

Richland County Joint Ambulance Committee:
Strategic Planning for EMS Subcommittee
November 11, 2021
Minutes

Present: Brian McGraw, Sharon Schmitz, Mary Rognholt, Glen Niemeyer, Jerome Durst, Darin Gudgeon.
Not Present: N/A

1. Meeting was called to order at 18:20.
2. Notification of the meeting had been made and the agenda was posted.
3. Committee attendance was as noted above, with a quorum. Also in attendance from the Service was Richland County Administrator Clinton Langreck.
4. A motion was made by Schmitz to approve the agenda. It was seconded by Niemeyer. The agenda was approved.
5. A motion was made by Niemeyer to approve the previous Subcommittee meeting minutes as presented. Motion seconded by Rognholt. The motion carried.
6. A report was provided regarding the current standing of the purchase of the REC building. Closing is currently set for December 15 with recognition that if there are no liens requiring satisfaction, the closing may take place sooner than that, potentially as early as next week. Despite the date of closing, the County would not take physical possession of the building until March 1 to allow time for REC to move their operations and build the hutch as previously discussed. Included in this is the ability for our equipment to be grounded through their building connection, which will offer a high level of protection. The Variance of 14 feet was granted by the City without issue. It was discussed that the variance was necessary as the garage is too small in its current design and cannot be expanded appropriately within the current footprint. Discussion followed regarding of the process up to this point.
It was identified that there are necessary roof repairs to the REC building. REC has offered to reimburse up to \$10,000 for roof repairs, allowing the Committee to choose and coordinate with the contractor of their choice. The County Administrator stated he can sign off on the contract once JAC had selected the contractor so long as it was under \$10,000. If a given project is under \$20,000, a committee can seek bids for projects without publishing an official RFP.
7. The National Rural Health Resource Center recently put out a 60 page report looking at EMS in rural America. Langreck, Gudgeon, and McGraw met to discuss this report as well as the County's strategic goals and JAC strategic goals. It was recognized that a change in the delivery of EMS systems has been seen nationally. Volunteerism waning beyond EMS, with impacts to fire departments and service clubs also seen. Wisconsin has a number of counties that are taking EMS over in recent years. At this time, it is important to look at District vs County run services and determine what is vision for the Service moving forward.
Administrator Langreck informed the Subcommittee that the County has a strategic planning committee now. Budgets require long term plan and a vision for the future. It has been recognized that the County may struggle with forming the budget for 2023. While there are potential grants and programs that may support County efforts, the Strategic Planning Committee is also looking at non-mandated services. Though the Service is not funded by through the County Levy or general fund, Langreck recognized that acquiring another building is a further liability requiring maintenance. At this time, Administrator Langreck is looking at two topics related to the Ambulance Service. First, there may be availability of ARPA funds to be used to determine County involvement in discretionary services to assess and formulate a business plan to meet both the Service's needs at present and understand future requirements.

Second, he is determining how the Service fits into the County budget. While it doesn't touch county levy, it has impacts on capital support with other department support from MIS and the Clerk and Treasurer's offices. There must also be attention paid to the capital liability in the building. The consultant would also determine if this Service is better served as part of the County or as District. A list of consultants has been established and is being reviewed. In October, the Service covered several calls out of territory, with one service needing assistance nearly every day due to lack of staffing. Every rural service is facing this struggle, and the struggle continues in billing for costs. This requires a federal rule change. CMS is paying for what EMS used to be when it functioned more as a rapid transport service and less as a medical care unit. Durst inquired if there was a need for countywide service. It was determined that it must and will be considered. Once a consultant is selected, they will look into all avenues of these concerns. The consultant may attend a meeting to discuss this as well if desired. The goal of the consultant is to ensure ambulance service is provided most efficiently but also has no negative impact the County. The consultant will determine what best meets the services' needs, other partners' needs, and the Hospital's needs. They will look at staffing structure for 911 and transfers. This will be paid for by ARPA funds. There have been concerns voiced on the infrastructure needs in adding another building to the County. The Committee has discussed and begun to undertake the goals of covering these costs. The consultant will determine the expected impacts to the County. This would be a contracted service so there is no need for RFP if not desired. The goal is to get estimates in November to discuss with Finance and Personnel to secure funding for it. The finalized project is to have recommendations by June to be postured for best scenario for establishing a budget for 2023 and assist with data for the County's 10-year plan. The Administrator prefers a commitment to the contract in January. This item will appear on next week's JAC agenda. Darin will reach out to two consultants to get more information. He is hopeful to have the consultant determined by Dec 15. It was recognized that the County will be in charge of this consulting project; it will not need the Committee to approve prior to but the administrator would like JAC input and preference. The study may help to answer big questions like how to support neighboring services that are struggling. It needs to be bigger than RCEMS, looking at economic growth demographics, funding resources, etc. Gudgeon stated that getting expertise to help focus and understand is important for this Committee, so he appreciates the County's offer in this project.

8. The Goals and Priorities were discussed with recognition that goal #4 would be addressed in the study. The current MOUs are now entering their final year. The consultant falls in line with this as well to determine how best to proceed. Goal 2C was recognized as accomplished. An increase in wages has been secured, and the County Board adopted the budget. This wage increase goes into effect the first day of the first pay period for 2022. For Goal 5, the Committee has had two budget cycles moving \$20,000 each so at this time, there should be at least \$40,000 for the next ambulance. Discussion has taken place to establish a fund to budget for building maintenance. For Goal 7, efforts have been made on transfers. Requests are now being tracked to show when a transfer is turned down versus taken. In October, there were 117 calls, of which 70 were strictly covered by full-time and part-time members. There were 16 transfers. At the end of October, there were 1043 calls for year. It is expected the Service will surpass 2020's call volume in a week. There have been four transfers where it was determined the patient did not require ambulance transport by insurance so they will not be paid by Medicare; efforts are being made to eliminate these situations as often as possible. If there is not medical necessity identified, the patient can sign a form that discloses cost so if Medicare doesn't cover, the patient will be liable to pay. Gudgeon is working with the Hospital to help them understand medical necessity and the level of care we can provide. Further efforts need to be made to build a bridge between the

Hospital Board and JAC. In the case of transfers, the Hospital staff would need to have nurses credential with us to count them as a member of a legal crew, but the Hospital has been hesitant to allow for that thus far. There have been opportunities for transfers with a nurse to ride along that had to be turned down due to a lack of one additional member. For an RN to be a member, the only requirement would be for Dr. Harris to sign off. It was recognized that EMS is not recognized as a healthcare entity or essential service by statute; once that is remedied, it would be funded adequately and many of these issues will be easier to overcome.

Every time a transfer is accepted, it means one of the Service's trucks and crew is no longer available, so there must always be a second crew. Critical access hospitals are made to stabilize patients for transport to definitive care; most rural neighbors do not provide transfers. This struggle alone has been a reason some counties and hospitals have taken over EMS services. Right now, the field of EMS is very competitive. Private services are struggling with staffing and funding. Different communities are handling it differently. Some are contracting with large private companies, who can offset costs with volume. However, requests have begun to come in from hospitals outside the usual three (Richland Hospital, Vernon Memorial in Viroqua, and Gundersen St. Joe's in Hillsboro), showing that all areas are struggling.

9. Niemeyer made a motion to adjourn, seconded by Rognholt. The meeting was adjourned at 19:26.