, there is direction in the contract, but it appears it may not be followed completely. Currently, the junior paramedic is responsible for scheduling most of the time off. A policy is recommended and specifics of the policy are located in the policy recommendation section.

Recommendation: Create a policy to govern and provide direction for requesting time off. This policy should echo the contractual agreement, and provide further direction that is not provided. Content of the policy can be found in the recommended policies later in this section. Management needs to be involved in the request for time off and become the broker.

Replacement of Personnel for Leave

Replacement of personnel for leave is done mostly on a first come, first serve basis when a request has been made for time off. Casual staff is utilized, along with full-time staff working for overtime, to replace vacancies from personal leave time. There is language in the contract on how personnel are selected to replace employees on leave; however, because most personnel receive an exorbitant amount of overtime, this clause is utilized very little.

Recommendation: Utilize the contract as more of a basis for replacement of time, instead of the exception, and create a policy to address how and when casual call staff is utilized.

Notification of Back-up Calls (Second Call)

Notification of back-up calls currently is performed by pager; however, the County radio system is lacking in coverage throughout the County. North crews at times do not hear or receive the pages that Central Crews are responding to and vice versa. Most of the personnel have the back-up pages directed to their personnel cell phone which has proven to be a good system to enhance the County radios systems lacking ability.

Recommendation: The current radio system needs to be evaluated to assure 99 percent reliability. Currently, it appears there is difficulty with County wide notification of back-up calls.

Investigation of internal and external complaints

Currently, there is no process or procedure in place that covers specifics of how and when investigations should occur when an internal or an external complaint is received.

Recommendation: A policy is recommended and specifics of the policy are located in the policy recommendation section. This policy should be created in conjunction with the Human Resource and Legal departments from Door County, and union representation, to assure contractual and legal compliance is included in the policy.

Staff Qualifications

The staff has been provided the minimum amount of training needed to maintain their licensure. Training was an area that most personnel requested obtaining more of. Inconsistency of operational policy and procedure is one area of concern that seems to be a common theme among the service. Training provides a good opportunity to avoid inconsistency if performed correctly. It is our opinion that an employee cannot receive enough training. Advanced Cardiac Life Support (ACLS) and Cardio Pulmonary Resuscitation (CPR) are required to maintain a paramedic license in the State of Wisconsin. Pediatric Advanced Life Support (PALS) is not a requirement at this time, but is highly recommended. These three certifications are currently held by the paramedics of Emergency Services, but the training is separate from their current continuing medical education (CME). Because of the training being separate from the CME, expiration dates are throughout a two year period for all staff. This poses a logistical situation to assure all personnel maintain licensure as paramedics.

Recommendations: Provide more on shift training to all personnel. This could be on topics to enhance the current continuing medical education that is being provided by Northeastern Wisconsin Technical College (NWTC). An opportunity also exists that some training may be able to replace what NWTC currently provides. This could prove to be fiscally beneficial for Emergency Services, because it would reduce overtime currently being paid for training and for the cost of the class. Caution should be utilized to avoid sending personnel to multiple variations of training, which can lead to inconsistency. The training personnel are receiving outside the department may not be pertinent to their protocols and procedures. If personnel are sent to different variations of training, this information needs to be monitored for content to assure compatibility and shared with everyone in the organization for consistency. All personnel should receive the same curriculum for refresher training, and the best option would be with the same instructor. ACLS, CPR and PALS should be completed on a regular cycle to maintain all expiration dates are the same. This will also assist in the consistency of the organization.

Policy and Practice Recommendations

Policies should be color coded for their importance. Red is high risk, no discretionary time to review; yellow, high risk with discretionary time to review, and white, low risk with discretionary time for review. Employees should be very familiar with red policies with the ability to readily recall the information from it without having to reference it.

White is a policy with low risk involved with time available to review before decision making. Risk can be defined as physical and organizational.

Recommendation: Create a policy and procedure committee to involve the director, line paramedics, and other personnel that have expertise in the specific area the policy is to govern. According to DHS 110, there is a requirement for six policies that need to be in place which are; response cancellation, use of lights and sirens in responding to a call, dispatch and response, refusal of care, destination determination, and emergency vehicle operation.

Policies and protocols are in place currently. It was found most of the policies are lacking in content. Policies should govern the operation of the service, and protocols should govern the treatment of patients. Recommendations for protocols are found in Section III, patient care.

The following policies/guidelines are recommended to be enhanced and/or implemented:

Narcotic Storage and documentation; the current policy is very lacking, recommendation to implement state policy including usage log, wasting procedures, storage procedures (ambulance and stock), reverse vendor, and daily inventory. Storage of Ativan in violation of DEA rules, easier to remove Ativan completely from use. A recommendation can be found in the Patient Care Section to implement the use of Versed in place of Ativan. Medication storage and documentation needs to be addressed. Currently there is not any documentation or accountability for storage in the ambulance; need to have a list of medications and amounts. Trans 309 requires a list of medications with amounts to be carried on the ambulance with the medical director's signature. Daily inventory needs to be implemented. Better practice for obtaining medications needs to be put in place to track purchase and use. This could be accomplished with an agreement with the hospital or a pharmaceutical vendor.

A policy needs to be created when to use lights and sirens for response to calls and transporting of patients to receiving facilities are warranted. Priority Dispatch should be re-instituted at the dispatch center and should be integrated into this policy as a guiding factor. This will also assist with the dispatching of EMT and paramedic ambulances to assure the appropriate level of care is provided. A response cancellation policy should be created to address who can cancel the ambulance. Law enforcement, first responder groups, or the fire department cannot cancel unless no patient is found upon their arrival. Dispatch can pass this information on, but should only be advisory.

A Mass Casualty plan or guideline should be implemented. A good template to work off of is the state mass casualty plan. The Mass Casualty plan should have a breakdown of incident command structure to include

all positions, with descriptions, and who should fill them. It should also include a list of external resources available.

A general safety policy statement should be created to include sub safety policies identifying a safety committee, Traffic Incident Management Area (TIMA), personal protective equipment, vehicle operation (vehicle operation and seat belts), Hazardous Communication/MSDS, and scene safety. A dangerous weapons policy should be created to include what is considered a weapon, how and who should handle weapons, where they are not allowed, how to secure them, and what training is required. An oxygen filling policy should be included to follow manufacture guidelines of the oxygen filling system, the DOT, and Compressed Gas Association.

A Health Insurance Portability Accountability Act (HIPAA) program should be created to include; confidentiality, use and disclosure, destruction/disclosure of personal health information, designated record set, HIPAA training, inadvertence or improper disclosure, media release, and privacy notice. Along with the HIPAA program a Red Flag Rules/Identity theft program should be created.

A Patient complaint policy should be created to include the recording and receiving of complaints to identify who should receive them. A process for the investigation and who investigates the complaint should be created. Resolution or corrective action for complaint, and follow-up to the complainant should also be part of the policy. This policy should also contain direction on how these complaints are documented and reported out as a performance measure. An employee investigation policy outlining the investigatory process to include rules of the meeting, union representation, and this policy should follow the seven tests of just cause.

A personnel leave policy should be created. This policy should outline how leave time is requested (vacation, personnel time, paid holidays, sick leave, family leave emergency leave); format, time frame, replacement of employee(s), address maximum number of employees that can use leave, prioritize how leave is granted and document leave used. Some of this is mentioned in the contract, but is not followed completely. This policy should include call in and replacement for duty, to identify who gets call in, whether it is a full time person, casual call, or volunteer, when does it occur, who is authorized to do it, and what is the crew configuration. A policy should be created to outline the daily shift schedule with start times and expectations of daily operations. Personnel evaluations should be a part of the policy to include frequency, responsibilities, and essential job elements to be evaluated.

A purchasing policy should be created and built off the County Purchasing Policy, to include who is authorized, process, and where items are purchased.

A uniform policy is needed to define what the uniform is, how many articles of each they have, and to establish a purchasing and replacement system with a designated contact person.

A general maintenance policy should include station, vehicle, and equipment maintenance. The station maintenance policy should include; daily, weekly, and monthly responsibilities and instructions for cleaning and maintenance. A list of contacts should be created in the policy to handle repairs (garage doors, plumbing, HVAC, electrical) when the director is not available. The equipment and vehicle check portion should include; frequency, manufacturer's recommendations, inventory, and documentation of the checks. Included in this policy should be a request for maintenance to specify who maintains certain vehicles and pieces of equipment, how to handle emergency breakdowns, deciding factors to take a vehicle out of service, routine maintenance, documentation forms, and record keeping. This can assist in creating a frequency on vehicle purchasing.

A policy should be created for report writing. The content should include; required elements of the report, signature form, cost sheet, release form (need to include HIPPA language on release form to eliminate dual form usage), PCS, ABN, Medicaid waiver, EKG download, completion time within 24hours, posting to WARDS, and the process utilized for complete report documents and destination.

A training policy should be created to include; continuing medical education and a regular frequency of policy/guideline, protocol, equipment, and street reviews. This policy should also include the use and training/competencies for casual call paramedics.

A policy on communications should be created. It was identified this was the weakest area of the service as a whole and leads to a lot of the inconsistency and discord amongst employees. This policy should include process and means that official department communications are disseminated. This should also include distribution and receipt of communications. In addition to written and electronic communications, the process of daily conference calls between the two stations that was implemented by the Interim Director should continue. It would also be recommended, initially, to have monthly station meetings and quarterly system wide meetings.

A station and vehicle security policy should be created. The policy would outline how they are secured, who should have access and controlling keys or pass codes, and changing them on a frequent basis. It also should identify what equipment should be removed when the vehicle would receive maintenance from an outside vendor.

A policy should be created to outline the process for Continuous Quality Improvement/Quality Assurance. The policy should identify who performs it, what the frequency is, the sample size, and how deficiencies are dealt with.

Strategic guidelines should be created to include; what roles and involvement paramedics have on fires, water rescue, ice rescue, vehicle extrication, confined space, SWAT calls, and Hazardous Material incidents. An intercept guideline should be included to outline how interaction with intercepts occurs with, Washington Island, South County, and Algoma Fire Departments.

Section II Review of Stations and Equipment

Section II is a review of Stations and Equipment. This section will include the review of condition of stations, location of stations, staffing of stations, equipment inventory and condition, and medication storage.

Condition of Stations

The review of the condition of the stations was found to be adequate. The condition of the North Station is excellent being constructed in 2004. The Central Station was constructed in 1991 and its condition is adequate. When the building was constructed, two separate sleeping quarters were included for male and female billeting. At that time, females generally did not work together and one room was utilized for males and the other for females. The Central station also needs an addition of a ventilation system for the ambulances and a door that seals the living quarters of diesel fumes from the apparatus bay. The South Station is in fair condition for response only. If the time would come to staff personnel in the station, even for short periods of time, the station is not configured to accommodate staffing. Currently, there is a person that does not live in the Brussels area, and when she covers a shift she sits in her car for the duration of the shift.

Recommendations: The Central station should be re-configured to provide a workout area and multiple sleeping areas to allow personnel to maintain sleeping areas in separate rooms. A ventilation system is needed at the central station that would connect to the tailpipe of the apparatus to evacuate diesel exhaust when the vehicle is running until it drives out of the station. Fire doors should be added between the living quarters and the apparatus bay. Another fire door also needs to be added on the supply room to eliminate any penetrations in the fire wall between the apparatus bay and living quarters. The wall separating the apparatus bay and the living quarters should be evaluated for fire rating. The HVAC system should be evaluated to determine if there is separation between the living quarters and apparatus bay to avoid fire spread in the event of a fire and exhaust leakage into the living quarters.

Location of Stations

The locations of the central and north station are excellent. The south station is in an adequate location; however, it is not utilized to its fullest extent for the level of care it can provide. Currently, the South unit, because of limitations imposed by the system, does not provide any higher level of care than the Emergency Medical Responders do responding in their own vehicle. The South unit has become a first responder unit that has the ability to transport patients. The South unit only transports approximately 50 patients a year, the rest are transported by the Central crew.

Recommendation: A recommendation is included in the staffing of the stations division.

Staffing of Stations

The staffing levels are adequate for initial responses. Currently, the Central and North stations are staffed with two full-time paramedics. The South station is staffed with two on call emergency medical technicians that are paid by the hour to be available to respond, and when a response is made, paid for the call. The Washington Island station is staffed with two emergency medical technicians that are paid for each call they respond to. Because Door County was a paramedic service prior to 2000, to maintain a paramedic level service, two paramedics are required for each ambulance identified as paramedic. An additional emergency medical technician ambulance is staffed on weekends during the summer time at the North Station.

Staffing, as it currently sits, is adequate for the initial call. When multiple calls occur, off duty paramedics are relied on to respond to the station to take an ambulance to the call. It has become difficult to provide a back-up crew on a consistent basis. One of the largest factors is when paramedics started working in the station 24/7 (in-house); they were no longer required to be within 7 minutes of the stations. Since this has occurred, (1991 Central and 2004 North), the paramedics have re-located throughout the County making it difficult to rely on off duty paramedics to respond to back-up calls. The North station only has one paramedic that lives in the Sister Bay area, and when he is working, there are no paramedics available to respond to back up calls in the Sister Bay area or north.

This means, if a person is in need of an ambulance when the North Station Ambulance is already on a call, only a few options are available. An ambulance will respond from the North Station (Sister Bay) with the one paramedic if he is off duty and an emergency medical technician (EMT's) if available. An ambulance will respond from the North Station with the one paramedic if he is off duty with a first responder, which is an illegal crew. An ambulance will respond from the North Station with two emergency medical technicians (EMT's) if available. The last option is the ambulance will need to respond from the Central Station (Sturgeon Bay). A response from the Central Station can be 20 to 30 minutes to Sister Bay in good traffic. In a response with winter road conditions or summer time vacation traffic, the response times can double. A response north of Sister Bay would also have an increased response time longer than 30 minutes.

Recommendation I: South County EMS has been in existence since the mid 1980's. This service originated as a volunteer service, but over the years has ended up costing Door County \$142,632.00 per year to operate. The cost of operation originated from the need to assure personnel are readily available to respond to emergency calls. Per administrative rule DHS 110, ambulance services need to have an assurance for response 24/7. The cost to provide this service will increase in the future because it was found the County was not paying the personnel at South County EMS minimum wage. Also, for personnel working over 1,200 hours a year, the County will need to pay into the Wisconsin Retirement System on their behalf.

Currently, South County EMS responds to approximately 130 calls for service a year and only transports 50 patients a year. Partially, this comes from Central Paramedics being dispatched at the same time and usually arriving on scene at the same time as South County EMS. A vast majority of the patients also need to receive paramedic care. Currently, there are only 4 people to work 12 hour shifts Monday through Friday, with two of them leaving the service by the end of 2012. It has been difficult to recruit EMT's, but Emergency Medical Responder's (EMR) have been easier to recruit. EMT's will become harder to recruit because the hours of training are increasing in September of 2012 from 140 hours to 180 hours plus. The EMR group that was created in the past two years has the ability to provide the same level of care that the South County Ambulance has. The reason behind this is, because, the response time of the Central Paramedics and the limitation in their protocols. It would be recommended to dissolve the South County unit because of cost effectiveness, lack of personnel to operate the service in the future, and the need for staffed ambulances in other areas of the County.

Recommendation II: Staff an ambulance in Egg Harbor during peak hours and times. For the past few years an ambulance has been staffed at certain times solely reliant on availability of personnel. This ambulance has been located at the Sister Bay station. To provide better response times and care throughout the County, this ambulance should be located in the Egg Harbor area, preferably by County E and Highway 42. This would give good access to calls originating north and south from Egg Harbor and the Baileys Harbor area. This will solve two problems; the lack of back-up personnel available to respond to multiple calls, and the reduction of response times to the Egg Harbor, Baileys Harbor, and Jacksonport area.

The ambulance should be staffed during peak times, Friday Saturday, and Sunday, 12 hours shifts 8 AM to 8 PM, starting May 1st until October 1st. The staffing configuration can be performed with EMT's or paramedics. Paramedics would be most appropriate and would only cost the County, for the time period mentioned, approximately \$35,000. As service demands increase from population, either year around or transient, the hours of operation can be increased. To staff this ambulance, it would be recommended to utilize casual call staff. During operation, one casual staff would need to work with a full-time paramedic at Sister Bay and the other at Egg Harbor. This would fall within the guideline Emergency Services currently operates, that two casual call staff paramedics cannot work together on the same ambulance.

Currently, there is no station in Egg Harbor and construction of a station at this time is not recommended. Negotiations should be attempted with Egg Harbor Fire Department or a similar structure in the area to be able to house an ambulance during these peak staffing hours. A benefit of having a station in Egg Harbor is placing an ambulance closer to the residence of some of the paramedics. This would make it advantageous for them to respond to backup (second) calls easier when the ambulance is not staffed. Currently they need to drive their personal vehicle to Sister Bay to pick up the ambulance for back-up calls.

Recommendation III: Sturgeon Bay Fire Department should house an ambulance provided by Emergency Services of Door County. A portion of the full-time firefighters are trained to the EMT-B level currently. Training should occur to train the rest of the full-time staff. The ambulance would be utilized to respond to back-up calls within Sturgeon Bay Fire Departments response area and large incidents requiring multiple ambulances. Sturgeon Bay Fire Department currently responds as a first responder group to their response area. Backup (second) calls make up over 12% of their responses, meaning they are waiting for a backup crew to be assembled to respond to their incidents.

This model has proven to be successful in Plymouth Wisconsin. Plymouth and the surrounding area are covered by a private ambulance service and the fire department responds with an ambulance to backup calls and large incidents. Rhinelander attempted a similar situation over 10 years ago, but just recently started their own ambulance service when the County operated service would not work out an agreement with them. The response area that Sturgeon Bay Fire Department covers makes up a good portion of the incidents that Emergency Services respond to. If Sturgeon Bay Fire Department would start to provide their own service to the City and their response area, this would be detrimental to Emergency Services. The County would need to increase the funding to Emergency Services because of the reduced revenues by the decrease in service demand they would receive.

Equipment Inventory and Condition

The equipment inventory and condition is broken down into two areas, vehicles (ambulances) and portable medical equipment. The vehicles are in adequate condition, but are questionable in reliability. There are two reasons for the reliability being questionable. The first cause is two of the ambulances are 1996 model year. These ambulances are beyond their life expectancy. The other issue is the lack of preventative maintenance. One of the paramedics has taken over preventative maintenance in the past few months and does appear to be making a difference, but he needs to be supported by management. There have been breakdowns with the 1996 and the 2005 units, and this again is related to preventative maintenance. Most of the preventative maintenance is being provided by a service center in Green Bay at this time. This practice has become cost prohibitive because the delivery of the unit to Green Bay is done by personnel on overtime, and they usually have to wait for the maintenance on the unit to be completed, which is on overtime. An attempt has been made with the local dealership(s) in Sturgeon Bay to create a working relationship to have them provide preventative maintenance within an acceptable time frame. This has been tried in the past and has proven to be unsuccessful.

The portable EMS equipment is in good condition. The cardiac monitors are currently in the process of being replaced by a grant that was recently received. Other portable equipment seems to be in good condition. The laryngoscopes need to be updated to disposable fiber optic blades. There are no organized airway kits on the ambulances.

Currently all of the equipment is located in a duffle bag which makes it difficult to find specific equipment quickly.

All paramedics recommended the hydraulic rescue tool (Jaws of Life) be removed; the only concern is that all fire departments responding to accidents have the tools and training. Paramedics should be concentrating on providing patient care. In Door County, all auto accidents have a fire department respond to the incident. The paramedics do not have the protective equipment necessary, additional extrication equipment other than hydraulic rescue tools or the training needed to operate the hydraulic rescue tool.

Recommendation I: Implement a formal preventative maintenance program. Part of the program is outlined in Section I with a policy on maintenance. The preventative maintenance program should follow manufactures guidelines. An attempt again should be made with the local dealership(s) in Sturgeon Bay to create a working relationship to have them provide preventative maintenance within an acceptable time frame. Another option would be to hire an emergency vehicle preventative maintenance company. The benefits of these companies are they have emergency vehicle service certified technicians, and they perform the service on site. Another option is to hire a part-time person or utilize a volunteer to deliver the ambulances to Green Bay when needed. This provides two benefits one being cost effective and the other maintaining a paramedic in the County. There is funding currently to purchase three ambulances, however, four ambulances should be purchased immediately. The fleet of ambulances should be increased by two additional ambulances for a total of eight ambulances. A replacement rotation should be established to assure the oldest ambulance is not past 10 years old. Equipment location on all ambulances should be in the same location and type, which is not the case currently.

Recommendation II: Institute fiber optic disposable laryngoscope blades and a bi-fold or roll up airway kit. Airway kits should be implemented either in a roll or bi-fold style. This was a recommendation of the American Heart Association to have your critical airway equipment readily available and visible when performing a life saving procedure.

Recommendation III: Remove hydraulic rescue tool (Jaws of Life) from Central ambulance. Assure all fire departments have adequate extrication equipment including hydraulic rescue tools and training to operate to operate them. If departments are lacking on training, work on the institution of mutual and/or automatic aid for vehicle accidents from neighboring fire departments.

Medication Storage and Documentation

The storage and documentation of medications needs to be addressed. Currently medications are viewed each day, but not inventoried. Medications are only inventoried on a monthly basis.

Recommendation: A policy was recommended in Section I and should include daily inventory with a specific number identified. Storage should be addressed also along with how they are obtained. Narcotic storage also needs to be addressed and a separated policy on narcotic acquisition, use, disposal and documentation is recommended in Section I.

Section III Patient Care

Section III is a review of patient care. This section will be an overview of service demand and service performance, dispatch, current best practices, continuous quality improvement, quality assurance, patient care protocols, hospital selection, and hospital transfer issues. Each division of this section will have recommendations included.

Service Demand and Service Performance

Service demand for Emergency Medical Services is increasing nationwide. Baby Boomers make up 25% of the nation's population. Door County with its aging population will not be exempt from the increase in demand for service. The other issue that compounds the problem is people who move to Door County for retirement from urban areas have an expectation for a certain level of service. This service would be paramedic level with a response time less than eight minutes. The response of less than eight minutes is a national standard. Door County being a rural community with certain geographical challenges would prove this response time to be difficult to achieve. Emergency Services of Door County can adequately handle the first incident in the respective areas. Back-up (second) calls occurring when the first ambulance is out is occurring on a more frequent basis. The lack of available off duty staff close to the central and north station, make responding to back-up (second) calls difficult. It has been reported that second calls have gone unanswered with no ambulance response or an ambulance with an illegal crew operating it.

Recommendation: Handling an increase in service demand can be found as part of the staffing plan outlined in the Station Staffing Division under Section II.

Dispatch

Currently all calls for service are dispatched generically as emergencies. Calls into the 911 center are not screened as to the appropriate resources and appropriate level of response (emergent vs. non emergent). This leads to situations where more resources may be sent than necessary and or responding to situations that are not truly emergencies with lights and sirens. Resources that are tied up that may be needed elsewhere and a liability stations is created by responding emergently to non-emergency situations.

Recommendation: Institute the Priority Dispatch System in the 911 Center. Priority dispatch is a system that is utilized by the call taker at the 911 center when a person is calling or requesting an ambulance. The system provides three important benefits; the first benefit is the appropriate resources which are dispatched with a level response. For lower level calls (i.e. person who fell and needs help getting up) an ambulance would only be dispatched and the ambulance would not use lights and sirens during the response. For this type of call it may only be an EMT ambulance not a paramedic ambulance. The highest level (i.e. cardiac arrest) would dispatch EMS, fire and law enforcement and they would all respond lights and sirens.

The second benefit of priority dispatch is the call taker at the 911 center can provide pre-arrival of the ambulance instructions. Information regarding how to perform CPR, control bleeding, deliver a baby and relieve an obstruction in someone's throat that they are choking on.

Current best practices and performance standards

Current and best practices are reviewed in protocol and patient care being provided to national standard and best practices. This is discussed further in this section. Performance standards are monitored by utilizing the records management system by extracting data from patient care reports. It would have to be investigated if the current records management system has the ability to perform the following data downloads:

- Dispatched utilizing the correct response code (priority dispatch)
- Response time to scene
- Time on scene by call type
- Calls by time of day and day of week
- Percent front line vehicles in service, less preventative maintenance time
- Return of spontaneous circulation (ROSC)
- Recruitment and retention rates not to include retirement. This measurement should also include casual call staff.
- Percent of invoices collected after mandatory Medicare/Medicaid right offs.
- Net costs per capita for each calendar year
- Number of patient complaints and percentage of complaints sustained after investigation.
- Patient satisfaction of service derived from a survey card sent to patients after service is received.

Recommendation: Recommendation would be to transition to Image Trend. This system would provide the data required for performance standards, along with the data input side being streamlined. Image Trend also interfaces easier with WARDS. The current system (Fusion) will need to have another bridge program created to match the upgrade the WARDS will be going through. Fusion is not favored by many of the paramedics. They cite the program is difficult to navigate through it and does not have appropriate information in certain fields to adequately document patient care.

Continuous Quality Improvement

Currently there is no continuous quality improvement (CQI) within Emergency Services. CQI should be a group of people within the organization that reviews current practices and explores new treatment modalities. This group should be driven by the director with the medical directors' input along with the hospitals. CQI should also review any new practices implemented for effectiveness.

Recommendation: A policy to govern CQI is located in Section I Personnel and policy. The recommended policy includes what should be included in the policy.

Quality assurance

Currently the only quality assurance (QA) in place for emergency services is filtered and focused on problems or complaints. The QA process that is currently in place is not comprehensive. The current approach only focuses on negative performance and it appears there is no monitoring or reporting out positive performance or outcomes. From a personnel motivation standpoint, it is even more important to approach it from a positive (catch them doing things right) perspective. A QA process should be in place to assure patient care is in adherence to protocol along with the appropriate documentation of the care provided. QA can be done in a few different ways. Incidents can be looked at by a randomization schedule. It can be accomplished by reviewing certain types of calls (i.e. chest pain, respiratory, or trauma), or a combination of both. QA should also be in place for new employees, having their care reviewed to assure compliance. QA should also be in place for new protocols to ensure compliance and effectiveness.

Recommendation: A policy to govern QA is in Section I Personnel and policy. The recommended policy includes what should be included in the policy.

Patient Care Protocols

The patient care protocols are adequate and in the State of Wisconsin preferred format. Some of the paramedics believe they are a little conservative and should be updated. The medical director states the protocols are constantly a work in progress, and can be difficult to keep up with. He also comments that because of the amount, it is difficult to maintain competency for all paramedics on them. On Washington Island Door County Memorial Hospital staffs a Physician Assistant (PA) on the Island who works in the clinic. This person also lives on the Island one week at a time and rotates with another PA. The PA on occasion responds with the ambulance from Washington Island to calls. A good portion of the calls for service the Washington Island ambulance receives is at the clinic. The PA does have medications stored on the Washington Island ambulance for their use on patients in the ambulance. There is concern from the EMT's on the Island and the Medical Director on who does the PA fall under for liability when providing care in the back of the ambulance.

Recommendations: Attempt to streamline the protocols to reduce the amount. This should also include Washington Island and the interface with the Physician Assistant assigned to the clinic on the Island. Washington Island Ambulance a few years ago came under the management of Emergency Services. Prior to coming under the County's management they were a standalone service. Currently they have 21 EMT's and two ambulances on the Island. They are a high functioning and dedicated group of responders. Door County Memorial Hospital (DCMH) provides a physician assistant (PA) 24/7 in the clinic on the Island. There are two people that fill the position and rotate a week at a time. The

PA at times assists the ambulance with patient care. A fair amount of the calls originate at the clinic, so it makes sense the PA assists with the call. The ambulance carries a medication box for the PA to utilize to provide care. It is unclear when the PA operates in the ambulance do they come under the responsibility of Emergency Services or DCMH.

The PA's on Washington Island need to be included in an agreement to who they fall under for liability when they are in the Washington Island ambulance. An agreement needs to be in place to delineate who is in charge and responsible for the PA's. If it happens to be the medical director and addendum to the operational needs to be created. If the PA is part of the Ambulance service, by administrative rule DHS 110 they can only operate to the EMT-Basic level. It would be advantages to operate under DCMH to allow them to operate to their level of training. Protocols should be created for the PA's to operate under to assure consistency in the level of care they are providing.

Three recommendations for Washington Island responses should be implemented:

- For Basic life support calls, the Washington Island ambulance should continue the transport to DCMH with the understanding they have an available crew and ambulance on the Island. Assurance also needs to be made there is a ferry available when they return from the DCMH.
- For incidents occurring on the Island the North Crew should be brought over to the Island by Coast Guard (when available) when Advanced Life Support intercepts are needed. Currently they wait for the patient to come across on the ferry before they can start Advanced Life Support. This program can be enhanced by priority dispatch.
- The EMT's should also utilize the capabilities of the cardiac monitor, and send the findings to the physician at DCMH when a patient is having a potential heart attack. If it is recognized the patient is having a heart attack, a helicopter can be summoned to transport the patient from the Island to one of the hospitals in Green Bay.

Other Patient Care recommendations:

- Have a set of updated protocols readily available in the ambulance for reference if needed during patient care dealing non-routine patients.
- Back up airway should be transitioned to the King LT device.
- Consideration should be made for a mechanical CPR device, especially for the north station with their extended response times to DCMH.
- Medications should be reviewed to be streamlined also.
- Below are recommended medications that should be removed from the ambulances. This will assist with maintaining competency with the paramedics on a smaller amount; reduce medication

administration errors by reducing duplicate medications, and reduction of the replacement of expired medications which could be a cost savings.

Medication that should be removed from ambulances:

- Atropine ampoules; are used for down the tube administration, AHA does not recommend tube administration and Atropine and is not in the cardiac arrest protocols.
- Lasix; State Physician Advisory Committee recommends CPAP and nitro are faster acting and safer for respiratory emergencies.
- Lidocaine; Currently an American Heart Association IIb treatment, and it should only be used for head injuries in trauma
- Morphine; Fentanyl is a better analgesic for field use, State Physician Advisory Committee recommends one analgesic to be selected. This avoids mistakes in dosing when administering the medication. Two people in the US died in 2011 because of wrong dose of narcotic given though they had one when they had the other.
- Valium and Ativan; replace with Versed the RAMPART study found Versed IM was faster acting than IV Ativan.
- Activated Charcoal, contraindicated in some overdoses, unless used immediately ineffective. Either aggressive administration or none at all
- Solumedrol is used for phase two Asthma attacks which usually happens eight hours after the attack.
- Stream-line IV bags to only 1,000cc saline, with saline lock usage the rest are repetitive.
- Look at Acetaminophen closely, may be eliminated upon amount of use.
- Add Nitro Paste for chest pain and pulmonary edema and chest pain.
- Add Versed for seizures, Anxiolytics, and sedation. A recent study proved that IM Versed works faster than IV Ativan in Seizure. Versed is the best for the other issues.

Long Term Goal for Emergency Services:

A long term goal for Emergency Services would be to create a Community Paramedic Program. Currently primary care providers (paramedics) are the gatekeepers to the healthcare system and should be the first point of contact for a person entering the system. Paramedics manage chronic health conditions, prevent acute conditions from getting worse, and stop an illness before it can even begin by using preventive measures, According to the America Academy of family Physicians, the number of medical school students going into primary care has dropped 51.8 percent

since 1997. According to the Wall Street Journal, the US is short about 16,000 primary care physicians nationally, especially in rural areas. Communities are responding to the healthcare crisis with new and innovative delivery models to stretch limited primary care resources. The Community Paramedic program is such a model, using specially-trained paramedics that are able to provide prescheduled primary care services, while still practicing within their legal scope.

A paramedic is the highest level of an emergency medical technician, training to provide advanced life support and other technical medical procedures. While traditionally educated in the emergency response realm, a paramedic's scope of practice can also include the provisions of certain primary medical services, with oversight by a physician or other advanced-practice provider. Thus, a Community Paramedic may play a dual role in providing both emergency response and pre-scheduled medical and preventive care. While the traditional role of the paramedic changes, the scope of practice does not.

The scope of a paramedic's practice is defined by state law and does not change when performing primary care services as a Community Paramedic. Community Paramedics may practice in a community setting or within a patient's home. For services provided in the home, a doctor's order drives the visit and includes taking a medical history, examination of chief complaint, treatment as ordered by the physician, safety check of the home, and referral to community services when appropriate. Examples of service include wound care, medication compliance, chronic disease management (such as CHF or diabetes), and Well Baby exams. Once the service is provided, a patient care report will be sent to the referring physician and placed in the patient's medical record.

The Community Paramedic model increases the availability of primary care services, and as a result is expected to have the following outcomes; increased care coordination, reduced emergency department visits, reduced hospital readmissions, increased referrals to community services, decrease overall healthcare costs, and better community health outcomes through preventive care that impacts injuries, communicable diseases, and chronic diseases.

Hospital Selection

Currently there is no policy or protocol existing addressing hospital selection or transport and triage. With Door County Memorial Hospital being the only hospital in Door County, the selection of hospital on the surface appears to be easy. Door County Memorial Hospital is an excellent hospital and provides a high level of care, but there are times that patients need to be transported to facilities in Green Bay. Some of these patients can be identified in the field in need of transport to Green Bay. Examples are

patients with ST segment myocardial infarction (STEMI), certain stroke patients, and high level trauma patients.

Recommendation: A protocol should be implemented to identify these specific patients and patients that request to go to Green Bay. The protocol should include the use of air medical, intercept with Para Tran and direct transport. A time and distance factor should also be addressed in the protocol.

Hospital Transfer Issues

Transports originating from Door County Memorial and going to other hospitals is usually handled by Para Tran transport service. A few of the transports are also completed by helicopters. Emergency Services has provided transports for Door County Memorial when Para Tran is unavailable and it is a life threatening situation, but is not the norm. Hospital administration has concern with Para Tran's long term viability. Emergency Services at current staffing levels would not be able to provide transports on a regular basis for Door County Memorial Hospital without compromising the ability to respond to 911 calls. Para Tran has become a resource to assist with not only transports out of the hospital, but also providing mutual aid to emergency services for 911 calls.

Recommendation: Emergency Services should enter into an agreement with Para Tran and Door County Memorial for providing transports at the time of need and also identify when Para Tran should be utilized for 911 calls and standby. Para Tran Ambulance transport should become a regular part of the emergency medical operations in Door County. Currently Para Tran provides transports for DCMH to Green Bay and other hospitals in the State of Wisconsin. They also have helped out in time of need with multiple 911 calls are occurring, however, there is no plan in place when this occurs. A plan and agreement should be made when and how Para Tran should be utilized.

Section IV Billing Process

Section IV is a review of the internal billing process. This section will review the personnel performing the billing, HIPAA compliance, Medicare/Medicaid compliance, patient care report processing, patient care report release, and posting of the patient care report to the Wisconsin Ambulance Run Data System. Each division of this section will have recommendations provided.

Personnel Performing Billing

The billing for emergency services currently is being performed in house. From a memo received from the finance director, the collection percentage is at 94%. This is a very good percentage for collection on ambulance bills.

The personnel performing the billing have been with Door County for 18 and 19 years respectively and are very dedicated. Over the years they have made it known they need to have education in billing processing which they have received little. The education they have received, management has not implemented. This puts Door County at significant risk to a Medicare audit. A concern is continuing education is needed to for the billing employees. If education is implemented, it will take the billing staff away from their billing activities. This could reduce efficiency of disseminating invoices in a timely fashion because currently they are at maximum production with their current process. The billing staff handles all aspects of the billing process from entry of the patient care report into the schedule, to adjustments and posting the payments. Having each of the staff member handle billing from entry to exit is inefficient and provides no separation of duties. With no separation of duties, a potential situation of embezzlement could occur because there are not any checks and balances in place. Without separation of duties in place, a person could accept payment for service provided and adjust the record to indicate the service never occurred. At no time during the review process was there any indication that this was occurring.

Recommendation: If billing would be maintained with County employees, education needs to begin with both billing personnel. Webinars from Medicare are not adequate and provide very little accurate information. Separation of duties needs to be implemented immediately. In regard to the separation of duties, it is imperative to have separate personnel perform the function of processing invoices, adjustments to invoices, and posting of payments. This may require some of the responsibilities to be handed off to other personnel within finance, or the hiring of additional staff.

HIPAA Requirements

Health Insurance Portability Accountability Act (HIPAA) appears to be in compliance by the billing staff. One concern is the creation of paper patient care reports off the computer system for each invoice to be billed. Added paper adds exposure to violations

to patient's demographics. Also, there are regulations on how these records are stored and disposed of.

Recommendation: Review the need for paper patient care reports. An attempt should be made to streamline the process with computerization to reduce paper documents.

Medicare/Medicaid Compliance

An external audit was performed by LifeQuest Services. The audit reviewed 76 patient care reports for accuracy of billing. This report indicated significant billing practice violations occurring. The finance department has begun to correct the issues identified in the audit. Concern is how much of the audit was taken seriously since it was done almost two years ago and issues have not been corrected. Also, the audit only looked at 76 patient care reports from one year, which is only a small sample, not allowing it to be statistically significant.

Recommendation I: Perform another external audit to be more statistically significant. Perform an internal audit to evaluate the process of billing to assure a streamlined process is being used.

Signature form completion has been addressed and appears to be working towards compliance. Two members have been trained in coding to reduce the incident of miss coding of patient care reports and overcharging insurance companies, Medicare, Medicaid, or private payers. Other essential forms have not been implemented for certain types of calls to become compliant.

Recommendation II: Implementation of forms is needed for transports that occur from hospital to hospital and skilled nursing home (Dorchester) to hospital. The first form is a physician certification form. This indicates medical necessity and is required for any patient being transported from a hospital to hospital and for certain transports that occur from skilled nursing facilities to hospitals. A Medicaid waiver needs to be implemented for patients that have Medicaid when the transport is not medically necessary. Without the waiver, if Medicaid does not pay the invoice, the patient cannot be billed. An advanced beneficiary notification also needs to be implemented. This form is utilized when a patient is transported from a skilled nursing home to the hospital for a single service that could be more cost effective being provided at the nursing home.

Patient Care Report Processing

Currently, one of the billing staff deals directly with Central and South bills and the other deals with North and Washington Island. The staff member who handles North and Washington Island also deals with outstanding invoices. Concern is during busy months of billing, outstanding invoices may become stagnate until follow-up is performed. Ambulance billing is a very time sensitive process. Invoices for service need to be processed within 48 to 72 hours of service being provided; and, at this time, the best is

within a week. Also, no follow-up phone calls are performed, only four invoices with each invoice including a letter with stronger language included as the age of the invoice progresses. After the fourth letter, the balance is turned over to collections. Collections are provided by an outside agency that provides collections to all of County Government.

South County EMS and Washington Island currently chart all of their patient contacts on a paper form. For South County EMS, the form is delivered to the Central Station where paramedics enter the information into the computer system. Washington Island Ambulance faxes the report to the North station for the paramedics to enter. This process delays the ability to have a timely invoice created and sent to the patient, Medicare, Medicaid, or insurance companies, which can reduce the return. There is also a concern of the accuracy of the report when it is entered into the computer system.

Recommendation I: Have staff members specialize in certain areas. There is a lot of overlap in the process of creating an invoice, placing the schedule, and posting the invoice. South County and Washington Island should be given access to the computer system for them to enter the patient care report first hand. When reviewing the schedule where patient care reports are placed that did not receive an invoice, it was recognized to have a significant amount of reports. In 2010, there were 668 and in 2011 there were 639 reports. This is a large amount in comparison to the approximate 2,200 calls for service received. A random audit of 20% of the patient care reports was performed for 2010 and 2011. Most of the patient care reports were found to be releases which are when a patient refuses transport by the ambulance. However, there were a few of the patient care reports that were not placed into a schedule to generate an invoice. 4.5% of the patients that should have received an invoice did not. There are two concerns with this. The first is the loss of potential revenue to the County. The second is the potential issue with Medicare, Medicaid, and insurance companies, indicating they may have been wrongfully billed for service if some insurance companies or private pay patients have not been sent a bill.

Recommendation II: An audit process needs to be put in place to ensure all patient care reports that should have an invoice created do.

Patient Care Report Release

Patient care reports are routinely requested. Insurance companies and attorney's request them for billing purposes as they are representing their clients. Organ donation companies and the Medical Examiner's office also request reports for patients that have died. Reports that are requested are released through the billing staff.

Recommendation: Create a policy to govern how reports are released, who has the responsibility, and what information the person needs to request the report to assure the patients' rights are protected.

Posting to Wisconsin Ambulance Run Data System (WARDS)

Posting to WARDS became a requirement in January 1, 2008. Waivers have been given since to services that have had difficulty in obtaining software that interfaces with WARDS. Emergency Services of Door County recently started to report to WARDS. The posting to WARDS occurs once a week which is in accordance to DHS 110.

Recommendation: The frequency of posting should be increased to daily or after each patient care report is completed; this would eliminate the paramedics printing off a six plus page report and faxing it to the hospital. Currently, the County has budgeted \$107,933 dollars for 2013 for the billing staff.

The billing staff at current staffing levels is able to process all of the ambulance bills. With an increase in education needed, it may become difficult to process all of the bills in a timely fashion. Some deviancies, along with falling behind on follow-up during the summer months, have already been recognized. With the continuing increase in requirements for billing, and the potential liability the County has for a Medicare audit, it would be recommended to outsource the billing service.

Recommendation: An average ambulance billing company charges range from 8 to 10% of collected funds. The billing company increases compliance and also can increase the return. The collection rate Door County reports from ambulance is billing 94%. With 4.5% of bills not being submitted and what the audit revealed for compliance, the percentage of return being 94% is questionable. With the amount of money the County receives from ambulance invoices, less the 8 to 10 percent that would go to a billing company for services rendered, the County could have a potential reduction in budget of \$20,000 from outsourcing ambulance billing. It would be recommended to create a request for a formal questionnaire to approach LifeQuest Services to provide billing. LifeQuest Services provided the audit two years ago. It has also provided training and direction to the paramedics and billing staff, and Door County already has a working relationship established with them.

Section V Emergency Management Position

Section V will be a review of the Emergency Management Position. This section will include a review of the current job description, Local, State, and Federal Requirements for the position, and workload and necessary staffing levels.

Review of Current Job Description

In reviewing the job description for the Emergency Management position, 50% of the job responsibilities are assigned to Emergency Services. The position in Emergency Services is to be the Administrative Assistant to the Director. This portion of the position reports directly to the Director. Part of the job is to oversee the billing staff, but the position currently does not have any direct billing responsibilities other than refunding over billing to patients. All of the other responsibilities that are covered in this position should be handled by the director or paramedic staff.

The emergency management portion of the position is 17% EPCRA and 33% emergency management. The deputy director is the Director of Emergency Services. The Emergency Management position is usually the chair of the Local Emergency Planning Committee, but the current position is the secretary. The State only requires one meeting annually. The position is also responsible for updating six emergency operation site plans a years, which has been completed. This position is also responsible for righting grants and administering them when successful.

Local, State, and Federal Requirements for Position

Under the Wisconsin Administrative Rule, each County shall appoint an Emergency Management Director. For counties that are managed with a County Executive, they appoint an emergency management director; all other Counties the position is appointed by the County Board. All 72 Counties in Wisconsin have an Emergency Management Director to some level. This position is the conduit between the County emergency response organizations (Law Enforcement, Fire and EMS) and the State. This position being the conduit has the ability to obtain grants for emergency response organizations throughout the County whether it be as individual departments or county wide.

Workload and Necessary Staffing Levels

As mentioned above, most of the EMS Administrative Position should be handled by the Director. The Emergency Management position at a .5 FTE is adequate for the County's size. Other Counties have a 1 FTE assigned to the EM position; however, this is usually the case because it is difficult to obtain part-time personnel with the necessary training needed in the position, and with grant monies the position can be made whole.

Recently, the Emergency Management position was re-located to the Sheriff's Department. In the State of Wisconsin, this is a similar type operation in 26% of the counties where Emergency Management is co-located with the Sheriff's Department, and

47% being a standalone department. We believe maintaining the Emergency Management position in the Sherriff's Department would be a mistake and was a better fit within Emergency Services.

The Emergency Manager needs to be neutral and supportive to all emergency response organizations (law enforcement, fire and EMS). From our interviews, review of correspondence, and experiences; having the position report to the Sherriff, will most likely cause animosity within the emergency responders throughout the County, as this provides the appearance that this position belongs to the Sherriff's Department and not the County as a whole.

This concern was reinforced during an interview with Sherriff Vogel, where he indicated it could become beneficial for the Sheriff's Department to be responsible for the position because during summer months the person could be used as a road deputy. In this interview, we did not glean any information as to how this move would improve the service level or needs of Emergency Management in the County. In emails that Sherriff Vogel received from other Sherriff's Departments that had the responsibility of the Emergency Management position, it was commented that it benefits the organizations because of an extra person for the department and the ability to obtain grants for the Department. With the majority of departments being law enforcement and fire, a better balance and neutrality of this position and service will be realized if Emergency Management were to remain with Emergency Services.

The Director and Deputy Director of Emergency Services can handle the day to day operations of Emergency Management, and the positions are a good fit for it. Part of the Emergency Management position is coordinating resources at large events, so the person in the position needs to have a strong understanding of the incident command system. To have this type of understanding, the person needs to operate routinely within it. A lot of the work of emergency operational plan creation and reviews, off site plan reviews, and grant writing can be completed by interested paramedics.

A concern that was brought forward to us was what the paramedics do in there down time. The paramedics are very busy during the tourism season, but the response volume scales back in the non-tourism season. This would be an excellent time for them to work on a lot of emergency operational plan creation and review, off site plan review, and writing grants. A comment that was made during interviews by a few of the paramedics was their desire to review different facilities to understand location and layout. This would prepare them for responses to these facilities similar to a pre-plan. The plan creation and review will need to have some site visits performed and this would allow the paramedics to perform their pre-plan along with enhancing the robust Emergency Management organization. The Emergency Services Department can provide not just a position or a part time Emergency Manager, but by efficiently using the stand by time available, will give you a true Emergency Management Department.

The duties for Administrative Assistant to the Emergency Services Director are about 50% of the Emergency Management's position. The following responsibilities are part of

the position; oversee and evaluate billing personnel until recently, answers phone calls and transfers as needed, process patient refunds from insurance companies and Medicare (after receiving requests from billing staff), process all the vouchers for EMS, all annual payments, medical director, rent crew chiefs, apply for ACT 102 (FAP) and administer it throughout the year, work with E-Licensing updates, update protocols from meeting discussions, request/receipts W4, W9 and direct deposit info for new employees and new vendors, EMS directors correspondence, contract with NWTC, time cards for employees, coordinate between stations, handle workers compensation claims, prepare reports as requested (vehicle maintenance data, timecard data, annual report, budget line item summary), prepare journal entries and monitor line items & grants, prepare agenda and packet for EMS committee meetings, take minutes and post , order supplies through EWay for the department, process training requests (receipt, approval, reimbursement), and other projects as assigned.

As mentioned, most of the responsibilities covered by the administrative assistant portion of the position should be performed by the director and deputy director. The areas that involve billing will be none existent if billing is out sourced or kept within the finance department. Most phone calls received for Emergency Services are for ambulance billing and with billing being removed this will reduce the calls. A good voice mail system with call forwarding abilities, can handle the other calls. There might be a concern that a director and deputy director should not have to perform some of the functions of the administrative assistant; however, some of these responsibilities should not have been delegated to the administrative assistant.

Recommendation: It would be recommended that the Emergency Management position be covered by the Director of Emergency Services. Currently, the person in the Emergency Management position reports to the Director of Emergency Services, but in an incident where Emergency Management is activated, the Director becomes a subordinate to the Emergency Management Director. The proposed Deputy Director of Emergency Services would become the Deputy Director of Emergency Management. This would assure the County coverage of an Emergency Management director at all times. Paramedics, during slow times of the year, would be able to assist with emergency planning and site visits.

Section VI

Operational summary: The following is a financial summary of the operational recommendations. The below numbers are an estimate and were obtained from information provided by Door County.

- Increase staff by three including a Deputy Director and reduce overtime coverage of leave time. \$8,965
- Staff an ambulance during peak times and days in Egg Harbor \$35,000
- Place ambulance at Sturgeon Bay Fire Department -\$0-
- Eliminate South County EMS (\$142,600)
- Outsource Ambulance Billing (\$20,000)
- Combine the EM position with the Deputy Director (\$76,495)
- Total Cost to County, Savings of \$195,130
 - Ambulance numbers and locations
 - Central (Sturgeon Bay) 3
 - SBFD 1
 - North (Sister Bay) 2
 - Washington Island 2

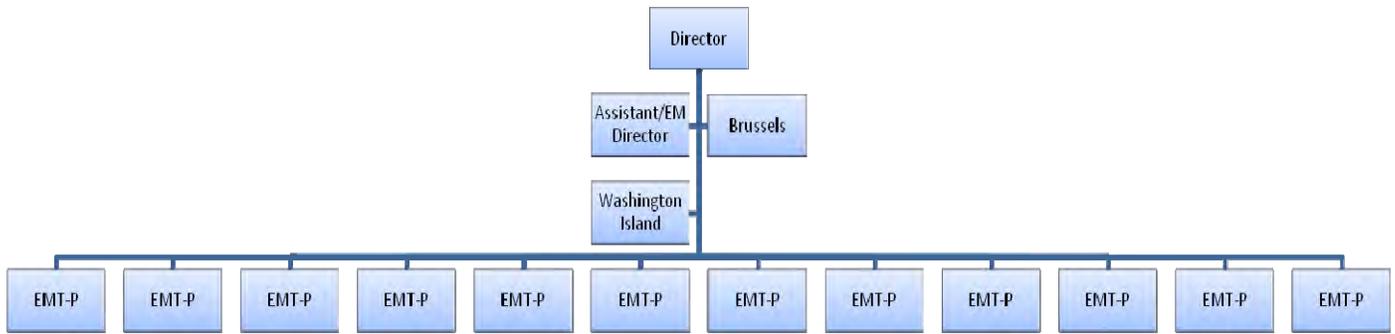
Final Recommendation: With all of the operational recommendations being made, the operational plan that is required by administrative rule DHS 110 will have to be updated. When a review was performed of the current operational plan, it was significantly lacking. Currently, there are 37 components to the operational plan and the present plan only has 7 addressed adequately.

Work Schedule

With Leave time Assigned on “A-Shift”

	Sun.	Mon	Tues.	Wed	Thur	Fri	Sat	A	Sun.	Mon	Tues.	Wed	Thur	Fri	Sat	A
Vacation 7yr employee 12 days	A24	B24	A24	C24	A24	C24	B24	40 R	C24	B24	A24	B24	A24	C24	A24	40R
	V24		V24		V24			32 OT			V24				V24	8 OT
	C24	B24	C24	B24	A24	B24	A24	40R	C24	A24	C24	B24	C24	B24	A24	40R
Paid Holidays 8 days					V24		V24	8 OT		V24					V24	8 OT
	B24	A24	C24	A24	C24	B24	C24	40 R	B24	A24	B24	A24	C24	A24	C24	40 R
		V24		V24				8 OT		V24		PH 24		PH 24		32 OT
Sick Average 5.95 days	B24	C24	B24	A24	B24	A24	C24	40 R	A24	C24	B24	C24	B24	A24	B24	40 R
				PH 24		PH 24		8 OT	PH 24					PH 24		8 OT
	A24	C24	A24	C24	B24	C24	B24	40 R	A24	B24	A24	C24	A24	C24	B24	40 R
	PH 24		PH 24					8 OT	S24		S24		S24		32 OT	
	C24	B24	A24	B24	A24	B24	A24	40 R								
			S24		S24		S24	32 OT								

Appendix B



Appendix C

