



BOARD OF COMMISSIONERS WORK SESSION MEETING

**In-Person and Electronic Meeting
October 04, 2022 at 9:00 AM**

AGENDA

The public will be able to view the meeting on San Juan County's Facebook live and Youtube channel

Join Zoom Meeting <https://us02web.zoom.us/j/82171709527> Meeting ID: 821 7170 9527

CALL TO ORDER

ROLL CALL

AGENDA ITEMS

1. Discussion of EMS System Assessment by SafeTech Solutions, Scott Burgess, EMS Director

ADJOURNMENT

The Board of San Juan County Commissioners can call a closed meeting at any time during the Regular Session if necessary, for reasons permitted under UCA 52-4-205

All agenda items shall be considered as having potential Commission action components and may be completed by an electronic method **In compliance with the Americans with Disabilities Act, persons needing auxiliary communicative aids and services for this meeting should contact the San Juan County Clerk's Office: 117 South Main, Monticello or telephone 435-587-3223, giving reasonable notice**

San Juan County EMS System Assessment

August 2022

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Introduction

- Who we are
- About this project
 - 3-Phase project
 - Phase 1 - Field work
 - Phase 2 - Data analysis and presentation of findings
 - Phase 3 - Assist with implementation of assessment recommendations
 - Scope of work
 - Provide recommendations to strengthen long-term sustainable/reliable/viable of an EMS System in San Juan County Utah
 - Sources of data
 - Service and County officials
 - State Office of EMS data collection system
 - Formal and information interviews
- About this presentation
- The methodology

20 Key Findings

1. San Juan County EMS is not long-term sustainable (highly dependent on a volunteer subsidy that is likely not long-term viable).
2. EMS is a vital and desirable and expected element of healthcare and quality of life in San Juan County Utah.
3. The creation of fulltime leadership position and fulltime clinical positions has had a positive impact on the sustainability of the EMS service.
4. Clinical care is reported to be strong and supported by an active medical director.
5. Vehicles and equipment are modern and in excellent condition.
6. There is an overall strong image and reputation of San Juan County EMS.
7. Today, EMS in San Juan County EMS does not always operate as a system, rather, three separate locations operating independently.
8. There is confusion about the vision for EMS in San Juan County.
9. There are components of a club structure.

20 Key Findings

10. There is a lack of consensus around the specifics of EMS in San Juan County. Such who funds it, how to fund it, who ensures the provision of service, who governs it, and who operates it.
11. Today only San Juan County contributes to funding and operating the EMS service.
12. The Bluff location is not reliably staffed 24 hours a day, 365 days a year.
13. The agency is likely 12 months or less away from a staffing crisis.
14. The county is experiencing significant growth in population and tourism, straining the current EMS system.
15. The lack of communication from EMS leadership is a common theme.
16. There are some questions about the effectiveness of the current leadership (Director's part-time job).

20 Key Findings

17. Funding and revenues are not being maximized (for example CMS billing levels and interfacility transfers).
18. There is a potential for violations of Department of Labor wage and hour laws due to current employment practices and an excessively complex compensation system.
19. The likelihood of funding EMS through some form of local property tax is low due to the small percentage of land being privately held (reported as 8%).
20. Collaboration with the other entities such as Grand County EMS and the local health care districts could help with EMS sustainability.

12 Recommendations

- X 1. **Create a community and county wide shared vision for EMS** (All stakeholders, operational and clinical expectations, number of vehicles and locations, current and future community growth, and assess communities' willingness to pay).
2. **Ensure all who benefit from a county-wide EMS system, help support the county-wide EMS system** (resolve the inequity of how EMS is currently funded).
- X 3. **Operate San Juan County EMS as a county wide EMS system** (Determine the number of bases, provide 24-hour staffing at each determined location).
- X 4. **Structure the agency more like a business and less like a social organization** (define roles, responsibilities, and accountability).
- X 5. **Invest in the role of leader** (investments in knowledge and expertise to lead communication, engagement, and a rural EMS workforce, ensure there is no overlap between different employments).

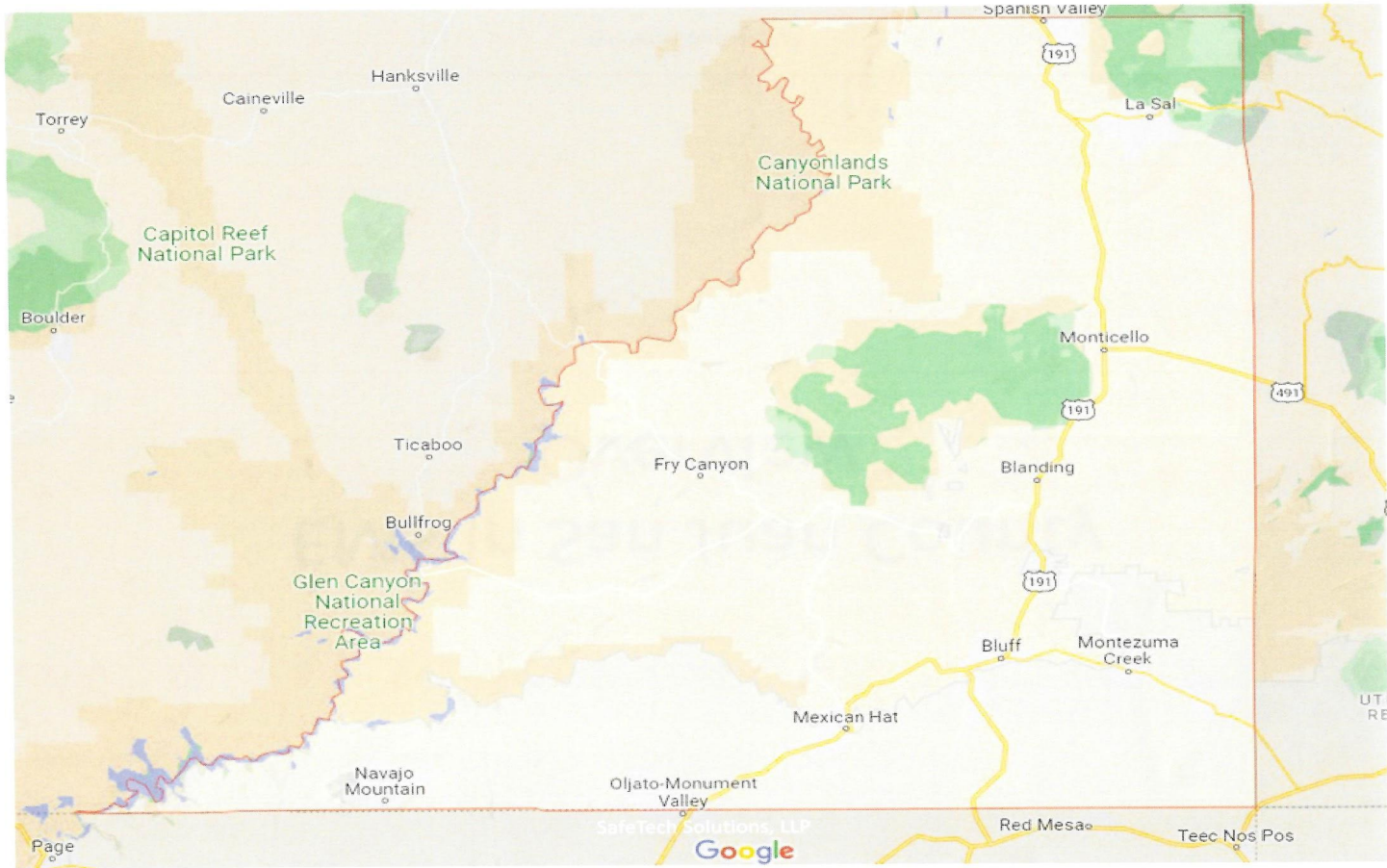
12 Recommendations

6. **Maximize current revenues by ensuring all CMS billing levels are used and by capturing interfacility transfers.**
7. **Consider funding sources, such as a sales tax or fuel tax.**
8. **More deeply understand and accept the needs of the current EMS system** (What is desired by the community, what is financially sustainable, how to govern the system and maintain strong partnerships).
9. **Consider a collaborative model with other agencies such as Grand County EMS and the local hospitals and their healthcare districts.**
10. **Verify that all employment practices and work expectations meet the US Department of Labor's waiting to work, working to wait requirements** (overhaul the current compensation system, ensure employment practices are enforced and monitored).

12 Recommendations

- 11. A formal capital replacement plan should be created and fully funded.**
- 12. A plan should be created to address the forthcoming staffing crisis.**

EMS In San Juan County Overview



County Overview (2021 Data)

Operational Resources

Calls (calendar 2021) **694**

911 Response	677
Medical Transport	10
Transfers	4
Standbys	1
Intercept	2

Average responses per day **2 (1.9)**

Employees **56**

Director	1
Paramedic	6
AEMT	18
EMT – Basic	31

Full-time - 5

Part-time - (24 hour staff) 12

Part-time - on-call staff 10-14

Vehicles - 12

Ambulances	6
QRVs	3

Financial Resources

Transport Revenue	\$728,413.00
Total Expenses	\$956,702.99
Net Revenue	(\$228,289.99)

Current Salary Cost	\$708,152.49
Value of Volunteer labor*	\$823,445.91
True System Labor costs*	\$1,531,598.40

System Net gain/loss** **(\$228,289.99)**

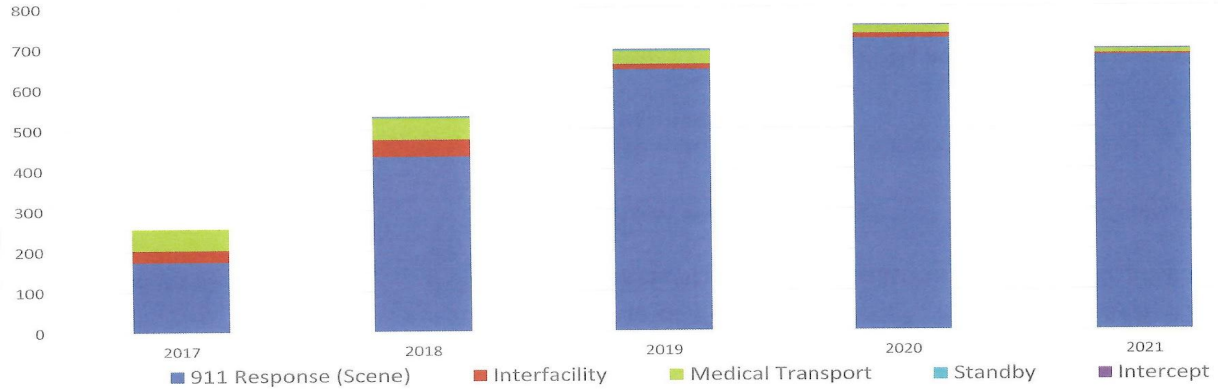
***Note – this assume the current model of three ambulance locations.**

****Note – no subsidy in 2021, possibly due to budget shortfall (ie, covering the shortfall was the subsidy)**

Historical	Subsidy	Historical	Grant Funds
- 2017	\$220,000	- 2017	
- 2018	\$210,000	- 2018	
- 2019	\$0	- 2019	
- 2020	\$0	- 2020	\$551,931
- 2021	\$0	- 2021	\$7,590

County Overview

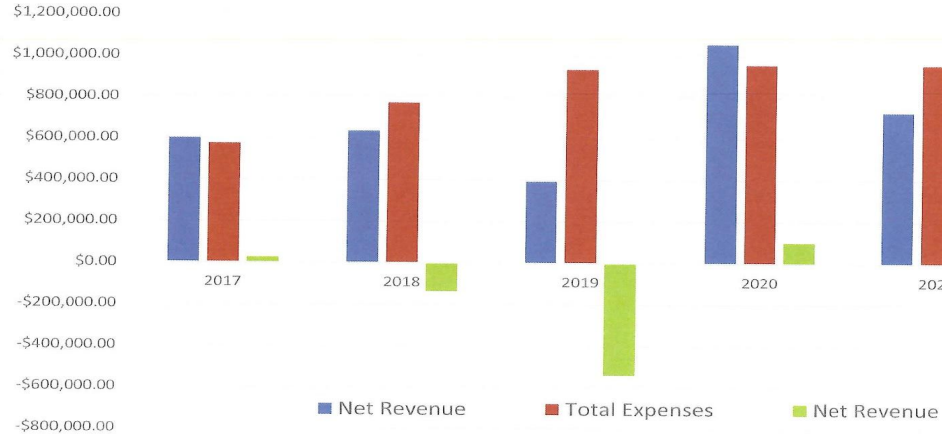
Historical Call Volume



	2017	2018	2019	2020	2021
911 Response (Scene)	174	432	645	720	677
Interfacility	29	42	13	12	4
Medical Transport	53	53	32	19	10
Intercept	0	2	2	2	2
Standby	0	2	3	1	1
Total	256	531	695	754	694

County Overview

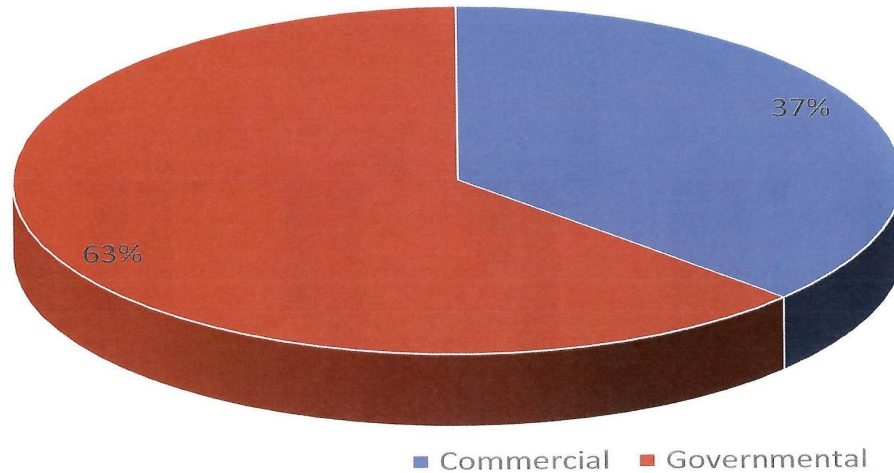
Revenues and Expenses



	2017	2018	2019	2020	2021
Net Revenue	\$597,847.00	\$634,496.00	\$392,589.00	\$1,056,314.00	\$728,413.00
Total Expenses	\$572,539.02	\$770,847.61	\$932,492.21	\$956,068.02	\$956,702.99
Net Revenue	\$25,307.98	(\$136,351.61)	(\$539,903.21)	\$100,248.98	(\$228,289.99)
Salary Costs	\$371,781.62	\$443,431.25	\$616,127.76	\$638,257.63	\$708,152.49
Donated Labor	\$1,159,816.78	\$1,088,167.15	\$915,470.64	\$893,340.77	\$823,445.91

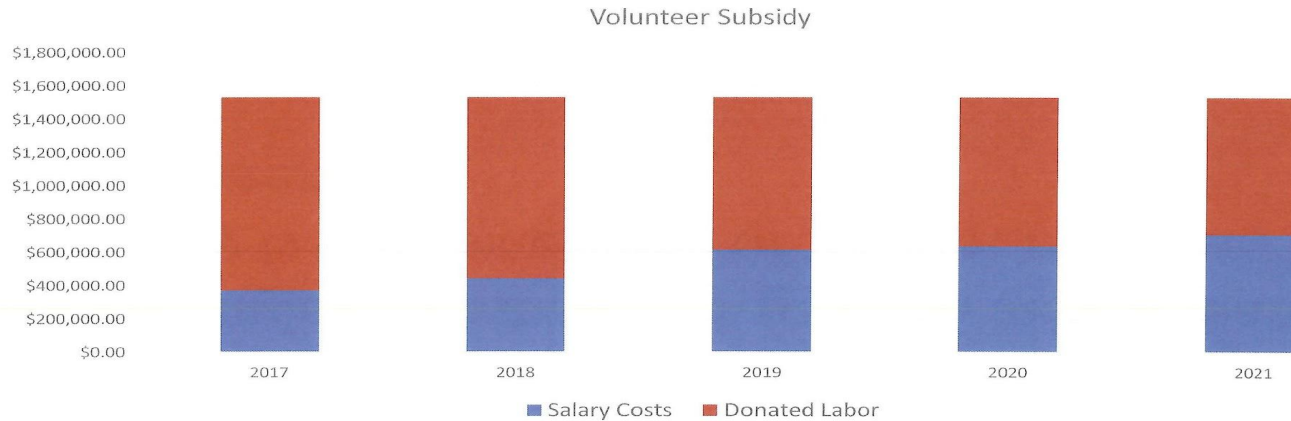
System Overview

Governmental vs Non-governmental Payers



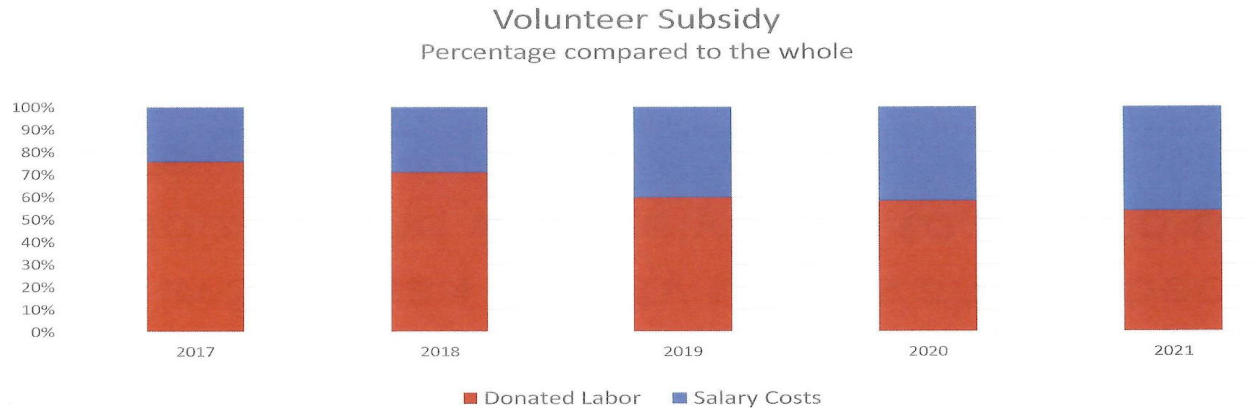
County-wide Volunteer Subsidy

- EMS in San Juan County UT has always been subsidized, and will likely need to be into the future



County-wide Volunteer Subsidy

- The single largest subsidy of EMS in San Juan county is not tax dollars or patient revenue, its volunteers



SafeTech Solutions, LLP

Determining True Labor Costs

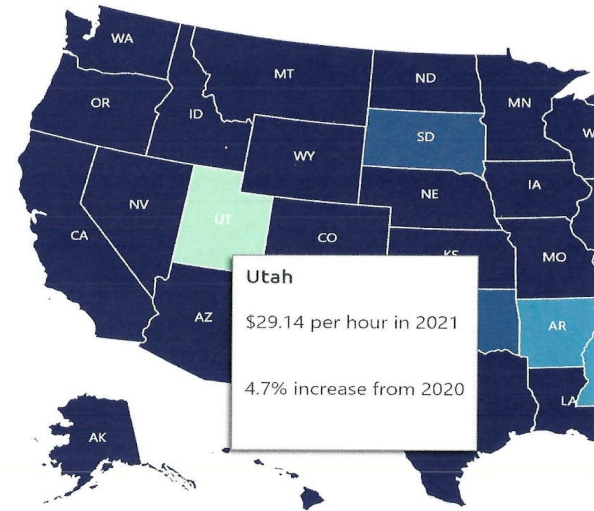
2 people
 24 hours a day
 365 days a year
 \$29.14 value of volunteer hour in UT
 3 Staffed on duty ambulances

\$510,532.80 cost per truck per year
 \$1,531,598.40 total for system

\$29.14 breaks down to:
 - \$20.40 hourly wage
 - \$8.74 hourly benefit

National fulltime comparisons per year

- 1 ALS Ambulance: \$1 to 1.2 Million
- 1 Intermediate Ambulance: \$750,000
- 1 BLS Ambulance: \$500,000



Ensuring correct CMS billing

Billing Levels	Utah Rates	CMS National Averages
CMS Mileage		\$30 - \$40
Utah Mileage	\$36.90	
CMS BLS non-emergency		\$1,000 - \$2,000
CMS BLS emergency		\$1,000 - \$2,000
Ground Ambulance	\$951.00	
CMS ALS non-emergency		\$2,500 - \$3,500
CMS ALS emergency		\$2,500 - \$3,500
Advanced EMT Ground Ambulance	\$1,256.00	
EMT-IA Ground Ambulance	\$1,547.00	
Paramedic Ground Ambulance	\$1,838.00	
CMS ALS2 emergency		\$3,000 - \$4,000
CMS Specialized Critical Transport (SCT)		\$3,500 - \$4,500

Service Level (HCPCS Code)	RVU
Basic Life Support, Non-emergency (BLS) (A0428)	1.00
Basic Life Support, emergency (BLS- Emergency) (A0429)	1.60
Advanced Life Support, non-emergency, Level 1 (ALS1) (A0426)	1.20
Advanced Life Support, emergency, Level 1 (ALS1- Emergency) (A0427)	1.90
Advanced Life Support, Level 2 (ALS2) (A0433)	2.75
Specialty Care Transport (SCT) (A0434)	3.25
Paramedic Intercept (PI) (A0432)	1.75

- There is not an exact match of CMS billing levels to Utah levels, except for BLS
- 72% of patients are governmental payers that require CMS codes
- Using the wrong HCPC code means less reimbursement
- RVU is Relative Value Unit
- ALS2 is 2.75 times the base
- SCT is 3.25 times the base

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6. **Maximize current revenues by ensuring all CMS billing levels are used and by capturing interfacility transfers.**
 - It appears the service could generate as much as a **million dollars** (roughly \$1,185,984) in revenue by providing interfacility transfers
 - Area hospitals report as many as 280 interfacility transfers per year (could be more based on patients that are being sent by air that could go by ground)
 - Average ground mileage (one-way) is 171 miles
 - Using the payer mix of 63% governmental payers and 37% private insurance, results in 176 Medicare transfers and 104 UT payer transfers
 - UT Paramedic rate is \$1,838 with \$36.90 a loaded mile = \$844,122 in net revenue
 - Medicare allowable rate for ALS Emergency in Utah is \$552.89 with \$8.10 a loaded mile is \$341,861
 - Total possible net revenue could be \$1,185,984

12 Recommendations

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Keys to sustainability

- Community's will, desire and commitment
- Call volume or subsidy
- Unproductive time (down time/MIH)
- Leading as a business
 - Operate as a system
 - Finding and keeping the right people
 - The leader

Six basic questions

1. Do you want EMS in San Juan County?
2. What level or quality of EMS do you desire?
3. Do you accept that volunteerism and the volunteer subsidy is not long-term viable?
4. Are you willing to invest in a sustainable EMS model?
5. Will you ensure the model is created, funded, and supported now and into the future?
6. Will you incentivize participation?

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