

PITT COUNTY BOARD OF COMMISSIONERS
GREENVILLE, NORTH CAROLINA
August 19, 2008 MINUTES

Joint Meeting
With
The EMS Oversight Committee

The Pitt County Board of Commissioners met with the EMS Oversight on Tuesday, August 19, 2008, at 6:00 PM in the AHEC Building, Greenville, North Carolina.

Commissioners present:

Mark W. Owens, Jr., Chairman
Melvin McLawhorn, Vice Chairman
Beth Ward, Commissioner
Eugene James, Commissioner
Jimmy Garris, Commissioner
Kenneth Ross, Commissioner
Tom Johnson, Commissioner

Commissioners absent:

David Hammond, Commissioner
Tom Coulson, Commissioner

Staff present:

Scott Elliott, County Manager
Patricia Staton, Clerk to the Board
JoAnne Burgdorff, County Attorney
Melonie Bryan, Deputy County Manager/Financial Services
Michael Taylor, Deputy County Manager/Chief Information Officer
Phil Dickerson, Deputy County Manager/Public Services
Helen Bryant, Executive Assistant
Noel Lee, Emergency Management Director

EMS Oversight Members/Liaisons Present:

David Lusk, Chairman
Faye Barefoot, Member
Tom Czaplijski, Member
Jack Cote, Member
Kyle Willis, Member
Chuck Owens, Liaison
Ted Delbridge, MD, Liaison
Jack White, Member

Members Absent:

Duane Holder
Juan March, MD

Call to Order

Meeting Notes

Chairman Owens called the meeting to order for the Pitt County Board of Commissioners. Chairman Lusk called the meeting to order for the EMS Oversight Committee.

Invocation and Pledge

The Invocation was offered by Vice Chairman Melvin McLawhorn and the Pledge of Allegiance was led by Commissioner Tom Johnson.

Approval of Agenda

Motion:

Motion to approve agenda as submitted.

Motion made by Commissioner Jimmy Garris.

Motion seconded by Commissioner Tom Johnson.

Motion Passed Unanimously.

Chairman Owens thanked the EMS Oversight Committee for their work. Mr. Scott Elliott introduced Jay Fitch.

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; Information and Data Request (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

- **Emergency Ambulance Services**
 - Emergency Communications provided by County
 - 11 rescue response districts
 - 8 non-profits, 2 Pitt County EMS, 1 Greenville Fire & Rescue
 - Calendar Year 2007: 23,125 dispatched calls
- **Non-Emergency Ambulance Services**
 - Franchised with 5 for-profit non-emergency providers
Effective 01 July 2008: 4 non-emergency providers
 - Each agency provides their own communication center
 - County does not subsidize for-profit services
 - Calendar Year 2007: 10,750 patient transports



Key Findings

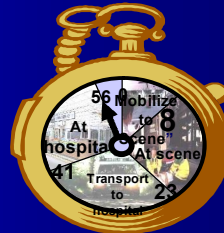
- Strong historic commitment
- Response times not adequately measured
- Unit status reporting can be improved
- Utilization of peak demand units
- Formalize medical direction oversight
- Consider ad valorem tax in all areas of the County
- Consider risk associated with non-e entry
- Utilization of QRV units in late call areas

32 Specific Recommendations to Strengthen System

911 Medical Communications

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

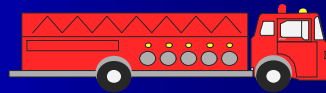
1. Consider National Academies of Emergency Dispatch accreditation



First Responders

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

1. Should consider development of formalized medical response system in areas exceeding response time benchmarks



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

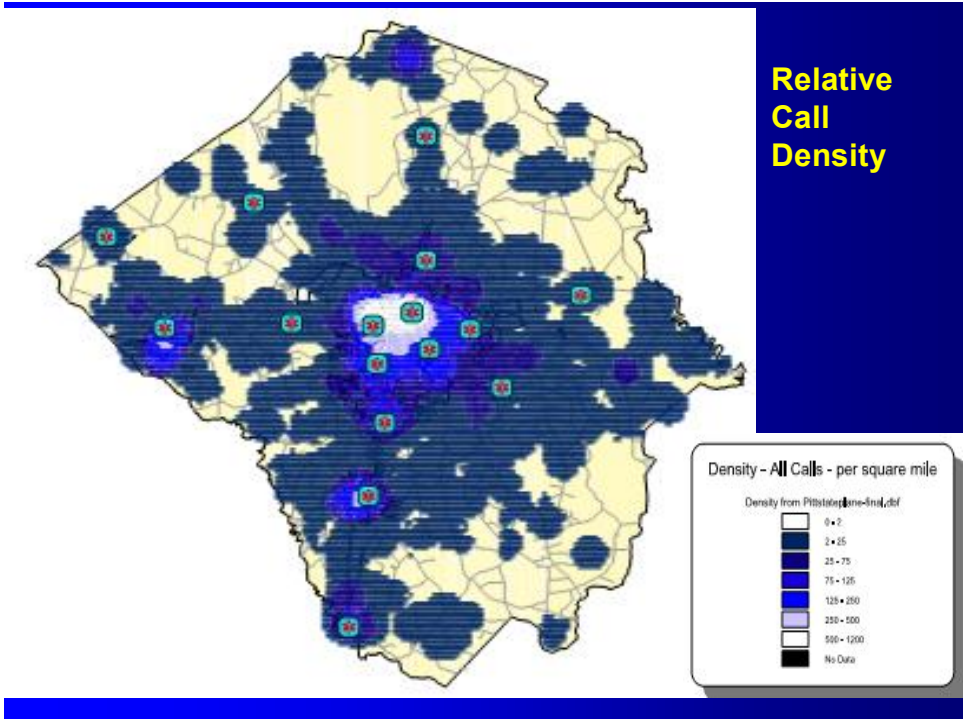


Medical Transportation

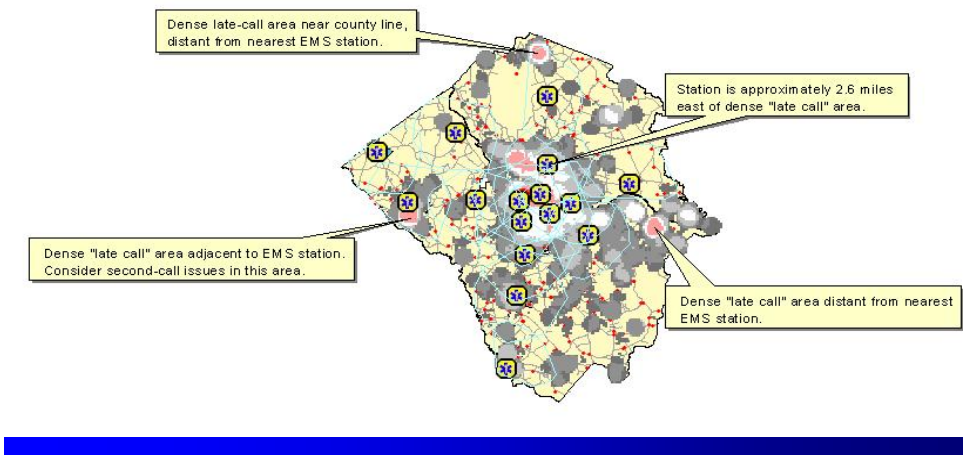
1. Determine response time compliance and measure based on fractile method
2. Response elements tracked and reported monthly
3. Standardized methodology for reporting unit status
4. Pro-actively report response availability and status
5. Explore use of Automatic Vehicle Locator (AVL) technology
6. Geographic and temporal demand data queries should be developed
7. Develop IT linkage with CAD and ePCR
8. Develop reconciliation process between CAD, ePCR, and A/R system

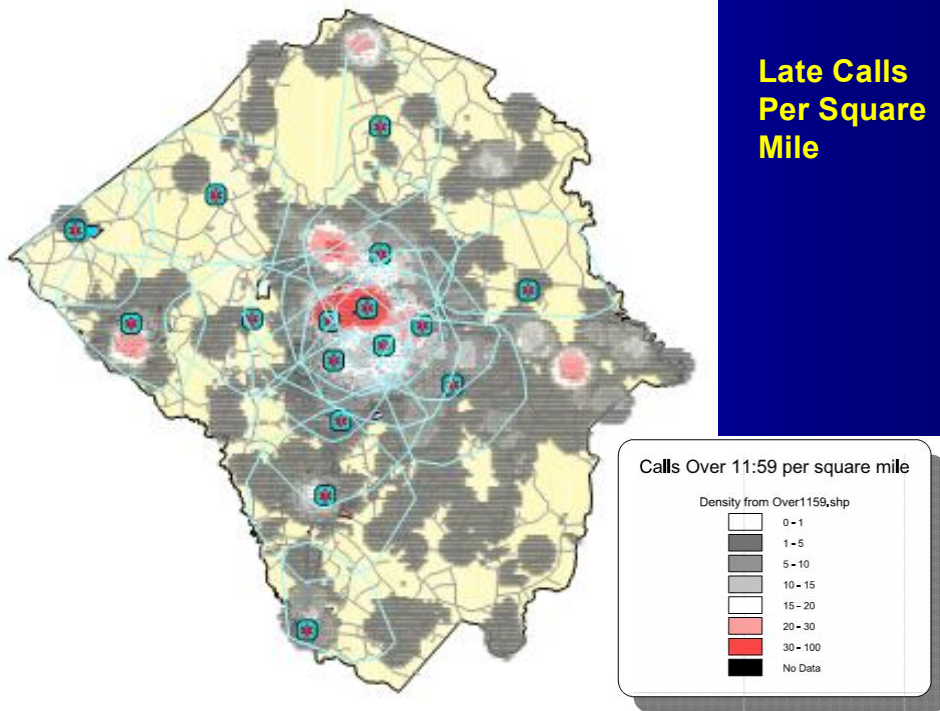
Medical Transportation

9. Capital replacement program for vehicles and high cost medical equipment.
10. Consideration for peak demand in City.
11. Consideration of peak demand units within dense late call areas.
12. Utilization of QRV units in remote county districts to mitigate late calls.



Response Intervals





Medical Accountability

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

1. Establish written job description, memorandum of understanding and/or contract for medical direction
2. QM reporting to all stake holders, including EMS Oversight Committee
3. Purchase additional program license to enable stakeholders access to ePCR data.



Customer & Community Accountability

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

- 1. Revise service agreements to strengthen oversight and accountability.**
- 2. Explore opportunities for economies of scale**
- 3. Reaffirm County's role as governing agency and responsibility for system performance.**
- 4. Monthly reporting of agency performance**



Prevention & Community Education

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

- 1. Identify resources to improve community awareness of EMS.**
- 2. Promote higher profile of EMS in the community.**
- 3. Distribute annual report to elected officials and community stakeholders.**



Organizational Issues

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

1. Reaffirm/Expand lead agency role.
2. QM should present orientation to the process to all system participants.
3. Expand existing QM indicators to include operational parameters.
4. Report system QM indicators to participants and local government.
5. Additional licenses so all stakeholders can access ePCR

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

1. Expand outcome oriented information that accurately portrays impact of EMS service to patients.
2. Determine equitable mechanism to tax all areas of the County.
3. Annually adjust charges to maximize reimbursement potential.



Thinking About the Future...

Over 20 Common Models of Service Delivery

Must be consistent with guiding principals of EMS system design

- Accountability
- External oversight
- Full cost accounting & disclosure
- Designed for efficiency over time

Design considerations also include-

- Achievement of improvement recommendations
- Optimal service within pre-determined cost envelope
- Opportunity for continued involvement of community squads that meet defined standards
- Overarching emphasis on system needs vs. squad
- Scalable & sustainable for 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 4 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 90th percentile could be reached between 14-16 minutes
- 10 minute at 90th 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

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

Vice Chairman McLawhorn was excused from the meeting at 6:45pm.

Chairman Owens thanked the EMS Oversight Committee members for all of their work.

Commissioner James reported that he represents north of the river and Belvoir has the largest population. He asked what could be done to help out the citizens in this area.

Jay Fitch responded that the current system did not capture the data to make this decision. He reported it will take six months to be able to gather enough data to make that decision. He also reported that a Quick Response Vehicle is designed to be used in rural areas.

Commissioner James reported that the Quick Response Vehicle is a good way to address the greater than 10 minutes response times in the peak demand areas. The citizens will need to be educated.

Commissioner James asked what part of the 23,000 emergency calls were not true emergency calls.

Jay Fitch responded that this cannot be measured with the present system. He reported that a part of national accreditation is a tiered level of dispatching calls.

Commissioner Tom Johnson asked what other issues present a problem other than geography and location of units for the county.

Jay Fitch reported that the issue of "turf" and the need for the county to take a strong position for all agencies to sit together and make decisions regarding what is good for the county not what is necessarily in the best interest of the individual agencies.

Commissioner Johnson commented on the volunteers in the system. Jay Fitch reported that it is not unusual for a county to have a volunteer program. Volunteers have kept the cost of the EMS system down in Pitt County but as the volunteer numbers dwindle, the cost of providing the service increases.

David Lusk reported that the EMS Oversight Committee recommends to the Board of County Commissioners to accept the Fitch Report.

A motion was made by Commissioner James to accept the Fitch Report and that the EMS Oversight Committee will prioritize the recommendations by short range, intermediate, and long range and come back with suggestions of implementing the recommendations. Commissioner Ross seconded the motion. Motion passed.

The meeting adjourned at 8:35pm.

Respectfully submitted,

Helen Bryant
Secretary