

EMS ADVISORY BOARD MEETING

February 3, 2020 @ 6:30 p.m.

River Falls City Hall

222 Lewis Street

River Falls, WI

OFFICIAL ACTION MAY BE TAKEN ON ANY AGENDA ITEM

Call Meeting to Order – 6:30 p.m.

Roll Call

Approval of Minutes – January 6, 2020

1. Public Comment Period
2. Annual Report
3. Recommendation to transition to Allina Health EMS
4. Role of EMS Advisory Board

ADJOURNMENT

Posted: 1-30-20

City Hall

Library

Police Department

Council members may be in attendance for informational purposes only.

No official Council action will be taken.

EMS ADVISORY BOARD MINUTES

January 6, 2020 @ 6:30 p.m.

River Falls City Hall

222 Lewis Street

River Falls, WI

Call Meeting to Order 6:30 p.m.

Advisory Board Members Present:

Gary Donath, Judy Edgar, Jeanne Westpetal, Scott Morrissette, Kent Kittleson, Jessica Delwiche, Carole Mottaz, Ken McNiff

Also Present: Dan Toland, mayor; Jason Stroud, assistant city administrator; Scot Simpson, city administrator; Katy Frey, interim EMS coordinator; Scott Nelson, fire chief

Approval of Minutes: Regular Meeting Minutes from October 28, 2019.

MSC Mottaz/Westpetal to approve October 28, 2019 regular meeting minutes. Unanimous.

1) Update on staff changes

Jason Stroud provided the board a staffing update of the EMS Department. He has been promoted to Assistant City Administrator and is no longer the EMS Director. Stroud introduced Katy Frey as the Interim EMS Coordinator for the foreseeable future and explained that she will oversee the day-to-day operations of the EMS department. Stroud mentioned that he will still manage the administrative/business end of EMS operations.

2) Alternative EMS Service Delivery Update

Stroud gave an update regarding the request for proposal (RFP) process for an alternative EMS service delivery. The City received two proposals and only one was a complete proposal to be considered; Allina Health EMS. Stroud said it is the intent now to have the contract discussion/negotiations with Allina Health EMS. A draft contract would be presented to Council after the EMS Council workshop on Jan. 28, 2020.

Stroud clarified that this is only a proposal phase and urged Advisory Board members to attend the Jan. 28, 2020 City Council workshop.

Mottaz gave some context to where the EMS department is today and where it was in the past since 1984. Gave some nationwide perspective of the EMS situation. Thanked Allina Health EMS for the submittal of a comprehensive RFP.

Stroud emphasized that this process will involve all of the partners involved in the River Falls EMS service area.

3) Introduction of Allina Health EMS and Proposal Presentation

Stroud introduced Susan Long, EMS chief for Allina and vice president of operations for Allina Health EMS; Angie Fox, representing Allina's communication center; Kevin Miller, operations director and deputy chief; Helen Strike, president of River Falls Area Hospital; Dave Matteson, operations manager for the metro service area.

Susan Long and Helen Strike gave a presentation to the Board introducing Allina Health and the River Falls Hospital and the services it provides and statistics about the hospital system in River Falls.

Long provided organizational details regarding Allina Health EMS, leadership, the support staff, their service area, and physical assets such as ambulances.

Dave Matteson spoke on his role with Allina Health EMS and talked on the operational proposal presented to the City of River Falls. The proposal will include the current River Falls EMS service area and will include a three-truck coverage option: two staffed ambulances 24/7 for the Cities of River Falls and Prescott and one staffed ambulance 7 days a week 13 hours a day (during peak time of 911 system) based at the River Falls Area Hospital. Shifts will go from 24 hours to 13 hours and will go from 9 benefitted employees to 21 and maintain paramedic EMT staffing.

Mattison said they want to offer employment to all current RF EMS personnel provided they are recommended by the City of River Falls to hire. They have reviewed what the RFEMS service has for assets and determined that Allina could purchase around \$350,000 of assets and purchase additional critical care equipment. It will be the intention as well from Allina that they would hire a 'local leader' that would be rooted in the community and partner with the City to oversee all day-to-day operations of the RFEMS service.

Kevin Miller discussed how Allina Health EMS will react to response times and their commitment to the River Falls community. An example was provided of Hutchinson, MN and their response times. Provided an explanation for ambulance billing and its comparison to how River Falls currently bills users. Allina Health negotiates with insurers like Blue Cross Blue Shield for ambulance rides and other items.

Angie Fox talked about the Allina EMS dispatch operations and how it would work with River Falls. Allina's technology was discussed such as their PSAP system, pre-arrival instructions apps, AVL's, and Computer Aided Dispatch (CAD).

Miller addressed some of the concerns that the Board might have regarding Allina coming over and assuming ambulance services for the River Falls Service Area.

- Allina will not hold hostage River Falls and jack up the prices;
- Ambulances will not all be sent over to the Twin Cities to help over there;
- Cost of EMS service delivery will not be dramatically more than the current service.

Stroud wanted to specify that the Town of River Falls is included in the proposal and that River Falls EMS does not have some of the items that were mentioned during the presentation that would be upgrades to the current technology RFEMS has.

Scott Morrisette asked if once a request has gone through Allina's dispatch, how does ambulance/EMS communicate with fire/police with Fox responding that ambulances have portable radios to stay on fire/police channels and one to stay on Allina's channel.

Jeanne Wespetal wanted to understand if the proposal was for four years from 2021-2025 term with Stroud saying it is undetermined at this time and a term will be negotiated.

Brenda LaValley asked about the per-capita rate and if that would be maintained in this proposal with Allina Health EMS and Mottaz said it would still be maintained for the Towns but the rate has not been determined yet.

Tricia Shearen stated that Prescott has a station and wanted to know how the Prescott station will be addressed. Miller talked about some of the situations that Allina Health could address for the Prescott station and indicated they want to maintain that station in Prescott.

Mae Wolfe asked how would Allina coordinate with services to reach callers during severe weather situations with Stroud saying it would most likely be no different than what is currently already being done with RFEMS.

Joe Rohl – Asked how Allina and a municipality would respond to outliers that may occur in which Miller responded by talking about response exceptions and how Allina gets a report every week that includes those outliers/response exceptions that the local leader reviews. If outliers are consistent in a community, the contract has teeth in it to hold the service accountable.

Mottaz asked if other communities have similar advisory boards that Allina Health EMS works in. Long responded that their ALF communities are the best example regarding that question. They had a board that existed before Allina came in and Allina will accommodate communities that want to retain their boards.

Mottaz asked if there was a situation in which one of the EMS service area partners,

such as a town, where to leave the agreement/service area how would that affect the rate, number of ambulances, etc. Miller responded that it may or may not affect the group but stressed that the area works better in collaboration as volume drives down costs and provides greater resources.

Mottaz asked if there is a mechanism to have a backup unit in case of an emergency where the three trucks are all dispatched at once. Miller replied that they will try and design a system to cover up to 99% of River Falls EMS needs. Resources will be shifted for mutual aid if the three trucks if the three trucks assigned to River Falls area all out.

Miller clarified the differences between the number of full time employees and casuals and how they could be scheduled.

Morrisette asked if RFEMS has mutual aid agreements with surrounding agencies such as Lakeview and Stroud responded that they do and Miller said they would do that with surrounding communities if Allina came in. Stroud said that he has done some analysis on the amount of times all the ambulances have been out at once and it has been only less than 1% of the time that it happens.

Mottaz asked a question regarding employment to current RFEMS staff. Miller said those who are benefited positions would hopefully be maintained and hired on first and would recruit on down to casuals.

Mottaz asked a question regarding first responders in Towns and if that is something Allina would use/support. Miller said that the decision rests with the City in that regards to using first responders.

Mottaz asked who will choose the local leader and Matteson responded that the local leader would need to have certain qualifications and Allina would have a board to compare candidates and would also solicit recommendations from the City for those who would be suitable as a local leader.

Mottaz asked about the partnerships Allina would have with civic organizations in the City and what that would look like. Miller responded with how Allina would respond to those situations and talked about dedicated staffing for events that go above and beyond the necessary requirements for staffing.

Mottaz asked about negotiated fees and how bills are either written off or billed back to the City. Miller said those bill examples Mottaz provided would not be billed back to River Falls.

Scot Simpson wanted to clarify the answers that have been provided so far regarding the amount of ambulances in the River Falls service area, mutual aid, licensing of the ambulances, and staffing. Generally, how would mutual aid look if an adjacent community has an on-going or chronic staffing issue, will Allina still provide a base level at all times in the River Falls community which Miller responded that the volume

does change and that they have statutory responsibilities to keep a certain level of resources in the community. Miller said not every resource will be able to be deployed to Wisconsin due to licensures, but Allina has the ability to bring mutual aid over and above what is reasonable from Minnesota.

Simpson asked if Allina has a preference how the contract comes together with the City and with the service partners. Miller said they will learn with the City but anticipates they would want a singular overall agreement with some clauses with other entities of the service area.

Mottaz asked how long these agreements take to organize and finalize. Long said it would be 30 days at a minimum, but it has and is different for all communities.

Morrisette asked how long it would take to implement the transition with Miller saying it takes about six months to transition. June 1, 2020 to meet the Jan. 2021 timeline.

Mottaz asked what non-revenue generating costs should River Falls anticipate during the transition. Miller said training staff would be the primary cost at around 24 hours of training time per staff member. Training could be conducted in-house.

Stroud reverted back to Simpson's question regarding what the other partners would prefer in how a contract would come together. The representative from the Town of Troy said they were not looking to do something different. The Prescott representative said they would need more information but would like to do a group/presentation during the contract negotiation. The rest of the members in the audience/group would like to negotiate as a group.

Simpson said they will review ways in which the State of Wisconsin would allow the City to create a singular contract that has all the parties involved in the process. Morrisette said that from his perspective in a Council standpoint, it would make sense to do it as a singular process. Rohl wanted to comment that the process should be kept simple.

Adjournment: **MSC Wespel/Morrisette at 8:17 p.m.**

Next meeting date was not determined.

Respectfully Submitted,



Brandt Johnson
Assistant to the City Administrator

Annual Report - 2019

January 1, 2019
through December 31,
2019



EMS Coordinator
(Interim): Katy Frey

Medical Director:
Joey Duren

Assistant City
Administrator: Jason
Stroud

City Administrator: Scot
Simpson

Team Members - 2019

Full-Time Critical Care Paramedics

- Claypool, Deanne
- Gill, Garrett
- Frey, Katy
- Merriam, Derek
- Rixmann, Jeff
- Rodgers, Dave
- Thome, Crystal
- Turner, Andrew

Regular Part-Time EMTs

- Fobbe, Spencer
- Harding, Nicole
- Leonard, Ben
- McLeavey, Lacey
- Nicholson, Eddie
- Ochocki, Nick
- Pettee, Bradley
- Pichla, Mandy
- Rixmann, April

Casual Part-Time Paramedics

- Athorp, Justin
- Foster, Nicole
- Harding, Tyler
- LaPorte, Kat
- Mitchell, Holly

Casual Part-Time EMTs

- Bemis, Arika
- Dzubay, Ella
- Erickson, Mary
- Falkner, Terri
- Faustini, Theresa
- Harding, Tyler
- Hayes, Rachel
- Hensler, Arlette
- Huppert, Logan
- Kubera, Kevin
- Meyers, Lenny
- Olson, Shawn
- Schwartz, Megan
- Wolfe, Jim

Paid-on-Call EMTs

- Eloranta, Gary
- Woodford, Steve



2019 - Year in Review



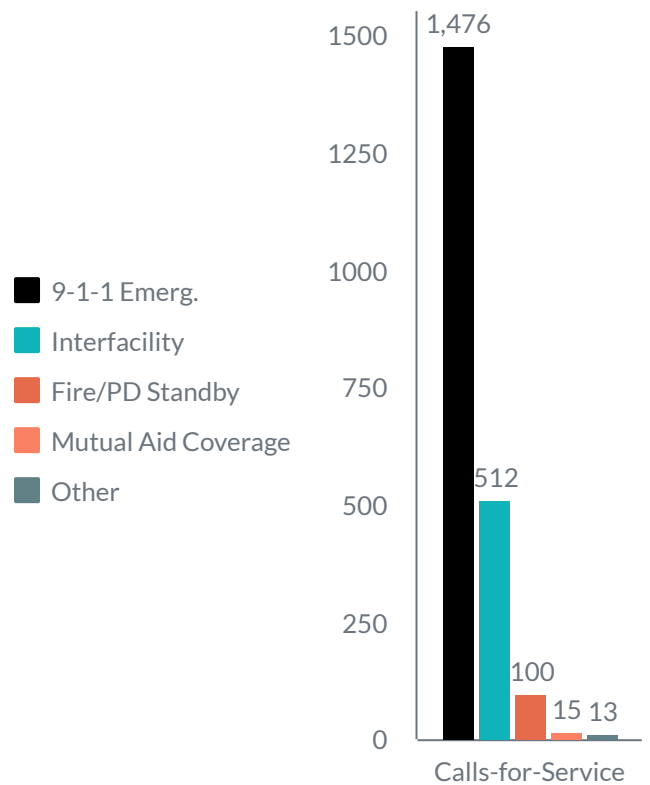
The EMS department continues to proudly serve the City's of River Falls and Prescott, as well as the towns of Kinnickinnic, Clifton, Pleasant Valley, River Falls, Troy and Oak Grove.

The EMS department responds to calls-for-service from the EMS facility in River Falls or the EMS facility in Prescott. An EMS call-for-service is typically handled by an Emergency Medical Technician and Paramedic paired together on an ambulance.

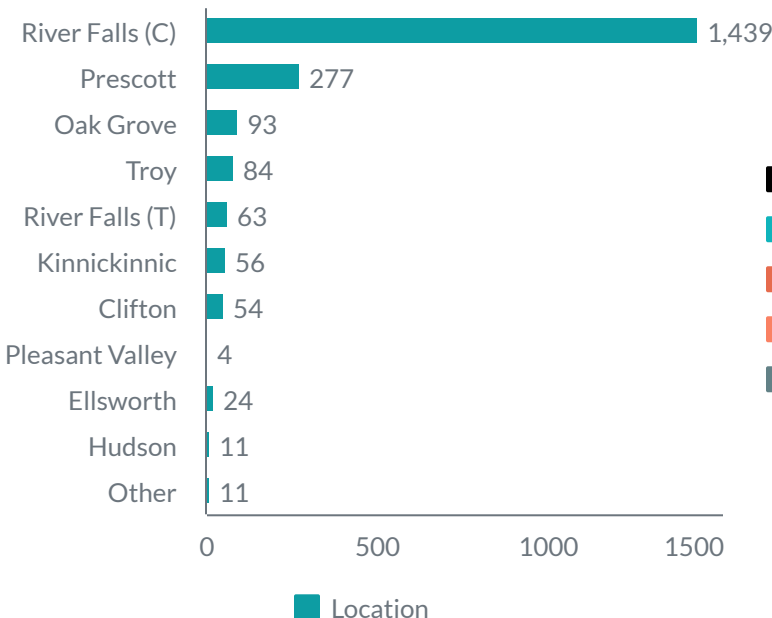
The majority of calls-for-service are received via 9-1-1; although, there are some requests for interfacility transfers that are received by staff directly from a facility.

RFEMS provided 1,551 transports to hospitals in 2019, this is 27 more than in 2018. However, 68 fewer interfacility transfers were completed in 2019 (512 total) when compared to 2018.

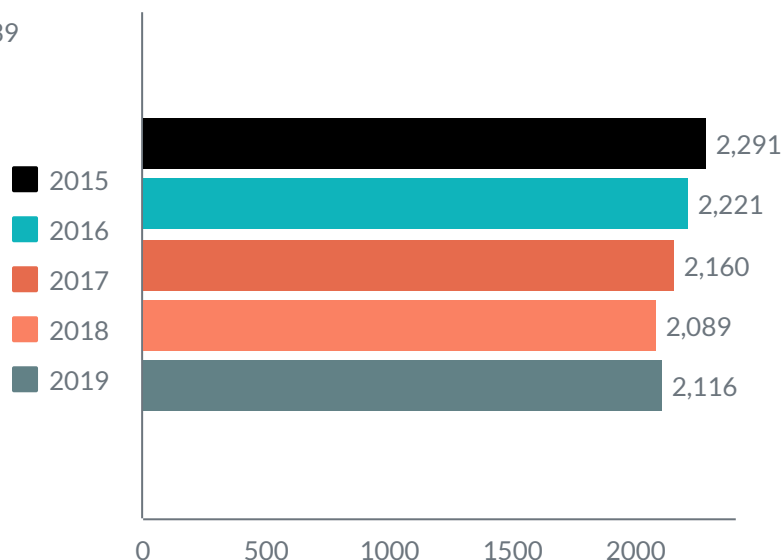
2,116 Calls-for-Service in 2019.



Call Locations



Total Calls

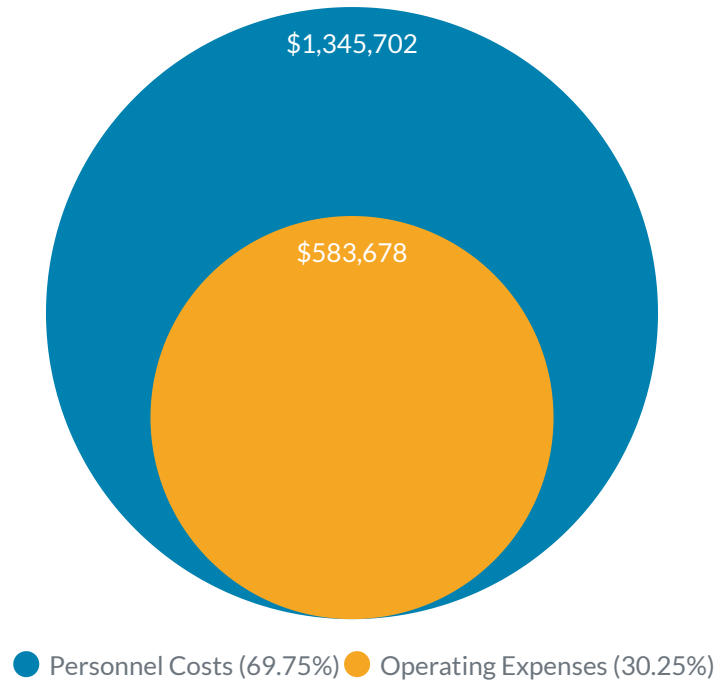




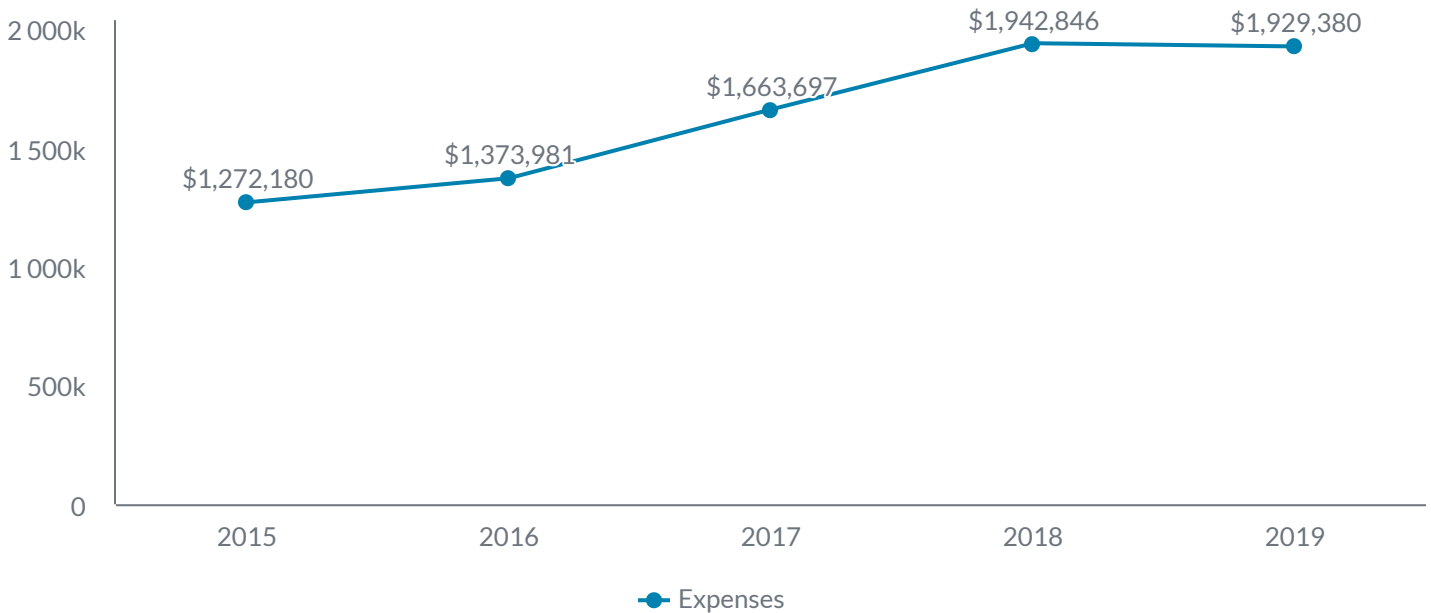
Expenses associated with wages, fringe and benefits account for the majority of expenses. In 2019 the EMS department had one full-time EMS Director, nine full-time paramedic positions and multiple part-time personnel.

Staffing is utilized to primarily staff two ambulances 24/7, one of which is in River Falls and the second of which is in Prescott. A third "peak-activity-unit" is also placed in service from 9am until 9pm in River Falls when staffing allows.

Expenses - \$1,929,380



Yearly Expenses



of Ambulances

5



Miles Travelled

60,000

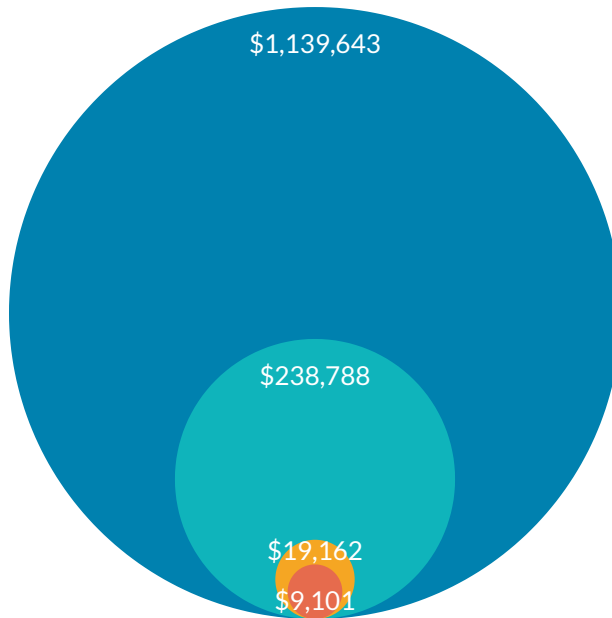


FTE's

19.86

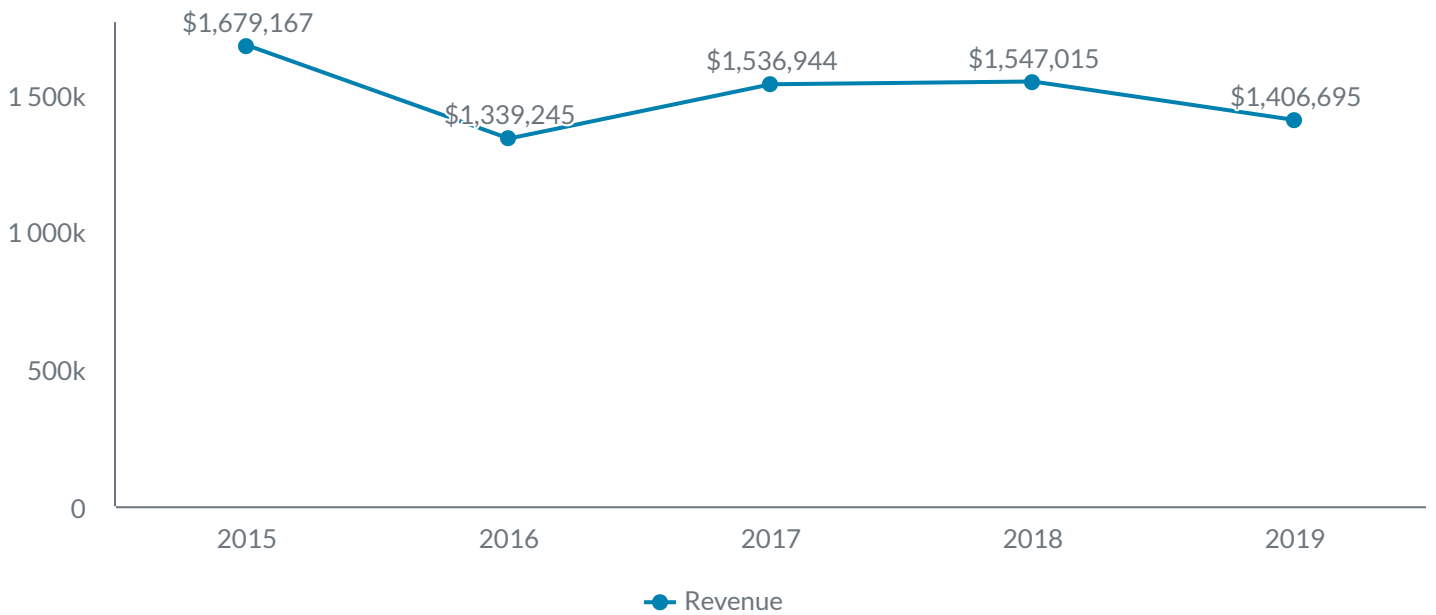


Revenue - \$1,406,695



● Ambulance Charges (81.02%) ● Municipal Charges (16.98%) ● State Grants (0.65%) ● Misc. Revenue (1.36%)

Yearly Revenue



Payer Mix



Medicare/Medicaid
63%



Private Insurance
28%

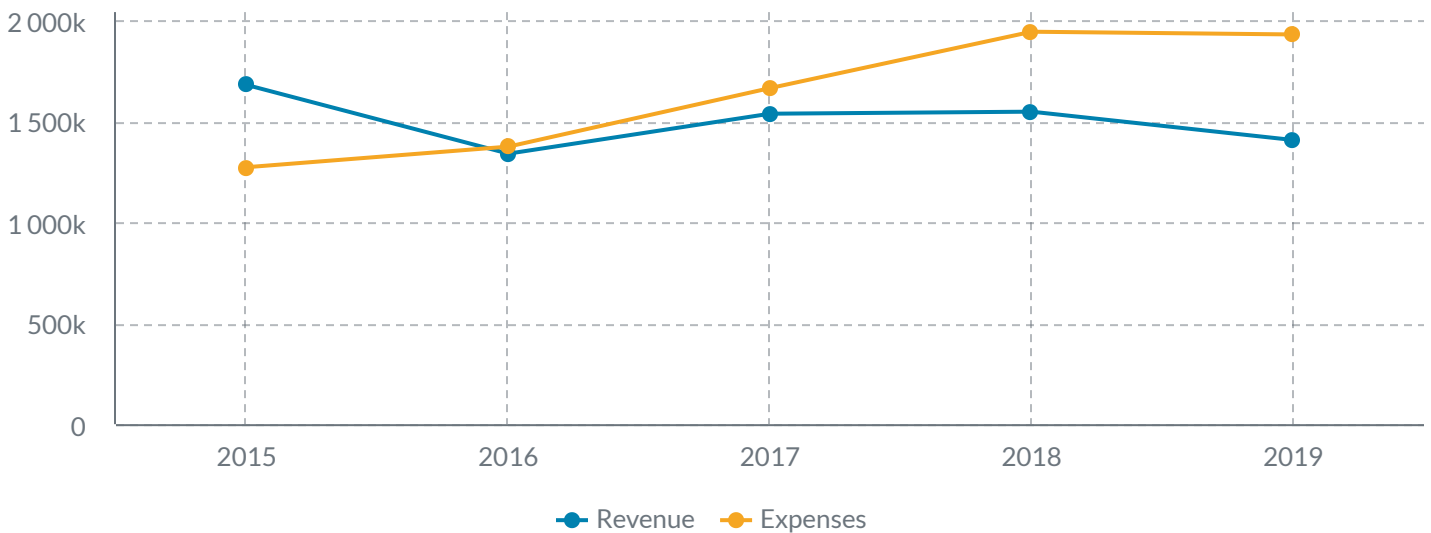


Self-Pay
9%

Revenue v. Expenses

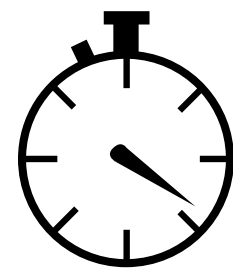


The matter of expenses outpacing revenue has been a topic of discussion for various entities throughout 2019. It is likely that continued operations will result in a deficit in future years. The operational deficit for 2019 was (\$522,685).



Highlights

- Conducted a mass casualty exercise in partnership with River Falls Area Hospital
- Achieved cost-savings by transitioning a pick up truck and UTV to Public Works.
- Invisible Fence donated pet oxygen masks and trained EMS staff on the use of these.
- Staff members attended various trainings, to include trainings at the: National Emergency Training Center, ImageTrend, Wisconsin EMS Assoc. conference, ICMA and many others.
- Completed a comprehensive feasibility assessment of the department.
- Transitioned dispatching for inter-facility transfers to Allina for improved process.



9 min
Response Time

90th percentile within City limits



MEMORANDUM

TO: EMS Advisory Board Members

FROM: Jason E. Stroud, Assistant City Administrator

DATE: February 3, 2020

RE: Transition of EMS Services

RECOMMENDED ACTION

EMS Advisory Board provide a recommendation to the Common Council to proceed with the transition from providing emergency medical services (EMS) directly, to contracting with the Allina Health System in accordance with the principles provided within this memorandum.

BACKGROUND

The City has operated an emergency medical services (EMS) department since 1974; this department has provided the City and other nearby municipalities with paramedic level ambulance services. For many years, the services of this department were delivered primarily by volunteer paid-per-call volunteers. As training and service demands increased over the years, so did the necessity to ensure consistent baseline staffing through the addition of full-time personnel. Calls-for-service for EMS peaked in 2015 with 2,291.

EMS is operated as an enterprise fund with the EMS fee-for-service program providing the majority of the revenue; additional revenue is obtained through municipal service fees resulting from intergovernmental service agreements to provide ambulance services to other nearby municipalities. The EMS department operated without deficit through 2016. The EMS department has operated with a year-end financial deficit in 2017-2019 and is expected to continue to do so without additional subsidy.

The current annual operating expenses for EMS are \$1.9million, which is 57% higher than they were in 2015. The current annual revenue through the EMS fee-for-service program is \$1.2million, this is 9% less than what was realized in 2015. Calls-for-service have decreased since 2015, with 2,116 occurring in 2019.

Staff completed an EMS feasibility assessment in 2019 in order better understand and evaluate this situation. The findings of this assessment indicated that it is unlikely that EMS revenues will ever outpace expenses in the future. It is likely that operating expenses will continue to increase 2-2.5% each year and revenues will increase 0-1% each year. The total projected expenses and revenue is illustrated in *Figure 1*.

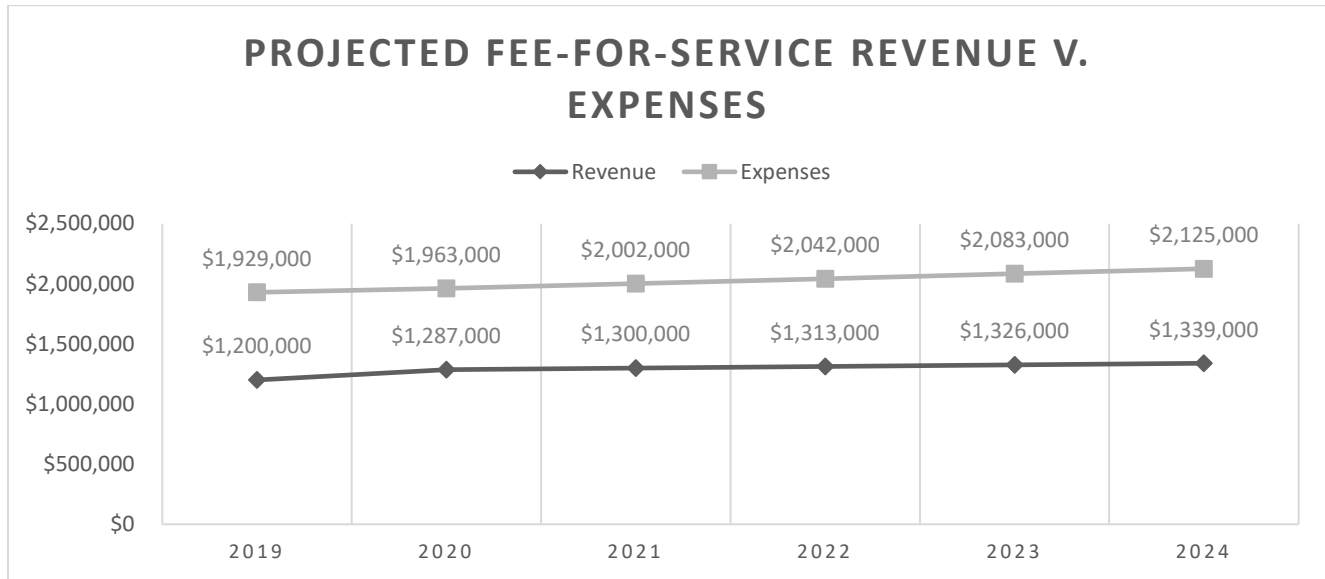


Figure 1

The operating deficit can be offset each year through the municipal per capita service fees, however, it is unlikely that these per capita fees can completely negate a deficit completely. Current intergovernmental service agreements expire at the end of 2020, new agreements with updated rates would be needed to project years beyond 2020.

	2019	2020	2021	2022	2023	2024
Operational Deficit	(\$729,000)	(\$676,000)	(\$702,000)	(\$729,000)	(\$757,000)	(\$786,000)
Per Capita	\$240,000	\$309,098	TBD	TBD	TBD	TBD
Resulting Deficit	(\$489,000)	(\$366,902)				

Table 1

DISCUSSION

The resulting deficit will likely require further reduction in expenses that may impact service delivery. It is possible to further increase per capita rates, and/or financially subsidize the service, in order to balance revenues with expenses. However, the delivery of EMS by a non-governmental (NGO) service provider is a more feasible option to consider.

Staff presented the EMS feasibility issue to the EMS Advisory Board and Common Council at their individual workshops in October 2019. Both of these bodies provided support for the issuance of a request for proposals (RFP) in order to evaluate the transition of the service to a NGO service provider. Two NGO firms submitted proposals; the ad-hoc RFP workgroup determined that the proposal from the Allina Health System was the only complete and responsive proposal.

Allina is proposing to provide EMS to the City in lieu of the city’s own EMS department. Principles of this proposal include the following:

Mayor and City Council Members
February 11, 2020

- Retention of City EMS staff who meet minimum eligibility criteria.
- Staffing the same number of ambulances within the response area that the City previously staffed.
- Meeting or exceeding the City's ambulance response times.
- Providing emergency medical dispatch and pre-arrival instructions within the response area.
- Patient billing rates that are market-based and in the realm of what the City previously charged.
- Provision of EMS to all municipalities served by the City's EMS department.
- Appointment of a local EMS supervisor that is accessible to City staff.
- Availability of special event coverage services and community interaction(s).
- Honoring of the City's existing mutual aid and coverage agreements.
- Provision of quality patient care and customer service.
- Purchase of select EMS equipment and vehicles at a fair market value.
- Rental of the EMS Station at 175 E. Cedar Street at a fair market value.
- Quarterly performance reports to the City.
- Commitment to a five-year contract term with two successive three-year automatic renewals.

Allina proposes to provide these services for an annual fee not to exceed \$250,000, subject to a maximum 3% increase annually. The City would enter into inter-governmental agreements with the other participating municipalities to recover expenses associated with the delivery of these service to their portions of the service area. City staff are recommending that the City: serves as the contract administrator for all municipal parties, develops and enters into a system-wide contract and directly funds the 3% annual escalation. It should be noted that the City will continue to manage the existing EMS enterprise fund and cover resulting deficits.

The complete proposal has previously been made available to Advisory Board members. Personnel from Allina attended a January meeting of the Advisory Board, and January workshop of the Common Council, to present their proposal and answer any questions.

CONCLUSION

A transition to Allina for the city's EMS needs is the more viable and feasible option at this time. This opportunity will allow the city to remain involved in the delivery of care through contractual oversight and interaction with Allina personnel. A recommendation by the Advisory Board to proceed with this transition would be used to introduce a draft resolution for consideration. A copy of this draft resolution is included with this memorandum.



RESOLUTION NO.

RESOLUTION AUTHORIZING THE TRANSITION OF EMERGENCY MEDICAL SERVICES TO THE ALLINA HEALTH SYSTEM

WHEREAS, the City's Emergency Medical Services Advisory Board recommends that the City Council authorize the City Administrator to proceed with the transition from providing emergency medical services (EMS) directly, to contracting with the Allina Health System, d/b/a Allina Health Emergency Medical Services (hereinafter "Allina"); and

WHEREAS, it is anticipated that a contractual relationship can be established with Allina that ensures the provision of EMS and ambulance services with staffing levels and ambulance response times that meet, or exceed, those provided by the City's own EMS department; and

WHEREAS, Allina has indicated they will offer comparable employment to all current city EMS staff who meet eligibility criteria; and

WHEREAS, Allina has indicated that they will offer to purchase certain EMS equipment from the city; and

WHEREAS, Allina will rent the existing ambulance station at 175 East Cedar Street, at a fair market value; and

WHEREAS, an initial contract term will likely be five years with terms for automatic successive renewals; and

WHEREAS, Allina is willing to provide ambulance services to all other municipalities within the existing River Falls EMS service area, and it is anticipated that the City will develop and administer the base contract for these services; and

WHEREAS, the proposed price for these services by Allina will not exceed \$250,000 annually for the initial contract term and will not increase more than 3% annually; and

WHEREAS, the City will enter into inter-governmental agreements with the other participating municipalities to recover expenses associated with the delivery of these services to their portions of the service area; and

WHEREAS, this transition to Allina is expected to be complete on or before January 1, 2021.

NOW, THEREFORE, BE IT RESOLVED that the River Falls Common Council authorizes the City Administrator to proceed with the transition to Allina Health Emergency Medical Services for the City's ambulance service and also gives authority for the City Administrator to develop and execute an agreement with Allina for these services and any subsequent, and related, inter-governmental agreements, leases and purchase agreements, in accordance with the principles provided within this resolution.

Dated this 11th day of February 2020

Dan Toland, Mayor

ATTEST:

Amy White, City Clerk

DRAFT



MEMORANDUM

TO: EMS Advisory Board Members

FROM: Jason E. Stroud, Assistant City Administrator

DATE: February 3, 2020

RE: EMS Advisory Board Role

RECOMMENDED ACTION

Staff recommends that the Board consider this topic and potentially provide recommendations in the coming year.

BACKGROUND

The EMS Advisory Board is formally established in City Ordinance 2.52. The powers and duties of the Board include the following:

- The board shall review the powers and duties annually and when changes are needed.
- The board shall review the EMS business plan annually and make recommendations to the common council.
- The board shall approve operation policies excluding medical direction guidelines and protocols.
- The board shall review the EMS service area boundary and make recommendations for boundary extensions/retrenchment.
- The board shall review the department's service levels.
- The board shall serve as the customer advocate by listening to the community members' concerns, desires and needs.
- The board shall meet with the common council annually or at other times as necessary.
- The board shall provide two members to the hiring committee for the EMS director position.

Chapter 2.52 of the City ordinances also outlines membership, manner of appointment, vacancies, and organization.

DISCUSSION

It is likely that the City will transition to Allina for its EMS needs on or before January 1, 2021. This transition would necessitate either a change to the Advisory Board's powers and duties, or transition to a different sort of contractual oversight group, when this occurs. Staff does not believe any changes need to be made prior to a full transition.

EMS Advisory Board
February 03, 2020

CONCLUSION

Staff is presenting this topic to encourage Board members to begin to consider the future of contractual oversight once a transition to a non-governmental provider occurs. Staff would like to work with the Advisory Board through 2020 to develop a recommended strategy for EMS system oversight in the year 2021 and beyond.