

## Executive Summary

The Emergency Medical Service (EMS) in the Town of Oak Bluffs provides a complex and essential service not only to the town but to island residents and all visitors. The program provides 911 or local emergency medical service as well as inter-facility transport from the Martha's Vineyard Hospital to off-island medical facilities. This report is based on full and valuable cooperation from the Oak Bluffs Emergency Medical Service with support from Comstar, the EMS billing service provider.

The total annual cost for the Oak Bluffs EMS program is approximately \$1.5 million, partially paid for by Oak Bluffs taxpayers. In FY11 reimbursements from government and private sector insurers as well as patients provided \$1.158 million in revenue. In addition to most of the costs of the inter-facility transport program, these funds are also used to pay for ambulance, police and fire department vehicles and equipment.

The cost of the current EMS program is driven in part by the town-approved Advanced Life Support service level. Also affecting the program cost, the rising volume of service demand is driven by the number of visitors as well as the number of large organizations operating within the town.

This report documents how the EMS operates and what are the workloads and operating costs<sup>1</sup>. In a number of areas additional and regular program review by EMS management and its billing service provider could serve to increase operating efficiencies and cost effectiveness, and perhaps also enhance revenue recovery. To the extent feasible it is important to increase the accuracy of expense allocation between 911 and Transport. Currently the Revolving Fund has a balance carry-over. There are factors that may limit revolving fund surplus in the future: government<sup>2</sup> and insurers will continue to limit reimbursement rates; costs will increase for ferry fees, technology, personnel healthcare and pensions; public pressure to reduce taxes will continue.

This report includes the following recommendations which should be reviewed by the EMS Chief with the Town Administrator to determine priority and potential benefit. In addition the impact of implementation of any of these recommendations on the current workload of the Chief and Executive Assistant needs to be evaluated.

- Budgeting, revenue and expense accounting for 911 and Transport services should be as transparent and accurate as possible with a goal to ensure adequate revenue generation. p. 4
- Review management capacity to ensure appropriate staffing, span of control and workload. Ensure full compliance with the Fair Labor Standards Act exemptions for overtime. p. 8
- For vehicle maintenance evaluate whether a task order contract requiring a specific proposal for each work order would help contain costs. p.11
- EMS Chief in consultation with the Comstar billing service should analyze changes in billing recovery rates for possible causes and corrective measures. p.11
- EMS Chief with assistance of Town Administrator should review billing rates based on a thorough analysis of all fixed and variable costs, including future replacement of capital assets. p. 12
- EMS chief should work with Comstar to investigate if there are incentives that would encourage recovery of unpaid amounts, improve timeliness of payments or increase recovery rates. p.12
- EMS Chief should evaluate financial impact of not recovering these costs, and propose a policy whether to bill or continue to subsidize. p. 12
- A periodic report of the value of hardship write-offs should be provided to the Town Administrator and Selectmen. p. 13
- Selectmen should review and approve a formal write-off policy (currently under consideration). p. 13
- Comstar should prepare a quarterly billing error report showing errors by type. p. 13
- Comstar should report at least annually on the average elapsed time for payment. p. 13
- Improve thoroughness and detail of long term capital expenditure plan including replacement cost. p. 14,15
- The Board of Selectmen should support the EMS Chief in his current efforts to achieve a more equitable island-wide mutual aid arrangement. p. 15

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<sup>1</sup> Limitations in data: municipal budget and expenses are based on the fiscal year. Some billing data is based on calendar year. For efficiency measures these periods were deemed sufficiently comparable.

<sup>2</sup> GAO reports that independent Emergency Medical Services earn "profits" from Medicare reimbursements between -14% and +2%.

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## Oak Bluffs Emergency Medical Services Program

The purpose of this report is to fully describe the Oak Bluffs Emergency Medical Services (EMS) program and services. The report provides a comprehensive picture of revenue and expenses to run the program, including identification of funding sources. The report uses data from both fiscal and calendar periods and from both FY11 and FY12. Audited year end expenditures and completed workload data are available for FY11. A total program cost was constructed for FY12 however, complete workload data for FY12 will only be available after June 2012. In some cases program evaluations in this report are based on relative data comparisons because data for precise comparisons is not readily available.

Current EMS spending plans are based on a continued surplus of funds in the Revolving Fund. Risks to this continued scenario include downward pressure on government and insurance approved payment rates and upward pressure on costs (ferry fees, personnel benefits, etc.) There will always be continued interest in reducing taxpayer burdens. Based on a more complete understanding of the EMS revenue and expenses, this report makes fiscal recommendations with potential to improve cost effectiveness or revenues and to better assure longevity of a needed town service.

The Oak Bluffs EMS provides basic 911 emergency medical care and transport to its citizens and visitors as well as mutual aid to other island towns. The 911 primary response service includes Basic Life Support (BLS) such as stabilization, oxygen, blood pressure, CPR, etc. In addition the Oak Bluffs EMS provides Advanced Life Support (ALS) including cardiac monitoring, medications, chest compression and other paramedic level support. The Oak Bluffs EMS operates independent of other entities such as the fire department or a hospital.<sup>3</sup>

A review of the services currently provided by the Oak Bluffs EMS identified the majority of these services as essential to a seasonal resort town based on the Town's approved level of service<sup>4</sup> (see Appendix A). The Massachusetts Department of Health Office of Emergency Medical Services establishes standards and policy and oversees compliance with regulations for municipal emergency medical services programs. This includes overall program qualification, employee certification, and vehicle and equipment configuration. The Town is also a member of the Island-wide Quality Assurance committee chaired by the Hospital Medical Director. This committee establishes common policies and agreements for emergency medical services such as mutual aid.<sup>5</sup> All Island EMS programs provide ALS level service.

The primary response service, 911, is considered the minimum required by a municipal ambulance service. Inter-facility Transport (Transport) provides advanced life support for patients who need to be taken to another facility, usually off-island. This is a reimbursable service provided by agreement with the Martha's Vineyard Hospital and by mutual aid agreement with the island's other towns. This service has been voluntarily assumed by Oak Bluffs EMS.

Reducing the EMS program to provide only 911 response would not necessarily eliminate all inter-facility transport calls. The license granted by the State to operate the Oak Bluffs EMS requires service to all places of business operating in the primary coverage area of the community identified in the application.<sup>6</sup> Thus even if the Hospital were to choose to contract otherwise than with Oak Bluffs EMS for inter-facility transport, the EMS would be required to provide back-up transport.

The ALS service level requires additional staff expertise and certification as well as advanced equipment for the Ambulances. As a result this raises the operating costs well above the Basic Life Support level of service. All ambulances must be equipped at the advanced level. A mix of BLS and ALS certified staff is currently maintained. At least one member of each emergency crew must be certified at the ALS level.

In FY11 the EMS program collected \$1,159,546 in revenue for services rendered<sup>7</sup>. All revenue whether for 911 or Transport is deposited in the Revolving Fund. FY11 EMS expenses, not including constructed costs, was \$1,047,285. The Revolving Fund reported a balance carry-over at the end of the year of \$393,134. Total EMS expenses, including

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<sup>3</sup> Only 33% of all ambulance services across the nation in 2007 were free-standing organizations. *Ibid.* p.8.

<sup>4</sup> Oak Bluffs voted to increase emergency medical service to the Advanced Life Support level at a Town meeting in 2003.

<sup>5</sup> The QA committee is currently updating the existing 2004 inter-town agreement.

<sup>6</sup> 105 CMR 170.355 "Responsibility to dispatch, treat and transport"

<sup>7</sup> \$1,158,223 in billings by Comstar and \$1,322.47 in collections by FFR.

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constructed costs, for FY12 are projected at \$1,498,235 (see Appendix B).<sup>8</sup>

Four measures assist community leaders to analyze the economic efficiency of an emergency ambulance service, to compare providers in the same or similar service areas objectively and reveal how efficiently each provider manages its ambulance resources<sup>9</sup>:

- Cost per transport FY11<sup>10</sup>: \$649
- Cost per capita FY12<sup>11</sup>: \$331
- Cost per unit hour FY12<sup>12</sup>: \$44.97
- Unit hour utilization(UHU) FY11<sup>13</sup>: .21

The Oak Bluffs EMS compares well to national averages for these efficiency measures for ambulance programs. In 2007 the U.S. Government Accountability Office reported the cost of EMS averaged \$415 per transport, with a range from \$100 to \$1,218.<sup>14</sup> Factors that influenced cost included volume, ALS/BLS ratio, urban vs. rural area, productivity (transports per staffed hour) and tax support. The average cost per transport for EMS with a volume under 2,000 was \$464 (\$553 adjusted for inflation to 2011).<sup>15</sup> In a 2006 study the average cost per capita for EMS was \$90.55 (\$101 in 2011).<sup>16</sup> The national average in 1988 for cost per unit hour in small/rural EMS systems was \$70 (\$134 in 2012).<sup>17</sup> The national average for unit hour utilization is .30.<sup>18</sup> Variations of the Oak Bluffs EMS from the national averages may be due to the wide variability between year round and seasonal populations as well as the readiness requirement to handle the hospital transports off island.

The Oak Bluffs Emergency Medical Service Program is funded partly through an appropriation paid for by Oak Bluffs tax payers (Budget category Ambulance Service 1231) and partly through a Revolving Fund "Ambulance Transport Budget". Most of the Transport service expenses are paid from the Revolving Fund. 911 and selected expenses for Transport services are also paid from the following annual appropriations line items:

- Treasurer Fixed Payroll Cost 1144 (personnel benefits: Medicare, Pension, Health insurance, Payroll services)
- Unclassified Selectmen 1199 (building insurance, Workers Compensation self insurance)
- Information Technology 1155 (communications/telephone)
- Highway (fuel)<sup>19</sup>

EMS expenses are not specifically designated 911 or Transport. For example, all personnel benefits, whether the hours worked are 911 or Transport, are paid with appropriated funds (1144 Treasurer Fixed Payroll Costs). The program Chief is working to designate non-personnel expenses by type of service in order to most accurately reflect the true costs of 911 vs. Transport service. Neither labor hours nor vehicle usage is specifically tracked as 911 or Transport expense. This would require a detailed and labor-intensive activity-based costing application. The accuracy of the expenses would be entirely dependent upon the accuracy of the reporting in systems known to be prone to human error.

There is an acknowledged cross-subsidy between the 911 and Transport programs that obscures a precise analysis of the financial benefit of the Transport program. The Town appropriations pay for health insurance, pension, payroll and unemployment insurance for the Transport hours worked. The Revolving Fund underwrites the cost of ambulance, EMS

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<sup>8</sup> The actual total amount of expenditures for the EMS program must be "constructed" by adding the various funding sources, including EMS appropriation, Revolving Fund and prorata share of other non-EMS appropriation line items such as employee health insurance, pension, payroll, IT, facilities overhead.

<sup>9</sup> *EMS Guidebook*, Vol. 2, EMS Structured for Quality, April 2008, p. 80. Based on availability of complete FY data, the most current year is used. Limitations in data: municipal budget and expenses are based on the fiscal year. Some billing data is based on calendar year. For efficiency measures these periods were deemed sufficiently comparable.

<sup>10</sup> The literature refers to the EMS workload as transports. Oak Bluffs distinguishes between emergency calls '911' and Hospital-initiated 'transports'. See Table 1.

<sup>11</sup> \$1,498,235/4527 Including the seasonal population would lower the cost per capita to \$66.73 (\$1,498,235/22,452). See Table 7.

<sup>12</sup> \$1,498,235/33,317. See Table 8.

<sup>13</sup> UHU productivity ratio = unit hours/# calls. 33,317/1614 = 20.64; decimal moves two places to left to get percentage.

<sup>14</sup> GAO. *Ambulance Providers; Costs and Expected Medicare Margins Vary Greatly*. GAO-07-383, May 2007. p.6. GAO's report only evaluated independent/free standing EMS providers.

<sup>15</sup> *Ibid.* p.20.

<sup>16</sup> Bailiss, Andrew K. *How Does Rittman EMS Add Up: Setting Performance Measures To Improve Quality*. A research project submitted to the Ohio Fire Executive Program, 17 July 2006. p.30.

<sup>17</sup> Roush, W.R. *Principles of EMS systems*. Dallas TX: ACEP, 1994, p.467.

<sup>18</sup> California, *Ambulance Service Delivery 2007*; Henry Consulting, *Unit Hour Analysis*.

<sup>19</sup> Starting with FY12 the fuel was approved by the town to be paid from the Revolving Fund.

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equipment and Police and Fire equipment, including major repair. Personnel budgeted to Transport are available for 911 duty thus probably reducing 911 salary expenses. Revenue for 911 calls goes into the Revolving Fund and does not offset 911 appropriations expenditures.

The Chief has developed a constructed budget, estimated at \$814,000 annually to approximate what funding would otherwise be required for a stand-alone 911 service. This includes \$590,000 for salaries, \$178,000 for other personnel costs, and \$46,000 for non-personnel costs. This 911 constructed budget does not include funds for new vehicles or equipment or major repairs. Based on current revenue averages (see Table 2 infra) the \$814,000 stand-alone 911 program would be offset by revenue between \$500,000 and \$550,000, thus requiring a town appropriation of between \$265,000 and \$290,000. There would be no funding reserve available to carry over for ambulance, police, or fire vehicles and equipment.

Capital expenses (e.g., equipment, vehicles) for both 911 and Transport are paid from the Revolving Fund. There is detailed tracking and approval for all expenses from the fund. There are a number of items planned for future capital expenses, however all likely capital expenses for the next decade need to be costed, budgeted and planned (e.g. every vehicle should have a major repair and replacement schedule, future costs for building upgrade or replacement should be planned). The Revolving Fund also is used to pay for Fire Department and Police vehicles and equipment (\$141,319 in FY11 and \$237,200 in FY12), primarily for ladder truck and police cruiser leases. Planning and costing of these other safety expenses is being included in the draft 6 year Capital Asset plan. As currently drafted the average cost of capital investments for ambulance, police and fire services over the six year period 2013-2018 is \$425,000 per year.

All income from reimbursement payments for services rendered is deposited into the Revolving Fund whether the service is 911 or Transport. FY12 anticipate revenue totals \$1.596M: \$1.233M from EMS billings and \$.363M from appropriated funds. The total operating cost for EMS in FY12 including both 911 and Transport will be \$1.503M. Additional capital costs for other safety programs are \$.237M. Total planned cost is \$1,740M.

The Revolving Fund must have sustainable year-end net balances to carry over in order to continue to pay for all safety capital assets. The current estimate for FY12 end-of-year carry-over in the Revolving Fund is \$393,134.

The rates charged by the EMS are proposed by the OB EMS but must be approved by the State. These rates have been set to recover as much expense as possible. The rate payers (Medicare, Medicaid and the contracted insurance companies) establish maximum reimbursement rates. These serve as “allowances” which limit the actual amounts that the OB EMS can be reimbursed. Based on the billing agents FY10 report, EMS is allowed to bill at approximately 57% of approved rates (see infra “Billing” section).

**Recommendation:** Budgeting, revenue and expense tracking for all EMS services (911 and Transport) should be as transparent, accurate and timely as possible. EMS program management and Town Administration staff will need to work together to track and account for expenditures data as precisely as practical. To the extent feasible all Transport expenses should be clearly identified and reported. An evaluation should be conducted as to what additional 911 costs could be paid for from the Revolving Fund<sup>20</sup>. The Ambulance, Fire Department and Police Department needs for essential safety equipment and vehicles should be itemized in detail (Draft multi-year plan currently under review). The EMS program goals should be to ensure sustained revenue generation sufficient to fund the EMS program as well as additional safety assets; to sustain/improve revenue; and to reduce costs/increase savings.

**Table 1: FY11 EMS Calls – Cost of Calls**

	CY11 EMS Calls	FY 11 Actual Expenditures <sup>21</sup>	Avg. Cost/Call	FY12 Fully Constructed Expense
911 (Account 1231)	864	\$301,899	\$349	\$363,470
Transport (Revolving Fund)	<u>750</u>	<u>\$745,386</u>	\$994	<u>\$1,134,765</u>
Total	1614	\$1,047,285	\$649	\$1,498,235
Daily average	2.7			

<sup>20</sup> This would require an understanding of any statutory constraints in the fund legislation Act of April 17, 2008, 2008 MASS. ACTS Ch. 88, §1-3.

<sup>21</sup> FY11 Actual Expenditures does not include funds in non-EMS appropriation accounts (in FY12 this came to ~\$260,000). Some expenses from the Revolving Fund may actually be for 911 services.

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**Table 2: FY11 EMS Calls – Revenue Collected<sup>22</sup>**

	# Calls	Revenue Collected	Avg. Revenue per Call
<b>FY2011</b>			
911	702	\$544,228	\$775
Transport	603	\$713,050	\$1,183
Total	1,305	\$1,257,278	\$963
<b>FY 2012 YTD</b> (thru 3/11/12)			
911	487	\$348,893	\$716
Transport	483	\$500,366	\$1,036
Total	970	\$849,259	\$876

- On a per call basis a Transport call has higher average revenue per call. This is logical since most inter-facility transports are to Boston with significantly more labor and vehicle hours involved.
- The revenue per call for both services decreased from 2011 to 2012, reflecting downward pressures on rates and economic conditions constraining individual ability to pay.

**Table 3: FY11 EMS Calls – Relative Revenue vs. Expense per Call**

	Revenue per Call	Expense per Call	Constructed Expense per Call
<b>911</b>	\$775	\$349	\$434
<b>Transport</b>	\$1,183	\$994	\$1,193

- Revenue per call is somewhat inflated because this includes only billable calls (1305 out of 1614 total calls)
- This contrasts with expense per call which includes all 1614 calls, billable and not.
- FY11 constructed expenses is based on using the relative FY12 percentages for non-EMS appropriations.<sup>23</sup>

**Table 4: CY11 EMS Calls – Monthly Breakdown by Type**

Service	Jan	Feb	Mar	Apr	May	June	July	Aug	Sept	Oct	Nov	Dec	Total
<b>911</b>													
Emergency	40	36	41	35	49	81	113	119	71	45	42	36	708
Non-emergency	2	4	8	11	6	15	36	38	15	9	5	7	156
911 Total	42	40	49	46	55	96	149	157	86	54	47	43	864
<b>Transport</b>													
Emergency	31	16	34	33	34	49	56	61	40	24	25	25	428
Non-emergency	35	18	25	19	19	29	40	31	33	13	27	33	322
Transport Total	66	34	59	52	53	78	96	92	73	37	52	58	750
<b>All Calls</b>	108	74	108	98	108	174	245	249	159	91	99	101	1614

- Busiest months are July and August
- Slowest months were October and February

<sup>22</sup> Revenue collected includes only billable transports for which revenue was received, not necessarily in the same fiscal year. FY12 is through February 2012.

<sup>23</sup> Constructed expense for FY11 is based on using FY12 “overhead” percentages for non-EMS appropriation line items. Transport/Revolving Fund: \$189,148/\$945,524 = 20%. 911: \$71,040/\$292,397 = 24.3%. \$349x1.243 = \$434. \$994x1.20 = \$1,193.

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**Table 5: CY11 EMS Calls – Breakdown by Level of Acuity** (using insurance codes):

Priority <sup>24</sup>	Total #	Percent	Transport (On and Off Island)	911
1	25	2%	4	21
2	911	56%	375	536
3	470	29%	319	151
4	<u>208</u>	13%	<u>52</u>	<u>156</u>
Total	1614		750	864

- 208 or 13% of all calls in FY11 were categorized as “refusal of treatment” or “no treatment”. Refusals or no treatments are not billed. In addition to refusals, public assist and fire calls also are not billed.
- 50% of call in 2011 (825) were for patients 55 or older.
- Based on the SSA charges the off island transport count is approximately 746 for the period December 2010 through November 2011.
- Approximately 90% of 911 and transport calls are for non-residents (based on any billing address other than 02557).<sup>25</sup> The non-resident category includes seasonal home owners, seasonal visitors, tourists and day trippers and any Oak Bluffs resident using an Edgartown or Vineyard Haven mailing zip code. According to the 2010 Census the Oak Bluffs year round population is 4,527.
- The collection rates for Medicaid HMO (57%) and Patient (10%) appear very low and account for 12% of Transports. Other payer groups are essentially subsidizing this non-payment.
- There has been a decline in Medicaid transport collections as a result of changed State welfare benefits which do not cover ambulance transports.
- Other insurance collections have decreased due to higher co-pays and deductibles putting more responsibility for payment on the patient. With the economic downturn patient payments have been stressed.
- The Oak Bluffs payer mix is heavily weighted to government reimbursement programs, Medicare (over 65) and Medicaid (financially in need). Both programs cap the allowable reimbursement amounts. Currently Oak Bluffs does not have contracts directly with insurance companies.<sup>26</sup>

**Table 6: FY10 EMS Call – Breakdown by Payer-mix**

	# Transports	% Transports	Charges Collected
Blue Cross	165	13%	90%
Medicaid	145	12%	85%
Medicaid HMO	52	4%	57%
Medicare	563	45%	98%
Medicare HMO	8	1%	100%
Other Insurance	210	17%	86%
Patient	96	8%	10%
Total	1239	100%	81%

- In FY 2011 Oak Bluffs had significantly more 911 calls (864) compared to Edgartown (649, 25% fewer) or Tisbury (616, 29% fewer). This is impacted by several factors:

<sup>24</sup> Priority rating is based on patient’s condition, with 1 most serious. Priority 4 are refusals, cancellations, mutual aid without patient care.

<sup>25</sup> The number for residents is probably low due to the local custom of Oak Bluffs residents having Edgartown or Vineyard Haven addresses in order to receive home delivery of mail. A more accurate number would include 02539 and 02568 zip codes.

<sup>26</sup> The “payer mix” impacts the collection performance of an emergency ambulance service. Payer mix is defined as the percentage of patients transported within each major payer category: Medicare, Medicaid, commercial insurance, private pay, and other payers. Providing a high volume of transports to uninsured patients obviously results in larger amounts of uncompensated care. *EMS Guidebook*, Vol. 2, EMS Structured for Quality, April 2008, p. 86

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- Many regional organizations and their facilities are physically located in Oak Bluffs: Hospital, Regional High School, Island Elderly Housing, Community Services, Ice Arena and the YMCA. These locations accounted for 28 EMS calls in FY12 between July and November.
- Oak Bluffs has the largest number of alcohol-permitted establishments, moped establishments and ferry services than any other Island Town.
- There is a significant visiting summer population with a potential to increase EMS calls.

**Table 7: Estimated Average Summer Population in Oak Bluffs in 2010<sup>27</sup>**

Category	Oak Bluffs	Edgartown	Tisbury
Year-round residents	4,527	4,027	3,949
Guests of Year-round	1,392	1,256	1,264
Seasonal/Vacationers	11,243	16,342	6,144
Transients	1,290	1,522	1,428
Day Trippers	3,000	500	2,500
Cruise Passengers	<u>1,000</u>	_____	_____
Total	22,452	23,647	15,285

- If Oak Bluffs did not provide transport services to the Hospital, a minimum of 2 ambulances would be required: 1 for response and 1 for backup
- Oak Bluffs has a written agreement with the MV Hospital dated 5/10/04 with no expiration date. It basically states that the Hospital agrees to give the Oak Bluffs Ambulance the right of first refusal on all transports. It does not address charges for unbillable fees such as the ferry fee. The Town is investigating how to address equitable responsibility for the ferry expense with the SSA and the Hospital. (see infra "Other expenses" section)
- In FY 11 Oak Bluffs responded to 65 calls in other towns under the Mutual Aid agreement. Oak Bluffs requested assistance from other towns on two occasions.

### Staffing and Schedules

FY12 staffing for the EMS includes:

9 Paramedics; 2 EMT Basics – total eleven (11) full time employees, including Chief and Lieutenant.  
20 EMT Basic; 2 EMT Intermediate; 10 Paramedic – includes volunteers  
.5 FTE Office Administrator (The Administrator is half time with the Fire Dept.)

- The current workloads and time commitments of the Chief and the Executive Assistant need to be taken into account in evaluating the capacity to undertake the program recommendations in this report.
- Shift staffing is particularly complex including on call, night duty and seasonal factors (see Table 9).

**Table 8: EMS Staffing**

Employee Category	Description	# Employees	Hours Worked	Maximum Planned Hours
Full Time	Includes regular, overtime and holiday	11	22,053	22,630
Part Time	Administration	0.5	1,044	1,044
Night EMTs	On call, stipend guaranteed	2	10,220	10,220
Part Time	On call, includes volunteers	32	<sup>28</sup>	
Seasonal	Full time during summer only, no benefits	4	<sup>28</sup>	
<b>Total</b>			33,317	33,903

<sup>27</sup> Martha's Vineyard Commission, draft 2010 population analysis (not yet verified), December 2011.

<sup>28</sup> Counted in hours worked above.



**Table 9: EMS Shift and Staffing Schedule**

Ambulance	Shift Period	Hours	Staff		Compensation	Personnel Schedule
			Medic	Basic		
#1	8 am – 8 am	24	1		Salary	24 hr. shift; 3 days on/1 off
	8 am – 6 pm	10		1	Salary	
	6 pm – 8 am	14		2	Stipend	On call; 14 hr. shift
#2†	6 am – 8 pm	14	1	1*	Salary/ Stipend applies to basic only	
#3†	6 am – 8 pm	14	1	1*	Salary/ Stipend applies to basic only	
#4	Backup					

† Oct. – May on call

\* Oct. – May on call; June – Sept full time; time frames adjusted based on demand.

- There are two (2) 10 hour daytime shifts: 8 am-6pm and 10 am-8pm. There is one (1) on-call shift.
- 10-hour shift employees, both paramedic and basic work 4 days on, 4 days off for a total of 1820 hours annually.
- 24-hour shift employees (paramedic) work 2 days per week, 1 day on 3 days off.
- The paramedic is on duty at the emergency center when not on call.
- Shifts are scheduled to start early to ensure coverage for transports on the first morning ferries.
- In the summer, all shifts are covered by hourly rate staff. In the winter, some shifts are covered by standby or call in when needed.
- 4 BLS level employees are added during the summer (June-Sept). Seasonal staff does not receive benefits.
- Overtime may be generated by minimum staffing or ambulance calls that go beyond employee’s regular shift. Fair Labor Standards Act (FLSA) exempt positions should not be paid overtime.
- Salary and hourly rates are not based on compensation study. Presently rates are set by Ambulance Chief and Town Administrator.
- Night and weekend differential – none
- On call compensation – day shifts: on call volunteers receive a \$50 stipend to be available any time usually between 6am – 8pm. There is no minimal time or compensation commitment. If they are called to service, they will then be paid an hourly rate of \$19 per hour for time worked.
- Lieutenant (\$29.94/hr) assumes all of the duties of the Chief in his absence. In addition, he is responsible for the shift scheduling and training of the department.
- The Shift Commander (\$29.07/hr) is in charge of the staff during their scheduled shift. There currently are 4 Shift Commanders, 2 of them are the Chief and Lieutenant. **Recommendation:** Review management capacity to ensure appropriate staffing, span of control and workload. Ensure full compliance with the Fair Labor Standards Act exemptions for overtime. [Note: The Personnel Board has been asked to review EMS staffing.]
- The EMS culture derives from the quasi-military structure found in the Fire Department. Historically, EMS was part of the Fire Departments. When on call the Paramedic team lead is completely independent of the department hierarchy due to his/her responsibility to manage the health emergency.
- All EMTs originally trained and funded by Oak Bluffs have completed their 3 year service commitments before working in other towns.
- Employee benefits:
  - FY12 Health insurance is \$133,857 annually for 10 full time employees: monthly cost is \$14,873 of which the Town pays \$11,154.75 (Town Treasurer).
    - 4 @ PPO Family Plan \$17,865.00
    - 4 @ PPO Individual Plan \$7,128.00
    - 1 @ PPO-SP Plan \$14,256.00
    - 1 @ NBlue Family Plan \$16,020.00
  - Oak Bluffs will contribute \$119,000 in FY12 toward retirement pension for EMS salaried employees.
  - Oak Bluffs will contribute a small amount (\$141) to Unemployment Compensation coverage for EMS salaried employees.

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- Oak Bluffs will spend approximately \$1,000 to cover all EMS employees (full, part time and volunteers) under the Town’s blanket accident policy for Police/Fire/Ambulance.
- The Town of Oak Bluffs self insures for Workmen’s Compensation. The FY11 program costs have not been identified.
- Life insurance – there is no town expense.

## Training

- Of the FY12 training budget (\$11,500) \$7,135 is spent on Full Time salaried and \$4365 on volunteers.
- Training expenses to date in FY12 are \$30,897: \$29,397.00 reflects “Paramedic Training” which was a special project approved from the Revolving Fund.
- Employee Certification
  - BLS EMT Course is \$1,200 per student for 4 month course. EMS training budget pays when funding allows: 50% is paid initially by the Town; the other 50% is reimbursed to student upon completion of course and EMT certification.
  - ALS Paramedic Course is \$10,000 per student for 24 month course and requires a 3 year commitment contract for service from each student.
- Refresher Training
  - Every classification (EMT, Paramedic) requires a mandatory DOT Refresher course every 2 years as well as CPR certification.
  - Basic EMT DOT refresher is \$135.00 per student
  - Paramedic DOT refresher is \$550.00 flat rate.
  - Paramedics must renew certifications annually at \$1,210 per medic:
    - PHTLS (Pre-Hospital Trauma Life Support) at \$250 per student
    - ACLS (Advanced Cardiac Life Support) at \$180 per student
    - PALS (Pediatric Advanced Life Support) at \$180 per student
    - Critical Care trained Paramedics attend a mandatory CCT (Critical Care Transport) refresher at \$600 per student.
  - EMTs and paramedics are paid their hourly rate (no overtime) for all required refreshers or new training.
  - Paramedics in recertification training are paid a stipend.
  - Training mandated by oversight agencies is paid for by the Town. Attendees are paid straight time, even if over their regular scheduled duty.
  - In house training is on duty.

## Vehicles

- There are four (4) Ford E450 ambulances: #1 stays on island; #'s 2 and 3 are for inter-facility transport; #4 is considered “spare”.
- Ambulances must be re-certified annually by the State.
- Compared to benchmark towns in Massachusetts, the Oak Bluffs program has a comparable number of ambulances per capita.<sup>29</sup>

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<sup>29</sup> MA Resort/Retirement and Artisan Communities: high property values, relatively low income levels, and enclaves of retirees, artists, vacationers, and academicians

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**Table 10: Ambulances per Capita Comparison**

Town	2010 Population	Department	Level	Ambulances	Ambulances per Capita (year round)
Truro	2087	Ambulance	Paramedic	2	1044
West Tisbury (Tri-Town)	2740	Ambulance	Paramedic	3	913
Wellfleet	2750	Fire	Paramedic	3	917
Provincetown	3431	Fire	Paramedic	3	1144
Tisbury	3949	Police	Paramedic	2	1975
Edgartown	4027	Fire	Paramedic	2	2014
Oak Bluffs	4527	Ambulance	Paramedic	4	1132

- An ambulance costs between \$275,000 and \$300,000 purchased new. An ambulance can be re-chassis'd once, after 10 years, at a cost of \$150,000. The "box" lasts 20 years. Current 5 year lease costs are \$53,000 annually.
- The State certifies ambulances and will not recertify a box beyond a 20 year life.

**Table 11: EMS Vehicles**

Vehicle	Year acquired	Acquisition Method	Cost	Replace/repair schedule	Notes
#1 Ambulance	2011	Leased	\$53,348/yr. 5 years		
#2 Ambulance	2007	Purchased	\$140,000	2015	Chassis already replaced; structural issues
#3 Ambulance	2006	Purchased			Replacement box needed
#4 Ambulance	2005	Purchased	\$150,000	2013	Re-chassis
Intercept vehicle Ford Expedition SUV	2007 (2004 model)	Transferred		2013 \$56,000	Acquired from Police Dept. 4-wheel drive Used in bad weather, beach rescues, mutual aid
Rehab bus 2000 Chevy	2000	Donated			

- The new "emergency management vehicle" purchased in 2007 for \$34,669 does not belong to EMS.
- Ambulance vehicle insurance cost with Argonaut Insurances #MBA00063300 is \$4,489.26 annually.
- Intercept vehicle is used to transport personnel to neighboring Towns for mutual aid as well as transport personnel to secondary ambulance for backup when needed. In addition, it is used for patient access in inclement weather and beach rescues.
- Fuel expenses and record keeping were historically paid for and managed by the Highway Department. The original FY 12 budget for fuel for the EMS was \$25,000. The Highway Department reported that the EMS in FY11 used 10,907.6 total gallons and total expense of \$33,469.42. The EMS reported that \$27,778 was spent in FY11: \$23,325 for Transport and \$5,453 for 911 service. In FY2011 and going forward the fuel expense will be paid from the revolving fund (approved at town meeting).
- Every effort is made not to re-fuel off island. If needed, EMS staff is reimbursed (approximately 5-6 times a year).
- Vehicle maintenance in FY12 for 4 months is \$11,480. Buddy's contract was competed in FY12 and awarded for all Town vehicles, not just the ambulance. The current contractor provides on demand, 24x7 repair for the ambulances to keep vehicles available for duty. **Recommendation:** Evaluate whether a task order contract requiring a specific proposal for each work order would help contain vehicle maintenance costs.

## Billing

The Oak Bluffs EMS contracts with a billing agent, Comstar<sup>30</sup>, for all billing and related reporting services. Comstar charges a fee of 4% of receivables.<sup>31</sup> The Comstar contracts with FFR for collections services. Comstar is responsive to recommendations to increase recovery of billed amounts and has made useful suggestions for potential improvements.

EMS billing revenue increased 36% from FY10 to FY11 (see Table 12, Net Payment line). The current billing recovery rate previously exceeded and now meets the national average of 70% as reported in a 2006 study.<sup>32</sup> Percentages for net billable as well as billing recovery rate, however, both fell between FY10 and FY11. Revenue (net payment) fell relative to charges for services (net billable). These downward trends come during a period when call volume increases have flattened out (see Chart 2, p. 13).<sup>33</sup> Continued decreases could put EMS revenue at risk. **Recommendation:** EMS Chief and Comstar billing service should analyze changes in billing recovery rates for possible causes and corrective measures.

**Table 12: EMS Billing Recovery**

Revenue	FY10 Total	FY11 Total
Gross Receivable	\$1,753,901	\$3,159,704
Net Billable	\$1,008,409	\$1,652,956
	57%	52%
Net Payment	\$853,766	\$1,158,223
Billing recovery rate	85%	70%
FFR collections	\$3,272	\$1,322
Write-offs		\$12,381

**Table 13: Trend in Payer Recovery Rates**

Payer Category	Collection Rate (%)	
	2010	2011
Medicare	98.3	99.2
Medicaid	90	80
BCBS	92.4	93.2
Other Insurance	93.2	87.1
No Insurance	14	4
Overall average	84%	76%

- EMS publishes ambulance billing rates that are reviewed and approved by the State. Current rates were approved effective 1/1/2011. This schedule also reports Medicare allowed amounts. These are essentially caps on reimbursement from Medicare. There is no guarantee that Medicare approved rate payment will compensate for actual costs.<sup>34</sup> Billing rates in 2010 and 2011 were increased on average 47 and 49 percent, respectively. **Recommendation:** EMS Chief with assistance of Town Administrator should review billing rates based on a thorough analysis of all fixed and variable costs, including future replacement of capital assets.

<sup>30</sup> Comstar has provided the billing and collections data in this report.

<sup>31</sup> FY10 Comstar receipts were higher than 4% (\$96,000 total) because these included refunds of duplicate reimbursement amounts, funds that were subsequently repaid by Comstar to payers.

<sup>32</sup> Bailiss, *op.cit.* p.30.

<sup>33</sup> Year over year call volume changes: FY08 – 15%; FY09 – 9%; FY10 – 7%; FY11- 3%.

<sup>34</sup> The GAO report found that a majority of ambulance services in the United States *may* have "negative Medicare margins," meaning that the fee schedule rates do not adequately compensate them for their costs of doing business. GAO, *op.cit.* p.31.

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**Table 14: EMS Billing Rates**

Charge	2009	2010	% Δ	2011	% Δ
BLS Emergency base rate	\$617	\$963	56%	\$1,252	30%
BLS Non-emergency base rate	\$386	\$602	56%	\$903	50%
ALS1 Emergency base rate	\$733	\$1,144	56%	\$1,716	50%
ALS1 Non-emergency base rate	\$463	\$722	56%	\$1,084	50%
ALS2 Emergency base rate	\$1,072	\$1,672	56%	\$2,509	50%
Specialty care transport	\$1,254	\$2,934	134%	\$4,402	50%
Mileage	\$18	\$29	57%	\$43	50%
Airway	\$187	\$242	30%	\$364	50%
Cardiac monitor	\$231	\$300	30%	\$450	50%
Defibrillation	\$165	\$214	30%	\$321	50%
Ferry Service	\$47	\$85	81%	\$170	100%
IV therapy	\$165	\$214	30%	\$321	50%
Mast trousers	\$95	\$95	0%	\$95	0%
Oxygen	\$77	\$100	30%	\$150	50%
Paramedic intercept w/USCG	\$2,500	\$2,500	0%	\$3,750	50%
average change			47%		49%

- The EMS does not currently have contracted rates with insurers, such as Blue Cross.
- For inter-facility transports the Hospital is required to seek availability of ambulance services with contracted insurance rates. To date, however, there has been no alternative ambulance service with contracted rates routinely providing service on the island. Should a competitive service become available, the Town EMS would necessarily be required to contract with insurers in order to keep the Hospital Transport business. This would further and possibly substantially reduce reimbursement income.
- Billing rates are regulated by the State. There are only two ways to further increase EMS revenue – increase contracting allowances (controlled by insurance agencies and Medicare/Medicaid) or pursue individual patients for additional payments. There are no additional incentives in the Comstar contract to increase collection rates and/or timeliness of collection. **Recommendation:** EMS Chief and Town Administrator should work with Comstar to investigate if there are contract incentives that would encourage increased recovery rates or more timely payments.
- Medicare does not pay for “Treat, no transport”, patient refusals and response fees.<sup>35</sup> **Recommendation:** EMS Chief should evaluate financial impact of not recovering these costs, and propose a policy whether to bill or continue to subsidize.
- Supplies are not billed separately to the customer but these costs are figured into base rates.
- Medicines are not billed separately to the customer but are figured into base rates

<sup>35</sup> Wolfgang, Douglas M. *EMS Economics*. March 26, 2008.

**Table 15: Aged Billables not yet Collected**

Calendar Year	Gross Receivable (Billed Amount)	Estimated Net Billable	Estimated Potential to Be Paid
		52% <sup>36</sup>	70% <sup>36</sup>
2004	\$980	\$510	\$357
2005	\$10,072	\$5,238	\$3,666
2006	\$50,895	\$26,465	\$18,526
2007	\$107,052	\$55,667	\$38,967
2008	\$128,476	\$66,807	\$46,765
2009	\$155,530	\$80,875	\$56,613
2010	\$170,987	\$88,913	\$62,239
2011	\$401,597	\$208,830	\$146,181
2012	\$596,953	\$310,416	\$217,291
Total	\$1,622,541		\$590,606

- A recent draft management audit report identifies a substantial dollar amount of aged receivables dating back to 2004 totaling \$1,622,541.<sup>37</sup> Based on actual current billing recovery rates and only if all outstanding bills are paid, revenue might more realistically total \$590,606. Half of this potential revenue is from 2012 bills none of which are more than 90 days overdue. This accounting problem persists because the proposed aging policy is pending formal approval by the Board of Selectmen and full implementation with procedures.
- In August 2011 the EMS implemented a revised procedure for handling all aging balances. After 6 months of inactivity, and subsequent to all collection measures being exhausted, uncollected fees will be identified for write-off in an Aging report to be approved by the Ambulance chief and the Town Administrator. A variety of new practices such as payment by credit card, alternative follow-up methods, using invoices rather than letters, and more aggressive pursuit of abatement request forms will be evaluated to resolve aged bills and improve revenue collection. Credit card payment will require the upgraded Ambupro software (see p. 15).
- In October 2007 the EMS formalized collection procedures with the billing agent, Comstar. Any balance over \$100 is sent to the collections agency. Hardship requests are processed by the billing agent, reviewed and approved by the Ambulance Director and Town Administrator, with notice to the billing agent and Town Accountant. **Recommendation:** a periodic report of the value of hardship write-offs should be provided to the Town Administrator and Selectmen.
- FFR is the collections agency used to recover unpaid bills. There is no fee except a percentage of what is collected. Un-collectibles are sent to the collections agency usually after 90 days of regular billing from Comstar without payment. **Recommendation:** Selectmen should review and approve a formal write-off policy (currently under consideration). EMS should work with FFR and Comstar to further reduce aging of overdue amounts, to increase payments and to improve timeliness of write-offs.<sup>37</sup>
- Incomplete information that causes billing errors is reported by the billing service to the EMS and corrected immediately. **Recommendation:** Comstar should prepare a quarterly billing error report showing errors by type (codes, charges, incomplete records) to be reviewed by the EMS Chief and Administrator for process

<sup>36</sup> Using FY11 billing recovery rates to estimate likely revenue.

<sup>37</sup> (From IAFF Cost Recovery Monograph #4) p.8

"Account Closing — The best way to "close" an account is with payment in full. However, because each insurance payer may not make payment in full, the account may be closed accepting only what the payer agrees to pay (taking "assignment"). It may also be closed with the receipt of the payer and co-insurance amounts or by "writing off" a portion of the receivable. If further payment is required, the account activity may be refiled with a primary carrier or routed to a secondary insurance carrier, the patient, or to a collection office. Ideally, the accounts closed per day should equal the chargeable events per day to prevent the generation of a backlog of accounts waiting to be closed. All accounts should be cleared within 120 days.

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improvement. The report should calculate the total dollar value of “lost” receivables. Mitigation measures should then be implemented to reduce errors.

- **Recommendation:** Comstar should report at least annually on the average elapsed time for payment: overall and by category (911, transport).
- The Ambulance billing Account Reconciliation Report does not reflect payment income for amounts billed in the same period.

## Supplies/Medicines

FY12 Common Cents \$6,365 in 4 months

FY12 Uniforms \$3,484 in 4 months

Medicines are purchased thru MV Hospital

- Oak Bluffs receives a reduced cost on medications from the Hospital. Other hospital supply contracts or regional purchasing has not been pursued.
- Uniforms are purchased from Other Charges and Expense line item. Too many variables, but on average, we designate \$500 per full time employee for uniforms.
- Oak Bluffs receives collective purchasing rates from our supply carrier Common Cents. There do not appear to be other regionalized service benefits used to reduce costs.

## Other expenses

- SSA charges are potentially underestimated in planning documents. The Hospital has stated that it no longer intends to pay for any ferry reservations for island transports, and all charges would be due from the EMS. The total expense is expected to be \$130,000 plus annually.

**Table 16: Steamship Authority EMS Runs**

Ambulances	Dec-10	Jan-11	Feb-11	Mar-11	Apr-11	May-11	Jun-11	Jul-11	Aug-11	Sep-11	Oct-11	Nov-11	Total
Martha's Vineyard Route													
Count	94	128	80	123	121	89	159	177	186	140	93	103	1,493
Revenue	\$6,846	\$9,930	\$6,030	\$9,415	\$11,650	\$8,495	\$15,427	\$17,317	\$17,947	\$13,550	\$9,120	\$7,987	\$133,716
Cost per trip													\$89.56

- In 2011 the Steamship Authority (SSA) increased ferry fees for ambulances to commercial rates. The SSA stated that when it must bump reservation holders to give an ambulance priority, it compensates the reservation holder, increasing SSA costs for the space.
- In FY12 Oak Bluffs EMS has budgeted \$4,000 of the ferry fees charged by the Steamship Authority for ambulance transport runs off island.
- The draft revolving fund capital plan phases in increased payments so that by 2018 Oak Bluffs is paying \$100,000 in ferry fees.

## Technology and Software

2007 Ambupro \$36,500

2008 Ambupro \$12,500

2013 Ambupro \$35,000

- These expenses are mainly for new software releases and equipment. Oak Bluffs IT department covers the license fees and updates which usually cost \$4,800 annually. The EMS spends an average of \$800 annually of computers and other hardware and \$400 on average for software.
- The EMS Chief has determined that an Ambupro system upgrade will provide much needed flexibility in data tracking and reporting. The upgrade offers potential to use credit cards for payment. Such a major upgrade requires technical assistance and detailed requirements planning in order to implement effectively and to meet the specific needs of the Oak Bluffs EMS program. This expenditure is anticipated in FY13.

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- The Ambupro software life cycle needs to be planned and budgeted.
- Hardware should last 6 years.
- The other towns use the same software enabling standardization and ability to interoperate. There is no additional regional purchasing benefit.
- Radios and pagers are used in the ambulances. Cell phones, landlines and internet average \$3,780 annually and are budgeted in the IT department.
- An ambulance connectivity installation planned for FY13 will add \$1,800 annually to the budget.
- A proposal to purchase LUCAS, a CPR chest compression machine, should be planned and budgeted.  
**Recommendation:** any equipment that may require replacement and any capital purchase, its related maintenance and training costs, should be identified and included in long term capital expenditure plans.

## Building

The EMS shares space in the Safety Building with the Fire Department. Building operational expenses are based on an estimated ratio of space used derived from the new safety building requirements: Fire – 75%, EMS 25%.

In July 2009 Oak Bluffs received a written notice from the State citing several major deficiencies in the safety building including inadequate facilities for the cleaning and decontaminating of soiled or bloody equipment and uniforms; inadequate oxygen filling station which has no proper ventilation and safety mechanism for staff during filling operations; and insufficient floor space surrounding the ambulances for proper loading, unloading and maintaining equipment into and out of the ambulance interior and exterior compartments, noting that two of our ambulances are parked within 18 inches of each other because of space constraints. In addition there is inadequate sleeping quarters for EMS staff, no bathroom showering facility for women, and 1 ambulance is parked at the Town Barn because there is no space for it at the fire station.

**Table 17: EMS FY12 Safety Building Expenses** (annualized estimates)

Expenses	Total Expense	EMS Expense
Electricity	\$ 11,276	\$ 2,778
Oil/propane	\$ 734	\$ 181
Water	\$ 400	\$ 99
Wastewater (Firehouse)	\$ 508	\$ 125
Maintenance	\$ 1,200	\$ 296
Equipment maintenance/repair		\$ -
Telephone/Internet		\$ 3,780
<b>Total</b>		<b>\$ 7,258</b>

## Capital Expenditures

- 2012 \$23,389 – equipment necessary to license 4<sup>th</sup> ambulance at ALS level.
- 2013 \$45,000 – Stretcher upgrade  
\$25,830– Oxygen System  
\$10,672 for A/C unit in FY12 – Replace A/C unit in Transport ambulance

- **Recommendation:** develop a 10 year plan for equipment (e.g., radios, pagers, auto vent, monitors, etc.), vehicles including ambulance re-certifications, technology upgrades, building renovations, etc. The Town Administrator is working the three service chiefs (EMS, Police, and Fire) to develop details for a draft six year plan for capital investment and Revolving Fund expenses.

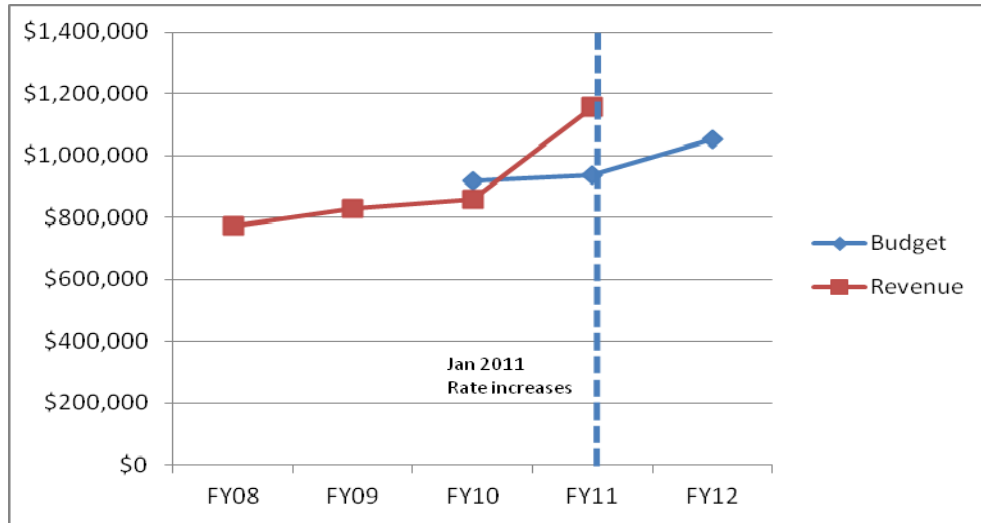


## Public Policy

- Standard of care is set by the Commonwealth of Mass Dept. of Public Health based on the Town vote to approve Advanced Life Support.
- The hospital has additional transport requirements for Coast Guard evacuations.
- The policy of mutual aid has potential consequences for costs in Oak Bluffs when other towns do not staff EMS adequately and Oak Bluffs is required to support emergencies in the other town. Some towns that request mutual aid from Oak Bluffs billed for services but have not reimbursed Oak Bluffs appropriately. The EMS Chief is participating in a review of the mutual aid agreement that will hopefully result in a more equitable arrangement. **Recommendation:** The Board of Selectmen should support the EMS Chief in his current efforts to achieve a more equitable island-wide mutual aid arrangement.
- The recent national health policy that addresses potential negative consequences of stabilization by EMS has not changed the Oak Bluffs procedures for standard of care

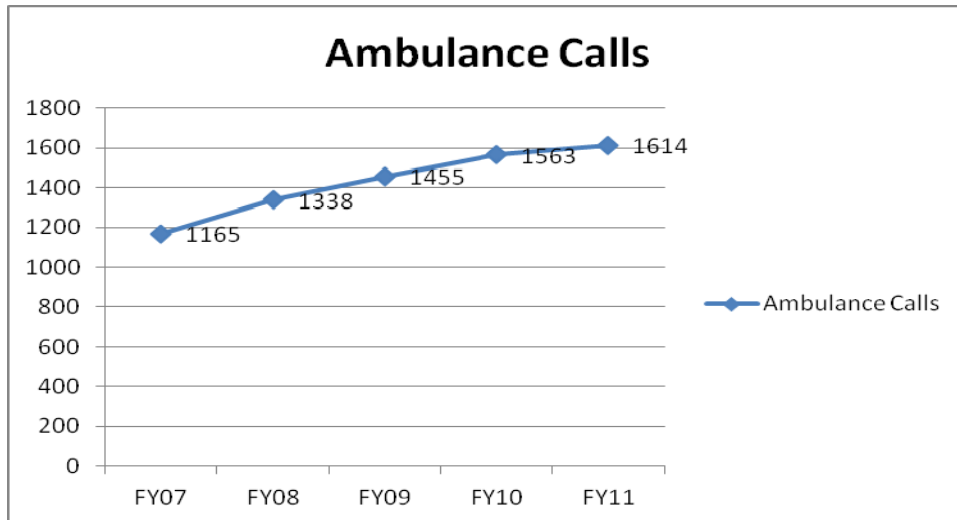
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- Chart 1: EMS Budget vs. Revenue FY08-FY12**

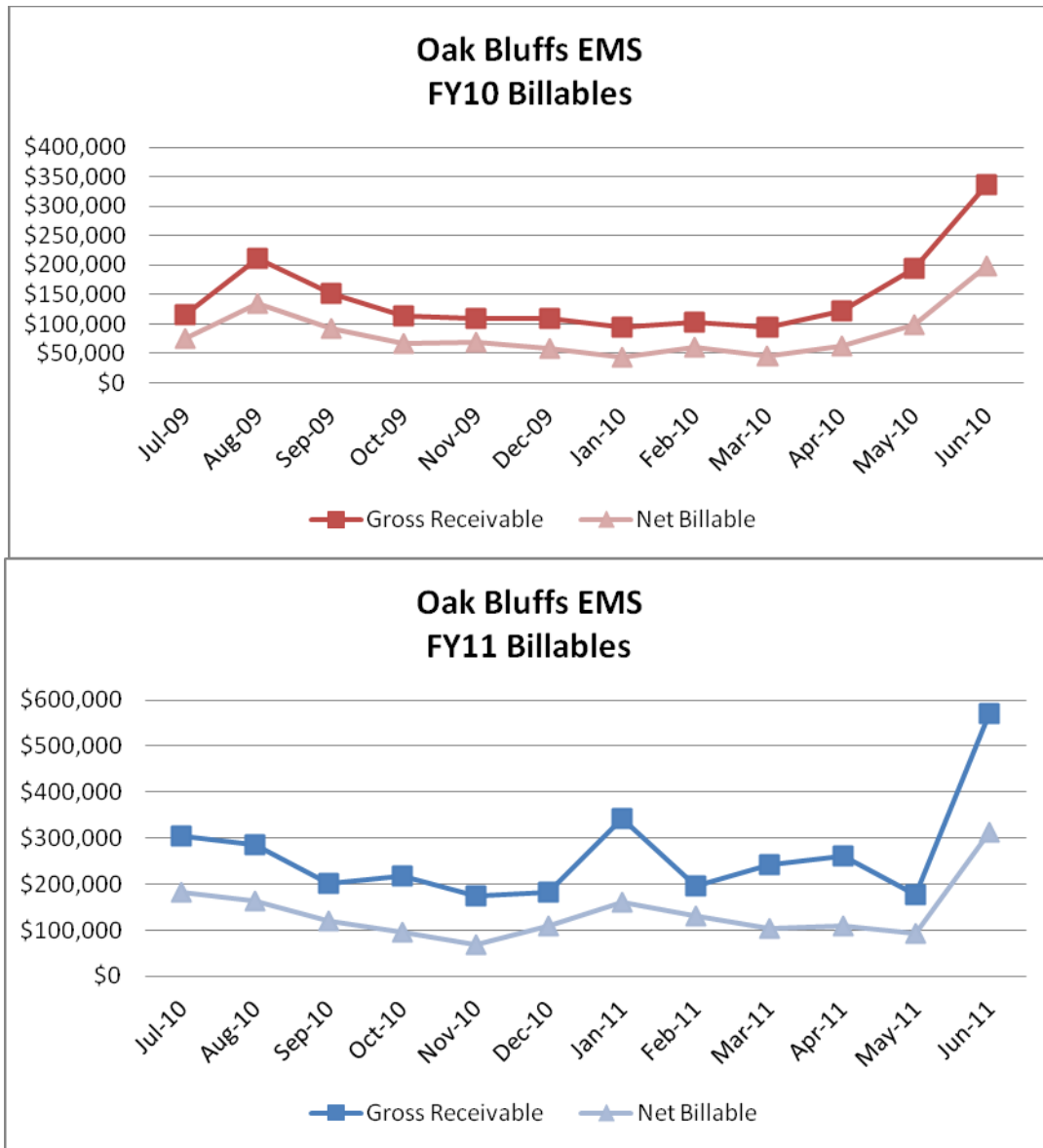


(Note: Budget does not include costs for health insurance, payroll, retirement; capital asset replacement; other insurance.)

- Chart 2: Ambulance Calls FY07-11**

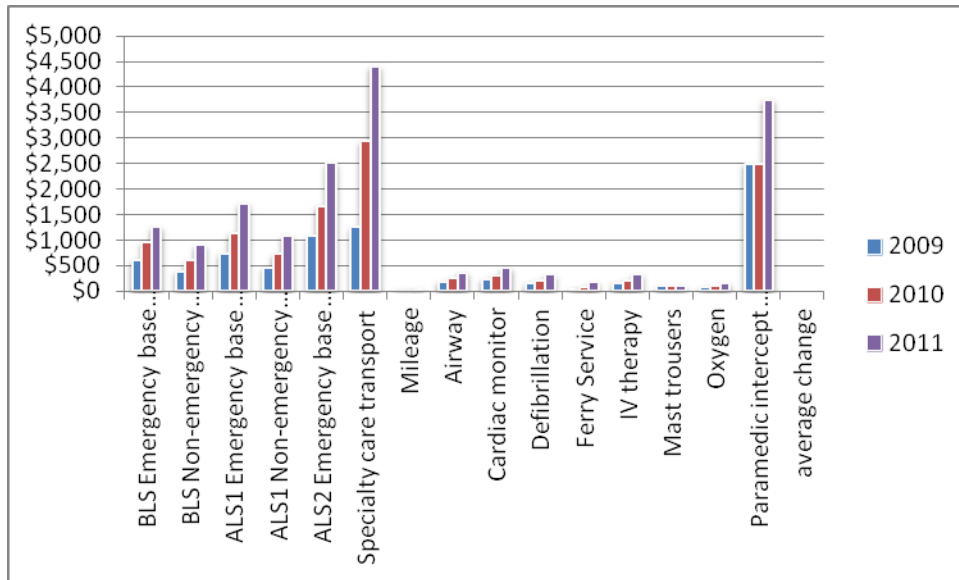


**Chart 3: EMS Billables**



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**Chart 4: EMS Rate Changes 2009-2011**



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**Appendix A EMS Program Essential Services Analysis**

Department: <b>Emergency Medical Services (EMS)</b>		
FUNCTION	Rating	
	LEGEND	3 Required by law/statute, needed for safety 2 Expected service, appropriate in a resort town 1 Quality of life enhancement 0 Non-department function
First responder for emergency medical care within Oak Bluffs: Basic and Advanced Life Support	3	Also provides support to large, regional, nonprofit organizations in jurisdiction
Transport to definitive care deemed a medical emergency	3	
Timely removal of the patient to the next point of definitive care	3	
Call response for non-emergency dispatch	2	
Extrication	3	
Billing for services	2	
Ambulance maintenance	3	
Ordering and inventory of supplies	3	
Drive ambulance	0	This seems redundant as it is a function of #8 in responding to incidents. The driver does not need to be an EMT or Paramedic but must be qualified. According to their staffing requirements there must be a paramedic and an EMT so one of them would drive in order to keep the level of staffing at two per unit.
Drug reporting	3	
Provide 911 dispatch to the Town of Oak Bluffs, 24 hours a day / 7 days a week.	0	Dukes County provides
Provide Mutual Aid emergency services to neighboring Towns when requested	3/2	QUID PRO QUO
Provide Interfacility Transport Service for the Martha's Vineyard Hospital.	2	When appropriate treatment is not available at the Martha's Vineyard Hospital, a patient must be transferred off Island to a tertiary care facility based on the patient's needs. This is the only Ambulance on the Island to provide this service to the entire community and its visitors.
Assist in all Medflight evacuations for the Martha's Vineyard Hospital	2	REIMBURSED?
Perform all United States Coast Guard emergent care transfers for the Martha's Vineyard Hospital.	2	When all other means of transport have been exhausted, and a patient's life is in immediate jeopardy unless transferred to an appropriate medical facility, the USCG will respond. Unfortunately the USCG does not provide medical staffing, so our Paramedics must fly with the USCG and perform patient care. We are only one of a few Ambulances in the entire country that perform this dangerous service.
Provide "Fire Rehab" at all major fires and emergencies in Oak Bluffs	2	Fire Rehab refers to assessing emergency personnel by checking their vital signs and providing them with fluids to ensure they are capable of continuing emergency services. This becomes extremely important while fighting fires where personnel are exposed to extreme conditions such as open flames, heat and smoke. Also called island-wide. NOT REIMBURSED
Provide assistance for all emergency dive or Search and Rescue operations in Oak Bluffs waters	2	Also called island-wide. NOT REIMBURSED.
Assist at the Martha's Vineyard Hospital with patient care.	3	This would be a function at level 3 if it happens while delivering a patient to the hospital.
Conduct regular CPR and First Aid classes for Police, Fire, Daycare Providers, Fitness Centers and anyone wishing to be CPR certified.	2/1	This does not have to be done by the EMS. It may be cost efficient to have our EMS do it for recert or certification vs. paying the Red Cross or other certified instructor. That is a question we need to ask.
Conduct First Responder Certification classes for Police and Fire Departments.	2/1	Same as #26.
Provide emergency coverage during the Presidential Vacation.	2	The Oak Bluffs Ambulance and our Paramedics travel with the Presidential Motorcade and perform special medical details for the First Family. No other Ambulance Service on the Island is privileged with this opportunity. NOT REIMBURSED
Provide emergency services for Large Scale events in Oak Bluffs	2	This includes Monster Shark Tournament, Illumination Night, August Fireworks and dozens of Road Races.

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**Appendix B EMS Constructed FY12 Expenditures**

1231	Ambulance service	Rate	2011		2012	
			Appropriation <sup>1</sup>	Revolving fund <sup>2</sup>	Appropriation <sup>1</sup>	Revolving fund <sup>2</sup>
51101	Salaries		\$106,473	\$623,660	\$111,664	\$522,634
51102	Chief salary		\$72,144		\$76,000	
51140	Longevity		\$2,800			
51400	Shift Pay		\$78,050		\$74,033	
5130	Compensation/Overtime <sup>1</sup>					\$81,322
	Call Pay (Transport shifts)					\$25,000
	Training		\$11,500		\$5,200	
5700	Other charges*		\$25,497	\$121,726	\$25,500	
	Maintenance					\$25,000
	Supplies					\$30,000
	COMSTAR Billing fees					\$49,329
	Steamship reservations					\$4,000
	Fuel		\$5,435			\$25,000
	<b>Subtotal</b>		<b>\$301,899</b>	<b>\$745,386</b>	<b>\$292,397</b>	<b>\$762,285</b>
5800	Other Revolving Fund expenses					
	License 4th ambulance at ALS level					\$23,389
	A/C unit in Transport Ambulance					\$10,672
	Oxygen system					\$25,830
	Paramedic training					\$25,000
	Ambupro					
	New ambulance (5 yr. lease) <sup>3</sup>					\$53,348
	Replace stretchers					\$45,000
	<b>Other Revolving Fund subtotal</b>					<b>\$183,239</b>
	<b>Subtotal</b>		<b>\$301,899</b>	<b>\$745,386</b>	<b>\$292,397</b>	<b>\$945,524</b>
Non-EMS line item expenses <sup>4</sup>		FY12 Constructed	FY 11 Not Constructed		Prorated based on relative % of personnel budget, call workloads	
1144	Health Insurance	\$133,857			\$35,366	\$98,491
51900	Medicare	1.45% \$10,299			\$2,721	\$7,578
1199	Workers Comp self insurance					
1144	Payroll services					
	Unemployment compensation	0.4% \$35,194			\$37	\$104
	Liability Insurance	\$1,000			\$264	\$736
51911	Pension	15% \$106,545			\$28,150	\$78,395
1155	Communications/Telephone <sup>5</sup>	\$3,780			\$2,023	\$1,757
	Computers, other hardware	\$800			\$428	\$372
	Miscellaneous software	\$400			\$214	\$186
	Copier					
	Printers					
	Building: (some estimated)					
1199	Insurance					
	Electricity	\$2,778			\$1,487	\$1,291
	Oil/Propane	\$181			\$97	\$84
	Water	\$99			\$53	\$46
	Wastewater	\$139			\$74	\$65
	Maintenance	\$296			\$158	\$138
	Equipment maint/repair					
	<b>Non-line item Subtotal</b>		<b>\$71,073</b>	<b>\$189,241</b>		
Appropriation & Revolving Fund Subtotal			\$301,899	\$745,386	\$363,470	\$1,134,765
<b>Total</b>			<b>\$1,047,285</b>		<b>\$1,498,235</b>	
5700	Other charges detail					
	Oxygen				\$2,500	
	Medication				\$1,500	
	Uniforms				\$4,000	
	Ambulance repairs				\$5,000	
	Stretcher repair				\$1,000	
	Defibrillator maintenance				\$800	
	Licenses				\$1,500	
	Pagers/radios				\$1,000	
	equipment				\$1,200	
	Medical supplies				\$5,000	
	rehab				\$1,000	
	Cleaning supplies				\$500	
	Non-durable equipment				\$500	
	<b>Other charges subtotal</b>				<b>\$25,500</b>	

1 Source: FY10 Budget

2 Source: Rose "OB Ambulance" Dec 11

3 Source: Rose "Expenditures taken from Ambulance Reserve Fund"

4 Est. other line items: Selectmen, Treasurer, IT.

5 Ambulance connectivity FY13 \$1,800 annually