January 30, 2023

Mr. David Cox, Town Manager
Town of East Hampton

Mr. Cox,

On behalf of the East Hampton Ambulance Association, I'd like to thank you and the Council for your questions. We have provided answers as best we can, at this point in time, as many of the enhancements that we are making are still in progress.

We look forward to meeting with you and the Council to discuss all of our work and to setting a course for even better EMS service for the residents of our community in the years ahead.

1. In the description of the Current System Overview, there is no reference to the Police Department's role as medical first response nor to any interplay of the Fire Department in the response to medical situations in the community. If this is omitted for a reason, please indicate why. Otherwise, please address how these departments currently fit into the System Overview in terms of response.

While we recognize, respect and appreciate the roles that both the police and fire departments play in serving our community, the scope of this study was specifically focused on the EHAA. The police department is certified by the Ct Department of Public Health as the designated First Responder, the Fire Department does not have a state recognized role in the EMS system. They have limited their EMS assist role to extrication, rescue and manpower when requested.

Source: State of Ct website PSAR designations Jan28,2023

EAST HAMPTON AMBULANCE ASSN.	C042B1	Basic	East Hampton
EAST HAMPTON POLICE DEPARTMENT	0426FR	First Responder	East Hampton
MIDDLESEX HOSPITAL	L083P1	Paramedic	East Hampton

2. Please outline the basic, underlying or overarching legal structure related to the provision of EMS services including any appropriate statute references that outline municipal obligations.

The CT General Statutes create the need and authority for the provision and availability of an ambulance in each municipality

Title 7 – Municipalities, Chapter 98 - Municipal Powers
Section 7-148 - Scope of municipal powers.

(4) (D) Provide for ambulance service by the municipality or any person, firm or corporation;

The CT Department of Public Health is charged with making sure that this function exists and regulating how the EMS system is structured.

Sec 19a-179

In the 1970's the Primary Service Area system was established. This began the process of assigning a PSA to a particular provider and then setting the regulations by which a change can take place.

Sec 19a-179-4

Additional regulations govern how an ambulance service can be sold or transferred to another entity.

Sec 19a-175

The office also oversees and issues the rates that can be charged for treatment and transport of patients.

19a-179-21

3. The HEARTSafe program is referenced, and I note that the community still maintains that designation. Might it be appropriate to indicate that the designation remains and what, in general, that means to the community.

I believe the report does address that the designation is still in place. What it means to the community is that 10% or more of the community has been trained in CPR. We believe that this could and should be higher and we currently offer courses to both recertify and train new people in this lifesaving skill.

4. The report presented recruiting and retention considerations. What is EHAA prepared to carry out based on the reports proposals?

We are evaluating the recruiting options outlined as well as others. We just advertised, recruited and certified 12 new EMTs in a class held at our facility. The course included people from other communities, but EHAA acquired 6 new members from the class who are currently going through our intake and membership process.

5. The report highlights steps the Board of Directors should consider. What are the Board of Directors' plans for implementing any items and what is the timeline that corresponds to the suggested changes?

The BOD took the recommendations to heart and several have already been implemented. Communications between the BOD and members has improved, BOD members are attending field team meetings and participation by the members at BOD meeting has increased.

Committee assignments have been reaffirmed and each is working on their assigned areas, by-laws are undergoing review and the Chief is assessing the new staff intake process to streamline it. We are evaluating these changes with the 6 aforementioned new members. It is a work in progress.

6. Are the recommended changes to the Association structure and practices being implemented and, if so, how are they being implemented?

These are at the respective committees and we expect action items to be coming from each of the committees soon. The BOD did unanimously approve the hiring of a full-time paid Chief to facilitate day-to-day operations, provide additional staffing during his duty hours and facilitate many of the recommended changes.

The BOD has also recognized the volunteers alone will not cover all of the hours in a week so EHAA is in the process of recruiting per diem paid staff. Volunteers will still staff as many hours as they are available and the per diem personnel will be used to make sure that there is a fully staffed ambulance in quarters 24/7. This is a significant enhancement to our service and will result in reduced response times.

7. A reference was made to modifying the stipend program without any specificity. Please provide any comments or suggestions regarding this program and what the intended impact of any changes would be.

The specifics were intentionally not included in the report as changes required consult with labor law experts to make sure and changes were compliant with current regulations. Articulating options in the report would not have been productive. The options were presented to the BOD for review and changes are underway that fairly incentivize volunteer staff. Additionally, until the options could be explored, the plan could not be released to the members for comment. Now that it has been presented, several members chose to remain as incentivized volunteers and we could then identify the number of per diem staff needed to accomplish the upstaffing.

8. Please provide clarity in the report as to billing for responses including whether the EHAA bills for paramedic level responses or whether those are billed by Middlesex.

We participate in bundle billing for the Middlesex services. A consolidated bill is submitted by EHAA to the patient's insurance and then when payment is received, the ALS (paramedic) portion of the payment is forwarded to the hospital. We have participated in this program since we began billing for service more than 15 years ago.

9. What steps if any is the EHAA taking to reduce non-payments? What further options are available to address this issue?

I call your attention to page 12 of the report. In the 21-22 fiscal year we resolved 99.9% of all accounts. The cash portion of that resolution was 48%, the remaining was non collectible contractual allowances/write-offs. The reason that the contractual allowances are so high is that 79% of our patients are Medicare and Medicaid insured and we are obligated to accept payment per their regulations. Our consultant Bob Holdsworth will be happy to explain this in greater detail at our meeting.

10. Please provide additional information and clarity as to what specific information or reports the record system used by Glastonbury Dispatch is not able to provide so that potential gap may be addressed in the future.

The dispatching services that we get from Glastonbury are very good. When their system was set up, there were few statistical reports built into the system. When Bob requested data showing all of the EHAA calls, these reports are not available. Incidents are time stamped into their system along with all of the other units assigned to that call, police units, fire units, medic units etc. There is no way to isolate and pull ambulance only statistics. A previous Glastonbury staff member, now retired, had the tech knowledge to pull some of this data using a third-party software program. Upon his retirement, that capability was not replaced. If the Town needed to pull data and response times on an individual call, that can be done, it's the inability to pull global data that is missing.

11. Are there plans of which you are aware to improve Glastonbury's police dispatch system (software) that will provide data to study internal times of response as discussed?

Bob was told that some of this has been requested of the dispatch software vendor but there was no formal plan, nor cost estimate, that we are aware of to accomplish this.

12. The report indicates that "high performance EMS systems" have target response times of eight minutes or less. While it may be difficult to reach some areas of this community in less than eight minutes even with lights and sirens, please discuss how such a response goal might be achieved in a community like East Hampton. How do we measure up to this "goal" currently?

The response time and the utilization issues are addressed, with data deficit caveats, on pages 13 and 14 of the report. Our goal, with the increased staffing and other new policies, is to reduce our activation times and therefore shorten response times to closer to the high-performance times. The times are simply not achievable in all areas of the Town due to the required routes of travel and topography.

13. Please clarify and expand upon the following paragraph, which seems to contain some important and central considerations but is somewhat confusing. *"In EMS every second counts, as the EMS provider it is time to evaluate policies and procedures that allow for primary crews to respond from home, in house crews to take too long to sign on and to dissect the data in a more meaningful format on a weekly, monthly, and annual basis."*

This is a consolidation of the information asked and answered in several of the preceding questions. It has been common practice in many volunteer staffed organizations to allow EMS and fire personnel to respond from work, home or wherever they are in Town to quarters, assemble the manpower and respond to calls.

This is the reason that the police first responders are there, to get to the patient while the crews are assembling. This is true for EMS calls as well as house fires and motor vehicle accidents on the fire side. After seeing the data in the report, we chose to change our policy as quickly as possible to have the primary crew in quarters or with the ambulance at all times and eliminate this practice to shorten response times. This benefits the Town by freeing the police officer back to patrol and by transporting patients faster to the hospital.

The data issues have been discussed and we have determined a way to use internal data to help us continuously monitor and improve our service.

14. Please clarify and discuss how you are able to state that a potential subsidy payment to a Middlesex Hospital ambulance provider would be "substantially larger" than one paid in a system using the East Hampton Ambulance Association.

The budget contained in the report identify the expanded cost of operation required to improve service. Our budget utilizes stipended volunteers and per-diem employees.

State regulations require that anyone assuming a PSA is required to provide equal or higher levels of service than the provider being replaced. It would be unrealistic to assume that Middlesex would provide the service for billing revenue only since their employee costs are higher.

Their hiring brochures promise competitive wages, benefits, and shift differentials. EHAA is offering per diem staff competitive hourly wages but cannot currently offer health benefits and shift differential. Therefor the conclusion was drawn that Middlesex's subsidy needs would be higher since their costs are higher and the revenue is fixed.

15. What is in place to address peak hours presently using mutual aid or other arrangements?

Anytime EHAA is assigned to one call, and another is received, we first try to assemble a crew from our personnel, if a crew cannot be assembled, it is referred to mutual aid. This is what happens in the Towns around us often requiring our response to them.

As we continue to bring on new staff, the Chief and one other member will be able to complete a second crew more regularly during peak hours … our goal.

16. What are the training requirements and liability exposures related to the paramedicine concept?

Currently Community Paramedicine is not endorsed by the State Department of Public Health even though the concept is working in many other states. The topic, addressed on page 10, simply encourages the EHAA BOD to stay vigilant for the eventual growth of this opportunity and take advantage of any options at the basic live support level that emerge (most likely examples will be patient welfare checks, and the administration of flu shots and other vaccinations). Any services at the paramedic level will be handled by Middlesex personnel.

17. The report stated that Chief Scranton developed a staffing plan to address peak periods. What does that plan entail? What are the costs associated with that plan?

The basics of the Chief's plan included the integration of per diem employees and adding a third person during peak hours. We have endorsed his findings and built upon them by adding the Chief as a paid position to complete a second crew more regularly. His plan resulted in a need for roughly $300,000 per year, which was the subject of a presentation to Council in April of 2022.

The current plan reflects the changing costs of fuel, supplies, wages and his original plan as a foundation. The difference is that we are presenting a shared cost model using some of the EHAA reserves to help with the improvements.

18. Please further review and clarify Option #2 including staff numbers, full time/part time status and costs as well as other appropriate items.

Option #2 is the option that the BOD has endorsed. We have opted to use per-diem staff rather than full-time staff to keep costs lower. Full-time staff would incur benefits which would add significantly to the budget. Our strategy is to use a combination of recruiting, per-diem staff and stipended volunteers to accomplish the mission while keeping costs as low as possible.

If additional support from the Town is available, and the Council would prefer to see some full-time benefited personnel on duty, we are certainly open to that discussion for the 2024-25 fiscal year.

For 70 years EHAA has proudly served the community, our goal is to work together with you to structure an improved level of service in the most cost efficient manor.

19. The report highlights the importance of the Town and EHAA cooperatively working on subsidization and indicates that doing so extends the program's viability timeframe to eight years. Please clarify that statement and confirm the estimated costs to the Town and EHAA over those years.

As you can see from the pro-forma budget in Appendix B, the shortfall for the service is approximately $348,000. Our proposal requests 50% of the shortfall be paid by the Town and 50% from EHAA reserves. We anticipate with the improved staffing pattern that some of the calls that have gone to mutual aid will be handled by EHAA producing some additional revenue. In addition there are bills before the legislature that would improve Medicaid reimbursement for EMS (19%of our volume are Medicaid patients).

Our estimates, unless costs truly skyrocket, which is out of our control, would allow this revenue partnership to sustain the plan for up to 8 years. If there is not subsidization from the Town, or another source, EHAA will still implement the plan which is in the best interest of the community but will only be able to sustain the plan for approximately 3 years. We would like to stabilize the system for as long as possible.

20. Please discuss why the cost of having a third ambulance available as a spare is appropriate when its use would seem rare. What steps, if any, have been taken regarding a third vehicle? Leasing is recommended for vehicle acquisition in general. Is that standard leasing through which the vehicle is returned to the lessor at the end of the term or something else? Does it include some purchase option?

There are several reasons why keeping the third ambulance makes sense. The new ambulance will be arriving in the spring and the current oldest unit will be placed as the reserve unit. Because the goal is to have a primary unit and a peak unit in service, a simple mechanical breakdown, if we only owned 2, would immediately reduce our service capabilities.

Additionally, mechanical repairs are taking longer due to part issues and supply chain problems so often a simple repair can become major. Also, by rotating units mileage can be kept down, extending the life of all of the units and helping to reduce maintenance costs.

Our other consideration is that an order for a new ambulance now has a built-in 12-18 month delivery window which is almost twice what it was just 18 months ago. Should we have an accident or other issue as several other services have suffered, having a ready reserve will lessen the service interruptions.

Commercial operating leases are becoming very much an industry standard for EMS, police and fire vehicles and even DPW vehicles. End of lease options can be structured as $1.00 buyout, fair market valuation buy out or simply turning the vehicle in. While leasing means that there will always be an operating cost in the budget for the payments, the process keeps capital expenditures lower, no need for a one time lump payment of $275,000+, reduces the cost of maintenance on older vehicles since now none will be older than 5-6 years.

21. Discuss how other vehicle purchasing options may be used to assist the EHAA and provide support to the service. Might an alternative funding source extend the eight year timeline further?

Grant funding, which is more prevalent for the fire service than EMS, donations and other sources may be available but can't be counted on. By working together, all opportunities can be explored to find additional funding that can extend the timeline.

22. If Town were to expand its financial assistance, would the Town have representation on the EHAA Board of Directors?

We would welcome a representative from the Town to the BOD in either of three ways:

1. The BOD meetings are open, and we welcome a representative at any meeting
2. An appointed person as an ex-officio member of the board
3. An appointed person as a full member of the Board. This option does have more rigidity as the member would be subject to all BOD member obligations and would be a fiduciary of the organization rather than a participating observer.

23. Please discuss any other ways that the EHAA preparing for the future?

The EHAA participates in state, regional and interlocal meetings with other agencies to look for ways to help improve care. We are looking to strengthen mutual aid agreements again with the goal of reducing response times.

In the future, partnering with other contiguous communities might allow EHAA to realize additional economies of scale that could benefit member Towns by increasing resources, controlling subsidies, and increasing purchasing power. We are participating in these preliminary discussions and look forward to keeping you informed about our progress.

Respectfully submitted,

Barbara Moore, President
East Hampton Ambulance Association

Bob Holdsworth, President
The Holdsworth Group