



THE
CITY of PELLA

STAFF MEMO TO COUNCIL

ITEM NO: K-2
 SUBJECT: Ambulance Study
 DATE: October 15, 2024

BACKGROUND:

The purpose of this Policy and Planning item is to discuss the attached Ambulance Consultant Study completed by Iowa EMS Consultants. The intention of the study was to provide suggested solutions and potential staffing model changes within the Pella Ambulance Department. Robert Hall with Iowa EMS Consultants will be in attendance to present the study results to Council.

As background, the intent of the analysis was to determine both short-term and long-term staffing needs of the Ambulance Department. In addition, the study was intended to determine the number of staff and ambulances to serve three main users of the ambulance including the City of Pella, Lake Prairie Fire District, and Pella Regional Health Center (PRHC). The reason for this itemization was to assist the parties in determining financial responsibilities to ensure the ambulance is adequately funded. Listed below, and on the following pages, is additional information concerning the number of staff needed to continue to serve these parties:

Pella Regional Health Center

Iowa EMS Consultants reviewed the hospital-to-hospital transfer requests made by PRHC. In FY 23-24, the city's ambulance service provided 379 hospital transfers. It is important to note, these often require trips to Des Moines and Iowa City, which lead to extended periods of time in which the ambulance is out-of-service. Once an ambulance is out-of-service, it is likely additional employees will need to be called in to cover 911 calls, resulting in increased costs and leading to full-time staff burnout.

Due to the extended periods of time in which an ambulance is out-of-service while performing hospital transfers, Iowa EMS Consultants is recommending that the City of Pella enter into a contract with PRHC for the transfers. In addition, Iowa EMS Consultants is recommending an additional fee of \$150,000 be paid by PHRC to the City of Pella for these transfers.

It is important to note that staff is currently negotiating a transfer agreement with PRHC. As of this date, we do not have a final decision by PRHC regarding financially contributing to for hospital transfers.

Lake Prairie Fire District

Iowa EMS Consultants also reviewed ambulance services provided to the Lake Prairie Fire District. Based on their review, it costs the City of Pella approx. \$700 per call to serve the Lake Prairie Fire District, which equates to a fee of \$72,800 for ambulance services. If we were to apply the same cost methodology of \$700 per call to the Lake Prairie Fire District for the 244 service calls that occurred in fiscal year (FY) 24, staff believes the annual payment would be approx. \$170,800. It is important to note that the Lake Prairie Fire District includes the townships of Summitt, Black Oak, and Richland as well as the City of Leighton.

Iowa EMS Consultants is recommending that unless the Lake Prairie Fire District pays for ambulance service, the City of Pella should cease service with proper notice. The leadership of the Lake Prairie Fire District has informed staff they do not have the financial resources to pay for ambulance services.

Required Staff and Ambulances

It is staff’s understanding that Iowa EMS Consultants will recommend Option #3 in the report, which is to add 12 full-time employees based on the service level input they received from the City of Pella, Lake Prairie Fire District, and PRHC. This option would allow the City of Pella to staff an additional ambulance, or a third full-time ambulance, 24 hours per day, seven days per week. This option would also allow the city to perform hospital transfers from PHRC when requested. In FY 23-24, the city denied approx. 50 transfer requests from PRHC. From staff’s perspective it may be difficult to add 12 full-time employees in the immediate future due to the following factors:

- **Estimated Costs.** The estimated cost of 12 new employees in the Iowa EMS Consultant’s report ranges from \$677,321 to \$979,679 (Options #3 and #4). In addition, if the city is going to continue to perform transfer services for PRHC, it is likely we will need to purchase a 4th ambulance, which is estimated to cost approx. \$210,000. Funding these costs would be challenging due to the recent state property tax reforms and potential future budget deficits for the city’s General Fund.
- **Financial Contributions from the Parties.** As of this date, neither PRHC or the Lake Prairie Fire District have committed to paying for ambulance services; however, PRHC has indicated a willingness to assist financially. Likewise, the Lake Prairie Fire District has informed staff they do not have the financial resources to pay for ambulance services. Staff believes that absent adequate financial contributions from the parties which use ambulance services, it will be difficult to add a significant number of employees or capital equipment for the ambulance service.

Other Options for Consideration

The Pella Ambulance Department and City Administration believes the department is adequately staffed to serve the city’s 911 calls, which is approx. 1,700 calls per year. However, if the city is going to continue to perform transfers for PHRC and serve the Lake Prairie Fire District, it appears the department will need to add four full-time employees. It is important to note under this option, the city would need to place restrictions on the number of simultaneous transfers we would undertake for PRHC.

Listed below is a financial overview of this potential option:

FY 25 Projected Ambulance Operating Budget Shortfall

Budgeted Personnel Costs	\$1,361,133
Estimated Personnel Costs	<u>1,619,435</u>
Projected Shortfall	<u>\$(258,302)</u>

FY 25 Projected Ambulance Operating Budget Shortfall (with four new employees)

Budgeted Personnel Costs	\$1,361,133
Estimated Personnel Costs	<u>1,866,999</u>
Projected Shortfall	<u>\$(505,866)</u>

Estimated cost to add a 4th ambulance: \$210,000

Summary

In summary, Robert Hall with Iowa EMS Consultants will be in attendance during this meeting to present the attached study results to Council. Staff will be seeking Council direction regarding this item. During the meeting, staff will also discuss with Council the following options for the city's ambulance service:

- Option #1: Do not add additional staff or ambulances until adequate financial resources are secured from PRHC and the Lake Prairie Fire District. Under this option, Council would need to approve agreements with PRHC and Lake Prairie Fire District before additional staff would be authorized. This option would also likely involve restricting transfers for PRHC based on the availability of staff. Finally, this option may need to involve service level adjustments for non-emergency service calls in the Lake Prairie Fire District.
- Option #2: Add four full-time employees and purchase an additional ambulance. The cost of this option would be an additional \$247,564 over estimated personnel cost for FY 25. In addition, the city would need to purchase a 4th ambulance with an estimated cost of \$210,000. Under this option, the projected FY 25 budget shortfall is approx. \$715,866.
- Option #3: Any other option Council wishes to consider in this matter.

ATTACHMENTS: Ambulance Consultant Study Results
REPORT PREPARED BY: City Administration
REVIEWED BY: City Administrator, Finance Director, Ambulance Chief, City Clerk
RECOMMENDATION: Seeking Council direction

Pella, Iowa

Findings and Solutions for Emergency Medical Services

July 2024



Iowa EMS Consultants

Contributors

Robert D. Hall, Paramedic

(712) 310-0996

rhall@iowaemsconsultants.com

Scot T. McDonough, Paramedic

(712) 660-8731

smcdonough@iowaemsconsultants.com

Grace C. Hall BSN, RN

Glossary

Advanced Emergency Medical Technician (AEMT): An individual who has successfully completed a course of study based on the United States Department of Transportation's Advanced Emergency Medical Technician Instructional Guidelines, has passed the psychomotor and cognitive examinations for the AEMT, and is currently certified by the department as an AEMT. ²

Advanced Life Support (ALS): Requires BLS skills such as CPR and a higher level of care such as advanced airway management, IV access, medication administration, and advanced cardiac life support.¹

Authority: Legal ability of an individual to make and implement decisions for which the individual is held accountable³

Basic Life Support (BLS): Focuses on giving immediate care at the scene in order to stabilize and support life functions through basic techniques like CPR, rescue breaths, and/or the use of an automated external defibrillator (AED).¹

Command Staff: Those who provide support to line personnel and internal or external customers³

Critical Care Paramedic: A currently certified paramedic who has successfully completed a critical care course of instruction approved by the department and has received endorsement from the department as a critical care paramedic.²

Emergency Medical Care Provider: An individual who has been trained to provide emergency and nonemergency medical care at various levels of certification recognized by the department before 2011 and has been issued a certificate by the department, or person practicing in accordance with Iowa Code chapter 147D.²

Emergency Medical Responder (EMR): An individual who has successfully completed a course of study based on the United States Department of Transportation's Emergency Medical Responder Instructional Guidelines, has passed the psychomotor and cognitive examinations for the EMR, and is currently certified by the department as an EMR. ²

Emergency Medical Technician (EMT): An individual who has successfully completed a course of study based on the United States Department of Transportation's Emergency Medical Technician Instructional Guidelines, has passed the psychomotor and cognitive examinations for the EMT, and is currently certified by the department as an EMT. ²

Line Personnel: Those who deliver services to the public or external customers³

Paramedic: An individual who has successfully completed a course of study based on the United States Department of Transportation's Paramedic Instructional Guidelines, has passed the psychomotor and cognitive examinations for the paramedic, and is currently certified by the department as a paramedic. ²

Scalar Structure: Having an uninterrupted series of steps or a chain of command, commonly used in emergency services³

Span of Control: Number of subordinates and/or number of functions that one individual can effectively supervise³

The National Incident Management System-Incident Command System (NIMS_ICS)

Model: Based on a span-of-control ratio of 1:3-7, one supervisor to three to seven subordinates or functions. NIMS-ICS suggests an optimum ratio of 1:5 ³

Unity of Command: Each person within an organization reports to one, and only one, designated authority³

Introduction and History

This report is written with Iowa EMS Consultants' core values in mind: what's best for the patient, what's best for the EMS provider, and what's best for the taxpayer. Iowa EMS Consultants has observed, assessed, and evaluated the city of Pella's current ambulance service and its staffing, this proposal will outline our observations and recommendations.

The city of Pella had a non-profit ambulance service from 1982 until July 1st, 2022, when the ambulance service was absorbed by the city of Pella and all staff members were transitioned to city employees. Pella is a city of over 10,000 citizens according to the 2021 census, and this number does not include the surrounding townships, weekend lake residents, non-resident daytime employees, or Central College students that the service also responds to and serves. The ambulance service provides emergency medical care to a large population including the city of Pella and more rural areas such as Lake Prairie township and a large portion of Summit township in Marion County, the town of Leighton, portions of Black Oak township, and portions of Richland township in Mahaska County.

From 1982 to 2022, the citizens of Pella and Pella Regional Medical Center benefited from an ambulance service for little to no cost to the taxpayer. Before the 1990s, the city of Pella paid the ambulance service roughly forty thousand dollars a year. In the 1990s, however, the city of Pella gave the ambulance service their current station instead of payment.

Meeting with several members from Pella Regional Medical Center including the Director of the Emergency Department, Dr. Stephen Barnes, the Chief Executive Officer, Bob Kroese, and the Chief Nursing Officer, Jody Van Veen MSN, RN allowed many concerns to be brought to light. The main concern from hospital representatives includes the ambulance service's inability to do hospital-to-hospital transfers overnight unless certain criteria are met.

This criteria, according to the current Pella Community Ambulance Service, is limited to sending patients to the intensive care unit, emergency surgery, or the cardiac catheterization lab. This policy was initially enacted by the ambulance service due to lack of staffing. According to Iowa Code, it is the hospital's responsibility to arrange transportation to a higher level of care. This means that it is not the taxpayer's responsibility to fund this transportation, which is what would happen if Pella Community Ambulance Service was used for transportation. Pella Community Ambulance Service is not obligated to take hospital-to-hospital transfers, however, it is recommended because that is what is best for the patient. In rural communities it is common practice for the hospitals to contract with local ambulance services for interfacility transfers.

Iowa EMS Consultants strongly recommends the city of Pella to enter into communications with Pella Regional Medical Center to come to an agreement on fair compensation for interfacility transfers. This agreement should amount to \$150,000 annually for twenty-four-hour interfacility transfers.

Another concern, voiced by several in the city of Pella, is the staffing of the ambulance service. Due to the large response district, the need for hospital-to-hospital transfers, and the growing city of Pella, Iowa EMS Consultants took a close look at the current staffing and has provided solutions and recommendations to alleviate this concern for the city.

Evaluation of Scheduling and Staffing

The Pella Community Ambulance Service currently works a schedule that is twenty-four hours on duty and seventy-two hours off duty (24/72). The employees are not 7k exempt from the Fair Labor Standards Act (FLSA), therefore, are compensated at one-and-a-half times their hourly rate for overtime, which is any hours past 40-hours in a work week. Through conversations with current employees, Iowa EMS Consultants has found that there have been times that employees have been required to come to work for mandatory training outside of their 40-hour work week without compensation. This is a violation of FLSA and needs to end immediately.

After further communication with line staff, it was a near unanimous vote to keep the 24/72 rotation that is currently being used. Almost all the current line staff stated they would immediately leave if this schedule rotation changed. Due to this response, the solutions provided by Iowa EMS Consultants will be using a 24/72 schedule. Any other schedule would be catastrophic to Pella Community Ambulance Service due to the drastic loss of staffing. Iowa EMS Consultants believes that due to the lack of EMS providers in Iowa and Pella Community Ambulance Service currently having a below average compensation package for their line workers, the demands of the current employees should be considered.

The Pella Community Ambulance Service has the position of weekend lieutenant. This is a leadership position that covers the Pella Community Ambulance Service from Friday-Sunday each week. This leaves no lieutenant coverage during the week. Iowa EMS Consultants recommends eliminating this position, and initiating shift lieutenants rather than a single weekend lieutenant. We will be proposing a four-shift rotation, this would provide four lieutenant

positions so that each shift will have designated leadership for more consistency within the command structure.

At this time, Pella Community Ambulance Service has a second shift in the evening as a “stipend” shift. This consists of an EMS provider coming on duty at from 6:00PM to 6:00AM. From 6:00PM to midnight, the employee is compensated their regular hourly rate. Then, from midnight to 6:00AM, the employee is paid a \$30.00 stipend unless they respond to a call. Then, they will be paid their hourly rate or their overtime rate depending on if they are over 40 hours for the week or not. While the employee is on “stipend” they can be at their house if they are able to respond to the station within ten minutes. Many employees will stay at the station because they do not live within city limits due to the high cost of housing.

The recruitment and retention of EMS personnel is another topic to address. Polling current paramedic students from several different paramedic programs, those who will soon be looking for employment, the vast majority are looking for positions on a fire-based EMS systems. They are also prioritizing EMS systems that do not require call shifts or stipend shifts. Because they are not a fire-based EMS system, if the city of Pella wants to have a modern, effective EMS system, they need to eliminate all stipend shifts. Additionally, if Pella Community Ambulance Service wants to be a competitive employer, they must offer better pay, better hours, and create an environment that new paramedics are excited to join.

Having a fire-based EMS service with cross-trained, dual-role employees is arguably the most economically efficient way to have an EMS service. However, due to the well-trained, dedicated volunteers which make up the current Pella Volunteer Fire Department, it is not recommended for the Pella Community Ambulance Service to attempt to become fire-based at this time. Replacing the current volunteers is unnecessary because of the quality of the

department and the level of service they provide to their community. While becoming a fire-based EMS service may be appropriate in the future, this is not something that would be recommended at this time.

New paramedics are heavily considering the work-life balance associated with a new job. Employees do not want to feel that they need to constantly be working to make a living wage. The newer generation is approaching employment with a “work to live, not live to work” mentality, and the Pella Community Ambulance Service needs to understand this concept in order to be competitive in recruiting new EMS personnel.

On another note, Iowa EMS Consultants has never seen an EMS Chief and Assistant Chief with a work ethic and dedication to the success of an ambulance service like Chief Higginbotham and Assistant Chief Ritchey. Additionally, over half of the department has stated they would find other employment if the Chief and Assistant Chief left. However, the work-life balance of these two employees is not only unfair, but also unsafe. Unfair due to the additional hours worked that have not been properly compensated for, and unsafe due to the hours of service they provide to the city. Combined they provided 832 hours of uncompensated hours annually in addition to their regular 40 hours weekly. They are providing quality leadership, but without proper support and compensation they cannot continue working at this rate.

Capital Improvement Project

A Capital Improvement Project (CIP) is a structural change that can improve a property's value. The Pella Community Ambulance Service's station is a high-quality station that could use a few adjustments to make the station even better. These CIP recommendations include adding a bathroom with a shower upstairs where the bedrooms are located. At this time, the employees are needing to go downstairs to use the restroom or to shower after a call. Adding an additional bathroom upstairs would greatly increase employee satisfaction at work.

The second CIP recommendation is to replace the rig floor of the station. The current floor has large cracks which cause tripping hazards which puts the city of Pella at risk for litigation. With these two CIP recommendations, the already high-quality ambulance station would gain even more value and provide a more comfortable place for employees to spend their time at work.

Additional Analysis

In addition to staffing, Iowa EMS Consultants was asked to further analyze service to the outside community of Lake Prairie Township. It has been figured to cost between \$600 and \$800 per call to respond to Lake Prairie Township, which averages to roughly \$700 per call. In the 2023 fiscal year, Pella Community Ambulance Service had 104 calls for service to Lake Prairie. This equates to \$72,800 which comes from the City of Pella's citizens tax dollars so that the citizens of Lake Prairie Township have access to an ALS ambulance service.

This creates a difficult situation for Iowa EMS Consultants which prioritizes what's best for the patient, what's best for the EMS provider, and what's best for the taxpayer. It is, without a doubt, best for the patient to have access to ALS ambulance services. However, it is not best for the taxpayers in the city of Pella to be funding the service to Lake Prairie Township.

The city of Pella has no legal contract with the Lake Prairie Township Board of Trustees. Therefore, they have no obligation to serve this district. The taxpayers of the city of Pella pay for this ambulance service, and until the taxpayers of Lake Prairie Township begin paying for this service, coverage of Lake Prairie Township should cease with proper public notice.

Solutions

Solution 1: 40-hour work week based on \$25.00/hour. This solution utilizes a 24/72 shift rotation with the work week being defined from Sunday 12:00AM – Sunday 11:59PM. 24-hour shifts are made of 20 hours of base pay per shift and four hours of overtime pay per shift. This solution is based on two fully staffed ambulances which equates to four people per shift with four different shifts: A shift, B shift, C shift, and D shift. This equals sixteen line personnel.

\$730,000 Duty Pay
 \$73,000 Scheduled Overtime Pay
 \$28,800 Holiday Pay
 \$32,000 Vacation
 \$66,080 FICA
 \$80,333 IPERS
 \$196,800 Healthcare
 = \$1,207,013 Total

\$1,207,013 Total - \$1,087,223 Current Budget = \$119,790 Budget Increase

Solution 2: 40-hour work week based on \$25.00/hour. This solution utilizes a 24/72 shift rotation with the work week being defined from Sunday 12:00AM – Sunday 11:59PM. 24-hour shifts are made of 20 hours of base pay per shift and four hours of call time at \$8.00 per hour. This solution is based on two fully staffed ambulances which equates to four people per shift with four different shifts: A shift, B shift, C shift, and D shift. This equals sixteen line personnel.

\$730,000 Duty Pay
 \$46,720 Call Pay
 \$28,000 Holiday Pay
 \$32,000 Vacation Pay
 \$64,070 FICA
 \$77,973 IPERS
 \$196,800 Healthcare
 = \$1,176,363 Total

\$1,176,363 Total - \$1,087,223 Current Budget = \$89,140 Budget Increase

Solution 3: 40-hour work week based on \$25.00/hour. This solution utilizes a 24/72 shift rotation with the work week being defined from Sunday 12:00AM – Sunday 11:59PM. 24-hour shifts are made of 20 hours of base pay per shift and four hours of overtime pay per shift. This solution is based on three fully staffed ambulances which equates to six people per shift with four different shifts: A shift, B shift, C shift, and D shift. This equals twenty four line personnel.

\$1,314,000 Duty Pay
 \$109,000 Scheduled Overtime
 \$43,200 Holiday Pay
 \$48,000 Vacation
 \$115,874 FICA
 \$141,018 IPERS
 \$295,200 Healthcare
 = \$2,066,792 Total
 \$2,066,792 Total - \$1,087,223 Current Budget = \$979,569 Budget Increase

Solution 4: 40-hour work week based on \$25.00/hour. This solution utilizes a 24/72 shift rotation with the work week being defined from Sunday 12:00AM – Sunday 11:59PM. 24-hour shifts are made of 20 hours of base pay per shift and four hours of call time at \$8.00 per hour. This solution is based on three fully staffed ambulances which equates to six people per shift with four different shifts: A shift, B shift, C shift, and D shift. This equals twenty-four line personnel.

\$1,095,000 Duty Pay
 \$70,080 Call Pay
 \$43,200 Holiday Pay
 \$48,000 Vacation Pay
 \$96,105 FICA
 \$116,959 IPERS
 \$295,200 Healthcare
 = \$1,764,544 Total
 \$1,764,544 Total - \$1,087,223 Current Budget = \$677,321 Budget Increase

References:

1. *ALS vs. BLS: Key differences*. Red Cross. (n.d.). <https://www.redcross.org/take-a-class/bls-training/difference-between-als-and-blis#:~:text=BLS%20is%20often%20the%20first,used%2C%20and%20the%20treatment%20setting.>
2. Iowa Administrative Code § 139.2(147A) Definitions (2021)
3. Miller, L. A. (2019). *Fire and emergency services company officer*. Fire Protection Publications, Oklahoma State University.