GARRETT COUNTY
EMERGENCY MEDICAL SERVICES
SWOT TASK FORCE

FINAL REPORT
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Garrett County EMS SWOT Report

Background

The all-volunteer Garrett County Emergency Medical Services (EMS) System was established in the early 1970s. Northern Garrett County Rescue Squad (NGCRS) operates three (3) ambulance stations (Grantsville, Friendsville, and McHenry). Southern Garrett County Rescue Squad (SGCRS) operates one (1) station in Oakland. In addition, emergency first response assistance is provided by seven (7) of the county's volunteer fire departments, which provide initial patient care, but do not have patient transport capabilities.

In 2004 the Region I EMS Advisory Council presented a report to the Garrett County Commissioners outlining the status of the County's EMS System. It noted that the services were facing increased delayed calls, extreme pressure on the advanced life support (ALS) system due to a declining number of paramedics, and an overall decline in basic life support (BLS) and ALS active membership available to provide daytime ambulance coverage for both NGCRS and SGCRS.

To address the difficulties facing the system, the Region I EMS Advisory Council recommended that the Commissioners request from the Maryland Institute for Emergency Medical Services Systems (MIEMSS) a Strengths, Weaknesses, Opportunities, and Threats (SWOT) Analysis of the county's system, along with short- and long-range recommendations on ways to strengthen the county's EMS system.

On December 23, 2004, the Garrett County Commissioners made such a request to Dr. Richard Alcorta, State EMS Medical Director at MIEMSS, specifically expressing their interest to have a SWOT conducted, along with the development of a consensus report from the EMS community that would outline short- and long-ranges actions.

The SWOT Process

In early February 2005, Dr. Alcorta convened the Garrett County SWOT Task Force at Garrett College. Its membership was inclusive of fire/EMS, the traditional health community, Regional EMS leadership, educational institutions, and support public safety agencies. At the initial meeting the group established its vision and mission:

> **Vision**: *To provide the highest quality of prehospital emergency medical care possible to every resident and visitor of Garrett County, Maryland.*
>
> **Mission**: *The Garrett County Emergency Medical Services Task Force will provide the leadership, direction, and expertise to develop short- and long-term plans for the delivery of emergency medical services to the residents and visitors of Garrett County, Maryland. These plans will unify and maximize the current resources and assess the need for additional resources. These reliable resources shall be available 24 hours, seven days a*

week and will be accountable to effective EMS leadership. Garrett County EMS will strive to deliver timely, quality EMS care with improved continuity and connectivity.

To conduct business in an orderly fashion, certain ground rules were established. These included:

- All-inclusive invitations for participation
- Voting membership and alternates
- Quorum - 2/3 of voting members
- Voting policies - 75% majority vote needed
- Meetings to be held every three weeks

The membership of the SWOT Task Force consisted of a voting and an alternate individual from each of the following:

- Northern Garrett County Rescue Squad
- Southern Garrett County Rescue Squad
- Accident Volunteer Fire Department (VFD)
- Bittinger VFD
- Bloomington VFD
- Deep Creek VFD
- Deer Park VFD
- Eastern Garrett VFD (attended one meeting)
- Friendsville VFD
- Garrett College Emergency Services Training Center
- Garrett County Fire/Rescue
- Garrett Emergency Management
- Garrett Medical Transport
- Garrett Memorial Hospital
- Gorman VFD
- Grantsville VFD (attended one meeting)
- Jurisdictional Medical Director
- Kitzmiller VFD (attended one meeting)
- Maryland State Police Medevac
- Oakland VFD
- Prehospital Care Coordinator for Region I
- Region I EMS Advisory Council
- Region I Medical Director
- Region I Quality Improvement Committee
- Search and Rescue (Department of Natural Resources [DNR])
- WISP Ski Patrol

Subsequent to their request for the SWOT Analysis, the Garrett County Commissioners requested that the Task Force address three goals:

1. Timely/rapid BLS and ALS EMS response
2. An EMS system that is sustainable and adaptive, which is countywide and is financially solvent
3. An EMS system that has excellent educational opportunities resulting in EMS providers that provide quality delivery of BLS and ALS care that is motivated and monitored through the quality assurance/quality improvement (QA/QI) process.

SWOT Analysis of Garrett County EMS

Beginning on February 9, 2005, and continuing during the March 8 and the April 19 meetings, the Task Force systematically applied focused discussion on the critical issues raised by the Commissioners' targeted goals. These issues were categorized into system strengths, weaknesses, opportunities, and threats and then applied to the goal areas. Appendix 1 gives a complete summary of these discussions.

Beginning with the May 5 meeting and continuing through the May 31, July 5, and July 19 meetings, the group addressed scheduling issues and completed a process analysis for an EMS Call. The analysis broke down the EMS calls in time sequences and researched the actual times based on the Electronic Maryland Ambulance Information System (EMAIS) data. During these meetings, a nominative group process was utilized to identify how current time sequences could be improved.

The Task Force took advantage of Maryland EMS operational experts, hearing from Mr. Kevin Gillespie, EMS Director from Caroline County, at their August 2 meeting. Caroline County's EMS System was selected because of its similarities to Garrett County in its demographics and EMS call volume and because it has evolved into an outstanding countywide program.

At the August 23 and September 20 meetings, the group addressed educational and quality improvement goals.

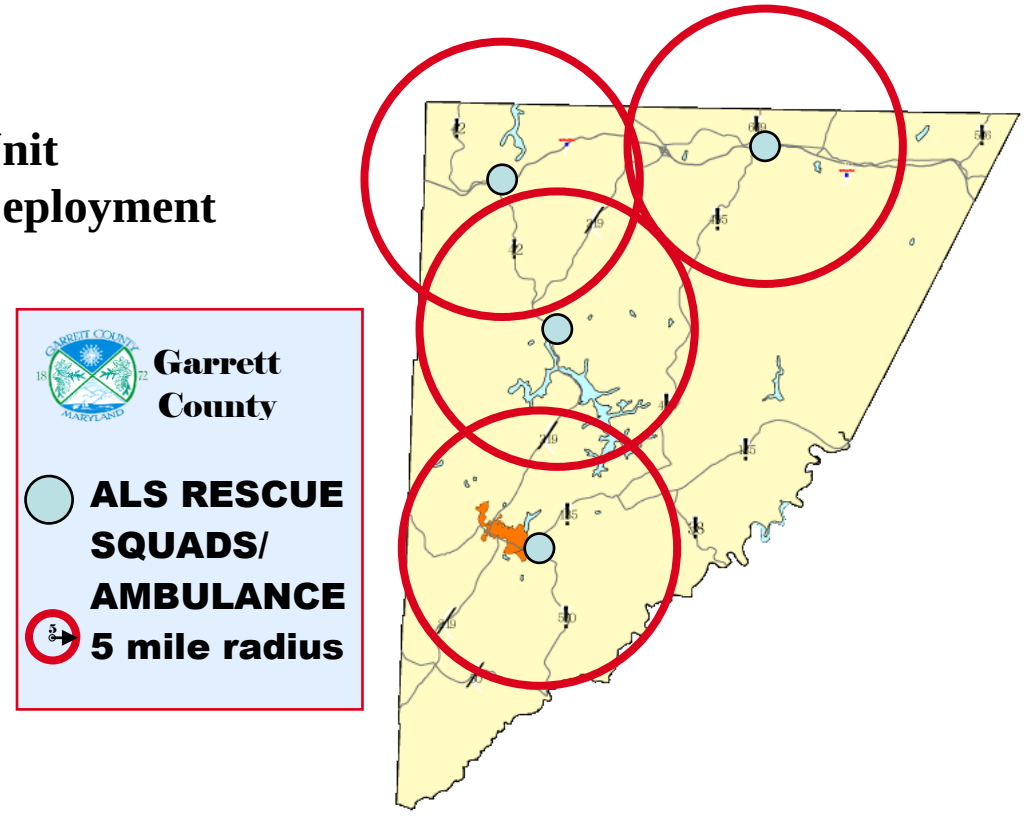
The final meetings (October 31, 2005, November 15, 2005, November 30, 2005, and January 10, 2006) were spent in addressing the management and authority issues which will be needed for a viable and economically sustainable countywide system.

SWOT Recommendations by Goal

Goal 1 - Timely/rapid BLS and ALS EMS response

Successful EMS requires swift response to emergency calls. In light of this, the number one (1) Goal of the SWOT addressed "Timely/rapid Basic Life Support (BLS) and Advanced Life Support (ALS) EMS response." The Task Force began their consideration of recommendations on this goal by establishing the current ambulance placement (Exhibit 1). Special considerations affecting both NGCRS and SGCRS are their large geographic areas, difficult terrain, adverse weather conditions, and surges in population due to tourism.

Exhibit



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A process analysis of the county's EMS calls based on time measurement criteria was also completed (Table 1). The time variables displayed are the annual averages for priority 1 (life threatening) and priority 2 (urgent) calls in Garrett County for 2005 per the Electronic Maryland Ambulance Information System (EMAIS). It should be noted these times do not include ambulance calls where the primary service was unable to respond.

Table 1

Time Sequence for EMS Call	**Priority 1 (min.)**	**Priority 2 (min.)**
911 Notified - Unit Notified	1.7355	1.7291
Unit Notified - Unit Respond	5.6466	5.7490
Unit Respond - Arrive Scene	8.5124	8.340
Arrive Scene - Arrive Patient Side	0.7500	1.0062
Arrive Scene - Depart Scene	12.8824	11.6748
Depart Scene - Arrive Hospital	19.8850	18.7111
Arrive Hospital - Go In Service	27.6176	21.3554
In Service - Arrive Station	27.4286	17.5816
911 Notified - Go In Service (Total time for call)	70.4595	60.0906
Unit Notified - Arrive Patient Side	15.6330	16.6560

The SWOT recommendations to address this goal are summarized under the general themes of: **Manpower** (improved utilization of existing personnel and augmentation to current resources

with paid personnel); **Operational** (structural changes to the EMS delivery system which will result in increased efficiencies); **Communication** (operational and infrastructure upgrades); and **General** recommendations that will result in better EMS response times.

1. To address the **Manpower** issues, the following are recommended:
    a. **Scheduled Crews**
        i. In-house crews and guaranteed scheduling occur.
            1. Companies would notify 911 of scheduled crews.
            2. Confirmation is verified by providers once in-house or when taking charge of chase unit.
        ii. The current goal would be to have in-house coverage from 1600 hrs to 2400 hrs.
        iii. The short-term goal would be to have 24/7 coverage with volunteers.
        iv. The long-term goal is that the county would hire paid BLS and ALS daytime coverage (see 1.a.x below and Appendix 2).
        v. Countywide scheduled crews per company based on 24-hour coverage would be aided by the services of a county-hired EMS Scheduler, who would assure the following:
            1. Primary crews for the NGCRS stations
            2. Primary and a secondary crew (9-1 and 9-2) for SGCRS
        vi. All members of ambulance crew will be able to drive ambulance (except in special circumstances as dictated by insurance carriers).
        vii. Common shift times for NGCRS and SGCRS (7/5/05) would be established for:
            1. Shift 1 – 2400 hrs to 0600 hrs.
            2. Shift 2 – 0600 hrs to 1800 hrs.
            3. Shift 3 – 1800 hrs to 2400 hrs
        viii. NGCRS and SGCRS members could cross over from one company to the other to provide needed coverage by:
            1. Addressing bylaws limiting membership and issues surrounding liability and insurance
            2. Obtaining in the short-term permission from both SGCRS and NGCRS for members to run with either company
            3. In the long-term, joining of both NGCRS and SGCRS into one service
        ix. A written policy is established requiring a provider scheduled to pull duty to be responsible for getting coverage and if unable to find coverage, the volunteer member would do the following:
            1. Call the station duty officer (NGRS).
            2. Call other members until the duty hours are staffed (SGRS).
            3. After completing the above steps, call county EMS scheduler with replacement or lack of success (NGCRS & SGCRS).
        x. A county-funded position is established which would be responsible for countywide scheduling and would
            1. schedule unit coverage
            2. be hired per and function per the job description in Appendix 2

xi. An internet scheduling tool would be established for all EMS providers.

b. Improved **ALS Coverage** with the hiring of an ALS director to:

i. Supervise the County EMS Scheduler
ii. Be responsible for the QA program
iii. Recruit volunteer and paid providers
iv. Hire, train, and direct the paid EMS providers
v. Coordinate educational opportunities for all volunteer and paid ALS providers
vi. Be a member of the Emergency Services Board

c. A **Hiring Process** to improve coverage:

i. The first position to be hired would be the County EMS Scheduler to support volunteer services.
ii. The second position would be the ALS Director to establish the administrative infrastructure and management of the future-hired ALS providers and representation on the Emergency Services Board.
iii. The third phase in the hiring process would be ALS providers to ensure daytime coverage.

2. To address the **Operational** issues for improved rapid BLS/ALS response, the following are recommended:

a. A standardized countywide notification process will be established through a written policy.
    i. First due units will receive notification, but mutual aid companies are immediately notified when the first due is not available.
    ii. This policy will:
        1. Include out-of-county/state companies
        2. Require changes in mutual aid agreements with state and county providers
b. The authority of Garrett County 911 Center to override local company policy will be defined.
c. A countywide standardized scratch criteria needs to be adopted.
d. A standardized EMS response time criteria for priority 1 and 2 patients (e.g., goal of 12 minutes from time of 911 call to arrival on scene)
e. The current EMS boundaries be realigned based on response times and geographic conditions
f. An acceptable policy for hot (lights and sirens)/cold responses be adopted
g. Designated response routes – based on seasonal conditions, road conditions, etc. – be adopted

3. To address the **Communications** issues needed for improved rapid BLS/ALS response, the following are recommended:

a. County funding be increased to ensure two dispatchers per shift so as to meet the needs of:
    i. Emergency Medical Dispatch (EMD)
    ii. Simultaneous receipt and dispatch of calls
    iii. Increased call volumes and call surge during significant events
b. The radio system be upgraded to:
    i. Improve tower signal reliability

ii. Upgrade paging units
iii. Improve repeater maintenance

c. A dispatch policy be established for voice activation versus alpha numeric
d. The communication system be upgraded to address tower activation for alerts and avoid cancellation of transmission due to competing towers (in progress)
e. Establish a dedicated disaster incident command frequency as well as dedicated medical frequency (being investigated)
f. Bandwidth & internet speed be increased to improve dispatch of calls/notification on alpha numeric pagers (has been implemented)
g. In the short-term, GPS transponder be placed on each ambulance/ chase vehicle to aid dispatch and provide for active tracking
h. Improved dispatch accuracy be achieved through the utilization of improved map coordinates (i.e., cross streets) (this has been addressed with the new system which became operational in November 2005 and which plots all of 911)

4. To address the **General** issues needed for improved rapid BLS/ALS response, the following are recommended:
    a. If personnel are to stay in the company house to improve timely response, quarters for crews must be improved.
    b. When new facilities are planned, surge in population must be considered.
    c. Usage of map booklets must be improved through training:
        i. Map reading courses provided for EMS providers
        ii. Route selection training drills and run area familiarization instruction (roads, locations, etc.) offered as part of a new members orientation
        iii. Enforcement at the county level with the house numbering requirement so as to avoid problems where house numbers are not visible or street signs are missing

GOAL 2 - An EMS system that is sustainable and adaptive, which is countywide and is financially solvent

Currently there does not exist in Garrett County an overall administrative or managerial structure to oversee, coordinate, and direct the expansion of EMS and fire services. While there is a Garrett County Fire Rescue Association, whose membership includes all of the fire and EMS companies in the county, its only delegated authority is to assist in the distribution of funds and resolve boundary disputes. A major effort of the SWOT was to address this issue, as it is key to the goal of ensuring, "An EMS system that is sustainable and adaptive, which is countywide and is financially solvent."

The recommendations from the SWOT Task Force regarding this goal are:

1. Establishment of an Emergency Service Board and Hierarchy (see Appendix 3)
2. Exploration of the establishment of a Length of Service Awards Program (LOSAP) to aid in the recruitment and retention of volunteers (see Appendix 4)
3. Revisiting “impact and development fees” for the county to help fund new quarters for fire and EMS services which would improve willingness to man the station and improve provider response times to patients

4. Adoption of a billing practice by Southern Rescue to demonstrate their service is doing all they can to limit taxpayer expenditures for the support of EMS
5. That both squads hire paid personnel as a short-term necessity to ensure daytime coverage, but that the County hire EMS personnel as the long-term solution
6. Establishment of an administrative structure for the county-paid EMS Scheduler and ALS Director, with the County EMS Scheduler reporting to the Director of Emergency Management until the ALS Director is hired (at which time the ALS department will be established and the County EMS Scheduler will report to the ALS Director)

Goal 3 - An EMS system that has excellent educational opportunities resulting in EMS providers that provide quality delivery of BLS and ALS care and that is motivated and monitored through the QA/QI process.

A key component for ensuring excellence is the level and availability of educational opportunities for the system's caregivers (i.e., EMT-B, EMT-I, EMT-P training).
For the optimal delivery of patient care, an emergency medical services system must have an effective Quality Assurance/Quality Improvement (QA/QI) process which monitors the system and strives for constant improvement in its operation.

1. To address the **Educational** issues, the SWOT Task Force recommends:
    a. Optimal ALS/BLS programs are designed to maintain the needed skill quality. This will require:
        i. More local monies for BLS training
        ii. Increased flexibility in class minimum start size from both MFRI and MIEMSS
        iii. Annual BLS education to be given frequently enough so that it is easy for providers to obtain the necessary training with the core training elements based on issues raised by the EMS companies and Medical Director (Regional and Jurisdictional)
    b. Local skills review be broken into several classes instead of the typical single 12 - our class
    c. More flexibility from MIEMSS in funding continuing education so BLS Continuing Education is an allowable expense
    d. ALS airway management training be conducted in the local hospital
    e. BLS clinical time be offered in the local hospital setting for patient assessment and possible skills intervention
    f. A proactive student selection process be established and that EMS companies work closer with the training committee to identify qualified students
    g. The ALS Director establish methods for Fire/EMS personnel to keep up-to-date on skills
2. To address **Quality Assurance** issues, the SWOT Task Force recommends:
    a. A county medical review committee (MRC) (required by MIEMSS and stated in COMAR) be organized to:
        i. Review all priority 1 runsheets
        ii. Conduct the functions presently handled by the Region I MRC

b. Quality assurance be established at the base station level (this has been implemented by all three Region I hospitals during the SWOT process)
c. Real-time quality assurance review and feedback be made available to EMS caregivers through
    i. Tape reviews of communication between EMS provider and the physician giving medical consultation
    ii. Off-line reviews between EMS provider and the physician giving medical consultation
d. A standardized skills review process be established for ALS and BLS care providers to ensure quality of care (i.e., case reviews, informal call review at hospital, QA/QI ride-alongs)
e. A feedback process on calls to the providers from physicians and the Jurisdictional Medical Director be developed
f. A process be developed so the efficiency of matching responders with the needs at the scene can be measured and dispatch policies can be refined so that appropriate resources are matched to the patient's needs

3. To address **Quality Improvement** issues, the SWOT Task Force recommends:
    a. A methodology be developed and implemented to monitor operational standards (ALS coverage, delayed/ no response, etc.) to provide regular analysis of system performance
    b. A Quality Improvement program be developed that will track the process steps outlined in the Quality Assurance section (Goal 3.2)

GARRETT COUNTY
EMERGENCY MEDICAL SERVICES

APPENDIX 1 - SWOT ANALYSIS OF GARRETT COUNTY EMS

Appendix 1 – SWOT Analysis of Garrett County EMS

The initial meetings of the SWOT Task Force (February 9, March 8, and April 19, 2005) consisted of focused discussion on the critical issues as raised by the Commissioners' targeted goals. These issues were categorized into system strengths, weaknesses, opportunities, and threats. Appendix 1 gives a complete summary of these discussions.

b. Universal – Relate to All SWOT Goals as Assigned by Garrett County Commissioners

Strengths:

1. Good interpersonal relationships among the companies
2. Size of system makes it easy to work with and know other EMS/fire providers

Weaknesses:

1. Age of providers (advanced)
2. No career opportunities
3. Training requirements to provide EMS are an obstacle for volunteerism
4. Unwillingness to adapt to changing medical standards
5. Attrition of certified EMS personnel – multiple causes
6. No formal administrative hierarchy for fire/EMS
7. Slow internet

Opportunities:

1. The Garrett County Commissioners recognize the problems facing EMS and have empowered the SWOT Task Force to make recommendations on the direction of EMS development in the county.
2. Availability of grant funding sources
    a. MSFA State Review Board & low interest loans
    b. Matching/Hardship, Highway Safety, Bio-terrorism, etc.
    c. Federal – Appalachian Regional Commission (ARC)
    d. County grant writer
3. County budget has surplus due to expanding tax base.
4. Develop marketing/PR strategy plan
5. Recognition and acceptance that we do need change and improvement
6. A credentialing authority could be established.
7. Improved utilization of manpower
8. North and South sharing manpower

9. To improve quality of mediocre members
10. Dedicated EMS coordinator full-time
11. Background investigation before being allowed on apparatus
12. Improve professionalism pertaining to peer-to-peer relations and respect between members/companies and within the system as a whole.
13. Improve attitude (professionalism/respect) of nurses and doctors.

Threats:

1. Commissioners may not accept appropriate level of responsibility.
2. Lack of motivation and dedication (25% of members doing 75% of work)
3. Paid service taking over volunteer service
4. Turf issues could stop SWOT process.
5. Apathy – for the process and the short- and long-term reports
6. Recommendations may not be implemented or would be watered down.
7. The plan meets real world and may not be viewed as a consensus document.
8. County government may have more control of volunteers.
9. Public may not hear of SWOT outcome.
10. Fear of change
11. Misinformation about SWOT process
12. Loss of county monies for support
13. Lack of proactive response (only respond once, it is critical)
14. Public forum (letter to editor to solve internal problems)
15. Lack of marketing of SWOT outcome in EMS
16. Policy makers who do not have operational EMS experience
17. Designing a workable EMS system at the expense of patient care

c. Goal 1 - Timely/Rapid BLS and ALS EMS Response

Strengths:

Manpower

- A strong core membership in EMS/fire services

Operational

- Good working relationship among EMS, fire, DNR, law enforcement (i.e., mutual aid)
- Good medical direction
- Good specialty teams (i.e., DNR, Dive Team, Mine Rescue, W MD Grotto, Medevac)
- Good statewide EMS system (MIEMSS)
- GIS Maps

Equipment

- Good equipment capabilities (vehicles in good shape and 100% participation in VAIP)
- Good extrication and fire equipment capabilities

Communications

- Good dispatch system
  - Trained personnel, dispatch protocols, EMS, and QA Process
  - Good customer service

Weaknesses:

Manpower

- Inactive members
- Dwindling numbers
- Lack of volunteerism
- Weak recruitment/retention efforts
- People leaving area after trained to EMT-P level
- Lack of release for people from private jobs

Operational

- No county standard for affiliation by company
- Not all fire companies respond to EMS calls or actively participate in system though receiving county funding.
- No standards required to hold administrative or operational leadership
- No dedicated paid provider or administrator
- No county plan for mass gatherings or special events
- No county standard for re-callout (second alert/second due)
- No standard scheduling of crews
- Inadequate ambulance deployment (seasonal)
- Insufficient number of designated helicopter landing sites
- No standardized criterion for fire and medical response

Equipment

- No standard for BLS equipment (VAIP not required)
- EMS equipment for first responders is lacking.

Communications

- Radio dead spots
- Communication infrastructure is weak.
- Spotty cell phone coverage

General

- Weather has negative influences on ground and air transports.
- Uninformed patients calling for non-emergencies results in many EMS taxi runs.
- Geography makes for long transports.

Opportunities:

Manpower

- Promotional – take every opportunity
  - EMS Week
  - Open Houses
  - Block Parties
  - Safe Kids Camp
- Recruit/retain new quality members.
- Reactivation of EMS Club in high schools for improved volunteer recruitment
- Utilization of CERT/AWARE to bring in new volunteers
- Seasonal employment of certified caregivers from other portions of the state
- Cajole ski patrol to join squad.
- Discuss with businesses the opportunity to let people run with squads.
- Pay personnel to get unit out the door.
- Improve morale of membership as a result of an EMS plan addressing the problems.

Operational

- Establish responsible organization with authority.
  - Establish credentialed leadership.
  - Establish fire, EMS chief minimum credentials.
- Implement countywide policy and enforcement of operational standards.
- All fire companies will respond to EMS calls.
- Redraw boxes (running areas) to improve response times.
- Develop county to county and state to state mutual aid agreements.
- Put into place policies to reduce 911 taxi calls (nursing home).
- Improve standards for response times and reduce scratch rates.
- Standardize response times.
- Countywide policy for staffing a response unit
- Standardize membership requirements.
- Develop mass gathering response plan and way to collect fees for such events.
- Improve availability of local helicopter.
- New Medevac landing sites
- Use of Medevac vs. out-of-state units (require policies with SYSCOM)

General

- Develop an EMS plan to deal with population growth.
- Develop a plan for EMS/fire stations based on projected population building needs.

Threats:

Manpower

- Job description and associated hazards
- Lack of volunteers
- Demands on volunteers
- Loss of personnel from volunteer to paid at company/community level
- Competition with paid services in other counties
- Loss of experience and quality personnel
- Lifestyle changes – demand on both parents as breadwinners and family

responsibilities
- Changing fire/EMS culture – disincentive for participation
- Lack of private businesses to allow release time for EMS volunteers
- Lack of recruitment
- Age of volunteers
- Younger population changing work ethic
- Loss of leadership

Operational
- Stress on fire departments for response to EMS
- EMS resources – numbers of units and equipment inadequate for current demand
- Demand increases, but resources do not increase.
- Older membership not allowing new members to take lead
- Over-utilization of ALS by BLS providers in non-ALS calls

Communications
- Alerting systems (Yellow alerts - ED overcrowding - delays and destination reroute - Hospital bed availability)

General
- Lack of public support for volunteerism – they expect service
- Changing population demographic – urban migrating to rural
- Commissioners may not implement recommendations.
- Public backlash if fiscal implications are too high
- Cost may be prohibitive.
- Backdoor deals could undermine the process.

C. Goal 2 - An EMS System That Is Sustainable and Adaptive, Which Is Countywide and Is Financially Solvent

Strengths:

Operational
- Good working relationship among EMS, fire, DNR, law enforcement (i.e., mutual aid)
- Good working relations with the hospital

Equipment
- Good equipment capabilities (vehicles in good shape and 100% participation in VAIP)

Communications
- Good dispatch system

General
- Income tax incentive
- Dedicated funds from fire tax, EMS tax, and training monies
- Strong financial support from the public

Weaknesses:

Manpower

- Inactive members
- No LOSAP
- Dwindling number of volunteers
- Lack of volunteerism
- People leaving area once trained to EMT-P level
- Lack of release for people from private jobs
- Weak recruitment/retention efforts

Operational

- No county standard for affiliation by company
- Not all fire companies respond to EMS calls
- No standards for holding administrative or operational leadership positions
- No dedicated paid provider or administrator
- Association is not unified.
- No countywide plan for expansion of EMS based on anticipated population growth
- No county plan for mass gatherings or special events
- Lack of active participation by some who still are funded
- No county standard on billing for service

Communications

- Radio dead spots

General

- Weather has negative influences on ground and air transports.
- Uninformed patients calling for non-emergencies results in many EMS taxi runs.
- Slow internet

Opportunities:

Manpower

- Recruit/retain new quality members.
- Reactivation of EMS clubs in high schools for improved volunteer recruitment
- Utilization of CERT/AWARE to bring in new volunteers
- Seasonal employment of certified caregivers from other portions of the state
- Cajole ski patrol to join squad.
- Discuss with businesses the opportunity to let people run with squads.
- Improve morale of membership as a result from an EMS plan addressing the problems.
- Promotional – take every opportunity
  - EMS Week
  - Open Houses
  - Block Parties

- Safe Kids Camp

Operational

- "Well-off" companies can help companies with less.
- Establish credentialed leadership entity with authority.
- Establish fire, EMS chief minimum credentials.
- Establish responsible organization with authority.
- Implement countywide policy and enforcement of operational standards.
- All fire companies will respond to EMS calls.
- Redraw boxes (running areas) to improve response times.
- Pay personnel to get unit out the door.
- Develop county to county and state to state mutual aid agreements.
- Implement policies to reduce 911 taxi calls (nursing home).

Communications

- Homeland Security funds to help with communication upgrades

General

- To develop an EMS plan to deal with population growth
- To develop a plan for EMS/fire stations based on projected population building needs

Threats:

Manpower

- Lack of volunteers
- Demands on volunteers
- Loss of personnel from volunteer to paid at company/community level
- Competition with paid services in other counties
- Loss of experience and quality personnel
- Lifestyle changes – demand on both parents as breadwinners and family responsibilities
- Changing fire/EMS culture – disincentive for participation
- Age of volunteers
- Younger population's changing work ethic
- Job description and associated hazards

Operational

- Stress on fire departments for response to EMS
- EMS resources – units and equipment inadequate numbers
- Lack of private businesses to allow release time for EMS volunteers
- Older membership not allowing new members to take lead
- Over utilization of ALS by BLS providers in non-ALS calls
- Loss of leadership
- Alerting systems (Yellow Alerts - ED overcrowding - delays and destination reroute - hospital bed availability)

General

- Difficulties in designing an efficient rural EMS system that would take into account geography, population density, weather, and seasonal population

- Lack of public support for volunteerism – they expect service – changing population demographic – urban migrating to rural
- Increased demand but no increase in resources

D. Goal 3 - An EMS System That Has Excellent Educational Opportunities Resulting in EMS Providers That Provide Quality Delivery of BLS and ALS Care That Is Motivated and Monitored through the QA/QI Process.

Strengths:

Operational
- Good specialty teams (DNR, Dive Team, Mine Rescue, W. MD Grotto, Medevac, etc.)
- Good statewide EMS system (MIEMSS)
- Good medical direction

Equipment
- Good extrication and fire equipment capabilities

General
- Strong educational support

Weaknesses:

Manpower
- QA process weakened by the interpersonal relationships
- Lack of local opportunities for CME
- No ALS or BLS preceptor program
- Current certification process dulls desire to obtain additional education.
- MFRI minimum class size requirement
- Lack of orientation program for new providers

Equipment
- No standard for BLS equipment (VAIP not required)

General
- Slow internet

Opportunities:

Operational

- Full-time QA person
- Quality Assurance/Quality Improvement officer training for companies
- Move from Regional to Jurisdictional Quality Assurance and Quality Improvement
- Effective and real-time QA (Medical Review Committee and QIC can meet regularly)

Threats:

Operational

- EMT-Basic curriculum that does not meet the needs for day to day care
- Quality Assurance as a punitive tool
- Loss of college support for education
- Cost of education
- Increasing educational requirements

GARRETT COUNTY
EMERGENCY MEDICAL SERVICES

APPENDIX 2 - Job Descriptions

EMERGENCY MEDICAL SERVICES (EMS) SCHEDULER
ADVANCED LIFE SUPPORT (ALS) DIRECTOR

DRAFT

GARRETT COUNTY

EMERGENCY SERVICES

J O B D E S C R I P T I O N

TITLE: EMERGENCY MEDICAL SERVICES (EMS) SCHEDULER

I. GENERAL RESPONSIBILITIES:

This position is responsible for scheduling emergency medical services providers for Garrett County rescue services. He/she oversees the scheduling of both paid and volunteer providers and may be required to fill in as a provider when needed. In addition, this position will provide administrative staff support for the Emergency Services Board.

II. REPORTING TO THIS POSITION:

None

III. POSITION REPORTS TO:

Director of Emergency Management for Garrett County (Future – Paid ALS Director)

IV. RESPONSIBILITIES: (Illustrative Only)

1. Coordinates and schedules EMS providers for Garrett County.
2. Establishes and maintains liaisons with all EMS companies in the county and region and with related outside agencies.
3. Compiles routine performance reports for the Emergency Services Board.
4. Performs clerical duties for the Emergency Services Board as determined by the Director of Emergency Management. These duties may include typing, filing, maintenance of records, duplicating, etc.
5. Assists in budget preparation and tracking of expenditures.
6. Processes requests for office supplies.
7. Maintains appropriate files.
8. Provides EMS coverage when needed.
9. Performs other related duties as assigned.

V. QUALIFICATIONS, SKILLS AND KNOWLEDGE:

NREMT-I or NREMT-P licensure; be an active member, in good standing, of a Maryland company designated by the Region I EMS Advisory Council to provide Advanced Life Support or a Commercial Ambulance Service approved by the MIEMSS Commercial Ambulance Division; extensive knowledge of EMS practices and procedures; knowledge

of supervisory practices to include managing volunteers; ability to develop and effectively maintain weekly EMS coverage schedule; working knowledge of office terminology and techniques to include word processing skills; excellent written and oral communication skills; ability to work well with others; confidentiality; courteous; tactful; neat appearance; secretarial skills.

2/7/06 jet

DRAFT
GARRETT COUNTY
EMERGENCY SERVICE

J O B D E S C R I P T I O N

TITLE: ADVANCED LIFE SUPPORT (ALS) DIRECTOR

I. GENERAL RESPONSIBILITIES:

This position is responsible for hiring, training, supervising and directing paid emergency medical services providers for Garrett County rescue services. He/she monitors the quality assurance program, oversees the daily activities of staff, establishes organizational goals, develops and manages operational budget, serves on the Emergency Services Board and may be required to fill in as a provider when needed.

II. REPORTING TO THIS POSITION:

Emergency Medical Services Scheduler
Paid EMS Providers

III. POSITION REPORTS TO:

Garrett County Commissioners

IV. RESPONSIBILITIES: (Illustrative Only)

1. Hires, trains, directs and supervises paid EMS providers for Garrett County.
2. Assists in the development and implementation of EMS policies and procedures for the County.
3. Identifies and develops short- and long-term goals for EMS operations.
4. Develops and manages operational budget to include staff, supplies and equipment.
5. Evaluates performance of assigned personnel and provides feedback/counseling for continuous improvement.
6. Takes a lead role in the Quality Assurance process.
7. Serves on Emergency Services Board.
8. Establishes and maintains liaisons with all rescue services in the county and region and related outside agencies.
9. Serves as a mentor for both paid and volunteer providers.
10. Compiles routine performance reports for the Emergency Services Board.
11. Provides EMS coverage when needed.
12. Performs other related duties as assigned.

V. QUALIFICATIONS, SKILLS AND KNOWLEDGE:

Minimum of four years experience in management and supervision; leadership skills; budget development; NREMT-I or NREMT-P licensure; be an active member, in good standing, of a Maryland company designated by the Region I EMS Advisory Council to provide Advanced Life Support or a Commercial Ambulance Service approved by the MIEMSS Commercial Ambulance Division; extensive knowledge of EMS practices and procedures; knowledge of the Maryland Medical Protocols for Emergency Medical Services Providers; knowledge and experience of the issues currently impacting the prehospital care provider; excellent written and oral communication skills; ability to work well with others; confidentiality.

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GARRETT COUNTY
EMERGENCY MEDICAL SERVICES

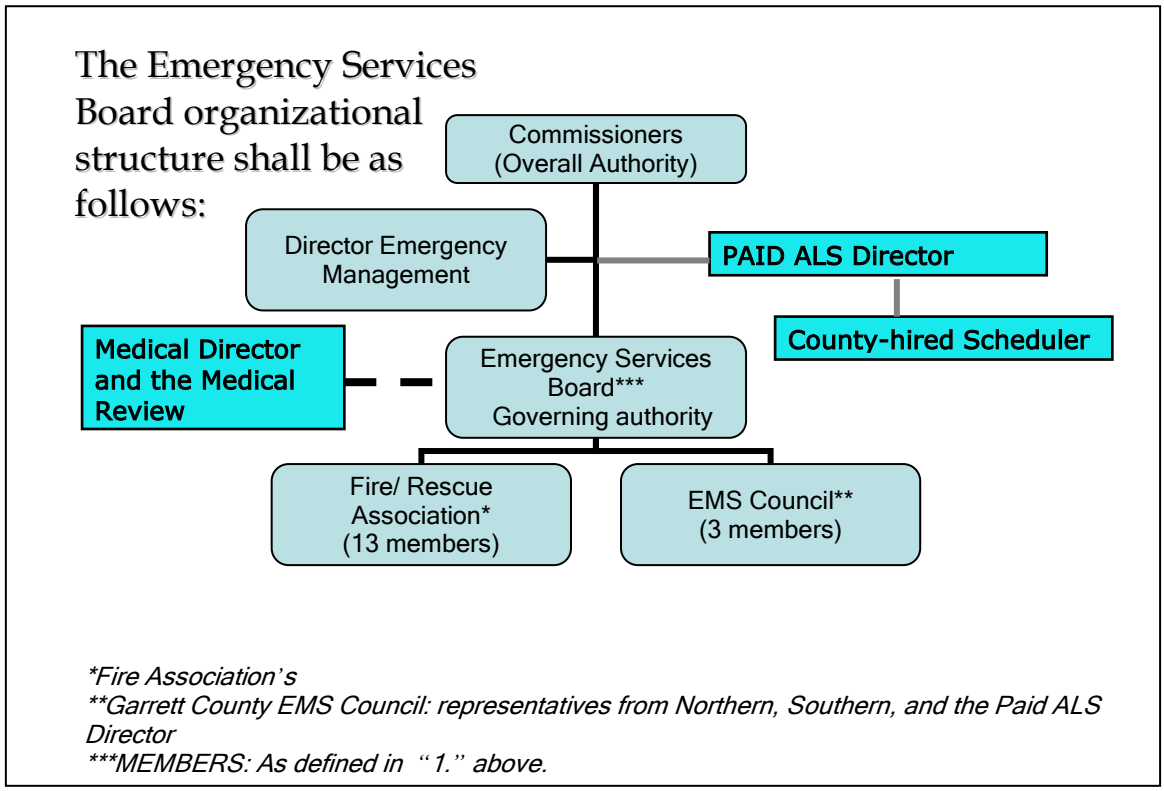
APPENDIX 3 - Garrett County
Emergency Services Board

Appendix 3 – Garrett County Emergency Services Board

The Garrett County Emergency Medical Services SWOT Task Force recognized the need for a management structure for EMS/fire and services to address standard and policy implementation in the county. Their recommendations are:

4. That the Garrett County Commissioners establish an Emergency Services Board that is composed of:
    a. Director of Emergency Management
    b. Future - Paid ALS Director
    c. 2 Fire Association members (Once ALS Director added - Fire Association members increase to 3)
    d. 2 EMS (1 NGCRS, 1 SGCRS)
    e. 1 Citizen
5. That the Fire and Rescue Association and the Garrett County EMS Council (see 7 of this Appendix) will appoint the representatives from within their associations for the Emergency Services Board
6. That the citizen representative to the Emergency Services Board will be appointed by the Commissioners and this person will:
    a. Serve as the Board Chair
    b. Not be a present or former member of a Garrett County fire or EMS service
    c. Be a full-time resident of Garrett County
7. That the Emergency Services Board will have Commissioner-delegated authority to:
    a. Develop standards and policy for fire and EMS based on recommendations from the Fire Association and the Garrett County EMS Council
    b. Implement said policies and standards in a reasonable time frame
    c. Enforce standards through the appropriate Fire Association or Garrett County EMS Council
    d. Provide financial management for county-administered funds, and that
        i. 100% funding will be ensured for the first year after implementation of standards
        ii. if services are not compliant with the reasonable standards and policies the second year, 5% of the county funding will be withheld and the Emergency Services Board will appoint a review committee to determine strategies to bring the company into compliance
        iii. if services are not compliant by the third year, 10% of the county funding will be withheld and the Emergency Services Board will appoint a review committee to provide an alternative recommendation to the Emergency Services Board
        iv. when significant expenditures are required to meet new standards, said standards will be phased in and, where possible, financially supported by county government
8. That, if necessary, legislation will be adopted for the establishment of the Emergency Services Board

9. That the Emergency Services Board shall evaluate the EMS System annually and make recommendation to the Commissioners regarding updates and improvements to the system. These recommendations may include, but would not be limited to:
    a. staffing
    b. priority dispatch
    c. billing
    d. evaluation of system's progress in providing countywide delivery of EMS
10. The Garrett County EMS Council will be composed of a representative from NGCRS, SGCRS, and the county ALS Director with
    a. ex officio members from other EMS agencies (e.g. WISP Ski Patrol, DNR, MSP Aviation, etc.)
11. The Emergency Services Board organization structure shall be as follows:



GARRETT COUNTY
EMERGENCY MEDICAL SERVICES

APPENDIX 4 - Length of Service Awards Program - (LOSAP)

APPENDIX 4 - Length of Service Awards Program - (LOSAP)

The Garrett County EMS SWOT Task Force strongly recommends the establishment of a Length of Service Awards Program (LOSAP). The Task Force recognizes that attracting and retaining quality, volunteer, emergency service personnel is the most critical problem facing the county. If sufficient volunteers are not recruited, the unattractive alternative is to continually reduce or replace them with paid personnel at a very high cost to the taxpayers. The unacceptable alternative is a reduction in personnel resulting in a greater potential for loss of life and destruction of property.

LOSAP is a retirement program for qualified active volunteer members of the County EMS and/or fire companies that benefits:

- the county—as an inexpensive and effective way to preserve the volunteer system
- the volunteer EMS/fire service—by providing various incentives that develop truly professional personnel through required active participation
- the volunteers—by receiving a lifetime monthly income after many years of loyal service, or financial aid for their families in the event of premature death or disability

The SWOT Task Force feels that LOSAP will help the Garrett County volunteer EMS/fire community by:

- providing an additional inducement for an individual to volunteer
- encouraging inactive volunteers to become more involved so as to be LOSAP eligible
- keeping volunteers in the system longer so full benefits can be received at retirement

Funding a LOSAP will require the County to establish an annuity fund that will provide retirement, disability, and death benefits for eligible volunteers. The amount required will vary on the many options which would have to be considered in establishing the program. Variables include:

- plan effective date
- entitlement age
- monthly benefit formula
- pre-entitlement death benefit
- vesting
- certain funding parameters

For exact costs of a Garrett County LOSAP, an examination of all these alternative benefits and eligibility criteria would need to be decided upon and program proposals solicited from the private sector (unless the County would choose to do a pay-as-you-go program funded with General Funds). For purposes of planning, the SWOT Task Force utilized information on a LOSAP proposal that was recently established in Kent County* (290 volunteers). The cost to county government will require $198,393 for the next 20 years, with $151,206 each year after the initial amortization period (assuming conditions do not change).

These monies will provide for an annuity fund that will result in a benefits package that allows for the following:

- When an eligible member dies before reaching entitlement age, according to this proposal, the named beneficiary will receive the greater of $25,000 (the face amount of life insurance provided by the plan), or the present value of the member's earned benefit. This lump-sum benefit is payable upon death from any cause. It is not limited to an emergency duty. This applies to all members age 65 and younger (without evidence of insurability) as well as those members over age 65 who qualify for life insurance. Non-insured members will receive the value of their earned benefit payable in the manner established by the plan sponsor.
- When a member becomes totally and permanently disabled from any cause before reaching entitlement age, a cash lump-sum benefit is immediately paid from the plan. This amount is based on the discounted present value of his earned benefit and not the monthly benefit to which he is entitled at his entitlement age. In addition, the member's death benefit continues for life.
- When an eligible volunteer reaches the entitlement age, members are entitled to a monthly income from the plan payable for life, with 120 payments guaranteed. The benefit formula in this proposal is:
    - $6.00 per month for each year of past service (service before the plan begins) to a maximum of 5 years.
    - $6.00 per month for each year of future service (service after the plan begins).
    - $150.00 maximum monthly benefit (25 total years of service).

In Kent County, benefits are earned by volunteers for each year of active service they provide the community. This benefit becomes vested (guaranteed) after a period of years. The vesting schedule shown below illustrates that a member is 100% vested after 5 years of service.

Years of Service Including Past Service	Earned Benefit	Vested Percentage	Benefit Payable
1	$6.00	0	$0.00
2	$12.00	0	$0.00
3	$18.00	0	$0.00
4	$24.00	0	$0.00
5	$30.00	100	$30.00
6	$36.00	100	$36.00
7	$42.00	100	$42.00
8	$48.00	100	$48.00
9	$54.00	100	$54.00
10	$60.00	100	$60.00
20	$120.00	100	$120.00
25	$150.00	100	$150.00

To determine eligibility, Kent County emergency services personnel need to accumulate 50 points in a year to be credited with a year of service. Points can be earned for training, drills, sleep-in, or stand-by, election to appointed positions, attendance at meetings and, most importantly, participation in department responses.

*Mr. Michael Moore of the Dukes-Moore Insurance of Chestertown, Maryland, and agent for VFIS LOSAP, provided all information on the Kent County LOSAP.

GARRETT COUNTY
EMERGENCY MEDICAL SERVICES

APPENDIX 5 - Proposed Budget for SWOT Implementation

Appendix 5 - Proposed Budget for SWOT Implementation

To implement the recommended actions the Garrett County SWOT Task Force estimates the cost items listed below will be required. Per the phase-in of the various recommendations annual expenses will vary. This budget does not contain the costs associated with the monies needed for communication equipment or anticipated revenues when county ALS providers are hired.

		Quantity	Unit Cost	Total Cost
Personnel				
Scheduler	Base	1	$35,000.00	$35,000.00
	Fringe	1	$13,300.00	$13,300.00
ALS Director	Base	1	$40,000.00	$40,000.00
	Fringe	1	$15,200.00	$15,200.00
EMT-I/EMT-P	Base	9	$33,500.00	$301,500.00
	Fringe	9	$12,730.00	$114,570.00
Travel/Training				
Scheduler Travel		2500	$0.44	$1,100.00
ALS Director		5000	$0.44	$2,200.00
Other Staff		2500	$0.44	$1,100.00
Staff Development				$2,000.00
Communications				
Telephone				$1,200.00
Internet				$400.00
Postage				$1,200.00
Equipment				
Office Furniture				$1,500.00
IT Equipment				$3,500.00
Establish LOSAP				
20 year Amortization Plan*				$198,393.00
Total Expenses**				$ **732,163.00**

*$151,206 required for subsequent years
**Garrett Central Upgrades Not Included

We the undersigned have reviewed and endorse the recommendations as put forth in the attached 2005 Garrett County EMS SWOT Task Force Report:

Rep./Organization	Signature	Date Signed
Kenny Sines Northern Garrett Rescue		2-13-06
David Moon Southern Garrett Rescue		2-15-06
Sue Smith Accident VFD		2/13/06
Ron Savage Deer Park VFD		2-14-06
Darla Friend Deep Creek VFD		2-15-06
Kathy Bever Bloomington VFD		02-15-06
Terry Spear Friendsville VFD		02/13/06
Jeff Beitzel Bittinger VFD		2-15-06
Helen Neal Gorman VFD		2/15/06
Phil Rook Oakland VFD		02-14-06
Mark Halsig WISP Ski Patrol		2/14/06
Jon Zeigler Garrett Med. Transport		2/15/06
Jeff Hinebaugh GMH		2/17/06
Brad Frantz Garrett Emergency Manag		2/14/06
Dr. William May Region I Medical Director		2/10/06

Rep./Organization	Signature	Date Signed
Bill Hardy **Pre-Hospital Care Coord.**		2/16/06
Rod Bowser **Garrett County Fire/Rescue**	Rod Bowser	2/13-06
Cheryl Rexrode **Region I EMS Council**	Cheryl Rexrode	2/15/06
John Frank **Search and Rescue (DNR)**		2/13/06
HB Martz **Medevac**		2/10/06
Jean Tressler **Emerg Ser. Train. Center**	Jean Tressler	2/14/06
Dr. Richard Perry **Jurisdictional Medical Director**		2/14/06