

**EMS System Oversight Committee Meeting**  
**April 10, 2008**  
**AHEC Conference Center**

**Members/Liaisons Present:** Faye Barefoot, Tom Czaplinski, Duane Holder, Jack Cote, Juan March, M.D., Jimmy Garris, Adam Viverette (for Kyle Willis), Jack White, Chuck Owens, David Lusk

**Staff Present:** JoAnne Burgdorff, Noel Lee, Scott Elliott, Melonie Bryan, Janis Gallagher, Phil Dickerson

**Absent:** Ted Delbridge, MD, Kyle Willis

**Open:** Chairman David Lusk called the meeting to order.

**Approval of Agenda:** Duane Holder made the motion to approve the agenda, Juan March, MD seconded the motion. Vote was unanimous. Agenda was approved.

**Approval of minutes:** The minutes from March 13, 2008 were approved. Jimmy Garris made the motion to approve the minutes and Faye Barefoot seconded the motion.

**Old Business:**

- A. Financials and Service Data Reports –** Reports were distributed to the committee. The motion from the last meeting regarding the request for additional funds went to the Board on March 24 and was approved as submitted.
- B. Fitch and Associates Presentation -** The report was distributed to the committee. Mitch Babb made a presentation to the committee.

See below for the slide presentation.

# Pitt County Emergency Management

Emergency & Non-Emergency Assessment  
Pitt County, North Carolina  
2008

## What We Were Asked to Do

- Examine emergency & non-emergency system, reviewing both operational & administrative components
- Identify internal issues & improvement opportunities
- Examine County's option for entering into non-emergency service

## What We Were Asked to Do

- County's ability to provide 10 minute response times with 90% reliability
- What response time could be achieved with current expenditures of \$3.2 million annually

## Project Approach

- Data collection
- Agency survey (IDR)
- Stakeholder interviews
- On-site visit
- Follow up information obtained
- Comparison to industry benchmarks
- Report & summary presentation

## Current Nationwide Context

National Academies of Sciences  
Institute of Medicine Report

- Insufficient Coordination
- Disparities in response times
- Uncertain quality of care
- Lack of disaster readiness
- Divided professional identity
- Limited evidence base

## System Description

- Geographic and Demographic factors
  - Area Population = 145,619
  - 657+ sq. mi.
  - Largely rural with low population density

## System Description

- Emergency Ambulance Services
  - Emergency Communications provided by County
  - 11 rescue response districts
  - 8 non-profits, 2 Pitt County EMS, 1 Greenville Fire & Rescue
- Non-Emergency Ambulance Services
  - Franchised with 5 for-profit non-emergency providers
  - Each agency provides their own communication center
  - County does not subsidize for-profit services

## System Description

### ➤ Operations Statistics

- Emergency Services
  - 23,125 dispatched calls 2007
- Non-Emergency Services
  - 10,750 patient transports 2007

## Key Findings

- Strong historic commitment
- Response times not adequately measured
- Unit status reporting can be improved

## Optimal System Design

- Rapid appropriate 911 response
- 1st Responder defibrillation <4 - 6 mins
- ALS transport ambulance < 9 mins with 90% reliability (<12 suburban <20 rural)
- Transport to appropriate hospital
- Prevention / Education

- System is externally & independently monitored w/provider accountability

## 911 Medical Communications

- Single access point
- Staff are EMD certified
- Medical Director oversight
- Internally developed CAD
- EMD/pre-arrival instruction established

## First Responders

- No formalized requirements for agencies to provide first response.
- QRV—industrial park
- GFR—fire engines within the city limits

## Medical Transportation

- Response time measurement utilizes the average method—Not the fractile method
  - 8 minutes 22 seconds (including GFR)
  - 9 minutes 49 seconds (excluding GFR)
- Limited awareness of vehicle availability
- No vehicle replacement plan
- Blend of paid and volunteer staff
- CAD and ePCR disconnect

## Anatomy of an EMS Incident Medical Transportation Medical Accountability

- Dedicated Medical Director
- No established contract for medical direction
- QM reporting should be extended to all stakeholders

## Customer & Community Accountability

- Service agreements
- Loosely weaved quilt; strategic and operational
- Monthly reporting of agency performance to key stakeholders

## Prevention & Community Education

- Limited community education and awareness
- Citizens and community stakeholders have limited information on service performance.

## Organizational Issues

- Strengthen County as the lead agency responsible for EMS operations
- QM is clinically focused

## Ensuring Optimal System Value

- Value is clinical, customer and economic
- Ad valorem tax \$0.04 per \$100 assessed value (City of Greenville excluded)
- Centralized billing services

## Thinking About the Future...

Could the County compete with existing non-emergency ambulance providers?

- 10% market capture
  - Additional net revenue \$276,326
  - Staffing one unit would result in a loss of \$381,00 per year
- Could the County become sole provider of non-e services?

- 33,593 unit hours to serve volume
- Unit hour utilization; approx. .30-.32
- Potential net revenue gain; \$75,000-\$243,000
- Risk outweigh nominal financial gain
- Displacement of 5 businesses in Pitt County

What is the County's ability to provide 10 minute response times with 90% reliability?

- Currently does not measure fractile response method
- Estimated that 90<sup>th</sup> percentile could be reached between 14-16 minutes
- 10 minute at 90<sup>th</sup> percentile would require additional subsidy

What response time could be achieved with expenditures of \$3.2 million annually?

- Units are reasonably placed currently
- Geographic boundary design creates deployment challenges
- Without additional subsidy, high end optimization is being provided
- Strong consideration should be considered towards factors that will impact current optimization

## Future Organizational Options

- Strengthening the current model through structured change approach
- County operated e-services (excluding GFR) and Countywide non-e system
- County operated integrated system including services currently provided by GFR

Scott Elliott recommended that the committee review the report that was distributed and come back on April 15, with questions.

Any questions need to be emailed to Noel Lee at [nlee@pittcountync.gov](mailto:nlee@pittcountync.gov) and copy David Lusk.

Duane Holder made the motion to adjourn. Jack Cote seconded the motion. Meeting adjourned at 8:30 p.m.

**Note:** The next meeting will be Tuesday, April 15, at 6:00 p.m. at the AHEC Conference Center located on Venture Tower Drive.

Respectfully submitted,  
Helen Bryant, Secretary