

A REPORT AND RECOMMENDATIONS
TO THE HFCA BOARD
REGARDING ADVANCED LIFE SUPPORT



Prepared By:
The ad hoc Advanced Life Support
Exploratory Committee

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Introduction

This committee was formed by the HFCA Board of Directors on December 10, 2005, and held its organizational meeting on January 7, 2006 with nine additional meetings having been held between that date and October 19, 2006.

Topics of discussion included:

- **Familiarization with the different levels of emergency medical services available within and without our community.**
- **Noting there are four ALS providers servicing Pike County. The closest one is stationed on Buist Road, Milford.**
- **Frequent Consultation with the HFVF&R Chief. Chief Palumbo attended almost all meetings.**
- **Review of Public Safety and HFVF&R response times to medical emergencies in our community for 2005.**
- **Review of how ALS services are currently funded in this area**
- **“Interviewing” licensed Advanced Life Support Providers**
- **Review of proposals to Provide Advanced Life Support in and around Hemlock Farms**
- **Pros and Cons**

Committee Members:

David Kellerman: _____

Robert Wolf, EMT: _____

Mary Huber: _____

Ralph Lenzi: _____

Staff:

Chief William Hamby, FR

Deputy Chief Lori Mordenti, FR

Guest:

Robert Palumbo-HFVF&R Chief, EMT

EMS (Emergency Medical Services) terminology

BLS: Basic Life Support (level of service provided by HFVF&R and all other volunteer services in Pike County)

EMT: Emergency Medical Technician- Highest level of BLS provider, at least is one is required to make a “legal” BLS ambulance crew. HFVF&R and Public Safety have numerous EMT’s. EMT’s utilize basic airway management equipment, bandages, splints, extrication devices, automated defibrillators, and can administer oxygen.

ALS: Advanced Life Support- in PA only Paramedics and Pre Hospital Registered Nurses (PHRN) can provide this level of care. ALS units have highly specialized equipment including advanced airway instruments, 12 lead EKG, manual defibrillator, transdermal cardiac pacer, IV equipment, and approximately 30 medications. Paramedics and PHRN’s may operate from on an ALS ambulance or ALS “fly car” (non-transporting emergency response vehicle)

Training as per National Standard Curriculum:

Emergency Medical Technician (EMT): 130 hours

Paramedic: approximately 1800 hours (Chief Palumbo noted that this is almost as comprehensive as the training Registered Nurses receive).

EMT's can:

- take vital signs and medical history
- use automated defibrillator
- immobilize trauma patients
- administer *only* the patient's existing medications
- administer oxygen
- transport patient to hospital

Paramedics can do everything above PLUS:

- administer medications and IV fluids
- employ advanced airway techniques including “surgical” airways
- perform invasive techniques
- use manual defibrillator which may be able to shock rhythms automated ones cannot
- perform EKG monitoring including 12 lead (used to diagnose and pinpoint MI)
- perform transdermal cardiac pacing (temporary pacemaker)
- perform cardioversion (low volt “defibrillation” on conscious or semi-conscious patient)

Area ALS Providers

There are four ALS services which operate in Pike County:

1. Pike County Advanced Life Support- Based in Milford (Pike County)
2. Bushkill Emergency Corps- Based in Bushkill (Pike County) and Marshalls Creek (Monroe County)
3. Honesdale EMS- Based in Honesdale and Lakeville (Wayne County)
4. Regional EMS- Based in Middletown, NY with a base in Port Jervis, NY

Pike County ALS is currently the primary provider for Hemlock Farms but normally only runs one unit per shift. It has a long response time (at least travel time from Milford) and is often busy with other calls. The remaining ALS providers have longer response times and are not practical to service Hemlock Farms except to meet the BLS ambulance en route to the hospital.

I.E.:

- a. Honesdale EMS- Wayne Memorial
- b. Regional EMS- Bon Secours
- c. Bushkill Emergency Corps- Pocono Medical Center

All ALS services have numerous units (vehicles) but by law must operate at least one of them 24 hours a day, 7 days a week, 365 days a year.

Chief Palumbo and Rob Wolff reported they have noted better interaction and quality of service from some services as compared to others. It was noted Pike ALS usually responds with a fly car while the others usually respond with an ALS ambulance.

CURRENT FUNDING

All area ALS services are not-for-profit but still need to generate money to stay in business. Chief Palumbo indicated that to form a new ALS service (as opposed to expand an existing one) it would be necessary for that service to have at least 4 calls per day every day of the year to break even. ALS services usually bill patients through billing agreements with the BLS provider unless the ALS service provides the transport to the hospital due to no BLS ambulance being available. In such cases, the ALS provider keeps all the money received from the insurance company or Medicare.

It was noted the government has no legal responsibility to provide ALS service and no government entity in Pike County funds any ALS service with the exception of making minimal donations.

It was noted there have been cases of ALS providers directly billing patients including numerous HFCA residents. This can result from a particular ALS provider not having a billing agreement with HFVF&R or an ALS provider withdrawing from the billing agreement.

It was noted that if a service thought it could make money or break even by having a unit in the area they would have done so already.

Response Procedure/Times

When a 911 call goes to the Comm. Center (located in Milford), Hemlock Farms Public Safety and HFVF&R Co are notified of the emergency and will respond. Depending on the circumstances of the medical emergency (which are determined by a set of criteria, i.e., the dispatcher questioning the caller), Pike County ALS will be alerted to respond if it is not on another call. If it is not available, Public Safety or HFVF&R must request, by name, another ALS responder which is only practical after determining which hospital the patient will be transported to.

Emergency Response Times in Hemlock Farms:

Public Safety: 4.5 minutes from first alert tone

HFVF&R Co: 14 minutes from first alert tone

ALS service: Depends on which one is available and how close it is. The Pike County ALS unit has moved to Milford (used to be located on Log Tavern Road just off of 739) which puts it further away from Hemlock Farms and also increases its number of Milford area responses (i.e. medical facilities, nursing homes) making it less likely to be available.

2005 HFVF&R DISPATCH STATISTICS

103 Rescue Calls

105 Fire Calls

442 EMS Calls

A HFVF&R ambulance was dispatched on 559 of the above calls and was unable to respond to 117. Of those 117 calls on which the ambulance was unable to respond, 88 of them were within the confines of the HFCA.

Approximately 65% of calls meet ALS Dispatch Criteria

INTERVIEWS

Pike ALS: (www.pikeals.org)

Public Safety Chief Hamby met with a Pike County ALS supervisor Hank Altvater on November 13, 2005. Further discussions with this agency were not pursued for several reasons including the recommendation of the Fire Chief.

Honesdale EMS: (www.honesdaleems.com)

This committee met with representatives of Honesdale EMS on February 25, 2006 and May 13, 2006. Honesdale EMS submitted a proposal which was forwarded to the Board of Directors. The Committee believes Sharon Gumpper and the entire organization are sincere about their dedication to providing ALS services to the greater Wayne and Pike County Area. However, Honesdale EMS expressed reservations about limiting response to the confines of HFCA. Additional concerns included call volume being too low for their Paramedics to be able to maintain their skill level. Finally, Honesdale EMS does not currently have enough medical equipment or vehicles to be able to serve Hemlock Farms. Their proposal called for the HFCA to provide them a vehicle (which must by law be registered to Honesdale EMS) and to buy them a set of ALS equipment in excess of \$30,000. Additionally, Honesdale EMS lacks the resources to send another unit to cover the Hemlock Farms area if the Paramedic they provided to the Hemlock Farms area is out on a call.

Regional EMS: (www.regional-ems.org)

The committee met with Chief Michael Witkowski, D.Sc., of Regional EMS on October 14, 2006. Dr. Witkowski submitted a proposal which was forwarded to the Board of Directors. The committee and Fire Chief Palumbo believe Regional EMS is a reputable provider with years of history providing contractual services to municipalities in New York State. Chief Palumbo reported he has spoken to Chiefs in the Eastern portion of Pike County where Regional EMS is the primary ALS provider and all have good reports. Regional EMS currently has contracts with numerous healthcare facilities in the Milford area. Regional EMS has the manpower, equipment, and willingness to provide services exclusively dedicated to HFCA properties in cooperation with HFVF&R and Public Safety. Chief Palumbo has written a letter in support of this proposal and this had been forwarded to the Board of Directors.

RECOMMENDATION: The ALS Exploratory Committee recommends the Board Of Directors contract with Regional EMS of Middletown, NY, to provide the HFCA with a non-transporting ALS vehicle and one Paramedic twenty-four hours per day, seven days per week beginning at midnight on January 1, 2007. Further, that the Board of Directors charge the Finance Committee with finding ways to minimize the increase in dues which will be necessary to fund this vital, life-saving service.

Pros and Cons

Cons:

1. Cost -- albeit less than 24 cents per day per property

Pros:

1. Bringing the Emergency Room to residents in 4-7 minutes
2. Golden Opportunity to Seize the Golden Hour. Current teachings now apply the Golden Hour rule not only to trauma cases but also to cardiac and stroke cases.
3. Paramedic will act as the EMT on BLS level calls if HFVF&R has no EMT available. Chief Palumbo reported that he cannot recall the HFVF&R ambulance ever being unable to respond due to a driver not being available.
4. System Status Management will relocate a Regional ALS ambulance from the Port Jervis area to the Hemlock Farms area while the dedicated HFCA Paramedic is on a call. This will provide ALS coverage as well as transport capability should HFVF&R not be able to assemble a crew for a second call, or if the second ambulance is out of service.
5. Patients will not be billed beyond what their insurance pays for. Regional EMS will **never bill a patient** for a call within Hemlock Farms.
6. Patients will be able to be transported to the hospital of their choice if the Paramedic believes the patient's choice of hospital is appropriate for their current condition. Currently, patients often have to be taken to a hospital based on which Paramedic unit is available to meet the BLS ambulance.
7. Regional EMS uses 12 Lead diagnostic EKG monitoring equipment. This saves precious time in aggressively treating heart attacks.
8. Public Safety will be able to spend more of their time on law enforcement and patrol functions. Chief Palumbo indicated the Board's policy of requiring Patrol Officers to become EMT's and assist the HFVF&R Company on transports has not been effective due to turnover and other factors.

9. Regional EMS will be responsible for other EMS related functions such as providing training for HFCA personnel, HFVF&R members, and members of the community. Regional EMS will, upon request, speak to groups (of any age) regarding healthcare issues.
10. This endeavor is also a means to provide financial assistance to HFVF&R while not spending any HFCA money outside of the gates. With Regional EMS assistance, it is almost certain HFVF&R will be able to respond to all medical calls in HFCA and therefore will be able to bill insurance companies for those calls. It is estimated HFVF&R lost between \$40,000 and \$50,000 last year due to the 88 calls it was unable to respond to within HFCA.
11. Besides lives being saved, there will be instances where early ALS intervention prevents a patient from deteriorating to a condition that requires a lengthy recovery time.
12. **Lives will be saved.** No one can be certain how many, but one life is worth it.

Items for Discussion:

1. Accountability -- It is suggested an HFCA staff member be assigned as the liaison between Regional EMS and the Association. A particular individual was mentioned, but, this should be discussed with the Board and Community Manager.
2. Housing -- Regional EMS would require a desk and location for the Paramedic to rest and, if need be, to shower. The Public Safety Building and HFVF&R building were deemed acceptable by Chief Witkowski. A garage is desirable but not necessary. An outdoor outlet to plug-in the ALS vehicle is necessary. Chief Palumbo indicated he is not authorized to allow Regional EMS to use the HFVF&R building, but, he will ask the HFVF&R Board for approval if requested by the HFCA.
3. Reimbursement -- HFVF&R will still bill patients' insurance companies. If it is an ALS call, the patients' insurance will be billed at the higher ALS rate. Income estimates for the ALS service are between \$50,000 and \$70,000 annually. Some on the committee feel HFCA should not seek reimbursement for this income HFVF&R will receive due to the Paramedic being provided by HFCA. The rationale is that the increase in dues necessary to fund this

service may result in fewer donations to the HFVF&R Company. It was noted that a rather underwhelming percentage of Hemlock Farms members currently contribute to HFVF&R.

4. Financing -- Besides a dues increase, the committee feels the finance committee should look for ways to partially offset the costs. Possibilities include decreasing the medical equipment budget as the Regional unit will arrive at the same time or before Public Safety and all medical supplies are included in the contract.