

TOWN OF BARNES
EMERGENCY MEDICAL SERVICES COMMITTEE MEETING

Tuesday, October 26, 2015

7:00 PM in the Barnes Town Office

Meeting Minutes

1. Call Emergency Medical Services Committee (EMSC) Meeting to Order

Guy Johnston called the meeting to order at 7:05 pm.

2. Roll call to establish quorum and verification of public notice

Present: Bill Pence, Guy Johnston, Rose Baldwin, Tom Renz, Dr. Heltne, Chris Webb, Kara Foat.

3. Approve the agenda

Guy asked for approval of the agenda. Motion was made by Chris and seconded by Tom. All were in favor.

4. Approve the minutes from the previous meeting 10/13/15

Motion made by Tom R. and seconded by Bill to approve the distributed minutes. Point of meeting protocol—additions or corrections to the minutes as distributed prior to each meeting are to be brought to the next meeting for discussion by all members.

5. Review Budget Documents for Previous Years

Chris presented and reviewed a simplified spreadsheet of the ambulance budget. Bill asked if we might look at the operating cost of the ambulance using a yearly depreciation formula (\$131,000 cost of ambulance divided by 20 years). Tom confirmed this is a plausible formula but reminded all that this does not include equipment. Equipment is funded from a grant via fundraisers. Additionally, there is a sinking fund. Every budgetary year, \$25,000 is designated for replacement of large purchases. This is done as a budget item and the money is in a savings account. There was discussion about EMT salaries. Tom explained that EMT's are not salaried and this is the prevailing model. It is a pay/call system. Our rate is \$25/call and \$15/hr. for standby calls at a scene. EMTs are not paid to be on call but do receive \$10/hr. for monthly meetings they attend and training. Currently our budget is \$12-\$13,000/year for 10 EMTs. Tom said we are known as leaders in this field and not followers. He would like to see us consider

some kind of yearly bonus for being on call. It is important for young people to keep them interested. There is no other insurance or benefits for EMT's other than training.

Tom explained that every town or municipality is responsible for providing ambulance services. Prior to this meeting, Chris sent us an article from the Sawyer County Record of Oct. 7th noting that Sawyer County is asking Stinnett, Bass Lake, Stone Lake and Birchwood to pay Sawyer County Ambulance an annual fee for their ambulance services. There was discussion about how providing ambulance services can be done equitably. Perhaps cost/tax payer parcel is an option. Tom commented that even if we went with Great Divide or Sawyer County for paramedic services, there would still be many other maintenance expenses that they would not cover such as our ambulance, building maintenance, etc. When asked what his biggest concern was, he said delays. They would have to respond from Cable. He noted that in 2012-13 the average time from page to patient transfer was 82 minutes. This means from the start of when the call came in to an intercept or to a destination of a higher level of care such as a hospital. Dr. Heltne noted that perhaps we should be looking at median times and not averages as a better indicator.

Additionally, Tom noted that we use a "tier 3" collection agent that collects fees for our ambulance service. We have always used an agency as long as he has been doing this job and he will bring more information on how this works to our next meeting.

6. Identify Providers and Agencies for Review

Tom asked if we were looking at all options? Or are we comparing all EMS services (i.e. BLS services to BLS services)? We brainstormed gathering data for review of what is out there:

- Great Divide—a private business with EMTs and Paramedics that covers Drummond, Ashland County, part of Grandview, and Namakogon. Tom noted that G.D. has never gotten back to him on the TOB buying into them.
- Sawyer County—EMTs and Paramedics
- Gold Cross—Duluth Superior
- Gordon-Wascott—EMT Intermediate level care
- Iron River, Mason, Washburn, Barnes—Basic level care

Bill suggested we move to the next agenda item of categories and data so we know the scope of our project before finalizing this section.

7. Identify Categories and Data for Examination

Bill distributed a first attempt at an outline for our data gathering and reviewed some demographic data with us that is plentiful and available on line. Guy reviewed EMS organizational structure ideas such as number of personnel, compensation, facilities and equipment. EMS service levels such as number of runs, response times, total run times, etc. is important data to analyze. Tom has detailed data and statistics that he has gathered over time and wants to share with us. Data analysis is time consuming and can be costly (Tom noted he does have some money left in his budget if we need to use some for this purpose). Dr. Heltne

talked about the “Watson” system and offered to take data that Tom has been tracking to a contact he has at St. Thomas for data analysis. It may not cost us anything to have this done. Tom is almost completely finished with 2015 data and will give a thumb drive to Dr. Heltne for this analysis which can take place around mid-November. Kara also talked about a group at Essentia Health that does data mining and will look into an option that might help us.

Chris agreed to continue to lead the outlined section on financials. Rose suggested we use Barnes as our baseline of what data we want to collect and then determine if we have the right questions and categories.

8. Discussion of Proposed Timeframe

Tabled to our next meeting.

9. Adjourn

Motion made by Carl and seconded by Bill to adjourn the meeting at 8:51 pm. Motion carried.