

The 45th Parallel EMS Corporation
A success story in the making
The Facts-The Issues-The Approach

4th Annual Regionalization Conference
College of the Holy Cross
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The Service Area

- **Designated Frontier**
 - 11 communities
 - 3 unincorporated areas
 - 3 States + 500 sq miles of Canada.
 - 1200 Sq. Miles
 - 7000 Residents
 - 3-4X Season Influxes
 - Aging Population
 - Decreasing youth
 - Territorial
 - Competitive
 - Independent
- **Economic Drivers:**
 - Eroding economy
 - Specialty Tourism
 - Erosion of logging,
 - Erosion of paper
 - Ethan Allen/Balsams
 - Marginal Small business.
- **5566 Housing Units**
 - 2238 owner occupied
 - 760 rental units
 - 2532 secondary units



Healthcare

- *Critical Access Hospital- limited services beyond stabilization and ability to manage simple cases.*
- *No critical care ability- stabilize and ship out.*
- *Primary Care Health Clinic*
- *Limited VNA and Social Services*
- *County Nursing Home*
- *3 Critical Access Hospitals 35-60 miles away.*
- *20% of population base 65 or older*
- *20%+ of population base at or below poverty level.*
- *EMS oversight by critical access hospital*
- *Hospital fiscally in critical condition.*
- *Hospital a polarized work environment as was its oversight of EMS.*

EMS System

- **Hospital Run**

- *Dysfunctional*
- *Four different agencies*
- *Mix of on-call and volunteer*
- *Hostile competition between groups.*
- *Communities provided subsidy.*
- *Hospital unable to provide transparency and account for costs.*
- *Significant distrust between stakeholders*

- **Performance**

- *ALS Paramedic as available.*
- *Critical to the healthcare infrastructure.*
- *Illegal infrastructure.*
- *30-45 minute fractile response times.*
- *No accountability.*
- *Antiquated – ineffective systems and training.*
- *Unique operating environment*

Sentinel Event

- ***Erosion of hospital fiscal stability a new CEO early in 2005 with an EMS background.***
- ***Hospital solicits a grant to hire consultant to study the EMS System needs and make recommendations.***
- ***Hospital agrees to be active participant in the process and to retain EMS if deemed to be in best interest of community and financially viable.***
- ***Consultant hired in October 2006 with mission to provide findings and recommendations in 2007.***



Issues

- *Deep seated distrust amongst internal and external stakeholders.*
- *Dysfunctional System*
- *Universal recognition that an effective EMS system was essential to the infrastructure of the region.*
- *Challenge in finding value to add cost in an already over taxed eroding economic environment.*



Solution

Regional EMS System

- ***501c3 Non Profit Corporation separate from Hospital.***
- ***Replacement and upgrade of equipment and training. All units based in a central facility.***
- ***Clinical level of service- AEMT with plans to become paramedic.***
- ***Professional EMS Chief+ 5 paid staff supported by on call personnel.***
- ***Fractile response time of 17.5 minutes 90% of the time.***

Transition

- ***Transition work group.***
- ***Fractionalization of existing staff- resulted in Hospital immediately hiring personnel to lead work group and assure availability of personnel to staff ambulances.***
- ***Transition work group developed system and evolved into Board of Directors.***
- ***Initial Chief- Controversial- but right person to launch business***

Start Up

Transition Work Group

- *Developed all aspects of the business.*
- *New Chief*
 - *Successful retired business owner.*
 - *Well connected at state and federal levels.*
 - *In collaboration with hospital CEO brought in \$1.2MM in grants to offset cost of infrastructure.*

Governance

- *1 town- one vote.*
- *Each town has select board appointed rep to the Board.*
- *Added 200K in tax base split out by towns. Assessment based upon base fee- 20%; call volume 30%, housing units 50%.*
- *Sold concept to communities based on mil rate impact as opposed to per capita impact.*
- *No contract- no entrance of exit fee- problematic.*

45th Parallel EMS Today

- **ALS Paramedic Service 2011**
- **Achieved response time benchmark of 17.5 minutes 90% of all life threatening responses.**
- **4 Class 1 ambulances.**
- **Centrally located new headquarters.**
- **Active in community and provider education.**
- **Rebuilt communications infrastructure.**
- **Excellent clinical performance- has saved a number of lives.**
- **Challenges:**
- **Board of Directors**
- **Largest community researches exiting based on increase in subsidy request highlight risk without contracts. Determines cost too great (\$500K-\$750K)to provide own service at same level.**
- **Continued erosion of regional economy plagues area.**
- **Hospital future questionable enhancing essential nature of EMS.**



EMS-The Future

- *The system is broken.*
- *Standards are high*
- *Volunteers are waning.*
- *Response times are longer.*
- *The funding mechanism is not adequate.*
- *The public expects the best when their life is on the line.*
- *You get what you pay for.*
- *Funding EMS based on collecting user fees leaves the system one step away from bankruptcy.*



The Solution-Regionalization

- ***The cost of one town to operate a BLS ambulance staffed 24/7 is \$450K-\$700K per year.***
- ***The cost of one town to operate an ALS ambulance staffed 24/7 is \$750K-\$1MM***
- ***The experience of the 45th demonstrates a shared service enhances quality and lowers costs.***



Thanks

- *Questions ???????*

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