



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.



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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.



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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.



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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.)



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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



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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**



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**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



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(Added Since 2/11/2015 Committee meeting)

FACT SHEET TO ADDRESS LETTER RECEIVED ON 2/4/2015

This fact sheet will address the letter received from a Door County resident, dated 2/4/2015. This information will be added to the initial ongoing fact sheet that was established in early January, 2015.

LETTER WRITER COMMENT(s): The table that references Total Runs; Full-time Paramedics; 2015 Budgets; Cost per Call; Cost per Paramedic are presented as factual by the letter writer.

FACT: The total run figure that is being used is from 2013. The staffing numbers were from 2014. The budget numbers are from 2015. The 2015 budget **INCLUDES** the six newly hired paramedics. The numbers used in the letter writers table are grossly under reported for Waushara County. The actual number is 2118 FOR 2013, a discrepancy of 626 calls. The Green Bay fire number as report by the letter writer for number of paramedics is also grossly under reported. GBFD has 110 paramedics, per Asst. Chief Nieft. The table below represents actual accurate data.

Service	Total runs 2014	Full Time Medics	2015 Budget	\$ per run	\$ per paramedic
Door EMS	2364	18	\$4,009,332.00	\$1,671.00	\$222,741.00
Green Bay Fire	8526	110	\$16,238,760.00	\$1,904.62	\$147,625.10
Waushara	2737	12	\$2,675,874.00	\$997.66	\$222,990.00

As stated in a previous presentation Door County EMS is a State Mandated, two (2) paramedic service, which means two (2) paramedics must be on every call. Waushara County is a one paramedic service, which means that the cost of personnel is less due to the lower level of personnel needed to legally staff each unit.

LETTER WRITER COMMENT(s): Waushara County has 2 units that cover Wautoma and Door County has 2 units that cover Sturgeon Bay.

FACT: The population of Wautoma is approximately 2,000. The population of Sturgeon Bay is just under 10,000. Door County has the same number of units and covers 8,000 more people.



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LETTER WRITER COMMENT(s): Another way to compare value is the EMS budget as a percentage of the total budget:

FACT: When the correct numbers are applied to the Green Bay comparison the numbers are:

<u>Service</u>	<u>Total Budget</u>	<u>EMS% of Total</u>
Green Bay	105,691,620	15%
DCES	70,162,702	5.7%
Waushara	38,105,000	7.0%

LETTER WRITER COMMENT(s): “I wondered if DCEMS couldn’t attain more calls per day because perhaps the average total call time was a lot more than other services”.

FACT: Call times are done differently for each department. Most services don’t go back in service until they have completed the patient transfer to hospital personnel, clean the ambulance, restock the ambulance and then go back in service. DCES goes back in service upon arrival at DCMC, before the patient is actually even in the building. The reason for this is that with limited resources if it were not done this way, there would be significantly more 620 (back-up calls). DCES averages throughout the service, 1 hour and 26 minutes per call and that doesn’t include the additional half hour to complete the patient care report. All services can respond to more calls if needed, however if resources dictate that DCES has significant limitations to expand its capabilities due no outside resources available.

The letter writer also makes an attempt to state that No Transports are insignificant. Once that unit has been dispatched they are committed to that call until complete and is not available... So, one of our limited resources is now out of service until the call is cleared. It should be noted that the average out of service time for No Transports is **59 minutes**, and that doesn’t include the time for after call paperwork. FYI, for 2014 64% of our calls were transported to a hospital, 52% were at the ALS level (paramedic skills were needed). 36% were no transports.

LETTER WRITER COMMENT(s): “I saw in an article in the Door County Advocate (1-14-15) that call volume in 2014 is 30% higher than in 2011. Here’s the data:”

FACT: The letter writer acknowledges that the increase was 29.2%, so the 30% was a gross exaggeration, which I apologize for.

LETTER WRITER COMMENT(s): It was also reported (Door County Advocate 1-14-15) that “from the first of the year we’ve averaged 8.5 calls per day”. The writer goes on to say that the increase in 2015 vs. 2014 for the month of January is ZERO.



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FACT: That information was given at the Ad-hoc meeting on 1/13/2015, at which time we had 111 calls. The 8.5% was wrong, it actually was 8.53.

The number of calls in January, 2015 was 223. The number of calls in January, 2014 was 204. There were in fact 19 more calls in 2015 vs. 2014, which is actually a 9% increase.

LETTER WRITER COMMENT(s): “Mr. Williams has state in the past words to the effect that call volume rises in the summer while the article quotes him as saying “the higher call volume is year round” “What way does he want it?”

FACT: The very simple answer is both of the statements I made are in fact true. If we consider the summer months as May – October and the winter months as November – April, the numbers once again are very clear.

2014

May – October; 1,626 calls. November – April; 1,080 calls; **34% increase in summer.**
2013 – 2,578 calls. 2014 – 2,706 calls; **5% increase.**

2013

May – October; 1,531 calls. November – April; 1047 calls; **32% increase in summer.**
2012 – 2398 calls; 2013 – 2578 calls; **7% increase.**

2012

May – October; 1,462 calls; November – April; 936 calls; **36% increase in summer.**
2011 – 2,101; 2012 – 2398 calls; **13% increase.**

LETTER WRITER COMMENT(s): Mr. Williams refers to a National response time standard. “I want to emphasize that there is **NO** national standard for response time.

FACT: I never said that there was. However, there are industry standards that have been discussed and written about for years.

LETTER WRITER COMMENT(s): With regard to the "geography of the county", Mr. Williams has stated (*Door County Advocate* 1-14-15) that it "Requires us to do things we wouldn't do otherwise". Such As? I have no idea what that statement is supposed to mean. The letter writer further states that. “The geography of Door County has very little to do with anything”.

FACT: To not understand that we are surrounded by water on three (3) sides and the one side where we do have land, the closest Paramedic unit is 40 minutes from the County line and one and a half hours (1 ½) from Sister Bay should tell the average



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person that we have to do things differently. If the letter writer wants to use Waushara County as the comparable, there really is no comparable on this topic.

Waushara County has at least seven (7) ALS services that completely surround the County. Of those (7) services, at least (20) ambulances are available. Further, when the resources in Waushara County are getting used up there is an automatic agreement that moves an ambulance from the above agencies to all four sides of County boundaries to the respective County line.

Door County has 8 ambulances for the entire county including Washington Island with no hope of mutual aid at an advanced level for at least an hour.

LETTER WRITER COMMENT(s): “Mr. Williams apparently wants an ambulance on every corner” “The proposals bandied about, especially with what I consider a contrived urgency, are an expensive modification to what we have now, only to satisfy what apparently is a desire to create an empire”.

FACT: I hesitate to address such ludicrous comments; my 40 + years of EMS experience have taught me that you can't be everywhere all the time. However, that experience has also told me that you need to do everything possible to provide high quality and prompt service to the community.

Regarding the “desire to create an empire” comment; I was perfectly satisfied to be retired sitting in my Lazy Boy. When I was approached to take this job, I said I would accept the challenge on one condition, that if you don't want to fix the service and system, then I am not interested. I was told that this is exactly what they wanted.

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: 2/11/2015