

# EMS in Rural WI

The Past, The Present and  
the Challenges of the  
Future...



## It all began in 1968...

- The state's EMS Unit was created in 1968 under the leadership of Joseph Salzmann. Originally, this group of dedicated staff coordinated all EMT training in the state, with local physicians and other professionals providing the training. While training was not mandated by law until 1974, a large number of ambulance attendants completed the 81-hour DOT-approved course voluntarily.



## 1969 to 1974.....

- 1969 - the first nationally recognized training course for EMTs was held in Wausau, Wisconsin as a test site for the new DOT curriculum.
- 1969/1970 – The Villages of Lone Rock and Cazenovia have established EMS in their communities.
- 1972 – The Richland County Ambulance Association was formed.



## 1969 to 1974.....

- 1974 – There are 4 EMS squads in Richland County: Cazenovia EMS, Lone Rock EMS, Kickapoo Rescue Squad and the Richland County Ambulance Service.
- 1974 – Wisconsin passes legislation that all ambulance attendants must complete the 81-hour DOT approved course.



## The 80's and 90's...

- EMT Basic goes from 81 hours to 120 hours of instruction.
- The Richland County Ambulance Service is running approximately 1400 calls a year with 3 ambulances.
- The State of Wisconsin covered all tuition costs for new students entering the EMT Basic program.
- Each Basic EMS service in Wisconsin received approximately \$10,000 annually from the State for training and equipment.



# Today.....

- Recruitment and Retention have become a significant issue.
- EMT hours of instruction increase from 120 hours to 180 hours.
- Advanced EMT increases from 90 hours to 150.
- Funding assistance from the State has changed. We receive approximately \$5,400 annually and 50% of the funds must be used for EMT training.
- State and Federal rules have made collecting from Medicare/Medicaid difficult and “write offs” increase.



# EMS “Myth Busters” ....

- Myth - “EMTs, Ambulance drivers, and Paramedics are all the same”
- *Fact – There are currently 5 license levels, each having a specific Scope of Practice. “Ambulance Driver” is not a license level.*
- Myth - “ The Richland County Ambulance Service operates on tax dollars.”
- *Fact – The Service operates on fees collected from the patient. Fees collected cover the operational costs of the service and all surplus revenue goes into the General Fund.*





# EMS “Myth Busters” ....

- Myth - “How can you say you are making money when you are losing hundreds of thousands dollars a year?”
- *Fact – We are making money and operating in the black. The “write offs” are dollars that the County can NOT collect due to Federal Code and State Law. The process of writing off the uncollectible bills is an accounting practice used to maintain the County’s fiscal records.*





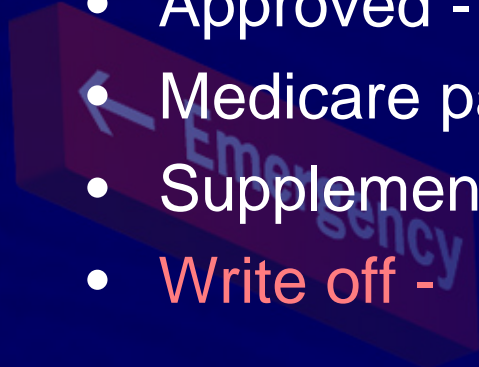
# Medicare....

## ALS Rate

- Base rate - \$775.00
- Approved - \$411.24
- Medicare paid - \$322.41
- Supplement - \$88.83
- Write off - \$363.76
- Per loaded mile - \$14.00
- Approved - \$12.89
- Medicare paid - \$10.10
- Supplement - \$2.79
- Write off - \$1.11

## BLS Rate

- Base rate - \$600.00
- Approved - \$346.31
- Medicare paid - \$271.51
- Supplement - \$74.80
- Write off - \$363.76
- Per loaded mile - \$14.00
- Approved - \$7.52
- Medicare paid - \$5.90
- Supplement - \$1.62
- Write off - \$6.48



# Interesting Facts....

- Richland County Ambulance Service is the busiest emergency service in the county; averaging 900 calls a year.
- It takes 2,880 volunteer hours a month to maintain our current operation of staffing 2 ambulances with 4 EMT's 24/7 365 days a year.
- Since 2005, we have had 53 applicants. 10 were already licensed. 29 made it through probation and onto class. Only 14 go on to obtain their license.
- Of these 53 applicants, only 12 are still actively involved with the squad.



# A challenging future lies ahead....

- **Staffing** is the NUMBER 1 issue facing ALL EMS services in the State! There are 3 issues impacting Recruitment and Retention in our area.
- They are:
  1. Decreasing number of qualified volunteers.
  2. Advanced education requirements.
  3. Increasing number of calls leading to more of a time commitment on the volunteers.



# Staffing....

- State requires a minimum of 2 licensed personnel per ambulance.
- Current staff: 3 Paramedics, 7 Advanced EMT's, 9 EMT's, 5 drivers and 6 trainees = 30 members.
- Volunteers are required to sign up for 48 hours of call a month.
- 2,880 hours need to be covered. This requires each member to volunteer a total of 151.5 hours a month.
- We would need an additional 41 licensed members to cover the 2,880 hours.



# Advanced Education requirements...

- EMT Basic - CPR certification at professional level and a COMPASS Reading score of 80 or higher, or proof of a grade C or better in a college level English. Students must be at least 18 years old. Complete a minimum of 180 hours of Instruction. Pass the National Registry written and practical exam.
- Advanced EMT – Same as above except you must have completed the basic program first and complete an additional 150 hours of training.



# Increasing number of calls due to local demographics....

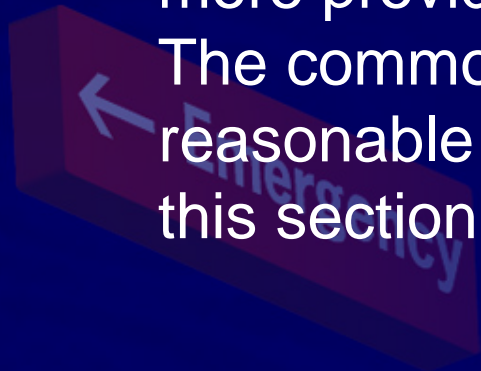
- It is reasonable to think that as our local population ages, we will see an increase in call volume. More people will be accessing a system that is already overburdened and understaffed.
- The increasing need to transport patients to Specialty Care Centers such as Trauma, Cardiac and Stroke Centers will have an impact on our service.
- These two issues combined create a significant time burden on the volunteer.





# Who's responsibility is it to provide EMS????

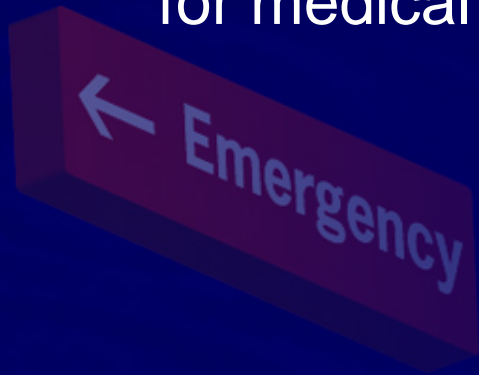
- County? – State Statute 59.54 reads “AMBULANCES. The board may purchase, equip, operate and maintain ambulances and contract for ambulance service with one or more providers for conveyance of the sick or injured and make reasonable charges for the use thereof.”
- City? – State Statute 62.133 reads “Ambulance Service. The common council may purchase, equip, operate and maintain and contract for ambulance service with one or more providers for the conveyance of the sick or injured. The common council may determine and charge a reasonable fee for ambulance service provided under this section.”





# Who's responsibility is it to provide EMS????

- Township? – State Statute 60.565 reads – “Ambulance Service. The town board shall contract for or operate and maintain ambulance services unless such services are provided by another person. If the town board contracts for ambulance services, it may contract with one or more providers. The town board may determine and charge a reasonable fee for ambulance service provided under this section. The town board may purchase equipment for medical and other emergency calls.



# Who's responsibility is it to provide EMS????

- Village? – State Statute 61.64 reads – “Ambulance Service. The village board may purchase, equip, operate and maintain ambulance and contract for ambulance service with one or more providers for conveyance of the sick or injured. The village board may determine and charge a reasonable fee for ambulance service provided under this section.



Responsibility rests upon the shoulders of....

**ALL local units of government!**



# Options for delivery of EMS...

- Private Contracted Services
- Municipal EMS District
- County Operated Service



# Private Contracted Service...

## Pro

- Will ensure Paramedic Level Care.
- Will handle both 911 calls and Inter-facility.
- Staffing burden is on the private ambulance service.

## Con

- Contract Negotiations every 1 to 2 years.
- Limited control over cost increases.
- Will jeopardize smaller services.
- Cost to the tax payer.



# Municipal EMS District....

## Pro

- Retain Local control.
- No hassle with contract negotiations.
- Ability to control costs and user fees.

## Con

- Staffing issue burden will be on the District.
- Lacks the necessary infrastructure to operate an EMS service.
- Cost to the tax payer.



# County Operated Service....

## Pro

- Infrastructure already in place and operating.
- Local control over operational costs and user fees.
- Provide Paramedic level care.
- Supports all local EMS services in the County.

## Con

- Staffing issue burden will be on the County.
- Cost to the tax payer.





# Changing the way we do business...

## Current Structure

- *Paid on-call volunteer service*
- *Advanced EMT level Service*
- *48 hours of service required by each member*
- *Limited Inter-facility transfers*

## Proposed Structure

- *Combination of 4 Full time staff and paid on-call volunteers*
- *Upgrade to Paramedic level service*
- *48 hours of service by each member to supplement the full time coverage*
- *Opens the door for our service to do more Inter-facility specialized transfers in the future.*



QUESTIONS????????

