

EMS SSD Board Update

From:	Andy Smith, Executive Director, GCEMS SSD
Report to:	EMS SSD Board
Subject:	Executive Director Report
Date:	September 15 th 2026

Executive Summary

Since the August Board meeting, our focus has increasingly shifted towards preparing for 2027. Operationally, overall call volume through August is down 4.7% compared with last year, but several resource-intensive call types continue to increase. Interfacility transfers are up 7.9%, Grand Junction transfers are up 16%, and medical and trauma responses outside the immediate Moab area are up nearly 64%.

Staffing has also improved. Three of the five employees from our previous hiring group have completed FTO, with the remaining two expected to finish by the end of September. Our latest PRN recruitment generated 18 applications and we have made six conditional job offers; those employees are scheduled to begin Bootcamp September 28.

As we prepare for 2027, a major organizational focus is to reduce or remove operational friction. Structured employee feedback sessions are underway to identify equipment, processes, facilities, and systems that unnecessarily contribute to employee workload and fatigue. We are also reviewing compensation and staff-development opportunities so employees can continue to grow clinically and professionally while they are with GCEMS.

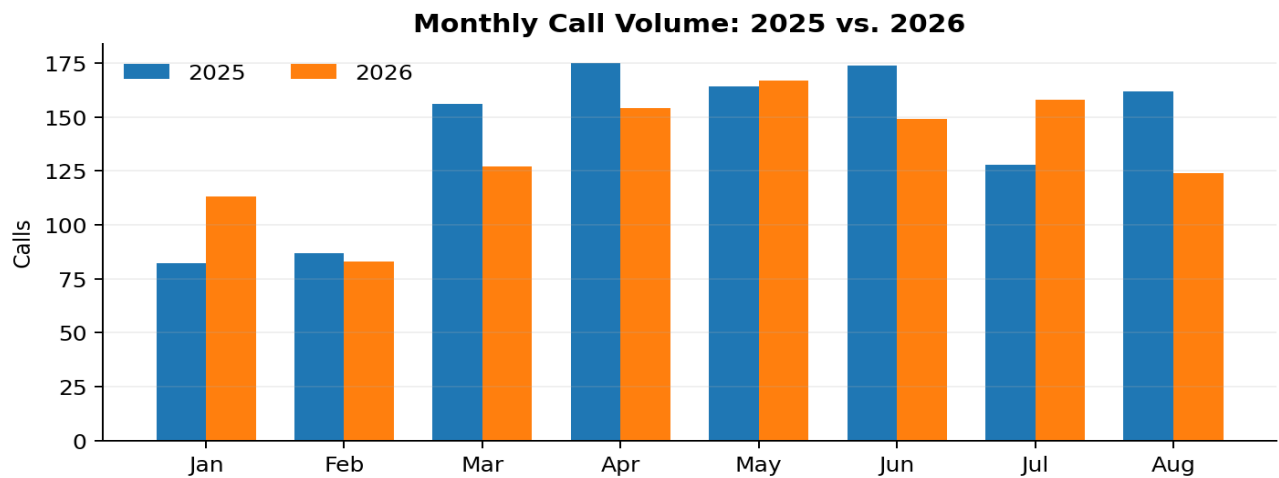
Clinically, we continue integrating prehospital blood and point-of-care ultrasound while expanding critical-care capabilities to include finger thoracotomy for appropriately trained critical-care paramedics. Our REMS team deployed to the Slough Fire in the Book Cliffs shortly after its August Board presentation, and an ambulance deployed to the Tom Creek Fire near Dugway; both have returned. We have submitted our Outdoor Recreation Mitigation Grant application and continue evaluating opportunities through the Rural Health Transformation Program. Financially, the District remains in a stronger position than a year ago as we transition into 2027 budget development.

Call Volume & Operations

Through August 31, 2026, GCEMS responded to 1,075 calls for service, compared with 1,128 during the same period in 2025, a decrease of approximately 4.7%. While overall call volume is down slightly, interfacility transfers are up approximately 8% and medical and trauma responses outside the immediate Moab area have increased nearly 64%.

	2025	2026	Change
Total Calls	1,128	1,075	-4.7%
Interfacility Transfers	190	205	+7.9%
Backcountry Responses	127	120	-5.5%
Medical/Trauma Calls Outside Moab	69	113	+63.8%
Non-Local Patients	412	402	-2.4%

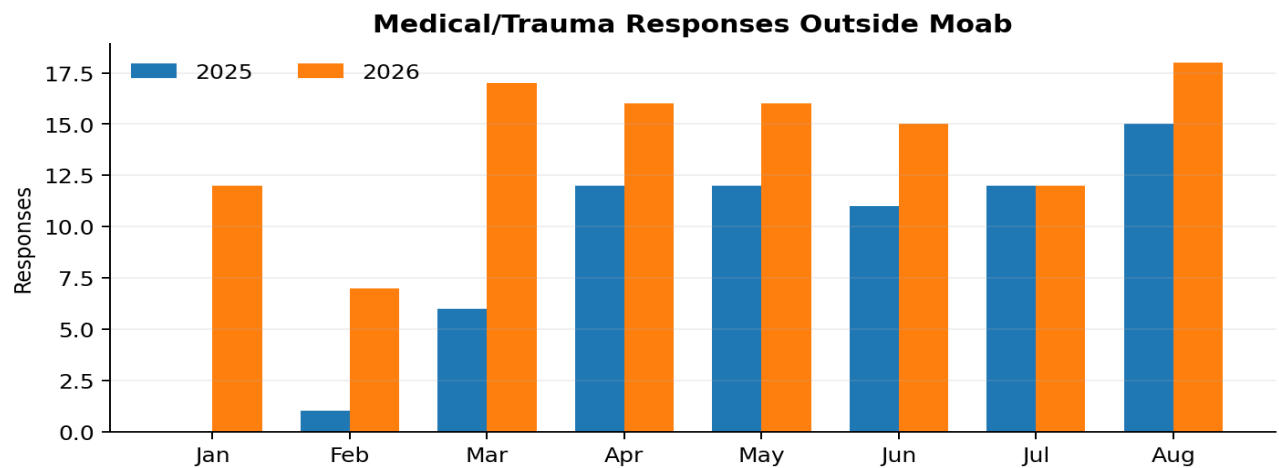
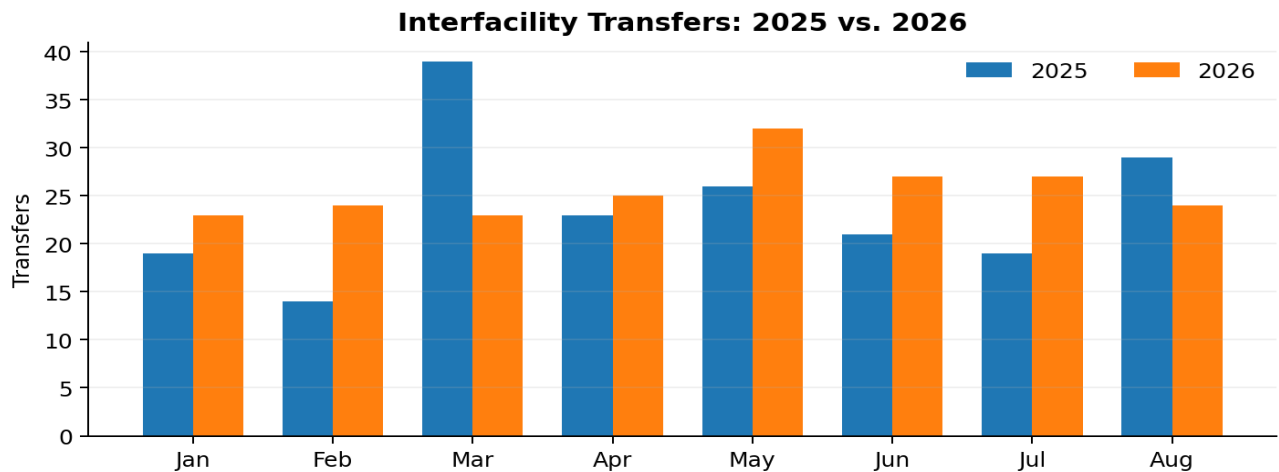
These numbers continue to reinforce an important point: total call volume does not necessarily reflect system workload or ambulance availability. Transfers, backcountry incidents, and calls outside Moab generally commit personnel and equipment for longer periods than a typical in-town response. The increase in calls outside Moab is particularly notable, rising from 69 through August 2025 to 113 this year.



Interfacility Transfers

Interfacility transfers continue to be one of our most significant operational demands. Through August, GCEMS completed 205 transfers, compared with 190 during the same period in 2025, an increase of approximately 8%. Grand Junction remains our most common destination, with 145 transfers through August compared with 125 last year, an increase of 16%. Salt Lake City and Provo combined remain relatively stable at 36 this year compared with 39 last year.

A Grand Junction transfer typically commits an ambulance and crew for approximately five hours, while Wasatch Front transfers can remove a unit from Grand County for most or all of a shift. Transfer demand remains one of the primary factors supporting our continued evaluation of additional year-round ambulance capacity in 2027.



Clinical Services & Education

Work continues within the Clinical Services Division to strengthen clinical programs, education, and QA/QI. With several larger projects now implemented, our focus is increasingly shifting toward evaluating performance, improving consistency, and continuing staff development.

Our prehospital blood program continues following its July launch, with ongoing evaluation of equipment, storage, and clinical processes. Longer term, our goal remains to expand from packed red blood cells and plasma to whole blood as resources and regulatory requirements allow. Following State approval of our point-of-care ultrasound variance, training and implementation continue. We are also adding finger thoracotomy to the scope of practice for appropriately trained critical-care paramedics.

Education remains a significant focus, including upcoming EMT and AEMT education and opportunities for employees to advance clinically through paramedic and critical-care education.

Staffing, Recruitment & Staff Development

Three of the five employees hired during our previous recruitment process have now successfully completed FTO, with the remaining two expected to finish by the end of September. We also completed another PRN recruitment process: 18 people applied, 11 were invited to test, 9 completed testing, and six conditional job offers were extended. Those employees are scheduled to begin new-hire Bootcamp on September 28.

As part of 2027 planning, we have begun structured employee feedback sessions centered on one of our primary goals for next year: reduce or remove operational friction. This supports our strategic priority to reduce staff fatigue by investing in reliable equipment, efficient systems, well-maintained facilities, and operational processes that allow employees to focus on patient care rather than unnecessary obstacles.

The administrative team is meeting with shifts and individual employees to identify what is working well, where unnecessary friction exists, and what changes would have the greatest impact. Once complete, the feedback will be organized into common themes and used to inform the 2027 budget and longer-term improvements.

We are also reviewing compensation and staff-development opportunities, including comparisons with other EMS agencies and relevant local employers and clearer opportunities to grow through experience, education, clinical development, instruction, leadership, and increased responsibility. Not every employee will spend an entire career with GCEMS; our goal is to provide meaningful opportunities to grow professionally and clinically while they are here and to recognize increasing skill and contribution.

Wildland Fire & Regional Response

At our last Board meeting, the Board had the opportunity to review the REMS team, its equipment, and capabilities. Just a few days later, the team deployed within Grand County to support the Slough Fire in the Book Cliffs, putting those capabilities into operation on an actual incident. During the same period, an ambulance deployed to the Tom Creek Fire near Dugway. Both resources have completed their assignments and returned to Grand County.

These deployments provide valuable experience for personnel, allow us to support incidents and agencies throughout the region, and generate additional revenue for the District.

Grants, State Funding & External Issues

We have submitted our application for the Outdoor Recreation Mitigation Grant (ORMG), requesting approximately \$695,000 based on the documented cost of providing EMS services to visitors in 2025. With the application submitted, there is no significant additional work to report until we receive further information regarding the award process.

We also continue working through Utah's implementation of the federal Rural Health Transformation Program (RHTP). Potential GCEMS projects include community paramedicine, workforce education and paramedic training, an external organizational assessment, mass-casualty response equipment, and facility improvements needed to support new programs. We will continue evaluating these opportunities as State guidance develops.

Financial Update

Financially, the District remains in a significantly stronger position than at this point last year. The increase in the rural healthcare sales tax, along with revenue from wildland fire deployments, has improved cash flow and provided greater stability. Because our current year-to-date reports are primarily cash-basis, revenue and expenses do not occur evenly throughout the year; this is particularly important when evaluating sales tax revenue, which is received on a delay.

As we move into the final months of 2026, our financial focus is shifting toward the 2027 budget, including staffing levels, compensation and staff development, year-round third-ambulance coverage, capital replacement needs, and investments intended to reduce operational friction and staff fatigue.

Looking Ahead

As we move into the final quarter of 2026, much of our administrative focus will shift toward development of the 2027 budget and organizational priorities. A major part of that work will be completing the current in process employee feedback sessions and identifying opportunities to reduce or remove operational friction across equipment, facilities, staffing, and internal processes.

We will continue developing compensation and staff-development structures, preparing for expanded ambulance coverage, integrating newer clinical capabilities, bringing new employees through orientation and FTO, and planning for upcoming fleet and capital needs.

Many of the major programs we have spent the last several years building are now in place. Our focus going into 2027 should increasingly be on strengthening those programs, supporting our employees, removing unnecessary obstacles, and making the systems we have built work better.