

**RUSK COUNTY  
AMBULANCE SERVICES**

**-ANALYSIS & RECOMMENDATIONS REPORT-  
to  
Rusk County Board of Supervisors  
April 14, 2016**

**Prepared by:  
AD HOC COMMITTEE**

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## **FOREWORD**

The members of the Ad Hoc Committee represent a cross-section of local citizens, elected officials, and personnel who have volunteered their time, energy and sincere effort to evaluate the Rusk County Ambulance Service (RCAS) system. The following document represents a summary of their efforts and contains a series of constructive recommendations and goals to improve the RCAS.

## **DISCLAIMER**

The information contained in this report was obtained by the Ambulance Ad Hoc Committee from sources believed to be reliable. However, the Committee members cannot guarantee the accuracy or completeness of all the information contained herein. Therefore, the Committee members are not responsible for any errors, omissions or damages arising out of use of this information or its misunderstanding. The recommendations detailed in this report represent a sincere effort by the Ad Hoc Committee to assist the Rusk County Board of Supervisors to improve the existing Ambulance Service.

## SECTION I

### INTRODUCTION

**A – PURPOSE & SCOPE OF REPORT:** The purpose of this report is to summarize the analysis of the Ad Hoc Committee's investigation of the County Ambulance Service and offer constructive recommendations to maintain, upgrade and fund reliable ambulance services throughout the County's service area.

The Ad Hoc Committee was established by the Rusk County Board of Supervisors in the spring of 2015. Their formational meeting occurred on June 3, 2015. A list of the appointed members can be found at the end of this sub-section.

Rusk County has an excellent record of providing ambulance service for its citizens and a history of dedicated staff, since its creation in 1970. However, in recent years some problems and concerns have surfaced that must be addressed and their resolve will certainly require increased funding. Therefore, as a committee, we thought it wise to inform the County Board of Supervisors of our *initial* recommendations; prior to preparation of the 2016 F.Y. County budget.

Therefore, a briefing memo was written, dated July 13, 2015 and presented at the County Board Meeting on July 28, 2015. The two recommendations were:

- 1) *Consider a levy to fund equipment replacement and related components.*
- 2) *Include a reasonable monetary amount in the 2016 County budget to supplement the ambulance service's historic financial shortfall.*

As of this writing, no action has been taken by the County Board regarding the initial recommendations. A copy of this document is attached as Exhibit A.

As a modern society, it is paramount that our first duty is to protect the public's health, safety and welfare. This being understood, it is imperative we all work together to insure that basic services be provided and certainly one of these is a reliable and high quality ambulance service.

As eluded to in the foregoing, there are a significant amount of items and areas of concern that must be addressed. Therefore, the scope of this report attempts to be broad-based and hopefully, all-inclusive to address not only basic issues but also secondary related areas.

It should be noted that the Rusk County Ambulance Service is a partner in the Emergency Medical Services System. Therefore, for the purpose of this report, when either one is mentioned it must be assumed that the writer is aiming the discussion to the "Ambulance Service".

At this point of discussion, it seems appropriate to include the Rusk County Emergency Medical Services' *Mission Statement* as follows:

*Mission Statement:*

*The Rusk County Ambulance Service is a partner in the Emergency Medical Services System (EMS) of Rusk County. It is our mission to provide excellence in pre-Hospital emergency care to all persons who request our Service. Rusk County Ambulance Service provides its Services without regard for age, sex, race, color, National origin, handicap, religious creed, or political beliefs.*

**AD HOC COMMITTEE MEMBERS LIST**

<b>NAME</b>	<b>REPRESENTING</b>	<b>NOTES</b>
Bob DeVoe	Town of Big Bend	
Debra Frenn	RCMH	Resigned (Nov., 2015)
Tom Hall	EMS	Recording Secretary
Mike Hraban	City of Ladysmith	Vice Chairman
Marty Huhn	Village of Sheldon	Historian & Researcher
Lyle Lieffring	County Board	
Dan Murray	Town of Flambeau	
Bob Nelson	Town of Willard	
Bob Parmley	Citizen	Chairman
James Reese	RCMH	Resigned (Aug. 2015)
Phil Schneider	County Board	
Cora Schultz	City of Ladysmith	
Bonnie Stoneberg	City of Ladysmith	
Joel Taylor	Town of Big Falls	
Tom Thelen	RCMH	Appointed: (Feb. 24, 2016)
Dave Willingham	County Board	
Jim Zak	Citizen	

**B-BRIEF HISTORY:** The following itemized summary of Rusk County Ambulance Service gives a brief general history and overview at the systems evolvement. Refer to Exhibit D for a more detailed comprehensive history report.

- Prior to 1970 the transport of sick or injured patients needing medical attention was accomplished by being transported in private vehicles or by marginal care services provided by the local funeral homes.
- In 1969 the State of Wisconsin began implementing the provisions of the Federal enacted Highway Safety Act of 1966 which established the minimum standards and guidelines relating to ambulance service operations.
- A committee was established by the Rusk County Board of Supervisors to look into the creation of an ambulance service to provide the pre-hospital emergency medical service needs of Rusk County.
- Rusk County Ambulance Service was organized and officially became operational on October 15, 1970 as an EMT Basic Service Provider.
- Beginning in 1970 ambulance service for Rusk County was provided by three strategically stationed ambulance squads staffed by volunteer emergency medical technicians at.
  - Bruce      Hawkins      Ladysmith
- Shortly after an additional inter-facility transfer ambulance was added to accommodate the transport needs of patients that required higher level of care specialty type services not available at the local hospital to larger urban hospitals. This inter-facility transfer ambulance was stationed in Ladysmith and staffed by squad EMT's and hospital RN's.
- In 1977 an additional local emergency response ambulance was added. This additional ambulance was stationed and staffed in the south eastern portion of the county at Sheldon.
- For 45 years, Rusk County Ambulance Service has continuously complied with all new mandatory requirements to remain certified as an EMT Basic Service Provider. This commitment has allowed for an excellent record of providing quality ambulance service to meet the needs of the county.
- An additional level of patient care service was instituted in 1995 as groups of individuals from different areas of the county started to take the required training to become certified as EMS First Responders that could provide initial pre ambulance arrival care.
- Rusk County First Responders officially became a part of Rusk County Ambulance Service in February 1996.
- The basic structure of the service and primary geographical response area coverage has remained consistent with minor modifications being implemented over the years. See Exhibit B Service Area Map.

**C-CURRENT SERVICES:** Currently, Rusk County Ambulance Service (RCAS) is licensed by the Wisconsin Department of Health Services (DHS) as a Basic Level Service Provider. Therefore RCAS can only administer Basic Level Services (BLS) to patients being treated or transported.

In the spring of 2016, RCAS is working on hiring and training more staff at the level of Emergency Medical Technician Basic (EMT-B) and Emergency Medical First Responder (EMR) to alleviate staffing shortage issues. Management intends to follow provisions of recently enacted Wisconsin Act 213 of the State law that allows one EMR to replace one EMT as part of a legal crew, thus increasing the number of hours covered to respond to 911 calls.

**D – NEED FOR UPGRADING SERVICES:** Changing demographics in Rusk County is a typical pattern throughout the United States. The population is aging and the Baby-Boomer generation is outnumbering the working segment.

Older people, statistically, require increased medical care as they tend to have more health problems as they age. Additionally, there is a tendency for the elderly to remain in their home longer than in past decades. Therefore, future emergency calls certainly will increase and place a growing pressure on emergency medical services.

Advances in emergency medical equipment and procedures require state-of-the-art devices with adequate training of EMTs and First Responders.

Ambulance vehicles are continuously evolving with advanced equipment, which are growing more costly to purchase. However, this equipment needs to be acquired, if we are to provide adequate emergency medical services to our citizens. The public deserves our best effort.

## SECTION II

### SUMMARY, FACTS, CONCLUSIONS & RECOMMENDATIONS

**A-SUMMARY:** Early in 2015 there were a series of concerns expressed by several citizens regarding the Rusk County Ambulance Service; namely the transfer of patients to hospitals outside of the County, which had ceased to be provided since November, 2014. Following several meetings with administrative personnel and elected officials, the Rusk County Board of Supervisors created an Ad Hoc Committee to analyze the Ambulance Service and prepare a comprehensive report with constructive recommendations. This Ad Hoc Committee commenced meeting on June 3, 2015. This committee has continued to meet regularly every two or three weeks. An initial report, dated July 13, 2015, was presented to the Rusk County Board of Supervisors on July 28, 2015.

**B-FACTS AND CONCLUSIONS:** The following facts and conclusions have been extracted from the detailed investigation and are listed below:

- 1) The Rusk County Ambulance Services (RCAS) was established in 1970 and has continuously provided quality service to the citizens throughout the service area. See Exhibit B for a map of the service area and Exhibit D for an historical overview.
- 2) Some of the concerns that the Ad Hoc Committee has been addressing started to surface several years ago which prompted Marty Huhn and Amanda Nicholson to prepare a document entitled "Issues & Challenges". This was presented to the full Rusk County Board of Supervisors at a regular meeting on July 18, 2013. An updated version (6-18-15) was prepared and presented to the Ad Hoc Committee. Refer to Exhibit C to view an attached copy.
- 3) An "initial" brief status report with two recommendations, dated July 13, 2015, was presented to the Rusk County Board of Supervisors on July 28, 2015. See Exhibit A.
- 4) Currently, the Rusk County Ambulance Service accommodates a very limited portion of the requested transfer to out of county hospitals.

Beginning in 2014 with EMT staff shortage, availability of RNs and other procedural issue concerns resulted with inter-facility transfers requiring advance life support measures to become outsourced to out of county ambulance service providers.

The decrease in numbers of transfers has thus proportionally decreased the amount of revenue generated.

Extreme advancements in the emergency medical field have provided more specialty treatment options for the general public. These services are typically provided at hospitals located in larger populations areas; i.e. Rice Lake, Eau Claire, Chippewa Falls, Marshfield, Twin Cities, etc. This, in turn, has increased the need for more inter-facility transports.

- 5) The median age of Rusk County citizens is steadily increasing, which in turn increases the number of ambulance calls expected.
- 6) While the current EMT and First Responder staff is very efficient and dedicated, their numbers have been continually declining. A program to recruit new EMTs and First Responders is paramount.

Declining trends of volunteerism over the last decade has become very prevalent thus making recruitment efforts more challenging.

Currently, there are 42 licensed and affiliated EMTs of which 18 carry over 80% of the call hours.

- 7) At this point in time, privatization of ambulance services is not cost-effective. The County would not only lose administrative control, the cost of services would certainly increase. Therefore, it appears that no advantage would be gained to replace the existing system with a private firm.
- 8) The Ambulance Service has historically had an annual budgetary shortfall. However, it has been significantly less than similar counties in Northwest Wisconsin.
- 9) Currently, there is no budget item for ambulance replacements.

Ambulance vehicles are becoming more complex and thus more expensive. Lack of a replacement and upscaling schedule jeopardizes the County's emergency medical service.

- 10) General public not fully aware of the unselfish devotion of the EMT and First Responder staff and the services rendered; often under difficult conditions. However, a Facebook site was established in the mid-summer of 2015; in an attempt to inform the public of their contributions.
- 11) It is not in the best interest of the system and the citizens to reduce the number of ambulances. Currently, Rusk County has five (5) ambulances: one each based at Bruce, Hawkins, Ladysmith and Sheldon with one transfer unit stationed at RCMH.

12) Rusk County Ambulance Service responds to approximately 1,600 calls annually. Each unit area average responses are as listed below: (See Exhibits H & I)

- Bruce ..... 325
- Hawkins ..... 100
- Ladysmith ..... 850
- Sheldon ..... 325

13) Opportunities now exist for the introduction of new advanced patient care practices and enhanced patient care equipment, which will dictate the level of patient care being offered in the future.

**C-RECOMMENDATIONS:** Based on the foregoing conclusions and the analysis of the current Rusk County Ambulance Service, the following recommendations are issued by the Ad Hoc Committee.

- 1) The County should put in place a special levy to fund equipment replacement and related components as allowed by the Wisconsin Statutes. See Exhibit F.
- 2) The County should include a reasonable monetary amount in every annual budget to supplement the Ambulance Service's financial shortfall.
- 3) Do not reduce the amount of available ambulances. Reduction of available ambulances will increase the length of response time and result in a significant reduction of service. This is not acceptable and violates our commitment to protect the public's health, safety and well-being.
- 4) Develop a plan to upgrade the ambulance service as follows:
  - Re-establish out-of-county transfers (2016)
  - Upgrade to intermediate level (2017)
  - Expand to provide paramedic status (2018)
- 5) Develop and institute a process to attract local people for EMT and First Responder training. Pursue recruitment to expand personnel. (See Exhibit K for job description)
- 6) Establish more reasonable financial compensation for EMTs & First Responders using data of the 2015 Point Factor Evaluation System (PFE). See Exhibit E.
- 7) Consider a cooperative arrangement with Rusk County Memorial Hospital for paramedic, nursing staff and related medical personnel; if and when needed for transfers.

- 8) Consider a cooperative arrangement with Rusk County Memorial Hospital to establish a paramedic intercept unit that could respond and provide advance life support services for 911 emergency calls when required.
- 9) Increase public awareness of the services provided by the EMTs; i.e. a regular column in Ladysmith News and expand the internet Facebook contributions to include a monthly newsletter.
- 10) Establish an “auxiliary” support organization to manage:
  - Annual EMT and First Responder Recognition and Awards Banquet
  - Assist in public relations
  - Oversee fundraising events
  - Establish a scholarship program for EMT and First Responder training
- 11) Expand on the ability to provide uniforms, jackets, caps and special clothing for EMTs and First Responders that would enhance the professional image of the service.
- 12) Appoint an historian to record all special activities of the Ambulance Service, collect related news articles and general information. Provide a safe repository for these documents.
- 13) Assign someone to keep a vigilant eye open for potential grants and supplement funding sources. It is our understanding that the County currently has a grant monitoring service in place, known as eCivis Grant Management System.
- 14) Coordinate grant applications utilizing existing County staff.
- 15) Review and analyze each ambulance’s service area to insure that their respective boundaries result in the fastest response time.
- 16) Initiate an analysis study of the current communications system and formulate a long-range upgrade plan to correct current inadequacies while addressing future needs.
- 17) Monitor state regulations and pending legislation that may affect (directly or indirectly) County ambulance services.
- 18) Improve the County’s in-house accounting practices to allow management to daily monitoring “costs verses expenses” on a base-line budgeting program.

## SECTION III

### PRIVATIZATION OF SERVICES

**A-DESCRIPTION:** The Ad Hoc Committee interviewed several organizations that provide ambulance services in Northwest Wisconsin.

On August 6, 2015, representatives from North Memorial Ambulance Services attended the Ad Hoc Committee meeting and gave a power-point presentation of their services. The presentation was general in scope and specific costs for services were not stated because there were many categories that could not be identified at that point in time. However, it was the impression of the Committee members in attendance that North's services would be higher than what the County currently spends. The basic increase in cost is the result of full-time employee's wages, general overhead, insurance, administration and the need for profit.

A second presentation occurred on September 16, 2015 during a meeting of the Ad Hoc Committee. Tom Fennell of Gold Cross Ambulance Services (subsidiary of Mayo Transport) gave an in-depth presentation and is highlighted in the following recorded memo which was attached to the meeting minutes.

#### AMBULANCE AD HOC COMMITTEE

#### MEMO ATTACHMENT TO SEPT. 16<sup>TH</sup> MEETING WITH GOLD CROSS AMBULANCE SERVICE

Tom Fennell from Gold Cross gave a presentation: (Notes follow)

- 1) Gold Cross is a subsidiary of Mayo.
- 2) Gold cross runs approx. 75,000 calls per year in MN and WI. All rigs are dispatched through their dispatch center in Rochester MN.
- 3) They employ around 450 EMS personnel.
- 4) Their wages are about \$20/Hr. for a starting paramedic and \$15/Hr. for an EMT Basic; plus 35% benefit package. The EMS personnel work a 36 hour week plus overtime.
- 5) Tom Fennell believes privatizing volunteers is very difficult, and explained that he felt they would have to be paid full time wages and they would need about 60 employees to staff at current levels.
- 6) \$700,000 in net receivables now collected by RC EMS per data from Tom Hall.
- 7) It would take \$1.7 million to staff 4 stations full time, and that does not take into consideration capital improvements and fuel for trucks.
- 8) Approximately 1,500 calls for service in the County would = 1.5 full time crews under their system, but they could run 3 sites with Medics working in ED.
- 9) Jump truck (medic intercept) could work with staff covering 4 sites and medic responding from Ladysmith to all calls.

- 10) Mayo's rates are currently "twice" what Rusk County is charging, but the service area is medic level.
- 11) Mayo does charge for calls when they do not transport, if they render care to patient but do not transport.
- 12) If Mayo is covering transfers it would take 1 FTE (full time equivalent) and they could collaborate with Barron Mayo for additional assistance.
- 13) Gold cross runs 12 hour shifts for safety reasons.
- 14) Tom Fennell believes there would be a 3% or more increase in costs per year with their service.
- 15) Tom Fennell does not see how Gold Cross could break even here and thinks our "best" alternative is to remain a County Service. Gold Cross, it is assumed, would not be interested.
- 16) Mayo does offer management and leadership services.
- 17) If ambulance services are privatized, the County would have to provide a reimbursement for the shortfall; which is estimated to be in "excess" of what is currently calculated in the proposed 2016 budget.
- 18) Tom Fennell is willing to make a presentation to the County Board; duplicating the items discussed at the September 16<sup>th</sup> Ad Hoc Committee meeting.

**SUMMARY:**

The Ad Hoc Committee members present felt that Gold Cross' presentation confirms our previous research, which demonstrated it is not cost-effective to privatize Rusk County's Ambulance Service. Therefore, it is not necessary to explore this topic further.

**B-PROS AND CONS:** The positive factors for privatizing the Rusk County Ambulance Service are minimal. The County Board could reduce their bookkeeping and administrative staff, thus avoiding the related expenses and day-to-day oversight. However, the negative factors certainly outweigh the positive.

Privatizing the Ambulance Services would increase the cost to the transported clients and the County's reimbursement to subsidize the shortfall would be significantly more than if the services remained as a municipal function. Additionally, if privatization occurred, the County and its citizens would lose control. In the future, if a decision was made to return to a municipal service, it would take a major effort and a lengthy timeframe to achieve.

**C-COST:** Our best estimate, at this point in time, is that the cost to the tax payers would double if the Ambulance Service was privatized. This is not cost-effective.

**D-ANALYSIS:** In the final analysis, the Ad Hoc Committee agrees that it is not in the best interest of the County to privatize the Ambulance Service system.

## SECTION IV

### PROPOSED UPGRADE OF SERVICES

**A-GENERAL DESCRIPTION:** Currently, Rusk County Ambulance Service (RCAS) is licensed by the Wisconsin Department of Health Services (DHS) as a Basic Level Service Provider. Therefore RCAS can only administer Basic Level Services (BLS) to patients being treated or transported.

In the spring of 2016, RCAS is working on hiring and training more staff at the level of Emergency Medical Technician Basic (EMT-B) and Emergency Medical First Responder (EMR) to alleviate staffing shortage issues. Management intends to follow provisions of recently enacted Wisconsin Act 213 of the State Statute that allows one EMR to replace one EMT as part of a legal crew, thus decreasing the number of out of service hours that some of the strategically located 911 ambulances are now experiencing.

Many new opportunities now exist for the introduction of enhanced patient care practices, procedures and technology advanced diagnostic equipment. Timely implementation of these opportunities will dictate the level and quality of health care being offered to the residents of Rusk County.

By the fall of 2016, Rusk County Ambulance Service (RCAS) plans, with support of the County Board, to train existing staff to the Advanced EMT or Intermediate EMT level. The operation of RCAS with advanced level EMTs will provide the ability to offer a higher level of care service to patients. This advancement will take additional training dollars to achieve. The offering of Advance Level of care services will also realize a higher level of reimbursement payment for services provided from Medicare, Medicaid, and private insurance. RCAS should start seeing payback immediately in 2017 as staff becomes licensed and utilized in the field.

In the spring of 2017, RCAS with the cooperation from Rusk County Memorial Hospital would like to start the process of further advancing to a paramedic level of care service offering to the residents of the Rusk County. Providing of Paramedic level of care services can be accomplished using many different structural configurations. The least expensive entry level configuration would be a Paramedic Intercept Vehicle manned 24/7 with one paramedic. Additional on call or standby staff members would be utilized to backfill as needed during transfers or to cover extreme emergencies and special events. This level of paramedic service could also offer the opportunity to accommodate a majority of the inter-facility transfer requests of RCMH, while also being available to respond when needed to specific local 911 calls to provide advance level patient care.

In 2018 the next advancement to explore would be the creation of a full time paramedic level service to provide the highest level of patient care to the residents of Rusk County. Operation of a full time paramedic service is the most expensive to maintain, which would somewhat be offset by a higher level of financial return of charges for services provided.

**B-ESTIMATED ANNUAL COSTS:** Management of RCAS prepared preliminary estimated budgets for Finance Committee review during the fall of 2015 when planning was being done to establish the 2016 county budget. Different budgets were present that reflected the estimated revenues and expenses in relationship to the levels of service being provided.

- Proposed 2016 Budget #1: (\$1,037,415): This budget reflected the estimated revenues and expenses to support the Basic Life Support level of ambulance service as currently being offered. This budget took into consideration anticipated general cost increases, newly mandated procedure expenses, equipment upgrades, vehicle replacement, staff promotional and retention incentives, anticipated percentage of write offs, and also included sufficient revenue to cover annual historical shortfalls experienced in previous budgets. This budget required a county wide tax levy of \$200,000.
- Proposed 2016 Budget #2: (\$1,206,275): This budget reflected the estimated revenues and expenses to include in addition to supporting all of the offerings of budget #1, the operations of an Advance Life Support Medic Service to provide advance level of care assistance when required. This budget required a county wide tax levy of \$320,000.
- Preliminary Paramedic Budget: (\$1,575,372): This budget was a preliminary estimate of revenues and expenses to establish and operate a combination of Advance Life Support and Basic Life Support ambulance service staffed by a combination of paramedics and emergency medical technicians. This preliminary estimated budget would require a county wide tax levy of \$465,000.

See Exhibit J prepared by the Ad Hoc committee showing a comparison of the county wide tax levy impact of the different proposed 2016 ambulance operational budgets.

**C-PROJECTED ANNUAL REVENUES:** Anticipated annual revenues are greatly affected by many influencing factors.

- Level of service being provided.
- Service Providers established billable rate schedule.
- Number of billable runs executed.
- Number of inter-facility transfers taken.
- Percentage of billable calls regulated by Medicare and Medicaid policy.
- Percentage of other billable calls that qualify for lower reimbursement.
- Percentage of uncollectable billings.
- Level of Federal and State grant funding and financial subsidies.
- Number of other successful grant awards received.
- Procurement of private donations.

Therefore management proposed three different estimated 2016 budgets for finance committee review. These different budgets were based on past history data of current service operations and anticipated increased costs and estimated revenues relating to the advancement of levels of service being offered. See Exhibit L for supporting data showing anticipated increased revenue expectations relating to the offering of advanced level of care services. Exhibit L also contains data information reflecting the amount of revenue currently being lost by outsourcing of advance life support transfers to out of county providers.

Proposed Annual 2016 Budgets				
Budget #	Level of Service	Total Budget	Estimated Revenue	Required Levy
#1	Basic (Current Level)	\$1,037,415	\$837,415	\$200,000
#2	Basic + Advanced Services	\$1,206,275	\$886,275	\$320,000
#3	Basic + Paramedic	\$1,575,372	\$1,110,372	\$465,000

**D-COST-EFFECTIVE ANALYSIS:** The advancement of level services provided by RCAS in addition to offering advance care to its residents would also provide many benefits to the economy and expanded health care of Rusk County.

- Provide for local control of operations and budgets assuring fiscal responsibility.
- Have local control of increased employee staffing requirement needs.
- Provide for local gainful employment opportunities.
- Additional employment will have a financial induced impact to the local economy.
- Increased revenues of higher reimbursement rates for advanced services rendered.
- Recapture of inter-facility transfer revenues now being outsourced.
- Realization of efficiencies by establishing collaborated joint ventures with local hospital.
- Opportunity to introduce new Community Paramedicine Health Care concept.

## SECTION V

### STAFFING

**A-EXISTING PERSONNEL:** Presently, Rusk County Ambulance Service (RCAS) is staffed by individuals that are certified by the Wisconsin Department of Health Services (DHS) at a Basic Emergency Medical Technician (EMT-B) level or higher.

RCAS is licensed by the DHS as a Basic Level Service Provider. Therefore all EMTs can only administer basic level services to patients being treated or transported.

Currently, there are 42 licensed EMTs that are affiliated with RCAS. On average 18 of these EMTs carry over 80% of the call hours.

RCAS also has First Responders that are certified by DHS to provide initial pre ambulance arrival care. This group of individuals plays an active role to support the EMT's. Recent legislation enacted in 2015 has expanded the First Responders legal scope of practice.

**B-PROJECTED STAFF:** Staffing numbers that have been steadily declining over the past five years has now reached a critical shortage level. This critical staffing issue has increased the percentage of time when one or more ambulances are out of service. There have been an increasing number of occasions when only one ambulance is available to cover the county. Therefore it is of highest priority to explore all options available to alleviate the staffing problem to insure that adequate 24/7 365 day service is provided.

There will be a direct correlation between the qualification level of staffing needs and the level of care service that RCAS plans on providing in the future.

**C-EMT RECRUITMENT:** There are many deterring factors that influence the ability to recruit additional individuals to become a certified EMT.

- Complexity of training and certification process to become an EMT.
- Cost of tuition, books, travel and other related expenses of training and certification.
- Commitment of time required to complete initial training and certification process.
- Commitment of time to meet requirements needed for recertification every two years.
- Low compensation offered when compared to commitment required and expected.
- High stress occupation and work environment.
- Prevalent declining trend of volunteerism.
- Inability to fit a commitment of this nature into a busy work and family schedule.
- More employers not allowing their employees to participate during working hours.
- Younger families with either both working or holding multiple jobs.
- Declining local population of potential qualified candidates.

Many of these same deterring factors also contribute to the reasons given by individuals that have quit the service or have become less active.

The factors demonstrate that the possibility to recruit enough new candidates to fulfill the staffing needs at a volunteer status is questionable. Therefore exploring different alternate staffing arrangements using a combination of volunteer, part time, and fulltime members should be considered.

**D-PARAMEDIC RECRUITMENT:** When plans are initiated to provide advance paramedic level of care service to the county a competitive compensation package will need to be offered to attract qualified paramedics to satisfy the required staffing needs. Individuals with paramedic credentials are generally seeking full time employment.

Consider and explore different cooperative agreements with Rusk County Memorial Hospital and other health care providers to utilize individuals with paramedic training and certification.

- Paramedic level staffing agreements could possibly be established to satisfy the inter facility transfer request needs. The ability to accommodate the majority of advance care transfer requests would generate additional revenue.
- Agreements to establish a paramedic intercept unit to respond when needed to specific emergency 911 calls would greatly enhance the level of care service provided for patients.
- Explore creation of new Community Paramedic Program which is an innovative system with potential to improve health care in rural America. Individuals with paramedic training are a key component of this programs structure.

**E-TRAINING REQUIREMENTS:** Chapter DHS-110 of Wisconsin Administrative Code sets forth Emergency Medical Services licensing, certification and training requirements. Individuals may complete the required training and become certified at one of the four offered levels.

- First Responder (EMR)
  - Initial training of 80 hours
  - Refresher training every two years of 18 hours
  - CPR certification
  - AED certification
  - Advance skills protocols
- EMT-Basic (EMT-B)
  - Initial training of 180 hours
  - Refresher training every two years of 30 hours
  - CPR certification

- AED certification
- Advance skills protocols
- EMT- Advanced (EMT-A)
  - Initial training of 360 hours
  - Refresher training every two years of 42 hours
  - CPR certification
  - AED certification
  - Advance skills protocols
  - Limited medication administration protocols
  - IV therapy protocols
- Paramedic
  - Initial training of 1000 hours
  - Refresher training every two years of 48 hours
  - Complete course of Advance Cardiac Life Support (ACLS)
  - CPR certification
  - AED and Monitor certification
  - Manual defibrillation protocols
  - 12 led interpretation protocols
  - Advance skills protocols
  - Advanced medication administration protocols
  - Pediatric advance life support

Regardless of the level of certification held in order to be affiliated with Rusk County Ambulance Service the following requirements must also be met:

- Have a High School diploma or equivalent.
- Must hold a valid WI class D driver's license and good driving record.
- Must consent to a background check and have no prohibitive issues.
- Must pass a physical strength test process.
- Must pass a drug screening test.
- Must be able to demonstrate ability to fulfill the duties of the job description as approved by the governing body. See Exhibit K
- Must sign and agree to conduct in accordance with the provisions outlined in the Rusk County Employee Handbook.
- Must pass a discretionary evaluation conducted by the Rusk County Ambulance Service Director.
- Must demonstrate competency with Microsoft products, Wisconsin Ambulance Records Data System (Wards), and other windows and web based applications.

**F-TRAINING INCENTIVE:** Suggestive ideas as to what may help to possibly encourage more individuals to participate in providing the health care service needs by EMS at an acceptable level to meet the expectations of the community. Some of these same ideas “if initiated” may stimulate the interest of a few existing personnel to participate more.

- Secure grants and public donations to offer training scholarships.
- Structure training schedule to accommodate student’s busy schedules.
- Provide extensive tutoring support to students participating in training. Positive support and encouragement should help achieve a high completion and certification rate goal.
- Consider a signup bonus after satisfactory completion of training and certification.
- Provide reasonable compensation for services rendered when affiliated.
- Equality of benefits provided to all individuals should be maintained.
- Seek cooperative support of other health care provider agencies in the recruitment of potential candidates to alleviate staffing shortage.
- Initiate extensive media coverage to promote a positive image of the rewards of EMS.
- Establish a strict use of social media policy to discourage negative activity.

## SECTION VI

### EQUIPMENT

**A-VEHICLES:** The total number of ambulances operated by Rusk County Ambulance Service (RCAS) since the 1970's has been five. Four strategically located primary 911 response units stationed at Bruce, Hawkins, Ladysmith and Sheldon. The fifth unit has always been a transfer ambulance housed at the hospital.

All five ambulances currently are of a Type III design that features a van type chassis equipped with a modular patient compartment.

Ability to keep four emergency 911 response ambulances strategically located has resulted in a very acceptable level of the average response times to emergency situations. All attempts should be made to continue to provide this acceptable arrangement.

**B-COMMUNICATIONS EQUIPMENT:** The majority of the current communications equipment of Rusk County Ambulance Service (RCAS) has been secured and placed into service over the past decade to meet the every changing FCC mandates.

Federal, State and other grants received has provided tremendous financial support to purchase the required equipment needed to meet the FCC narrow banding mandates.

Communication equipment is constantly changing with the introduction of enhanced technology that has the features to provide modern dependable communications.

Presently, a complete analysis of the current system is required to identify any updates or improvements needed to provide reliable and dependable communications.

A yearly upgrade and maintenance schedule should be established and adhered to so all emergency services have the required equipment needed to perform their duties.

**C-MEDICAL DEVICES & SUPPLIES:** All ambulances are presently equipped with all the patient care equipment and supplies as mandated by applicable Wisconsin Administrative Codes.

Addition advance patient care equipment, exceeding the mandated list, has been added and financed by fund raising efforts of the respective squads and public donations.

The ability to insure that the latest enhanced patient care equipment and supplies are available will be essential to continue providing the highest level of patient care possible.

<b><u>D-INVENTORY:</u></b>	253 Ambulance	2008 Ford E450	Diesel	76,084 Miles*
	250 Ambulance	2009 Ford E450	Diesel	72,780 Miles*
	254 Ambulance	2010 Ford E450	Diesel	76,073 Miles*
	252 Ambulance	2011 Ford E450	Diesel	18,132 Miles*
	251 Ambulance	2014 Ford E450	Gas	7,622 Miles*

Note:

\* = Effective Jan. 1, 2016

**E-REPLACEMENT SCHEDULE:** In the early 1990's, the Ambulance Committee recommended that a yearly ambulance replacement policy be established which was accepted by the full County Board. Commitment to this replacement policy resulted in operation of a fleet of dependable ambulances while incurring annual low maintenance expenses. This policy also enabled the service to secure a more reasonable bid on each new ambulance when a "higher trade-in value" was obtained.

Deviating from this regular yearly replacement policy the last few years has resulted in the operation of less dependable ambulances and has also increased the annual maintenance expenses. The operation of less dependable ambulances, on occasions, has caused delays of transport of patients.

Guidelines need to be established and adhered to relating to the scheduled replacement of ambulances that insures the operation of a dependable fleet of vehicles.

**F-FUTURE NEEDS:** There will be a direct correlation between the equipment needed and the level of care services being provided. To achieve the goal of expanding the level of care provided will require the acquisition of more advanced patient care equipment and supplies. Additional capital improvement dollars will be required to purchase and maintain these additional resources.

## SECTION VII

### FUNDING SOURCES

**MEMO:** It must be noted that in recent years there has consistently been an annual shortfall in the Rusk County Ambulance program. Collections have not covered expenses. Due to the increased governmental regulations, reduced private insurance coverage, limited Medicare reimbursements and many patients that are not financially capable of paying their portion of the remaining balance, unfortunately results in a shortfall. Therefore, this burden falls to the tax payers.

**A-COUNTY LEVY:** The Rusk County Board has the option to levy for ambulance services without exceeding the state mandated levy cap. This is allowed by State Statute 66.0602(3)(e)6. This method would not require a county-wide referendum to enact which was confirmed by the County Attorney, Richard Sommerfield. Refer to Exhibit F.

**B-COUNTY BUDGET:** The County Board could include items in their annual budget to fund the shortfall and include funds for replacement of equipment and vehicles.

**C-SPECIAL ASSESSMENTS:** The County Board also has the option to enact a special assessment for specific items. However, it is not recommended, if the County Board of Supervisors utilize the methods listed in the foregoing sub-sections A and B.

**D-FUNDRAISING EVENTS:** Fundraising events are a time-tested method to finance worthwhile projects. These events usually are very specific, such as funding to purchase equipment for public use. While this method generally is not governmentally sponsored, it is mentioned here to promote interest within the general population.

**E-PRIVATE DONATIONS:** Private donations certainly are a viable possibility and, according to RCAS records, several donations have been received to assist in funding the EMT training. It is believed that this avenue of funding for specific items could be expanded, if properly explored.

**F-GRANTS:** There are a number of sources, both governmental and private organizations that have grant programs to fund special public needs. The Ad Hoc Committee did not have the time to seek out these sources, but it is noted here to alert the reader that potential grant funds should be continuously explored.

## SECTION VIII

### ORGANIZATIONAL COOPERATION

**A-GENERAL DISCUSSION:** It is mandatory that all personnel, departments, committees, divisions, agencies and related organizations cooperate to deliver quality ambulance services to the citizens of Rusk County. The common good is the paramount goal.

**B-GOVERNMENT INTERFACING:** The Ad Hoc Committee has observed an apparent deterioration of cooperation between the County Board and the Rusk County Memorial Hospital administration. While we believe this is not major, it is imperative that it be addressed sooner than later.

**C-EMERGENCY SERVICES COOPERATION:** The Emergency Services EMTs and First Responders appear to be very cooperative and willing to improve their skills.

**D-MEDICAL SERVICES COOPERATION:** The local medical services include the Rusk County Memorial Hospital, Marshfield Clinic, Riverside Clinic and the Rusk County Ambulance Service must all be on the same page. These facilities should all cooperate with each other to insure that the public, in general, receive top quality medical service.

**E-MEDICAL DIRECTOR:** After a lengthy period following Dr. Ron Charipar's retirement, a new medical director was installed. He is Dr. Kevin Kooiker and has had this position since September 1, 2015. This has allowed the EMT's to use advance resuscitation equipment, which was previously purchased, and could not be used until a medical director was installed.

## SECTION IX

### SUPPLEMENTAL ITEMS

**A – ESTABLISH AUXILIARY SUPPORT GROUP:** In an attempt to support the Rusk County Ambulance Service (RCAS), we believe that an auxiliary support organization should be formed.

There are numerous areas that are available to support, encourage and publicize the RCAS. These various categories are summarized in the following discussion.

**B – PUBLIC RELATIONS & EXPOSURE:** In the mid-summer of 2015, a Facebook page was established on the internet. This has proven to be a good start to expose RCAS to the general public.

As time progresses, it is hoped that the services provided by RCAS will become better known.

If an auxiliary support group is formed, a sub-committee for public relations could be established to promote a positive understanding of the RCAS.

**C-NEWSPAPER ARTICLES:** Certainly newspaper articles are positive exposure. However, we strongly encourage the establishment of a monthly column be instituted in the Ladysmith News to educate the public and gain local support for the EMTs, First Responders and the overall services provided.

**D – ANNUAL AWARDS PROGRAM:** Most organizations have an annual banquet with an awards program. This event should be designed and sponsored by the auxiliary support group in cooperation with EMT group leaders and the Ambulance Service Administrator.

**E – APPOINT HISTORIAN:** It is suggested that an historian be appointed to keep records of the Rusk County Ambulance Service. As time goes by, these vital statistics and information become more valuable. Perhaps the repository could be located at the Rusk County Historical Museum.

**F – FORMAL ATTIRE:** It is suggested that either a uniform or jacket & cap be provided to each active EMT and First Responder to be worn at special public events. This will add a professional impression that shows a sense of pride to the organization.

Funding for this attire could be acquired by donations, special events, raffles, etc.

## SECTION X

### FINAL COMMENTS

**A-PARTING COMMENTARY:** It is well known that the public concerns which surfaced in the spring of 2015 prompted the Rusk County Board of Supervisors to create an Ad Hoc Committee to independently study the local Ambulance Services organization and prepare a report of its findings.

It must be stated that it was not the Committee's intent nor assignment to find fault or go on a fishing expedition to seek out past decisions for individuals to blame. Our mission, as we understood it was to evaluate the history, current status and problems; followed by an analysis to offer constructive recommendations to improve the County's Ambulance Service. As a Committee, we feel that this report summarizes our efforts and completes the mission.

A complete copy of the official records of public meeting minutes and other supplemental data compiled by the Ad Hoc committee is available for review on the Rusk County Website, assessable at [www.ruskcounty.org](http://www.ruskcounty.org).

The majority consensus obtained through dialog with Rusk County Towns Association, local municipal governmental officials, and the general public has been that appropriate measures need to be pursued expeditiously to insure that Rusk County Residents are receiving emergency medical services at an acceptable level.

It is our hope that the recommendations, listed on pages 7 & 8 of Section II will become reality and all parties will cooperate in a team effort to make the Rusk County Ambulance Services a modern organization that we all can be proud of.

Respectfully submitted,

Ad Hoc Committee

**EXHIBIT A**

**RUSK COUNTY AMBULANCE SERVICES**

**AD HOC COMMITTEE**

**BRIEF STATUS REPORT**

**July 13, 2015**

**-AD HOC COMMITTEE-  
RUSK COUNTY AMBULANCE SERVICES**

July 13, 2015

Rusk County Board of Supervisors  
311 Miner Avenue, East  
Ladysmith, WI 54848

**RE: BRIEF STATUS REPORT**

Dear Board Members:

The purpose of the Ad Hoc Committee, as recently established and directed by the County Board, is to analyze the existing system and develop constructive recommendations to maintain, improve, fund and continue reliable ambulance services throughout the County. Rest assured that the Ad Hoc Committee commenced this assignment on June 3<sup>rd</sup>.

As a modern society, it is paramount that our first duty is to protect the public health, safety and welfare. This being understood, it is imperative we work together to insure that basic services be provided and certainly one of these is a reliable and high quality ambulance service.

Rusk County has an excellent record of providing ambulance service for its citizens and a history of dedicated staff, since its creation in 1970. However, in recent years some problems and concerns have surfaced that must be addressed and their resolve will certainly require increased funding. Therefore, as a committee, we thought it wise to inform the County Board of Supervisors of our *initial* recommendations; prior to preparation of the 2016 F.Y. County budget. They are:

- 1) Consider a levy to fund equipment replacement and related components.
- 2) Include a reasonable monetary amount in the 2016 County budget to supplement the ambulance service's historic financial shortfall.

There are a significant amount of items and areas yet to be reviewed. Thus, our final *Recommendations Report* will not be issued until late fall. In the meantime, feel free to contact any Ad Hoc Committee member if you have any questions or suggestions to offer.

Respectfully submitted,

Ad Hoc Committee

Bob DeVoe, Township Rep  
Debra Frenn, RCMH  
Tom Hall, EMS  
Mike Hraban, City Rep  
Marty Huhn, Village Rep  
Lyle Lieffring, County Board Rep  
Danny Murray, Township Rep  
Bob Nelson, Township Rep

Bob Parmley, Citizen Rep  
James Reese, RCMH  
Phil Schneider, County Board Rep  
Cora Schultz, City Rep  
Bonnie Stoneberg, City Rep  
Joel Taylor, Township Rep  
Dave Willingham, County Board Rep  
Jim Zak, Citizen Rep

**EXHIBIT B**

**RUSK COUNTY AMBULANCE SERVICES**

**SERVICE AREA MAP**

**JANUARY 2016**

B-2

Arashburn

Sawyer

Camp Flambeau

Birchwood  
Ambulance

Whelan

Wavy

Hudson

Big Pine

Osborn

Frank Fork

Rusk County 252

Price

27

Rusk County 251

Deer

Rusk County 250

Wilson

Adams

Parsons

Deer

Glen Flora

Hawkins

Bruce

Ladysmith

Italy

Ingram

Archie

Barron

Strom

Weyerhaeuser

Theodore

Stark

Edin

Lincoln

Chetek  
Ambulance

Price

Big Lake

Washburn

27

Rusk County 254

Winkell

Mckinley

194

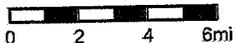
Sheldon

Ruby

Fayol

N

# Ambulance Service Area Map



DISCLAIMER: This map is not guaranteed to be accurate, correct, current, or complete and conclusions drawn are the responsibility of the user.

**EXHIBIT C**

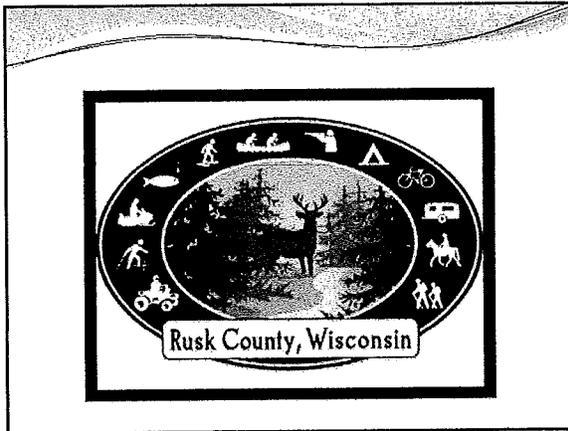
**POWER POINT PRESENTATION**

**RUSK COUNTY AMBULANCE AD HOC COMMITTEE**

**JUNE 18, 2015**

**RUSK COUNTY  
AMBULANCE SERVICE  
ISSUES & CHALLENGES**





## Rusk County Emergency Medical Services

***Mission Statement:***

*The Rusk County Ambulance Service is a partner in the Emergency Medical Services System (EMS) of Rusk County. It is our mission to provide excellence in pre-hospital emergency care to all persons who request our service. Rusk County Ambulance Service provides its services without regard for age, sex, race, color, National origin, handicap, religious creed, or political beliefs.*

### Who is required to provide ambulance services?

- All towns, villages and cities shall contract for or operate and maintain ambulance services **unless** such services are provided by another qualified provider.
- Wisconsin Statutes:
  - Cities 62.133
  - Villages 61.64
  - Towns 60.565

### Statement of Cause

- The purpose of this demonstration is to:
  - Look at how EMS in Rusk County has evolved over time
  - Bring awareness to the current structure and status of EMS in Rusk County
  - Open up dialogue about the challenges and issues that currently affect the viability of EMS in the county
  - Gain insight into what the members of our communities require and expect in the standard of care provided by EMS.

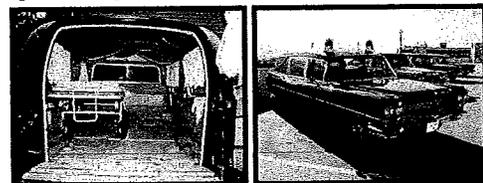


### Issues & Challenges Presentation

- This presentation was developed and presented to the full County Board in June of 2013.
- This same presentation was shared with the Rusk County Towns Association in April of 2014.
- County Board created this Ad Hoc Committee in April of 2015 when faced with a \$142,324.65 deficit of the 2014 Ambulance Operations Budget.

### Looking at the Evolution of EMS in Rusk County

- Prior to 1970 emergency transport of patients was provided by local funeral homes



**\*\*In the case of a poor patient outcome this may have been a handy arrangement\*\***



### Current Information

- Rusk County currently has four 911 response ambulances and one transfer ambulance
  - Bruce
  - Hawkins
  - Ladysmith
  - Sheldon
  - Transfer Ambulance
    - Stationed at RCMH



### Current Information

- Rusk County Ambulance Service currently has approximately 42 licensed EMT's of which 37 are currently active.
  - Of the 42 licensed and affiliated EMTs, approximately 40% of EMTs carry over 80% of the call hours.

### Current Information

- The Rusk County Ambulance Service receives approximately 1,600 emergency calls per year.
  - This equates to between 4 and 5 emergency calls per day on average.
    - Approximately 850 of those calls occur in Ladysmith
    - Approximately 325 of those calls occur in Bruce
    - Approximately 325 of those calls occur in Sheldon
    - Approximately 100 of those calls occur in Hawkins



### Current Information

- The Rusk County Ambulance service is designated as a volunteer EMT basic service through the State of Wisconsin
- The Basic funding structure of the Rusk County Ambulance Service is premised on a revenue generated budgeting system
  - In essence the ambulance service operates on the funds that it acquires through billing for services provided



### Current Information

- EMT employees of the Rusk County Ambulance Service are required to obtain a license from the State of Wisconsin
  - The first step in licensure is accomplished by completing an EMT-B course through an accredited technical or four year college. Traditionally this course requires 180 hours of higher education. In addition the course requires the students to complete 4 hours of practical work application experience in a local emergency room setting. An additional 6 patient contacts on actual ambulance runs as a ride along trainee is required. The cost of tuition and books for this course is currently approximately \$900.00. This course is normally structured so that it takes approximately 6 month to complete it.



### Current Information



- Licensure process continued..
  - The second requirement to obtain licensure is to pass the National Registry Examination
    - The National Registry Examination consists of a written test taken at an accredited testing site, as well as a practical skills test also taken at an accredited testing facility.
    - The practical skills test consists of various stations where the student must demonstrate a high level of proficiency. The student's performance is rated by professional examiners who observe the student's ability to execute the requires skills in a given period of time.
    - All of the stations must be successfully completed at the time of testing in order for the student to pass the practical skills portion of the National Registry Examination. The fees paid by the student in order take these tests are \$170.00.

### Current Information

- Licensure process continued...
  - Once the mandates in steps one and two are completed successfully the student can then be issued an EMT-B license by the State of Wisconsin
    - \*\*of note, only approximately 30-40% of students complete the course and actually obtain a license.
  - The student must then affiliate with a licensed ambulance service



### Current Information

- In order for an EMT-B to affiliate with the Rusk County Ambulance Service the following requirements must be met:
  - The EMT-B must consent to a background check and be found not to have prohibitive issues
  - The EMT-B must have a valid license and good driving record
  - The EMT-B must pass a physical strength testing process
  - The EMT-B must pass a drug screen
  - The EMT-B must be able to demonstrate ability to fulfill the duties of the job description as approved by the governance body
  - The EMT-B must sign and agree to conduct themselves in accordance with the Rusk County Employee handbook.
- After completing each of these steps the EMT-B will then interview with the Rusk County Ambulance Director and based on his discretionary evaluation can be hired by the Rusk County Ambulance Service

### Current Information

- Employees of the Rusk County Ambulance Service are paid \$2.70 per hour of call time
  - If an EMT is "on call" they have obligated themselves to carry a pager and be available to respond to the ambulance in less than sixteen minutes (recently adjusted from ten minutes) in the event of an emergency page.
- Shifts are typically 12 hours and normally run from 6:00am to 6:00pm for a day shift, and then from 6:00pm and 6am for a night shift.
  - Variations in these shifts have become common in an attempt to keep ambulances staffed when personnel shortages occur.
- When an emergency page is received the EMT will then receive \$12.00 per hour compensation for the period of time that they are actively engaged in that call.
- EMTs in Rusk County are typically not offered benefits or other service compensations



### Community Service Commitments

- In addition to their commitment to obligate themselves to the staffing of the ambulances in an attempt to keep them in service 24/7. The EMT's of all four squads also support and maintain a functional EMS organization in their respective communities.
- These EMS organization provide a variety of public service activities that promote and improve the health and well being of the residents of our county.

### Community Service Commitments

- Standby and First Aid at Community Events.
- High School educational scenarios. (Prom Crash).
- Elementary School education presentations.
- Youth Safety Activities.
- Community CPR and First Aid presentations.
- Fund Raising to purchase new advanced patient care equipment that is above and beyond the State of Wisconsin mandatory equipment list.
- Scholarships.
- Red Cross Blood Drives.

### Issues and Challenges Facing EMS in Rusk County



- The issues and challenges facing EMS in Rusk County today are varied and often times complex in nature. A few of the more notable challenges we face are:
  - Staffing
  - Equipment maintenance and updates
  - The changing public perceptions and expectations of EMS
  - The changing demographics in population
  - Changing and shifting in the political environment



### Issues and Challenges facing EMS in Rusk County

- **Staffing**
  - Staffing has become a consistent challenge, especially in the last year. It has not been uncommon for ambulances in the county to be "out of service" due to the inability to staff them.
  - Lack of adequate staffing for ambulances creates many points of concern
    - Response times to emergency calls can increase when there are fewer ambulances available. It may take an ambulance longer to get to a patient and initiate emergency care.
    - Ambulances may need to be moved from their base coverage areas to more central locations in order to provide coverage near the largest population bases when shortage of staffing occurs (cont...)

### Issues and Challenges facing EMS in Rusk County

- **Staffing Continued....**
  - Lack of available personnel may inadvertently be causing EMTs to take more call time than they might otherwise want to take in order to keep their ambulances in service
  - Staffing shortages can cause difficulties in maintaining high morale and creates additional job stress to EMTs
  - The public's perception of the quality of service provided by EMS in Rusk County may be negatively impacted when staffing shortages occur
  - Lack of adequate staffing may reflect on less positive and less successful patient outcomes if response times are increased and care cannot be initiated quickly.



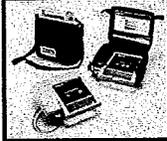
### Issues and Challenges facing EMS in Rusk County

- **Equipment Maintenance and Updates**
  - Changes in legislative mandates often require changes in equipment and/or the way that it is used
    - Example: Recently, combi-tube airway devices were replaced with King Airway devices because of the increase in complications with latex allergies, staff needed additional training to proficiently use the different device.
- Changes in demographics and culture often required more assistive equipment in order to safely care for patients
  - Example: EMS is providing care to more bariatric patients than ever before because of the obesity epidemic in our society today. Caring for and transporting these patients can be difficult or less safe without supportive equipment and additional personnel training (cont...)




### Issues and Challenges facing EMS in Rusk County

- **Equipment Maintenance and Updates (cont...)**
  - Ambulance vehicles are becoming more complex and therefore more costly. Alterations in the replacement schedule can cause Rusk County EMS to operate older and less reliable vehicles
  - Cardiac Emergency calls are ever increasing with the changing and aging population. Advancements in Cardiac care devices have been prolific in the EMS world, but such devices can be quite expensive to access
    - Example: The Rusk County Ambulance Service is currently using very outdated and obsolete Automatic Defibrillators which will eventually cause some compliance issues if not addressed soon.

### Issues and Challenges facing EMS in Rusk County

- **Changing Demographics and Population**
  - With the retirement of the Baby-Boom generation we are seeing a shift in society where for the first time the retired population outnumbers the working population
  - Older people statistically require an increase in medical care as they tend to have more health problems as they age



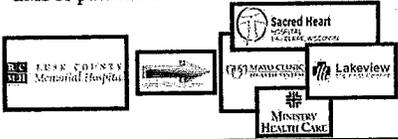

### Issues and Challenges facing EMS in Rusk County

- **Changing Demographics and Population**
  - Political and Cultural perspectives are fostering the idea of keeping older people in their homes for longer periods of time to avoid the costs of inpatient care facilities making their likelihood of needing EMS to increase
  - Insurance companies are putting pressure on hospitals to send patients home sooner after illnesses and surgeries by lowering their reimbursement rates. This also increases the odds that EMS will be required to provide intervention in the event that complications occur after discharge



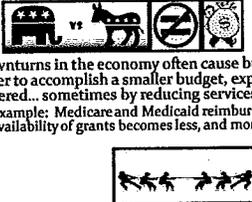

### Issues and Challenges facing EMS in Rusk County

- Public Perception and Expectations
- Extreme advancements in the medical field have allowed for more specialty treatment options available to patients. These services are typically provided at larger hospitals which are located in more urban centers. This has increased the amount of inter-facility transports by EMS so patients can access these services.



### Issues and Challenges facing EMS in Rusk County

- Political and Economical shifts
- Changes in political figures and agendas often lead to legislative changes that govern how EMS is mandated to operate... Unfortunately funding toward EMS is not always adjusted in accordance with the changing mandates
- Downturns in the economy often cause budgets to be tightened. In order to accomplish a smaller budget, expenses often must be lowered... sometimes by reducing services
- Example: Medicare and Medicaid reimbursement rates decline and availability of grants becomes less, and more competitive to acquire.



### Issues and Challenges facing EMS in Rusk County

- Political and Economical Shifts (cont...)
- During times of difficult economics communities generally see an increase in instances of: depression, alcoholism, drug abuse, and domestic violence which often times leads to the need for EMS intervention.
- Rusk County is typically ranked among one of the top ten poorest counties in the State of Wisconsin and therefore has tended to have the associated societal effects of poverty more so than other more affluent areas



### What Makes EMS in Rusk County Unique & How are Others facing these challenges?

- Rusk County Ambulance Service is one of the very last municipally owned and governed volunteer ambulance services in the State of Wisconsin that continues to operate with a revenue generated budget structure.
- Rusk County consistently ranks among the highest poverty levels and lowest per capita income counties in the State of Wisconsin

### Let's Look at the way EMS is Structured in adjoining counties

- Sawyer County
- Price County
- Taylor County
- Chippewa County



- The Sawyer County Ambulance Service utilizes four ambulances which are based strategically around the county.
- They are funded by the revenue that the service generates as well as levied funds.
- They have restructured their service over the past couple of years to allow for inclusion of multiple levels of care provided.
  - This has allowed them to increase the amount they can bill for services and thus increasing the amount of revenues generated.
  - It has also allowed them to increase the quality of care that patients receive in the pre-hospital setting.
- The population base in Sawyer County is very similar to that of Rusk County.




- Ambulance service in Price County is provided by different consortiums.
  - **Prentice Ambulance** is one of the consortiums that provides service through a twelve township coverage area in the southern part of the county
    - The Prentice Ambulance Service operates from revenues generated as well as a \$70,000 levy support provided by the municipalities.
    - The Prentice Ambulance currently operates at an EMT-Basic level.
  - **Central Price County Ambulance Service** located in Phillips provides coverage in the central part of the county and is funded in a manner similar to that of the Prentice Ambulance
    - They provide service at an EMT-Intermediate Level.
  - **The Flambeau Area Hospital** in Park Falls provides ambulance service to the northern part of the county.
    - The Flambeau Hospital supports two ambulances at an EMT-Intermediate level.
- The population base in Price County is very similar to that of Rusk County.



- The Taylor County Ambulance Service operates four ambulances strategically located about the county.
  - Two ambulances are located in Medford and both of them operate at an EMT-Intermediate level of service.
  - Another ambulance is stationed in the Rib Lake area and it operates at an EMT-Intermediate level.
  - The fourth ambulance in Taylor County is stationed in Gilman and it operates at an EMT-Basic Level of service.
  - Additional advanced support to the ambulances is provided through a rapid response paramedic unit located in Medford which can intercept transporting ambulances to increase the level of care provided to critical patients.
- Taylor County Ambulance Service is operated through an entity within Medford Memorial Hospital.
  - It is funded through revenues generated and an additional \$185,273 county levy subsidy.




- \*\*EMS service in Chippewa County is divided into both rural and urban EMS structures. We will look at the Cornell Ambulance service for comparative purposes.
- The Cornell Ambulance Service provides EMS coverage to the northern rural part of the county which includes the communities of Cornell and Holcombe.
  - The Cornell Ambulance Service operates two ambulances at an EMT-Basic level, but has the option of advanced care support through the Chippewa Fire District and Chippewa City Fire & EMS, both of whom are located within the county and willingly intercept with Cornell to provide paramedic level of care to critical patients.
  - Cornell Ambulance Service is funded by a consortium of municipalities in the northern part of the county.
    - It operates from a combination of revenues generated and a \$14.00 per capita charge to each municipality.

## Points to Consider

- Rusk County's economic status does cause challenges in funding, but also allows for increased shared revenue from the State of Wisconsin to help alleviate some of the challenges our economy poses.
- The population base in Rusk County is very similar to that of the surrounding counties we have explored.
- EMS personnel numbers in the Rusk County Ambulance Service have continued to decline even as the volume and frequency of emergency calls are rising.
- Equipment used in EMS continues to evolve and become more advanced requiring more education and training on the part of EMTs as well as more frequent replacements and upgrades.
- All societal, cultural, and political trends indicate the increase in the need for EMS service as we progress into the future.




Change is **INEVITABLE**  
Progress is **OPTIONAL**

- Tony Robbins

thechangeblog.com

## SOLUTIONS

- Foster new ideas to overcome challenges
- Ignore and hope challenges will disappear




## INFORMATIONAL STATISTICS

### ESTIMATED POPULATION (Source Wisconsin Demographic Services Center)

Rusk County	14,790
Taylor County	20,733
Sawyer County	16,676
Price County	14,155

### ESTIMATED 2015 SHARED REVENUE (Source Wisconsin Department of Revenue)

Rusk County	1,112,842
Taylor County	1,064,168
Sawyer County	184,071
Price County	526,387

### 2014 EQUALIZED VALUATION OF COUNTY (Source Wisconsin Department of Revenue)

Rusk County	1,196,067,900
Taylor County	1,379,731,200
Sawyer County	3,391,249,700
Price County	1,460,493,300

### WISCONSIN COUNTY UNEMPLOYMENT RATES (APRIL 2015) (Source Wisconsin Workforce)

Rusk County	5.3%
Taylor County	4.4%
Sawyer County	8.6%
Price County	4.5%

**EXHIBIT D**

**RUSK COUNTY AMBULANCE SERVICES**

**HISTORY**

**1970 - 2015**

**-AD HOC COMMITTEE-  
RUSK COUNTY AMBULANCE SERVICE**

**RE: RUSK COUNTY AMBULANCE SERVICE HISTORY**

• **EVOLUTION**

- Prior to 1970 the transport of sick or injured patients needing medical attention was accomplished by being transported in private vehicles or by marginal care services provided by the local funeral homes.
- In 1969 the State of Wisconsin began implementing the provisions of the Federal enacted Highway Safety Act of 1966 which established the minimum standards and guidelines relating to ambulance service operations.
- A committee was established by the Rusk County Board of Supervisors to look into the creation of an ambulance service to provide the pre-hospital emergency medical service needs of Rusk County.
- Rusk County Ambulance Service was organized and officially became operational on October 15, 1970 as an EMT Basic Service Provider.
- For 45 years, Rusk County Ambulance Service has continuously complied with all new mandatory requirements to remain certified as an EMT Basic Service Provider. This commitment has allowed for an excellent record of providing quality ambulance service to meet the needs of the county.
- An additional level of patient care service was instituted in 1995 as groups of individuals from different areas of the county started to take the required training to become certified as EMS First Responders that could provide initial pre ambulance arrival care.
- Rusk County First Responders official became a part of Rusk County Ambulance Service in February 1996.
- The future of Rusk County Ambulance Service will greatly be affected by the directions taken to insure that sufficient resources are available to provide a level of care service that meets the public's expectation of EMS.
- New opportunities now exist for the introduction of enhanced patient care practices and equipment which will dictate the level of patient care being offered in the future.

• **STRUCTURE**

- Beginning in 1970 ambulance service for Rusk County was provided by three strategically stationed ambulance squads staffed by volunteer emergency medical technicians at.
  - Bruce      Hawkins      Ladysmith
- Shortly after an additional inter-facility transfer ambulance was added to accommodate the transport needs of patients that required higher level of care specialty type services not available at the local hospital to larger urban hospitals. This inter-facility transfer ambulance was stationed in Ladysmith and staffed by squad EMT's and hospital RN's.
- In 1977 an additional local emergency response ambulance was added. This additional ambulance was stationed and staffed in the south eastern portion of the county at Sheldon.
- The basic structure of the service and primary geographical response area coverage has remained consistent with minor modifications being implemented over the years.
- In 1996 First Responders became an active part of the ambulance service to respond to emergencies and provide essential pre ambulance arrival care and supply addition support for EMTs upon arrival.

- **AMBULANCES**

- The three original ambulances and the fourth emergency response ambulance purchased were modified Ford Econoline type units equipped for basic medical transport.
- The inter-facility transfer ambulance was a modified Oldsmobile 98 station wagon that provided for basic medical transport. This ambulance had the capability of providing for a more comfortable and rapid transport of patients to advance care facilities.
- The next round of updated replacement ambulances were Ford vans units that were modified to provide additional head room in the patient compartment. These units were classified as Type II ambulances which were equipped with additional mandated patient care medical equipment.
- All replacement ambulances purchased the last several years are of a Type III design. This design uses a cut away van chassis equipped with a square modular patient compartment. The modular compartment design allows for more space to accommodate for patient treatment and adequate storage space for the increasing amount of mandated patient care medical equipment required.
- The ability to remount the modular patient compartment onto a new chassis proved to be a cost effective alternative to purchasing a complete new ambulance over the last 20 years.
- Deviation from the regular yearly replacement policy the last few years has resulted in the operation of less dependable ambulances and increased maintenance expense costs.
- The patient cot in the ambulance is one of most important components of a transport unit.
  - The original cots used were of lightweight construction with a carrying capacity of only 300 pounds which exposed both patients and EMTs to the risk of injury.
  - In 2007 a 95% grant written by squad members was secured to purchase 5 new heavy duty replacement cots. These new cots with many improved safety features had a carrying capacity of 650 pounds. The cost of each new cot was \$5233.00.
  - In 2012 sufficient funds were secured by the members of each squad to purchase a new power lift cot for their respective ambulance. The cost of each power lift cot was in excess of \$15,000.

- **STAFFING**

- Sufficient staffing needed to operate Rusk County Ambulance Service operations was provided by over 100 volunteer members for many years.
- Sufficient staffing during these times resulted with each individual being requested to on average commit to holding one 24 hour shift per week.
- Since the mid 1990's the staffing numbers have continually been declining.
- Declining trends of volunteerism over the last decade has become very prevalent.
- This trend has drastically affected the ability to recruit and retain sufficient staffing that is expected to be employed under a volunteer classification.
- Staffing numbers the last five years has declined to a level that it is not uncommon for one or more ambulances to be out of service at any given time.
- Recruitment of new volunteers to take the training and become certified has been a very serious concern facing the service the last several years.
- The retention and recruiting staffing issue affects both the number of available ambulance EMTs and first responders.

- **TRAINING**

- There was no formal training required by individuals wishing to be an ambulance attendant when the service was established in 1970. Most volunteers had some first aid training.
- In 1974 the State of Wisconsin mandated training and required state licensure approval of individuals that provided patient care and ambulance transport.
- The commitment of the amount of time and efforts by volunteer members to complete the required training to become a certified EMT during the earlier years was less than 50% of today's mandates.
- In 1974 sufficient State funding was available to cover the complete costs to individuals requesting training and licensure to become certified EMT's.
- Constant changes to the State formula used to allocate training dollars have resulted in decreasing amounts received by each service provider over the years.
- Cost to receive training and become certified presently is over \$1000.00.
- Complex training curriculum and ridged testing requirements has deterred some individuals from attempting to participate or complete certification process.

- **FINANCIAL**

- Grant funds requiring a 50% match was secured to purchase the three original ambulances at a cost of \$10,000 each.
- Ambulance budgets were supported by a county tax levy funds for many years.
- Sufficient revenue received in the 90's allowed for an adoption of zero levy budgets.
- Charges for services rendered have always been the main source of revenue. The rates charged have routinely been adjusted to meet industry acceptable standards.
- Lower State and Federal reimbursement rates which apply to a high percentage of the services billable calls have a tremendous effect on revenues generated.
- Federal and State grants and shared revenue sources have always existed to provide additional revenue to support the budget.
- Beginning in late 2014 the decrease in the number of inter-facility transfers taken has had a proportional negative effect on the amount of revenue generated.
- Ever increasing budget shortfalls have become more prevalent over the past few years.
- Fund raising and donations secured by the members of every squad has always been used to purchase new advance patient care equipment that is above and beyond the State of Wisconsin's mandatory equipment list.

- **CALL VOLUME**

- The frequency of calls for many years on average was normally one or two calls per week for each of the four squads in the county.
- Changing demographics of the population of Rusk County has resulted in a steady increase in the number of EMS calls each year.
- Public perception as to the services EMS is expected to provide has resulted in the number of no transport calls to steadily increase over the years.
- Political and cultural perspectives as to the way health care needs are being administered have resulted in increasing the number of times that EMS intervention is needed.

- Present call volume of the county is at approximately 1,600 per year. This equates to between 4 to 5 calls per day on average.
- Calls to centralize to insure adequate coverage of county have become more prevalent over the past couple of years.

- **COMMUNICATIONS EQUIPMENT**

- The first call alert pagers were very large and cumbersome and only allowed for notification that there was a call.
- Design of call alert pagers quickly resulted in improvements that made them more portable.
- For many years each squad was only furnished two alert pagers which had to be physical passed between attendants at each shift change.
- Technology changes resulted in call alert pagers becoming more economically affordable so one could be assigned to each EMT.
- Advancements in technology and lower costs of two way portable radio units in recent years have resulted with each EMT now being assigned their own portable radio.
- Ambulance radios in the first ambulances were very simple and provided limited communications ability.
- In recent years Federal mandates have resulted in present ambulance radio communication systems to have the capability to communicate with multiple agencies which may be needed at any given emergency event. Many grant funding opportunities have been made available over the years to accomplish this goal.
- The county wide radio communications system used by fire and ambulance has four repeater tower locations around the county. The site locations and antenna heights results in a weak marginal coverage signal in some geographical locations. Communication signals were also negatively impacted by the FCC narrowband radio communication mandates.

- **COLLABORATING AGENCIES**

- Collaborating efforts with many different agencies has always been one of the most important components toward accomplishing the goal of providing the highest level of quality EMS care to Rusk County.
- County Government
  - Administration
  - Daily management
  - Financial support
  - Legal advice
  - Capital improvement investment
  -
- Hospitals and Clinics
  - Receiving facility for patients
  - Medical director administration
  - Medical treatment guidance support
  - In-service training offerings
  - Staffing with advance life support skills for transfers

- Helicopter and paramedic intercept
  - Advance life support response
  - Rapid transport of critical patients
  - Auto launch protocol
  
- Adjacent ambulance service providers
  - Advance life support intercept
  - Mutual aid for mass casualties
  - Primary response to fringe areas of county
  - Backup service
  
- Local Municipalities
  - Facilities for ambulances squad needs
  
- Fire Departments
  - Rescue service needs
  - Off road rescue resources
  - Additional manpower assistance
  
- Police and Sheriff's Departments
  - Dispatch services
  - Insuring scene safety
  - Additional manpower assistance
  
- First Responder Groups
  - Initial patient care
  - Additional manpower assistance
  
- Community
  - Taxpayer financial support
  - Support of sponsored activities and fund raisers
  
- **INTER-FACILITY TRANSFERS**
  - Availability of timely inter-facility transfers has always been a crucial need of the patients requiring advanced specialty care that was not available at local health care facilities.
  - From 1970 to 2014 Rusk County Ambulance Service was able to accommodate the majority of the inter-facility transfer requests.
  - Qualified staffing to meet the needs of the patient of an inter-facility transfer was provided by EMT's of respective squads and RN's provided by the local hospital.
  - In 2014 the shortage of staffing of EMT's, availability of RN's and procedural issue concerns resulted with inter-facility transfers requiring advance life support measures becoming outsourced to out of county ambulance service providers.
  - Rusk County Ambulance Service continues to accommodate some inter-facility transfers when the patient requires only basic level of care services.

- Staffing shortage of available EMT's to accommodate an inter-facility transfer while still insuring that at least two strategically located 911 ambulances are available at times has also prevented being able to meet the requested needs.
- Number of inter-facility transfer requests has continually increased every year as the availability of more specialty advance care treatment options has become available.

- **ISSUES AND CHALLENGES**

- Issues and challenges have always been an intricate part of the daily operations of the Rusk County Ambulance Service.
- The severity of the issues and challenges concerning the future of EMS in Rusk County became more prevalent in the early part of 2013. Many different venues have been pursued over the last three years to initiate awareness and provide public information.
  - Front page news article Ladysmith News.
  - Local TV news coverage.
  - Letters to editor.
  - Presentations to County emergency government committees.
  - Presentations to full County Board of Supervisors.
  - Presentations to local towns association.
  - General topic of public forum.
  - Ad Hoc Committee created in 2015

- **FIRST RESPONDERS**

- Federal and State grant funding to cover the initial cost of training and basic equipment needs prompted several individuals to participate in a First Responder Program in 1995.
- This first group of volunteer First Responders completed the required training and organized as a group in 1996.
- This original First Responder Group officially became an entity of Rusk County Ambulance Service in February 1996.
- Over the next several years many more individuals took the required training and became a part of the group that provided initial patient care prior to ambulance arrival.
- 2006 roster of group indicated that over 50 individual volunteers were participating.
- Jump River First Responders and Exeland First Responders also provide assistance in the southern and northern areas of the county respectively.
- Over the last decade the number of active participating First Responders has been steadily declining to the point that some areas of the county have none.
- Presently, several active EMT's also participate as active First Responders.
- Majority of the financial support for the First Responder Group is secured by fund raisers and public donations.
- Majority of the cost to supply the First Responders with adequate equipment and to meet their apparel needs is covered by the groups fund raising activities.
- Changing policies and protocols continues to increase the abilities as to what level of care and involvement that a First Responder can provide.

**EXHIBIT E**

**RUSK COUNTY  
POINT FACTOR EVALUATION (PFE)  
2015**

2015 RUSK COUNTY PFE

Position Title	Dept	TOTAL	Hourly	High	Low	Average
H&HS Director	H&HS	747.5	\$35.08	35.08	26.52	30.80
Hwy Commissioner	Hwy	727.5	\$26.52	35.08	26.61	30.85
Chief Deputy	Sheriff	702.5	\$26.61	26.61	26.52	26.57
Forestry Administrator	Forestry	662.5	\$31.26	31.26	22.57	26.93
Sergeant	Sheriff	645	21.53& 22.57	24.44	22.57	23.51
LCDD Director	LCDD	640	\$24.44	28.38	22.87	25.63
Dispatch/Jail Admin.	Sheriff	622.5	\$24.11	30.72	22.57	26.65
Finance Director	Finance	617.5	\$28.38	30.72	22.87	26.80
Emg. Mang/Amb Director	Emg. Man	617.5	\$22.87	30.72	22.87	26.80
Ec. Development	Ec. Dev.	610	\$28.34	28.38	24.12	26.25
PH Officer	H&HS	602.5	\$28.28	30.78	22.87	26.83
BH/Adult Svcs Supervisor	H&HS	597.5	\$30.72	30.78	24.12	27.45
HC Supervisor	H&HS	582.5	\$28.35	30.78	22.93	26.86
CFS Supervisor	H&HS	577.5	\$30.78	30.78	24.17	27.48
Building & Grounds Director	Maint	567.5	\$22.94	30.78	22.93	26.86
Conservationist	LCDD	562.5	\$22.93	30.78	22.93	26.86
IT Director	IT	555	\$24.49	30.78	22.93	26.86
Asst to Hwy Com/Fin Admin.	Hwy	547.5	\$21.94	24.92	21.94	23.43
Assistant Finance Director	Finance	542.5	\$22.93	24.92	19.16	22.04
Investigator	Sheriff	540	\$23.39	24.92	19.16	22.04
Social Worker III	H&HS	522.5	\$24.92	24.92	18.96	21.94
Asst. Forst Admin	Forestry	522.5	\$26.68	24.92	18.96	21.94
ADRC/SS Supervisor	H&HS	517.5	\$22.94	24.92	17.21	21.07
Asst. Zoning Administrator	LCDD	517.5	\$19.16	24.92	17.21	21.07
Animal Control/Shelter Man.	An. Shelter	510	\$18.98	24.92	17.21	21.07
Asst. Maintenance Super.	Maint	505	\$18.13	24.92	17.21	21.07
Reg. in Probate/Juv. Crt Clerk	Judge	502.5	\$17.21	24.92	17.21	21.07
Finance/Sup Staff Mgr	H&HS	497.5	N/A			
Social Worker II	H&HS	492.5	\$24.14	24.14	18.96	21.55
Registered Nurse-PH	H&HS	492.5	\$24.14	24.14	18.96	21.55
Patrol Superintendent	Hwy	485	\$23.54	24.14	18.96	21.55
Park Supervisor II	Forestry	485	\$21.99	24.14	17.21	20.68
Real Property Lister	Treasurer	482.5	\$18.51	24.14	17.21	20.68
Judicial Assistant	Judge	482.5	\$19.70	24.14	17.21	20.68
Patrol Deputy	Sheriff	480	\$22.17	24.14	17.21	20.68
ES Supervisor	H&HS	477.5	\$21.24	24.14	17.21	20.68
CS Supervisor	H&HS	477.5	\$21.24	24.14	17.21	20.68
Forester III	Forestry	472.5	\$21.99	24.14	17.68	20.91
Registered Nurse-HC	H&HS	472.5	\$24.14	24.14	18.82	21.48
Maint/Tech	Maint	472.5	\$17.68	24.14	17.68	20.91
Env. Health Specialist	H&HS	467.5	\$24.14	24.14	18.82	21.48
Finance Accountant II	Finance	467.5	\$21.18	24.14	17.68	20.91
Hwy Foremen	Hwy	452.5	\$20.86	24.14	17.27	20.71

2015 RUSK COUNTY PFE

Ch.Deputy/Conf. Secretary	Clerk	442.5	\$17.27	24.14	17.27	20.71
Emg. Medical Tech (EMT)	Emg. Man	442.5	\$12.00			
Hwy Mechanic	Hwy	442.5	\$20.12	24.14	17.27	20.71
Paralegal	D.A.	440	\$19.61	24.14	17.27	20.71
Register Dietitian/WIC Director	H&HS	437.5	\$24.14	24.14	18.64	21.39
Engineering Tech I	LCDD	430	\$19.07	24.14	17.27	20.71
GIS Specialist	LCDD	425	\$19.13	24.14	17.27	20.71
Social Worker I	H&HS	422.5	\$22.18	24.14	17.27	20.71
Finance Accountant I	Finance	417.5	\$19.07	24.14	17.30	20.72
Admin Assistant II	H&HS	412.5	\$19.07	24.14	17.30	20.72
Vets. Service Officer	H&HS	412.5	\$22.71	24.14	17.30	20.72
Survey Technician	LCDD	405	\$17.30	22.71	17.28	20.00
Jailer/Dispatcher	Sheriff	405	\$21.13	22.71	17.28	20.00
Case Mgr/ CLTS/B-3	H&HS	392.5	\$19.07	22.71	16.41	19.56
Elder/Dis. Ben Spec, I&A	H&HS	392.5	\$19.12	22.71	16.41	19.56
Office Coordinator	Sheriff	392.5	\$19.65	22.71	16.41	19.96
Sec.-Bookkeeper-T. E. Cord.	Ext.	387.5				
Deputy II	Treasurer	380	\$17.28	21.13	16.41	18.77
Forestry Tech II	Forestry	377.5	\$18.64	19.65	16.41	18.03
Deputy II	ROD	375	\$17.21	19.65	16.41	18.03
Emg. Medical Resp. (EMR)	Emg. Man	372.5	\$8.00			
Child Support Lead	H&HS	372.5	\$19.03	20.09	16.41	18.25
UW Extension Secretary	Extension	367.5	\$16.92			
IT Technician	IT	367.5	\$19.07	20.09	16.41	18.25
COC Deputy Clerk I	COC	367.5	\$16.41	20.09	16.41	18.25
COC Deputy Clerk II	COC	367.5	\$17.28	20.09	16.41	18.25
Clerk III	H&HS	362.5	\$17.06	20.09	16.41	18.25
ES Specialist	H&HS	347.5	\$17.30	20.09	15.74	17.92
Child Support Spec II	H&HS	347.5	\$17.21	20.09	15.74	17.92
Hwy Operator	Hwy	347.5	\$20.09	20.09	16.13	18.11
Recycling Coordinator	Recycling	345				
Hwy Truck Driver	Hwy	342.5	\$19.77	20.09	16.13	18.11
Clerical Aide	ROD	335	\$11.96	PT		
Administrative Assistant II	Finance	335	\$19.00	20.09	15.74	17.92
Home Health Aide	H&HS	335	\$16.09	20.09	15.74	17.92
Legal Secretary	D.A.	330	\$17.21	20.09	15.74	17.92
Hwy Laborer	Hwy	327.5	\$19.37	20.09	15.74	17.92
Maint/Housekeeping	Maint	327.5	\$14.70	20.09	15.74	17.92
Hwy Cost Accountant Spec.	Hwy	322.5	\$18.54	20.09	15.74	17.92
LCDD Admin. Asst	LCDD	322.5	\$16.41	20.09	15.74	17.92
Clerk II	H&HS	322.5	\$16.13	20.09	16.09	18.09
COC Assist Deputy Clerk	COC	322.5	\$15.74	20.09	15.74	17.92
Deputy I	Clerk	310	\$16.51	19.77	15.74	17.76
Child Sup. Specialist	H&HS	297.5	not filled			
Clerk III	Finance	290	\$17.12	17.21	16.13	16.67
Head Cook, Ladysmith Ctr	H&HS	265	\$10.42			
Animal Shelter Employee	An. Shelter	265	\$8.01			

2015 RUSK COUNTY PFE

Secretary/Bookkeeper	Forestry	<b>265</b>	\$16.41	19.26	16.41	17.84
Records Mang. Specialist	Sheriff	<b>265</b>	\$17.21	19.26	16.41	17.84
Deputy I	Treasurer	<b>265</b>	\$16.41	19.26	16.41	17.84
Jail Account Specialist	Sheriff	<b>252.5</b>	\$19.26	19.26	16.41	17.84
Billing Clerk	H&HS	<b>247.5</b>	\$17.07	19.26	16.41	17.84
WIC Lab Assistant	H&HS	<b>240</b>	uses home health aide			
Hwy PT Clerical	Hwy	<b>240</b>	\$11.96			
Asst. Cook, Ladysmith Ctr	H&HS	<b>227.5</b>	\$9.24			
Data Entry - Part Time	ROD	<b>227.5</b>	\$10.10			
Clerk I	H&HS	<b>215</b>	\$15.74	15.74	15.74	15.74
Env. Health Supp. Staff	H&HS	<b>215</b>				
WIC Clerk	H&HS	<b>215</b>				
Public Health Aide	H&HS	<b>202.5</b>				
Site Mgr/Driver/Aides	H&HS	<b>202.5</b>				

**EXHIBIT F**

**WISCONSIN STATUTES**

**LOCAL LEVY LIMITS**

**66.0602**

✓ 66.0602(3)(e) (e) The limit otherwise applicable under this section does not apply to any of the following:

66.0602(3)(e)1. 1. The amount that a county levies in that year for a county children with disabilities education board.

66.0602(3)(e)2. 2. The amount that a 1st class city levies in that year for school purposes.

66.0602(3)(e)3. 3. The amount that a county levies in that year under s. 82.08 (2) for bridge and culvert construction and repair.

66.0602(3)(e)4. 4. The amount that a county levies in that year to make payments to public libraries under s. 43.12.

66.0602(3)(e)5. 5. The amount that a political subdivision levies in that year to make up any revenue shortfall for the debt service on a revenue bond issued under s. 66.0621 by the political subdivision or by a joint fire department if the joint fire department uses the proceeds of the bond to pay for a fire station and assesses the political subdivision for its share of that debt, under an agreement entered into under s. 66.0301, which is incurred by the joint fire department but is the responsibility of the political subdivision.

✓ 66.0602(3)(e)6. 6. The amount that a county levies in that year for a countywide emergency medical system.

66.0602(3)(e)7. 7. The amount that a village levies in that year for police protection services, but this subdivision applies only to a village's levy for the year immediately after the year in which the village changes from town status and incorporates as a village, and only if the town did not have a police force.

66.0602(3)(e)8. 8. The amount that a political subdivision levies in that year to pay the unreimbursed expenses related to an emergency declared under s. 323.10, including any amounts levied in that year to replenish cash reserves that were used to pay any unreimbursed expenses related to that emergency. A levy under this subdivision that relates to a particular emergency initially shall be imposed in the year in which the emergency is declared or in the following year.

66.0602(3)(e)9. 9. The political subdivision's share of any refund or rescission determined by the department of revenue and certified under s. 74.41 (5).

66.0602(3)(f) (f)

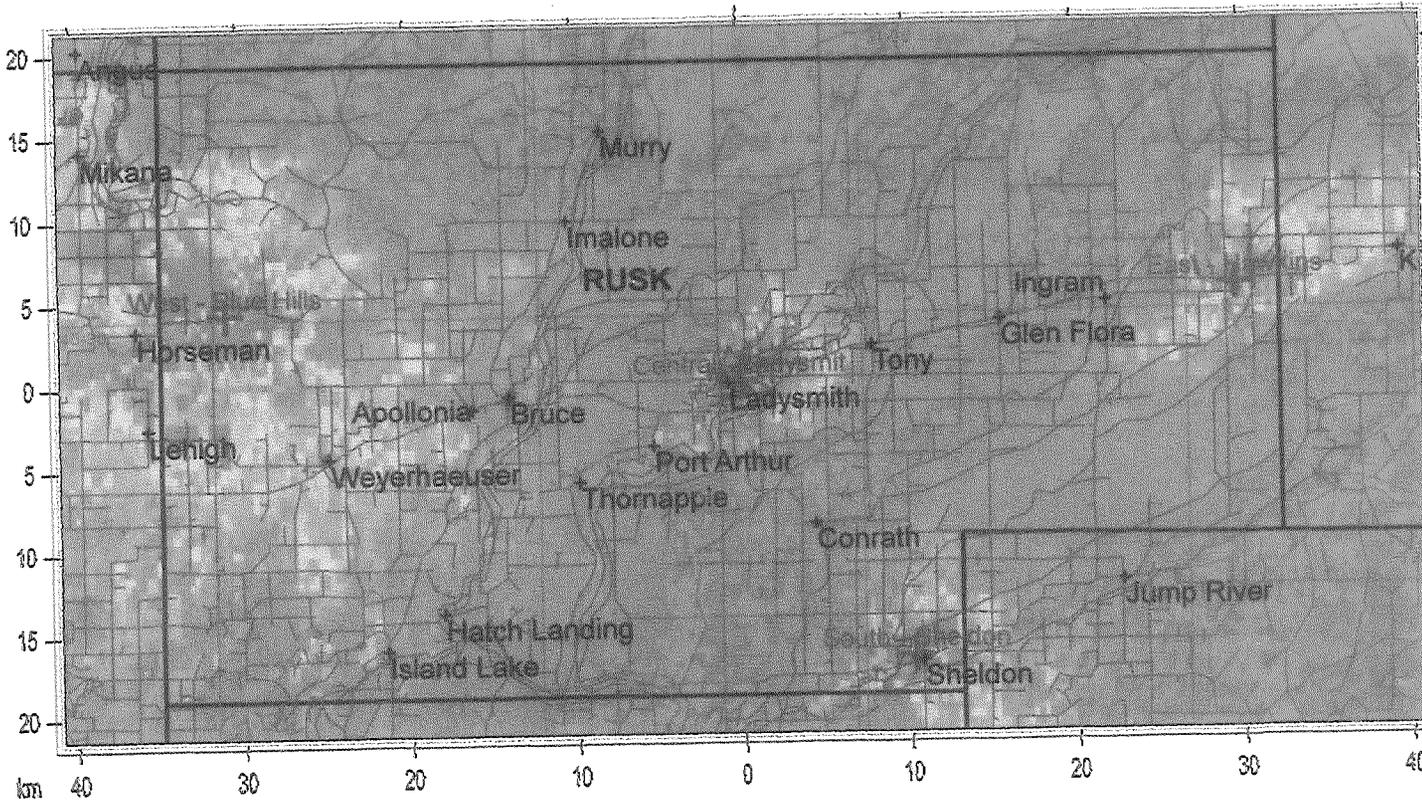
66.0602(3)(f)1.1. Subject to subd. 3., and unless a political subdivision makes an adjustment under par. (fm), if a political subdivision's allowable levy under this section in the prior year was greater than its actual levy in that year, the levy increase limit otherwise applicable under this section to the political subdivision in the next succeeding year is increased by the difference between the prior year's allowable levy and the prior year's actual levy, as determined by the department of revenue, up to a maximum increase of 1.5 percent of the actual levy in that prior year.

**EXHIBIT G**

**RUSK COUNTY  
RADIO COMMUNICATIONS  
SIGNAL LEVEL MAP**

MOBILE TALK BACK STREET LEVEL

G-2



Prepared by Rassbach Communications / 405 N Hastings Pl / Eau Claire, WI 54703 / 800-924-2612



- County Borders
- Highways
- Water Features
- Streets
- Lat/Lon Grid

Map Scale: 1:450000 1 cm = 4.50 km V/H Size: 42.61 x 81.67 km

**EXHIBIT H**

**RUSK COUNTY  
AMBULANCE SERVICES  
2015 CALL DATA**

# Rusk County Ambulance Service

## 2015 CALL DATA

### REPORT

- Total Runs for Current Year: 1565
- Total Transfers: 64
- Total Centralizations: 181
- Total Events: 115
- Total 911 Calls: 1205
- Overlapping 911 Calls: 479 \*
- Percentage of 911 Calls that Overlap: 40%

\*Overlapping 911 calls means the number of calls that resulted when two or more ambulances were actively responding to incidents at the same time.

Information for this data report was obtained from the Rusk County Ambulance Service online calendar and run log program.

**EXHIBIT I**

**RUSK COUNTY**

**AMBULANCE SERVICES**

**YEARLY INFORMATIONAL STATISTICS**

**2015**

# Yearly Informational Statistics

## Rusk County Ambulance Service

2015

<b>Total # of incidents for year:</b>		<b>1565</b>
<b>Total # Inter-facility Transfer Taken:</b>		<b>64</b> (by Rusk County Ambulance)
<b>Total # Centralizations:</b>		<b>181</b>
<b>Total # Event Coverages:</b>		<b>115</b> (football games, activities)
<b>Total # 911 Calls:</b>		<b>1205</b>
<b>Total # of Billable Calls:</b>		<b>880</b>
<b>Total # of Overlapping 911 Calls:</b>		<b>479</b>
<b>Percentage of 911 Calls that overlapped:</b>		<b>40%</b>
<b>In Service Yearly Percentages:</b>	<b>(Bruce) 250</b>	<b>52%</b>
	<b>(Ladysmith) 251</b>	<b>100%</b>
	<b>(Hawkins) 252</b>	<b>54%</b>
	<b>(Sheldon) 254</b>	<b>94%</b>
	<b>(Transfer) 253</b>	<b>21%</b> (staffed by second crews)
<b>Total # of Transfers out of RCMH</b>		<b>434</b>
<b>Percentage of Transfers taken by Rusk County Ambulance</b>		<b>15%</b>

**EXHIBIT J**

**RUSK COUNTY**

**AMBULANCE SERVICES**

**PROPOSED 2016 BUDGETS**

**TAX LEVY IMPACT COMPARISONS**

**-AD HOC COMMITTEE-  
RUSK COUNTY AMBULANCE SERVICE**

August 20, 2015

**RE: COMPARISON OF COUNTY WIDE TAX LEVY IMPACT OF DIFFERENT  
PROPOSED 2016 AMBULANCE OPERATIONAL BUDGETS.**

**Proposed 2016 Budget #1: (\$1,037,415):** Budget #1 will support the BLS level of ambulance service as currently structured. Budget #1 will require a county wide tax levy of \$200,000. Using the current 2015 finalized total equalized valuation of the county of 1,226,515,600 calculates to a mill rate of .000163064 to support this budget. This mill rate would result in a **\$16.31** tax liability on each \$100,000 of equalized valuation.

**Proposed 2016 Budget #2: (\$1,206,275):** Budget #2 will support the BLS level of ambulance service as currently structured and also include the operations of ALS medic services to provide advance level of care assistance when needed. Budget #2 will require a county wide tax levy of \$320,000. Using the current 2015 finalized equalized valuation of the county of 1,226,515,600 calculates to a mill rate of .000260902 to support this budget. This mill rate would result in a **\$26.09** tax liability on each \$100,000 of equalized valuation.

**Preliminary Paramedic Budget: (\$1,575,372):** Paramedic Budget will support a combination of ALS and BLS ambulance services. Paramedic Budget will require a county wide tax levy of \$465,000. Using the current 2015 finalized equalized valuation of the county of 1,226,515,600 calculates to a mill rate of .000379123 to support this budget. This mill rate would result in a **\$37.91** tax liability on each \$100,000 of equalized valuation.

**Notes:**

1. Wisconsin Department of Revenue was source of 2015 finalized equalized valuation amounts.
2. Tax liability amounts are preliminary and could change slightly when final calculations are completed to take into consideration for TIF Districts, Forest Crop Values, and any other adjustments to each municipality's equalized valuation.

**EXHIBIT K**

**RUSK COUNTY AMBULANCE SERVICE**

**EMT BASIC**

**JOB DESCRIPTION**

## RUSK COUNTY AMBULANCE/EMS JOB DESCRIPTION

DEPARTMENT     Ambulance

POSITION:        EMT BASIC

STATUS: Volunteer/Pd   DATE: 4/2013   APPROVED BY: Personnel Committee

---

### I. ESSENTIAL REQUIREMENTS OF WORK

(Minimum qualifications necessary to function at full productivity).

#### A. EDUCATION AND TRAINING:

1. High School diploma or equivalent.
2. Current Wisconsin State EMT-B certification or higher.
3. Must possess and maintain a valid WI class D driver's license
4. Driver's motor vehicle record must meet requirements set forth in Employee Handbook and insurability of insurance provider.
5. American Heart Basic Life Support CPR or equivalent.

#### B. PREFERRED EXPERIENCE:

1. Probationary period-until ambulance staff comfortable with skills.
2. Minimum clinical experience in hospital (ED) setting.

#### C. JOB KNOWLEDGE (Specific):

Working knowledge of EMT skills to the State of Wisconsin Scope of Practice, ability to maintain an effective working relationship with patients, public, peers and supervisory personnel.

### II. SPECIAL KNOWLEDGE, SKILLS, AND ABILITIES:

- A. Excellent written and oral communication skills.
- B. Ability to work independently with little direct supervision using time management skills.
- C. Competency with Microsoft products, WORDS, and other windows and web based application.
- D. Must work well under pressure and have excellent customer service skills
- E. Will show competency in all skills to the EMT Scope of Practice.

### III. JOB RELATIONSHIPS:

- A. Reports to: Squad Leader/Ambulance Director
- B. Interactions: Emergency Services, nursing and support staff, Police and Sheriffs Departments, Rescue Squads, and other emergency response personnel, members of the public and or Rusk County staff.

IV. PHYSICAL DEMANDS OF THE JOB: Sustained physical effort, standing, sitting, stooping, squatting, kneeling, lifting, pushing, pulling and climbing. Must be able to perform the following essential functions of the job and have the ability to lift without assistance or have mutual aid available to assist with lifts.

- A. Lift and carry medical equipment as necessary to deliver emergency care to patients.
- B. Lift and carry ill and/or injured patients as well as pushing and pulling of stretcher.
- C. Climbing stairs or terrain in order to access patients, and to remove them from location found.
- D. Must be able to provide care and transportation (if needed) for patients using equipment provided by the Ambulance Service.

V. PHYSICAL ENVIRONMENT OF THE JOB: As outlined in the A & O manual.

VI. MENTAL DEMANDS OF THE JOB:

- A. Requires continuous mental effort for decision making and problem solving in patient care situations. Ability to work under pressure, and show excellent leadership qualities.
- B. Need to perform at independent level within parameters of established policies and procedures. Accepts responsibility for timely completion of work tasks, reports, and cleanliness.
- C. High understanding of potential liability concerns for patient care errors, and Quality Control process.
- D. Ability to interact with the public and co-workers under circumstances which require the application of specific knowledge, tact, diplomacy and sound judgment.

VII. PRINCIPAL JOB RESPONSIBILITIES, TASKS:

- A. Patient Care
- B. Safety in and around the vehicle
- C. Vehicle Readiness
- D. Customer Service
- E. Patient Privacy/follow all applicable HIPPA laws and regulations.
- F. Other duties as assigned by the Director

TASKS: As outlined in Medical Guidelines, Employee handbook (A&O) and organizational policy and procedures of Rusk County and The Ambulance Service.

*Disclaimer*

The information provided in this description has been designed to indicate the general nature and level of work performed by employees within this job. It is not designed to be interpreted, as a comprehensive inventory of all duties, responsibilities, qualifications and working conditions required of employees, assigned to this job. Management has sole discretion to add or modify duties of the job and to designate other functions as essential at any time. This job description is not an employment agreement or contract.

Employee acceptance: \_\_\_\_\_

Date \_\_\_\_\_

Director \_\_\_\_\_

Date \_\_\_\_\_

**EXHIBIT L**

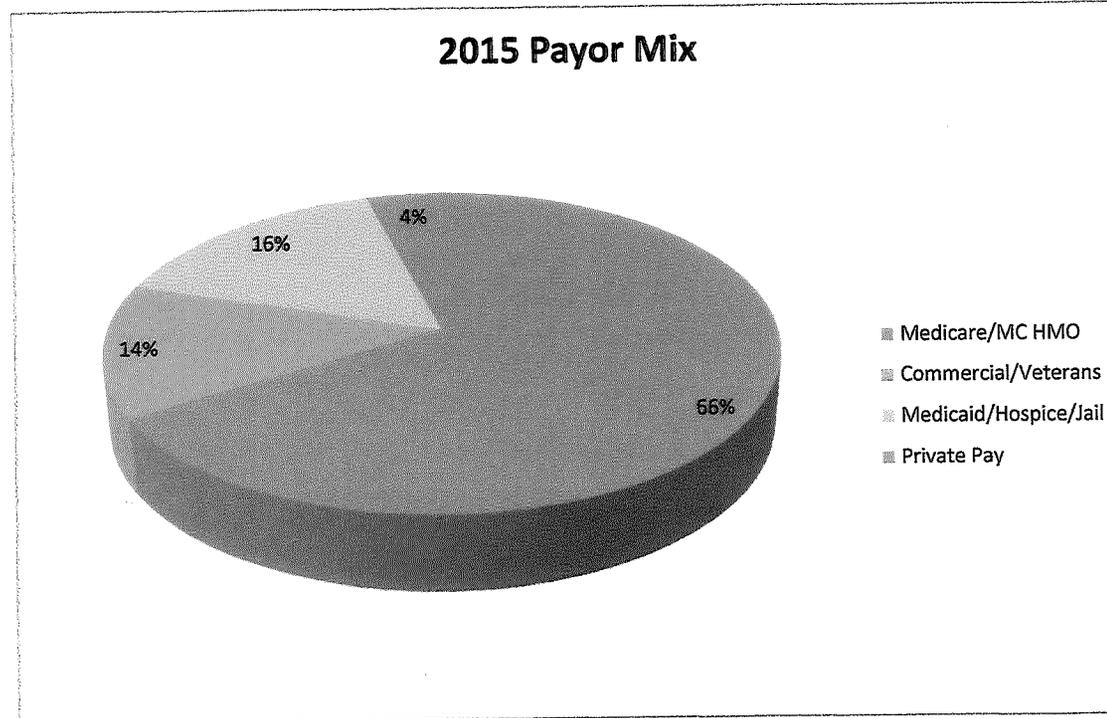
**RUSK COUNTY AMBULANCE SERVICES  
PROJECTED INCREASED REVENUE DATA  
OF  
ADVANCE LEVEL OF SERVICE OFFERING  
&  
RECAPTURE OF LOST TRANSFER REVENUES**

## Rusk County Ambulance 2015 Calls

Primary Payor	Current Data						Projected Data with All Accounts Paid				
	# Calls	% -Total	Charges	Payments	Adjustments	Bal. Due	Collectable	Bad Debt	Total Pay.	Total Loss	
Medicare/MC HMO	587	66%	497,493.00	287,113.45	190,916.86	19,462.69	7,961.87	11,500.82	295,075.32	202,417.68	
Commercial/Veterans	108	14%	101,515.00	65,637.99	4,140.40	31,736.61	17,308.88	14,427.73	82,946.87	18,568.13	
Medicaid/Hospice/Jail	145	16%	119,092.00	31,632.23	82,353.83	5,105.94	1,523.35	3,582.59	33,155.58	85,936.42	
Private Pay	40	4%	30,337.50	5,266.50	1,261.00	23,810.00	2,381.18	21,428.82	7,647.68	22,689.82	
<b>Total</b>	<b>880</b>	<b>100%</b>	<b>748,437.50</b>	<b>389,650.17</b>	<b>278,672.09</b>	<b>80,115.24</b>	<b>29,175.28</b>	<b>50,939.96</b>	<b>418,825.45</b>	<b>329,612.05</b>	

\* Note 1

\* Note 1. 44% Actual Write-Off on 2015 Runs  
(Bad Debt/Contractual allowances)



Data provided by Rusk County Ambulance Service management & Rusk County Finance Department

**Rusk County Ambulance**  
 Projection 70% of Current Calls at ALS vs BLS Rates

**Rusk County Ambulance Actual Inter-Facility Transfers and Primary Payor Sources for 2015**

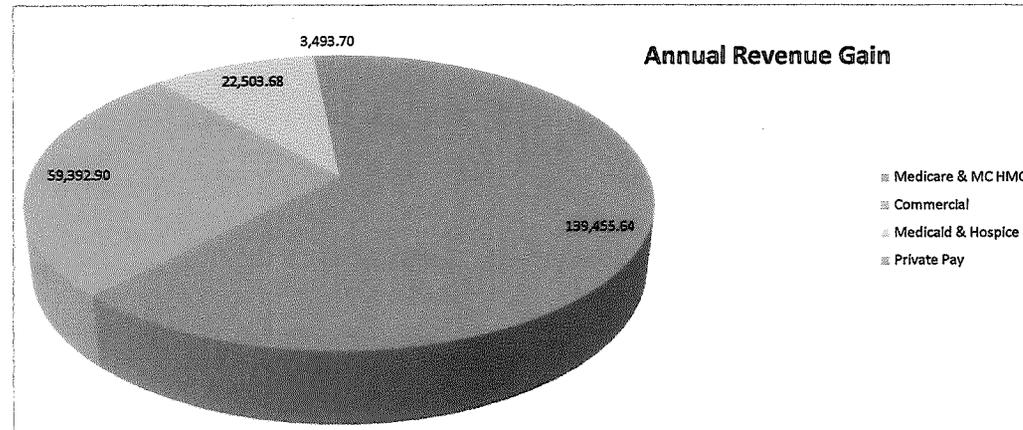
Primary Payor	2015 Actual Transfers	# of Calls	BLS Rate	ALS Rate	Revenue Increase	70% of Calls	Annual Increase
Medicare & MCHMO	61%	43	433.69	515.01	81.32	3,496.76	2,447.73
Commercial	17%	12	750.00	1,000.00	250.00	3,000.00	2,100.00
Medicaid & Hospice	20%	14	151.84	170.01	18.17	254.38	178.07
Private Pay	1%	1	750.00	1,000.00	250.00	250.00	175.00
<b>Total</b>	<b>100%</b>	<b>70</b>				<b>7001.14</b>	<b>58,809.58</b>

**RCMH Inter-Facility Transfers done in 2015 projected at our Payor Source with 70% ALS**

Primary Payor	2015 RCA Payor Mix	# of Calls	BLS Rate	ALS Rate	Base Rate		Mileage	Rate	Annual Increase	Total Annual Increase 70% calls
					Increase	Annual Increase				
Medicare & MCHMO	61%	269	433.69	515.01	81.32	21,853.94	16124.40	11.00	177,368.40	139,455.64
Commercial	17%	74	750.00	1,000.00	250.00	18,445.00	4426.80	15.00	66,402.00	59,392.90
Medicaid & Hospice	20%	87	151.84	170.01	18.17	1,577.16	5208.00	5.87	30,570.96	22,503.68
Private Pay	1%	4	750.00	1,000.00	250.00	1,085.00	260.40	15.00	3,906.00	3,493.70
<b>Total</b>	<b>100%</b>	<b>434</b>				<b>42,961.09</b>			<b>278,247.36</b>	<b>224,845.92</b>

**Total Revenue Gained by Payor Class with ALS Certification on all RCMH transfers**

Primary Payor	Revenue
Medicare & MCHMO	139,455.64
Commercial	59,392.90
Medicaid & Hospice	22,503.68
Private Pay	3,493.70
<b>Total</b>	<b>224,845.92</b>



Data provided by Rusk County Ambulance Service management & Rusk County Finance Department

# Rusk County Ambulance

## 2015 Transfers

Primary Payor	2015 Actual Transfers	# of Calls	Base Rate		Mileage		Transfer Mileage Revenue	Total 2015 Transfer Revenue
			BLS Rate	Base Rate Revenue	Mileage	Mileage Rate		
Medicare & MC HMO	61%	43	433.69	18,648.67	2580.00	11.00	28380.00	47028.67
Commercial	17%	12	750.00	9,000.00	720.00	15.00	10800.00	19800.00
Medicaid & Hospice	20%	14	151.84	2,125.76	840.00	5.87	4930.80	7056.56
Private Pay	1%	1	750.00	750.00	60.00	15.00	900.00	1650.00
<b>Total</b>	<b>100%</b>	<b>70</b>		<b>30,524.43</b>	<b>4200.00</b>		<b>45010.80</b>	<b>75535.23</b>

## RCMH Actual Inter-Facility Transfers done in 2015 projected at our Payor Source Mix

Primary Payor	2015 RCA Payor Mix	# of Calls	Base Rate		Mileage		Transfer Mileage	Total RCMH Transfer Revenue
			BLS Rate	Total Base Rate	Mileage	Rate		
Medicare & MC HMO	61%	269	433.69	116,549.85	16124.40	11.00	177368.40	293918.25
Commercial	17%	74	750.00	55,335.00	4426.80	15.00	66402.00	121737.00
Medicaid & Hospice	20%	87	151.84	13,179.71	5208.00	5.87	30570.96	43750.67
Private Pay	1%	4	750.00	3,255.00	260.40	15.00	3906.00	7161.00
<b>Total</b>	<b>100%</b>	<b>434</b>		<b>188,319.56</b>	<b>26019.60</b>		<b>278247.36</b>	<b>466566.92</b>

2015 Actual Transfer Revenue	75535.23
2015 RCMH Transfers 100% Volume	466566.92
2015 RCMH Transfers 70% Volume	326596.85

Data provided by Rusk County Ambulance Service management & Rusk County Finance Department