

# ALLEGANY COUNTY EMERGENCY MEDICAL SERVICES SWOT TASK FORCE



REVISITATION OF 2006 REPORT  
June 30, 2012

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Allegany County EMS SWOT Report

This is a review of the 2005 SWOT for Allegany County to show the changes in the county since the original SWOT, along with what has been done to meet the recommendations of that study.

## **Background**

Background - Allegany County EMS is composed of: 13 ambulance services (8 are Fire/EMS, 4 are EMS only, 1 is Public [Cumberland FD]) and 15 VFD's providing EMS First Responders. During the time since the first SWOT, McCoolle VFD began providing ambulance service, but on April 14, 2012 they ceased providing this service. Allegany County has hired ALS providers and part time BLS drivers to support the volunteer companies during hours when they are often unavailable.

## **The SWOT Process**

On March 9, 2005, Dr. Alcorta convened the Allegany County SWOT Task Force at Cresaptown Volunteer Fire Department (VFD). Its membership was inclusive of fire/EMS, the traditional health community, Regional EMS leadership, educational institutions, and support public safety agencies. At the initial meeting the group established its vision and mission:

- **Vision:** *To provide the highest quality prehospital emergency medical care possible to every resident and visitor of Allegany County, Maryland.*
- **Mission:** *The Task Force will participate in an ongoing, scientifically based, planning process that will result in an EMS System that is accountable, adequately financed, properly staffed, and delivers quality prehospital emergency care.*

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

- Meetings are inclusive and represent clear participation by all members.
- All conversations remain in the meeting place.
- A two-thirds quorum is required for meetings.
- There will be only one voting member from each agency; secondary members are allowed to vote if a primary member is absent and has briefed the secondary member about all issues.
- Either the primary or secondary member must vote on the final product.
- Majority rules on all votes.
- Final report will require 75% to pass.

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

- Baltimore Pike VFD - [did not attend](#)
- Barton Hose Company - [did not attend](#)
- Bedford Road VFD
- Bowling Green VFD - [did not attend](#)
- Bowman's Addition VFD - [did not attend](#)
- City of Cumberland FD
- Clarysville VFD - [did not attend](#)
- Corriganville VFD
- Cresaptown VFD
- District 16 VFD
- Eastern Garrett VFD - [did not attend](#)
- Ellerslie VFD/Ambulance - [did not attend](#)
- Flintstone VFD
- Frostburg Area Ambulance Service - [did not attend](#)
- Frostburg VFD
- Georges Creek Ambulance Service - [did not attend](#)
- Goodwill VFD - [did not attend](#)
- LaVale VFD - [did not attend](#)
- LaVale Rescue Squad
- Luke Fire VFD - [did not attend](#)
- McCooles VFD - [did not attend](#)
- Midland VFD - [did not attend](#)
- Mt. Savage VFD - [did not attend](#)
- Oldtown VFD
- Orleans VFD - [did not attend](#)
- Potomac VFD - [did not attend](#)
- Rawlings VFD - [did not attend](#)
- Shaft VFD
- TriTowns EMS - [did not attend](#)
- Valley Ambulance - [did not attend](#)
- Western Maryland Health System - [did not attend](#)
- Allegany Emergency Management
- Allegany County Dept of Emergency Services
- Regional and Jurisdictional Medical Director - [did not attend](#)
- Allegany County Health Department - [did not attend](#)
- Prehospital Care Coordinator for Region I - [did not attend](#)
- Allegany/Garrett Fire/Rescue Association
- Region I EMS Advisory Council
- MSP Medevac - [did not attend](#)
- Emergency Services Training Center - [did not attend](#)
- Allegany Fire Rescue Board

Subsequent to their request for the 2005 SWOT Analysis, the Allegany County Commissioners requested that the Task Force address three goals:

1. To reduce the occurrences of failed and delayed responses and provide a support system to the Allegany County EMS companies that will result in the improved treatment to those needing emergency medical care.
2. To enhance the delivery of advanced life support in Allegany County by providing a stable mechanism for the delivery of the ALS service to customers in need.
3. To produce a long-range plan that respects the importance of volunteers in the future Allegany County EMS system.

## SWOT Recommendations by Goal

**Goal 1 - To reduce the occurrences of failed and delayed responses and provide a support system to the Allegany County EMS companies that will result in the improved treatment to those needing emergency medical care.**

The SWOT recommendations to address this goal are summarized under the general themes of: **Manpower** (improved utilization of existing personnel and augmentation to current resources with paid personnel); **Operational** (structural changes to the EMS delivery system which will result in increased efficiencies); **Communications** (operational and infrastructure upgrades); and **General** recommendations that will result in better EMS response times.

1. To address the **Manpower** issues, the following are recommended:
  - a. Renewed efforts at volunteer recruitment activities.— *A Recruitment and Retention person was hired (under a grant) to improve efforts at recruiting and retaining volunteers. The grant has since expired, and these efforts have been taken over by the Allegany/Garrett County Volunteer Firemen's Association. Clarence Broadwater is visiting local schools and disseminating information about volunteering with local Fire Rescue and EMS Departments.*
  - d. It was recommended that as a short-term goal individual ambulance services would establish a compensation for commitment program to serve as an incentive for volunteers to respond to calls (e.g., \$20 per run, etc.).— *Being done by a few companies. Corriganville's gift card program cited as improving response from members.*
2. To address the **Operational** issues for reducing delayed and no response calls, the following are recommended:
  - a. Establish a goal that 80% of ALS and BLS calls will have "*dispatch to on scene*" time of 12 minutes.— *80% of calls currently have average dispatch to on scene time of 10.8 minutes.*
  - b. Maintain the current county delay/no response dispatch policy which is >4 minutes = delay and > 6 minutes = no response.— *Companies are alerted*

twice, and at 6 minutes if they are not responding, the next due company is alerted. If first due company then responds, they are marked as delayed. If they fail to respond before the second due company handles the call, they are considered to have failed.

- c. Dispatch the nearest ALS staffed ambulance if ALS is required and the first “due” company does not have ALS personnel on duty.
  - i. The nearest unit to respond will hand off care to the first-due unit to transport when they arrive.
  - ii. Once a patient is loaded in an ambulance, that unit will do the patient transport.
  - iii. In all cases the ALS provider initiating care will remain with the patient unless he/she can turn care over to another ALS provider.

County established an ALS response policy where if the first due company does not respond with an ALS provider within two minutes, they are alerted for an ALS responder, and every two minutes after that the next due companies are alerted in the order at which they are due until an ALS responder responds. After the third due company is alerted, communications notifies the closest staffed ALS unit. Shown by reduction of failed & delayed responses.

- e. Establish policies for ambulance drivers whereby:
  - i. Non-EMS certified drivers will only respond with the ambulance when they are assured of a rendezvous with a certified EMTB or ALS provider prior to arrival at the scene of the incident, or if the EMTB or ALS provider is already on the scene.— Ambulance staffing policy established requiring certified ALS or BLS responder be on responding unit or meeting unit at scene. Communications to be notified of response status.

3. To address the **Communications** issues for reducing delayed and no response calls, the following are recommended:

- a. Obtain a new fire/EMS/alerting radio system (implementation is in process) and expand use of UHF portable coverage.— County recently went to UHF radio system. UHF added 2 additional sites and are in testing mode.
- c. Establish a countywide standardized dispatch policy.— Standardized dispatch policy established.
- d. Pursue with the Maryland Emergency Numbers Board the option to use 911 trust monies for improved dispatch equipment.— Done
- e. Use Homeland Security monies and other grant funds to address equipment needs to assist with improved dispatch.— Done
- f. Assign additional frequencies to the county’s communication system for “provider to unit” response availability.— Talk around channels for provider to unit available.
- g. Establish dedicated company channels so EMS responders who are not in-house can start an ambulance en route while arranging a rendezvous at the scene or en route to the scene.— Channels established for providers to notify ambulance to respond and that provider will meet them on scene.

- h. Place GPS units in all ambulances so they can automatically communicate their location to the 911 dispatch center (long-term).— **Partially completed by companies. GPS units not in all vehicles. Some companies have placed GPS units in vehicles to assist in directions to emergency scenes.**
  - i. Establish a series of known and standardized communication techniques for improved dispatch and unit response.— **Dispatchers currently taking advanced training. County is moving toward priority medical dispatch with October 2012 as projected completion.**
  - j. Utilize private sector frequencies for non-EMS communications.— **Ability to use talk around channels for non-EMS communications.**
4. To address the **General** issues for reducing delayed and no response calls, the following are recommended:
- b. Consider the development of a Public Service Announcement to educate the public to move to the right when emergency vehicles approach.— **Working on announcement with Emergency Management. State law recently implemented with media blitz.**

**Goal 2 - To enhance the delivery of advanced life support in Allegany County by providing a stable mechanism for the delivery of the ALS service to customers in need.**

The SWOT recommendations to address this goal are summarized under the general themes of: **Manpower** (improved utilization of existing personnel and augmentation to current resources with paid personnel); **Operational** (structural changes to the EMS delivery system which will result in increased efficiencies); and **General** recommendations that will result in improved delivery of advance life support.

- 1. To address the **Manpower** issues, the following items are recommended:
  - b. If "Goal 2.1.a" is not feasible, station county units in existing companies.
    - i. The first step in the implementation process would be to hire personnel and utilize equipment in existing ALS companies.— **Hired 7 full-time ALS providers, 3 part-time ALS providers, and 4 part-time BLS drivers.**
    - ii. Develop a Memorandum of Understanding to govern the relationship between the county and the host company.— **Memorandum of Understanding between County EMS and host companies.**
  - c. The ALS Ambulance locations, in priority order (selection based on call volume, ALS coverage and staffing issues, geographic considerations, population density), would be:
    - i. LaVale area
    - ii. Georges Creek Area (specific location at TriTowns Ambulance)
    - iii. Willow Brook Road**ALS providers at TriTowns, Cresaptown, Corriganville, and East County daytime Monday –Friday; and Cresaptown and East County Sunday –**

Thursday nights. East county unit has BLS driver. LaVale part time ALS provider.



- d. Scheduling of paid personnel in Phase 1 would provide Monday through Friday, 6 a.m. - 6 p.m., crews (ALS provider, BLS driver) for two units.— Day shifts 6 am to 4 pm, except East County (7 am to 5 pm). Night shifts 10 pm to 6 am Cresaptown and 11 pm to 7 am East County.
- e. An ALS Chief will be hired to oversee the county-funded ALS operations.— ALS Chief hired to oversee county-funded operations.
- f. Crews would be county paid and operate out of existing companies.— With the exception of the East County unit, ambulances are staffed with career ALS provider and volunteer drivers.
- g. Staffing requirements would call for 4.2 FTE per unit for shifts which would be 6 a.m. – 6 p.m. Monday through Friday.— Units staffed 10 hours day shifts, 8 hour night shifts.
- h. Paid positions should be full-time with competitive benefits at the rate of
  1. ALS Chief - Base 11 = \$38,000 - \$40,000.
  2. ALS Providers - Base 9 = \$32,000.
  3. BLS Provider - Base 8 = \$28,000.

Full-time paid ALS providers, except contractual part timers. All drivers are part time contractual. 35% of ALS billing funds collected returned to county as a supplement to County EMS Program
- i. Paid individuals would maintain membership with volunteer companies if allowable under Federal Labor Standards Administration rules.— All but one providers are also members of volunteer companies.
- j. Phase 2 would call for county-paid crews and county-owned vehicles and equipment and expansion of third ambulance unit for eastern Allegany

County.— All vehicles are volunteer owned, except for a county owned chase car.

2. To address the **Operational** issues for improved ALS coverage, the following are recommended:
  - a. Establish a countywide uniform drug box access process.— Drug boxes stocked, sealed and exchanged at hospitals. WMHSPMC considering going to a Pyxis system. Current process conforms to VAIP.
  - b. Continue use of the Emergency Medical Dispatch (EMD) Program with the inclusion of “call prioritization.”— Emergency Medical Dispatch program in use.
  - c. Draft policies and procedures to govern paid/volunteer dispatch, allowing for volunteer units to have priority over the in-house paid crews for call response.— Volunteer crews have priority over paid crews for responses.
  - d. Establish a quality assurance program to include:
    - i. An expanded Emergency Medical Dispatch quality assurance (QA) process to ensure that there is an appropriate utilization of resources.— Quality assurance program established for communications.
    - ii. A county medical review committee (MRC) (required by MIEMSS and is in COMAR) be organized to:
      1. Review all priority 1 ambulance runsheets.
      2. Conduct the functions presently handled by the Region I Medical Review Committee.  
Medical Review Committee organized.
    - iii. QA policies be established at the base station level (this has been implemented by all three Regional hospitals during the SWOT process).— Quality assurance programs at Base Stations established.
    - iv. Real-time quality assurance review and feedback be made available to EMS caregivers through:
      1. Taped reviews of communication between EMS provider and the physician giving medical consultation.
      2. Off-line reviews between EMS provider and the physician giving medical consultation.  
All priority one and two calls and random priority three calls reviewed. If questions arise, committee reviews call and meets with providers.
    - vi. A feedback process to be developed for calls to the providers from physicians and the Jurisdictional Medical Director.— Part of quality assurance program
  - e. A Quality Improvement methodology be developed and implemented to monitor operational standard (ALS coverage, delayed/no response, etc.) to provide regular analysis of system performance.— Quality Improvement program started. From Quality Assurance Committee, documentation classes and I.O. classes were held throughout county.

- f. The operation of the Quality Assurance and Quality Improvement implementation will be the responsibility of the ALS Chief.— *Quality Assurance and Improvement programs are responsibility of ALS Chief.*
- 3. To address the **General** issues for improved ALS coverage, the following are recommended:
  - a. The establishment of a county EMS fund to be used for system operations.— *Allegany County appropriates money to volunteer companies through Emergency Services Board, and career personnel through Department of Emergency Services.*
  - b. Monies for the EMS funds to come from
    - i. County government— *County appropriations and departmental budget.*
    - ii. Fees for services by county-paid EMS personnel.— *Companies pay county 35% of what they collect from ambulance billing for calls where county ALS provider is involved in patient transport. If both driver and medic are County employees, collections from billing are split 50/50 ????? County and EMS Company.*
  - c. Fees for services provided by county-paid EMS personnel to be based on:
    - i. Any company upgrading another would get 25% of collected monies.— *Any company providing ALS upgrade collects 35% of what transporting company collects.*
    - ii. If a call/transport is managed completely by the volunteer of a county company, the county company would receive all of the monies collected.— *Calls handled completely by volunteers result in all funds going to company.*
  - d. The county EMS companies use a single billing company and negotiate a single contract.— *All billing is handled by Medical Claim Aid.*

**Goal 3 - To produce a long-range plan that respects the importance of volunteers in the future Allegany County EMS system.**

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

- 1. To address the **Manpower** issues, the following items are recommended:
  - a. Renewed efforts at volunteer recruitment activities.— *Earlier efforts of Recruitment and Retention Officer and current efforts by Allegany Garrett Volunteer Firemen’s Association. (See Goal 1-1.a)*
  - b. Establish a Length of Service Awards Program (LOSAP) for volunteer fire/EMS (see Appendix 3).— *Length of Service Program established.*
- 2. To address the **Operational** issues for the establishment of a long-range plan, the following are recommended:
  - a. The ongoing reorganization effort of the Allegany County Fire Rescue Board shall embrace the qualities outlined in Appendix 4.— *Allegany*

County Fire Rescue Board reorganized as Allegany County Emergency Services Board.

- b.** Move to a countywide billing system.— All companies in county use same billing company and standardized fees.

## **OVERVIEW**

At the request of the Allegany Commissioners, Dr. Richard Alcorta, State EMS Medical Director, Maryland Institute for Emergency Medical Services Systems, convened a “SWOT Revisited” Work group on June 30, 2012. Every member organization or service was invited to participate in this work group. This review of the 2005 SWOT for Allegany County was conducted to show changes in the county’s EMS system over the last seven years and to determine to what extent the recommendations of that study have been followed. The core of this document is the 2005 SWOT report that was submitted to the Allegany Commissioners with a focus on the successes, limitations, and recommendations to date. The SWOT Revisited Work Group also identified action items that were placed into the summary recommendations.

## **SWOT Revisited Participating Membership**

Representatives from the companies listed below attended the June 30, 2012, meeting to revisit the 2005 SWOT:

- Bedford Road VFD
- City of Cumberland FD
- Corriganville VFD
- Cresaptown VFD
- District 16 VFD
- Flintstone VFD
- Frostburg VFD
- LaVale Rescue Squad
- Oldtown VFD
- Shaft VFD
- Allegany County Department of Emergency Services
- Allegany County 911 Communications

## **Background**

Allegany County EMS is composed of 13 ambulance services (eight are Fire/EMS, four are EMS only, one is Public [Cumberland FD]), and 15 are Volunteer Fire Departments (VFDs) providing EMS First Responders. After the 2005 SWOT, McCoole VFD began providing ambulance service, but then discontinued this service on April 14, 2012. Allegany County has hired ALS providers and part-time BLS drivers to support the VFDs during hours when volunteers are often unavailable.

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- Flintstone VFD
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- Frostburg VFD - attended 2 meetings

- Georges Creek Ambulance Service
- Goodwill VFD
- LaVale VFD
- LaVale Rescue Squad
- Luke Fire VFD
- McCoole VFD
- Midland VFD - did not attend
- Mt. Savage VFD
- Oldtown VFD
- Orleans VFD - attended 2 meetings
- Potomac VFD - attended 1 meeting (*advised that the TriTowns' representative was also their rep*)
- Rawlings VFD
- Shaft VFD - did not attend
- TriTowns EMS
- Valley Ambulance
- Western Maryland Health System
- Allegany Emergency Management
- Regional and Jurisdictional Medical Director
- Allegany County Health Department
- Prehospital Care Coordinator for Region I
- Allegany/Garrett Fire/Rescue Association
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3. To produce a long-range plan that respects the importance of volunteers in the future Allegany County EMS system.

## SWOT Recommendations by Goal

This analysis is based on the 2005 SWOT report. Achievements since its adoption are indicated in *bold italicized* type. Tasks that need to be completed, or for which there exists additional information, are indicated in **bold red** type and [brackets].

**Goal 1: To reduce the occurrences of failed and delayed responses and provide a support system to the Allegany County EMS companies that will result in the improved treatment to those needing emergency medical care.**

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1. To address the **Manpower** issues, the following are recommended:
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*A Recruitment and Retention person was hired (under a grant) to improve efforts at recruiting and retaining volunteers. The grant has since expired, and these efforts have been taken over by the Allegany/Garrett County Volunteer Firemen's Association. Clarence Broadwater is visiting local schools and disseminating information about volunteering with local Fire Rescue and EMS Departments. [Consider opportunities to distribute recruitment pamphlets.]*
  - b. Establish countywide minimum requirements for all qualified EMS responders.  
**[Has not been accomplished; efforts have not been accepted by individual EMS companies.]**
  - c. Scheduled Crews
    - i. Provide training to EMS companies on efficient methods to schedule crews (short term).
    - ii. Establish a scheduling process whereby:
      1. EMS units would notify dispatch on a weekly basis when crews are available. (Crew availability is defined as scheduled personnel being able to place ambulance in-service within the dispatch time criteria.)
      2. When a first-due crew is not available, a dual alert with mutual aid services would occur.
    - iii. Company Bylaws will be changed to allow providers from all companies to run with one another.
    - iv. Obtain software to allow for countywide scheduling and sharing of personnel.

- v. Hire a county-paid scheduler with competitive salary and benefits. (The recommended county salary would be - Base 10 = \$33,000.)  
**[Scheduling of crews determined to not be feasible due to number of EMS companies working separately throughout county; implemented partially at company level. Opportunity exists to bring the EMS companies together and have a similar scheduling program and advise County 911 of the status and level of response unit available.]**
  - d. It was recommended that as a short-term goal, individual ambulance services would establish a compensation for commitment program to serve as an incentive for volunteers to respond to calls (e.g., \$20 per run). *Currently being done by a few companies. Corriganville's gift card program cited as improving response from members.*  
**[Weaknesses include: 1) Tax code requiring 10-99 over \$600 and 2) Paid hours cannot count toward LOSAP. Opportunity here is to provide compensation to providers by gift card or monies up to \$600.]**
  - e. Request monies from the Commissioners to augment scheduled providers in critical localities in critical times (see Goal 2: Manpower).  
**[Not done.]**
    - i. To eliminate providers jumping from one company to another, it was recommended that there be a standard salary scale for personnel in the county (long-term goal).  
**[There is an opportunity here: County needs a mechanism for handling non-complaint, unruly companies.]**
2. To address the **Operational** issues for reducing delayed and no response calls, the following are recommended:
- a. Establish a goal that 80% of ALS and BLS calls will have “*dispatch to on scene*” time of 12 minutes.  
*Eighty percent of calls currently have average dispatch to on scene time of 10.8 minutes.*
  - b. Maintain the current county delay/no response dispatch policy which states that more than four minutes = delay and more than 6 minutes = no response.  
*Companies are alerted twice, and at 6 minutes. If they are not responding, the next due company is alerted. If first-due company then responds, they are marked as delayed. If they fail to respond before the second-due company handles the call, they are considered to have failed.*  
**[Weakness: County Chief needs authority to enact predefined actions. Opportunities also exist: 1) 2<sup>nd</sup> due company delay and failed calls should be included in stats, 2) ALS assists delay and failed responses should be included in stats, 3) delayed and failed calls should be a separate report and not combined as one statistical data point, 4) establish a 2<sup>nd</sup> due delay and fail call policy, and 5) County EMS Chief establish response time (ALS, Failed, Delay) benchmarks to influence policy for the county.]**

- c. Dispatch the nearest ALS-staffed ambulance if ALS is required and the first-due company does not have ALS personnel on duty.

**[Nearest staffed unit should be alerted 1st and 2nd due.]**

- i. The nearest unit to respond will hand off care to the first-due unit to transport when they arrive.

**[Responding units will advise 911 of their status (ALS/BLS), when going in route; if not, 911 will query the unit. A letter from the EMS Chief requiring this action and explain driver only response when a known provider is on the scene.]**

- ii. Once a patient is loaded in an ambulance, that unit will do the patient transport.
- iii. In all cases the ALS provider initiating care will remain with the patient unless he/she can turn care over to another ALS provider.

*County established an ALS response policy that states if the first-due company does not respond with an ALS provider within two minutes, they are alerted for an ALS responder. Every two minutes after that, the next-due companies are alerted in the order at which they are due until an ALS responder responds. After the third-due company is alerted, communications notifies the closest staffed ALS unit. Shown by reduction in failed and delayed responses.*

- d. Establish a first responder policy whereby a first response unit staffed with Maryland Certified First Responders will be dispatched for medical/trauma calls if an ambulance is not available.

**[There is no requirement for First Response (Fire Department) units to have any certifications. Not accepted by individual companies.]**

- e. Establish policies for ambulance drivers whereby:
  - i. Non-EMS certified drivers will only respond with the ambulance when they are assured of a rendezvous with a certified EMT-B or ALS provider prior to arrival at the scene of the incident, or if the EMTB or ALS provider is already on the scene.  
*Ambulance staffing policy established requiring certified ALS or BLS responder be on responding unit or meeting unit at scene. Communications to be notified of response status.*
  - ii. Driver credentials will be a minimum of EVOC, CPR, Hazmat Awareness, NIMS (federal government required to receive federal funds).
  - iii. A long-term goal for ambulance drivers will be that all are Maryland Certified First Responder, plus the credentials listed in Goal 1, 2. e. ii.

**[No requirement for driver credentials; not accepted by individual companies.]**

- 3. To address the **Communications** issues for reducing delayed and no response calls, the following are recommended:
  - a. Purchase unit routing software for the Emergency Communication CAD System (cost is \$25,000).

**[CAD has unit routing capabilities, but not purchased: funding not available.]**

- b. Obtain a new fire/EMS/alerting radio system (implementation is in process) and expand use of UHF portable coverage.  
*The County recently went to UHF radio system. UHF added 2 additional sites which are in testing mode.*
  - c. Establish a countywide standardized dispatch policy.  
*Standardized dispatch policy was established.*
  - d. With the Maryland Emergency Numbers Board, pursue the option to use 911 trust monies for improved dispatch equipment.  
*Done*
  - e. Use Homeland Security monies and other grant funds to address equipment needs to assist with improved dispatch.  
*Done*
  - f. Assign additional frequencies to the county's communication system for "provider to unit" response availability.  
*Talk around channels for provider to unit made available.*
  - g. Establish dedicated company channels so EMS responders who are not in-house can start an ambulance en route while arranging a rendezvous at the scene or en route to the scene.  
*Channels were established for providers to notify ambulance to respond and that provider will meet them on scene.*
  - h. Place GPS units in all ambulances so they can automatically communicate their location to the 911 dispatch center (long-term).  
*Partially completed by companies. GPS units are not in all vehicles due to lack of funding. Some companies have placed GPS units in vehicles to assist in directions to emergency scenes.*
  - i. Establish a series of known and standardized communication techniques for improved dispatch and unit response.  
*Dispatchers are currently taking advanced training. The County is moving toward priority medical dispatch with October 2012 as projected completion.*
  - j. Utilize private sector frequencies for non-EMS communications.  
*EMS is able to use talk around channels for non-EMS communications.*
4. To address the **General** issues for reducing delayed and no response calls, the following are recommended:
- a. Develop a process for countywide purchase of vehicles, insurance, workman's compensation, etc.  
**[Not feasible. County initiated bids for Workmen's Comp Insurance, but it was little if any cost savings.]**
  - b. Explore expansion of the OPTICON system for countywide use.  
**[Not practical; State Highway Administration does not support.]**
  - c. Improve house numbering through the:
    - i. Enforcement of county ordinance requiring house numbering.

- ii. Encouragement of fire/EMS volunteers to go out into the community door-to-door offering to place signs (high visibility locaters) at a nominal cost to occupant/owner.

**[Not done: time, money, and work constraints prohibit.]**

- d. Allow for use of emergency lights on private vehicles.

**[Not allowed. Must follow COMAR regulations—only Chief Officers.]**

- e. Consider the development of a Public Service Announcement to educate the public to move to the right when emergency vehicles approach.

*Currently working on announcement with Emergency Management.*

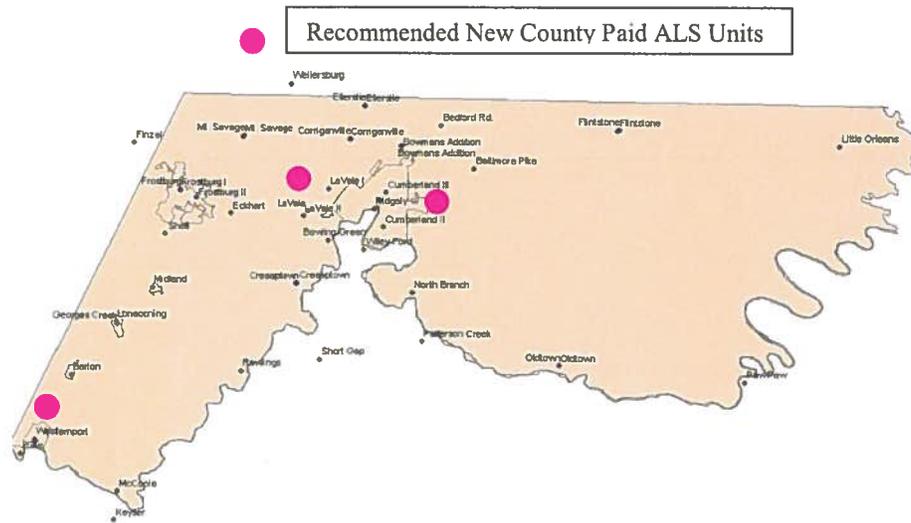
*State law was recently implemented with media blitz.*

**Goal 2: To enhance the delivery of advanced life support in Allegany County by providing a stable mechanism for the delivery of the ALS service to customers in need.**

The SWOT recommendations to address this goal are summarized under the general themes of: **Manpower** (improved utilization of existing personnel and augmentation to current resources with paid personnel); **Operational** (structural changes to the EMS delivery system which will result in increased efficiencies); and **General** recommendations that will result in improved delivery of advance life support.

1. To address the **Manpower** issues, the following items are recommended:
  - a. Consolidate all volunteer ALS resources so they can work together to establish an ALS chase car system, ambulance, or both.  
**[Not feasible: companies not willing at this point to buy into a joint agreement.]**
  - b. If "Goal 2.1.a" consolidation is not feasible, station county units in existing companies with the following recommendations.
    - i. The first step in the implementation process would be to hire personnel and utilize equipment in existing ALS companies.  
*Hired seven full-time ALS providers, three part-time ALS providers, and four part-time BLS drivers.*
    - ii. Develop a Memorandum of Understanding to govern the relationship between the county and the host company.  
*Memorandum of Understanding between County EMS and host companies was signed.*
  - c. The ALS Ambulance locations, in priority order (selection based on call volume, ALS coverage and staffing issues, geographic considerations, population density), would be:
    - i. LaVale area
    - ii. Georges Creek Area (specific location at TriTowns Ambulance)
    - iii. Willow Brook Road

*ALS providers at TriTowns, Cresaptown, Corriganville, and East County daytime Monday –Friday; and Cresaptown and East County Sunday*



*through Thursday nights. East county unit has BLS driver. LaVale part time ALS provider.*

- d. Scheduling of paid personnel in Phase 1 would provide Monday through Friday, 6 a.m. - 6 p.m., crews (ALS provider, BLS driver) for two units. ***Day shifts 6 am to 4 pm, except East County (7 am to 5 pm). Night shifts 10 pm to 6 am Cresaptown and 11 pm to 7 am East County.***
- e. An ALS Chief will be hired to oversee the county-funded ALS operations. ***ALS Chief was hired to oversee county-funded operations.***
- f. Crews would be county-paid and operate out of existing companies. ***With the exception of the East County unit, ambulances are staffed with career ALS provider and volunteer drivers.***
- g. Staffing requirements would call for 4.2 FTE per unit for shifts which would be 6 a.m. – 6 p.m. Monday through Friday. ***Units are staffed 10- hour day shifts and 8-hour night shifts.***
- h. Paid positions should be full-time with competitive benefits at the rate of
  - i. ALS Chief - Base 11 = \$38,000 - \$40,000.
  - ii. ALS Providers - Base 9 = \$32,000.
  - iii. BLS Provider - Base 8 = \$28,000.***Full-time paid ALS providers, except contractual part-timers. All drivers are part-time contractual. Thirty-five percent of ALS billing funds collected returned to county as a supplement to County EMS Program***
- i. Paid individuals would maintain membership with volunteer companies if allowable under Federal Labor Standards Administration rules. ***All but one provider are also members of volunteer companies.***

- j. Phase 2 would call for county-paid crews and county-owned vehicles and equipment and expansion of third ambulance unit for eastern Allegany County.  
*All vehicles are volunteer-owned, except for a county-owned chase car.*
  - 2. To address the **Operational** issues for improved ALS coverage, the following are recommended:
    - a. Establish a countywide uniform drug box access process.  
*Drug boxes stocked, sealed and exchanged at hospitals. WMHSPMC considering going to a Pyxis system. Current process conforms to VAIP.*
    - b. Continue use of the Emergency Medical Dispatch (EMD) Program with the inclusion of “call prioritization.”  
*Emergency Medical Dispatch program in use.*
    - c. Draft policies and procedures to govern paid/volunteer dispatch, allowing for volunteer units to have priority over the in-house paid crews for call response.  
*Volunteer crews have priority over paid crews for responses.*
    - d. Establish a quality assurance program to include:
      - i. An expanded Emergency Medical Dispatch quality assurance (QA) process to ensure that there is an appropriate utilization of resources.  
*Quality assurance program was established for communications.*
      - ii. A county medical review committee (MRC) (which is required by MIEMSS and COMAR) be organized to:
        - 1. Review all priority 1 ambulance runsheets.
        - 2. Conduct the functions presently handled by the Region I Medical Review Committee.  
*A Medical Review Committee was organized.*
      - iii. QA policies to be established at the base station level (this has been implemented by all three Regional hospitals during the SWOT process).  
*Quality assurance programs at Base Stations were established.*
      - iv. Real-time quality assurance review and feedback be made available to EMS caregivers through:
        - 1. Taped reviews of communication between EMS provider and the physician giving medical consultation.
        - 2. Off-line reviews between EMS provider and the physician giving medical consultation.  
*All priority one and two calls and random priority three calls are reviewed. If questions arise, committee reviews call and meets with providers.*
- [No skills review process has been established: have talked with personnel at Garrett College EMT-I/Paramedic program about setting up a skills review station. Opportunity: Adopt a skills Review using Sim-Man from Garrett College for credentialing provided that remediation be given immediately; it is built into the Continuing Education process, and**

**competencies can be pulled from eMeds to fulfill the required review if numbers warrant.]**

- v. A feedback process to be developed for calls to the providers from physicians and the Jurisdictional Medical Director.

*This is part of quality assurance program.*

- e. A Quality Improvement methodology be developed and implemented to monitor operational standard (ALS coverage, delayed/no response, etc.) to provide regular analysis of system performance.

*Quality Improvement program was started. From Quality Assurance Committee, documentation classes and I.O. classes were held throughout the county.*

- f. The operation of the Quality Assurance and Quality Improvement implementation will be the responsibility of the ALS Chief.

*Quality Assurance and Improvement programs are responsibility of ALS Chief.*

- 3. To address the **General** issues for improved ALS coverage, the following are recommended:

- a. The establishment of a county EMS fund to be used for system operations.  
*Allegany County appropriates money to volunteer companies through Emergency Services Board, and career personnel through Department of Emergency Services.*

**[Opportunity: encourage the 22 services that do not have a fire/EMS tax to approach the commissioners to assist in developing one.]**

- b. Monies for the EMS funds to come from:

- i. County government.

*Funds do come from County appropriations and departmental budget.*

- ii. Fees for services by county-paid EMS personnel.

*Companies pay county 35% of what they collect from ambulance billing for calls where county ALS provider is involved in patient transport. If both driver and medic are County employees, collections from billing are split 50/50 between County and EMS Company.*

- c. Fees for services provided by county-paid EMS personnel to be based on:

- i. Any company upgrading another would get 25% of collected monies.

*Any company providing ALS upgrade collects 35% of what transporting company collects.*

- ii. If a call/transport is managed completely by the volunteer of a county company, the county company would receive all of the monies collected.

*Calls handled completely by volunteers result in all funds going to company.*

- d. The county EMS companies use a single billing company and negotiate a single contract.

*All billing is handled by Medical Claim Aid.*

**[Opportunity: bidding process should be put out for countywide EMS billing for best percentage of monies returned to companies to reduce overhead costs.]**

**Goal 3: To produce a long-range plan that respects the importance of volunteers in the future Allegany County EMS system.**

The SWOT recommendations to address this goal are summarized under the general themes of: **Manpower** (improved utilization of existing personnel and augmentation to current resources with paid personnel) and **Operational** (structural changes to the EMS delivery system which will result in increased efficiencies).

1. To address the **Manpower** issues, the following items are recommended:
  - a. Renewed efforts at volunteer recruitment activities.  
*Earlier efforts of Recruitment and Retention Officer and current efforts by Allegany Garrett Volunteer Firemen's Association. (See Goal 1-1.a)*
  - b. Establish a Length of Service Awards Program (LOSAP) for volunteer fire/EMS (see Appendix 3).  
*Length of Service Program established.*  
**[Recommendation to continue current LOSAP and its funding levels for active members. Required paperwork is to be submitted on time or appropriations be withheld from the department.]**
  
2. To address the **Operational** issues for the establishment of a long-range plan, the following are recommended:
  - a. The ongoing reorganization effort of the Allegany County Fire Rescue Board shall embrace the qualities outlined in Appendix 4.  
*Allegany County Fire Rescue Board reorganized as Allegany County Emergency Services Board.*  
**[Recommendations that the ES Board: 1) write out a Disciplinary process that will address timeliness of essential documentation, 2) have in place an accountability policy with the EMS Committee for attendance with consequences for lack of participation, and 3) along with the 2 subcommittees (Fire/EMS), set countywide policies that will standardize company level policy.]**
  - b. Move to a countywide billing system.  
*All companies in county use same billing company and standardized fees.*

## Recommendations of the SWOT Committee in Order of Priority:

1. Dispatch will enforce the “Automatic ALS Alerting Policy” which states:

The following types of “Hot” or serious calls will automatically have ALS dispatched on the initial alert:

1. Respiratory and /or Cardiac Arrest
2. Unconscious/unresponsive
3. Severe Allergic Reaction
4. Severe Trauma involving multi systems, rollover, ejection, or fatality
5. Other calls where the information received by the Communications Center staff indicates a pending life or death situation

The 911 Joint Communications Center will always alert the first-due company *first* for an ALS provider. If, after two minutes, an ALS provider from the first-due company has not contacted the Communications Center to notify that they are responding, then the dispatcher will alert the next closest ALS Company. Every two minutes the Communications Center will go to the next closest ALS Company until: 1) an ALS provider is responding; 2) the BLS ambulance has arrived at the hospital; or 3) the BLS ambulance has reached a point that ALS intercept is not feasible.

The Communications Center, after the first-due company has failed to provide an ALS provider, will have the discretion of altering this policy under special circumstances to provide prompt care to the patient (e.g., using other returning ALS ambulances, chase cars or individual ALS providers in the area of need who have contacted the Communications Center)

2. Establish a Second-due Delayed and Failed Call Policy
3. The Allegany County EMS Chief needs to establish benchmarks to influence policy for the County EMS Operational Program.
- 4a. The Allegany County EMS Committee and Fire Board need to write out a disciplinary process that will address timeliness of essential documentation (i.e. LOSAP).
- 4b. Encourage the 22 Services that do not have a Fire/EMS tax to approach the Board of County Commissioners to develop one
5. The Allegany County EMS Chief should send a letter to all departments requiring responding units to advise dispatch of their EMS level (ALS, BLS, driver only).
6. The EMS Committee, through the Emergency Services Board, will implement an attendance policy for the EMS Committee with consequences for lack of participation.

7. Adopt a countywide Skills Review for EMS providers using Sim-Man through Garrett College for credentialing, giving remediation immediately as needed
- 8a. Ask that the Board of County Commissioners maintain the current LOSAP initiative and its funding levels
- 8b. The Emergency Services Board, EMS Committee, and the Fire Board should support those companies that are not meeting the delayed and failure response goals.
9. Investigate competition in EMS Third Party Billing countywide to help reduce overhead and non-payment

**EMS Box Alerting Policy:** This policy is designed to improve transparency and standards based on changes in the system to protect the patient.

1. EMS Operational Program (County/City) combined approach
2. Timely response by nearest Company
3. Timely response with appropriate staffing level (ALS, BLS)
4. Consideration of Services not meeting goals or delivering appropriate level of service
  - a. Report to EMS Committee/ ES Board to receive assistance and develop strategies for improvement
  - b. Consider realignment of Mutual Aid Box Assignments to reflect timely response by nearest company with appropriate staffing level
5. Change in EMS Box Assignments will be presented to EMS Committee for approval. In the event of an emergency, there is a policy that allows the Chair of the ES Board and Chair of EMS Committee to approve changes.
6. Dual alerts are reserved for Services that have demonstrated a failure to respond.

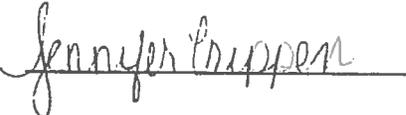
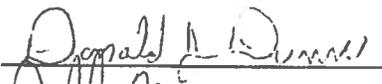
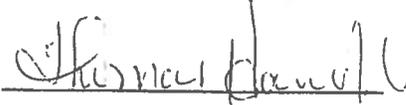
Unanimous vote to approve the EMS Box Alerting Policy

### **Short and Long Term Resource Allocation**

1. Evaluate geographic call distribution by current Box and resource deployment
  - a. Rt. 51, District 16, Oldtown areas
  - b. I-68, Bowman's Addition , Flintstone areas
  - c. Mt. Savage, Ellerslie, Corriganville, LaVale areas
  - d. Remainder of county
2. Any results or recommendations need to be presented to the EMS Committee for review and sent to ES board for approval and implementation.

To gain insight on resource allocations, the SWOT Committee unanimously voted in favor of requesting a study be completed by UMBC and the IAFF with separate reports delivered to the EMS Committee, ES Board, and to the County Commissioners.

**We the undersigned have reviewed and endorse the recommendations  
as put forth in the attached 2012 Allegany County EMS SWOT  
Revisitation Report:**

<u>Rep/Organization:</u>	<u>Signature</u>	<u>Date Signed</u>
Jennifer Crippen Bedford Road VFD		<u>08/29/12</u>
Donald Dunn City of Cumberland Fire Department		<u>8/27/12</u>
Jeff DeHaven Corriganville VFD		<u>8/27/12</u>
Susan Clark-Cecil Cresaptown VFD		<u>9-12-12</u>
Thomas Hamilton District 16 VFD		<u>9/10/2012</u>
Allen Ruby Flintstone VFD		<u>8-28-12</u>
William Davis Frostburg VFD		<u>8/28/12</u>
Adam Miller LaVale Rescue Squad		<u>8/29/12</u>
Dan Siemer Oldtown VFD		<u>8/29/2012</u>
Scott Yates Shaft VFD		<u>9/1/12</u>
John Herath Allegany County Department of Emergency Services		<u>8/27/12</u>
Roger Bennett Allegany County 911 Communications		<u>8-27-12</u>