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An Assessment of and Recommendations for Chase County, Nebraska EMS

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I. Executive Summary

Out-of-hospital Emergency Medical Services (EMS) are vital to the health, safety and well being of the residents and visitors of Chase County, Nebraska. For more than four decades the people of Chase County have experienced prompt, compassionate and medically trained response when emergency medical help is needed. The volunteers who staff ambulances in Wauneta and Imperial are deeply valued by their communities for their dedication and service. However, EMS in Chase County is facing significant and increasing challenges related to:

- changing demographics;
- declining volunteerism;
- the regionalization of medical specialties and the demands of interfacility ambulance transfers;
- a lack of clarity about ambulance service leadership and accountability;
- confusing organizational structures and differing opinions about financial responsibility:
- community rivalries;
- changing commitments and outdated inter-local agreements; and
- continuing high public expectations.

Ensuring and sustaining a high quality of EMS in Chase County in the future will challenge old ways of thinking and invite new innovative approaches.

This report concludes that the overarching challenge facing EMS in Chase County is one of creating a unified and sustainable county EMS system while honoring the local dynamics of the people and communities involved. To that end this report recommends:

- The creation of a unified EMS system that includes: a clear organizational structure; clear lines of authority, responsibility, and accountability; and unified leadership, policies, protocols and practices.
- The formalization of an enterprise fund for EMS within the county structure and the establishment of a distinct and unified identity for EMS by creating a governing Board (the Chase County EMS Board) made up of citizens with specific expertise.
- The procurement of a single ambulance license under the county name.
- The hiring of a Chase County EMS Director charged with unifying EMS operations and creating a unified vision and strategic plan for EMS in the County.
- Strengthening the clinical care by: defining the role and expectations of the medical director; unifying patient care protocols and clinical practices; creating a quality plan and processes that ensure provider competence and confidence.
- Requiring volunteer associations become properly incorporated, have appropriate federal tax designation and utilize Generally Accepted Accounting Principles based on Financial Accounting Standards Board standards.
- Strengthen volunteer system through incentives, reducing entrance barriers, workforce planning, and strengthening community support.

The rationale and details of these recommendations are spelled out in the following report. The challenges facing EMS in Chase County are not unique. This is a time of unprecedented change in rural EMS systems all across the nation. Chase County is to be commended for its foresight in considering the future of EMS for its citizens.

The SafeTech Solutions team thanks all of the assessment participants for their generous time, the EMS Program of the Nebraska Department of Health and Human Services for coordination, and EMS Program Staff Member, Sharon Steel, for coordinating interviews and assisting with research.

II. Introduction

This is a report of an assessment of out-of-hospital EMS in Chase County Nebraska conducted by SafeTech Solutions, LLP (STS) in March of 2010.

Background: The provision of reliable, competent, and affordable out-of-hospital EMS is an important ingredient to the health, safety, and security for the residents and visitors of Chase County Nebraska. EMS provides rapid response, emergency medical care, and medical transportation – important components of any rural healthcare system. Like many rural areas in the United States changes in socioeconomic conditions, demographics and healthcare are presenting significant challenges to the EMS system in Chase County.

A desire to ensure that Chase County has a sustainable, high quality EMS system going forward motivated county leaders to seek outside help in learning more about these challenges. Of particular concern was the challenge of ensuring Chase County has enough personnel to meet local 9-1-1 emergency response needs and meet the intra-facility medical transport needs that are a part of an increasing regionalization of healthcare and medical specialties.

Over the last five years the Emergency Medical Services Program of the Public Health Division of the Nebraska Department of Health and Human Services (DHHS) has sought to help local communities address EMS challenges. To that end, the program has assisted communities in obtaining funds to finance EMS assessment and development projects and obtain the help of experts who are experienced and knowledgeable in the current challenges faced by rural EMS systems.

Goal of the project: The goal of this project is to provide a comprehensive description and assessment of the EMS system in Chase County as it appears in 2010, along with recommendations for improvement. The project focused only on the out-of-hospital portion of the EMS system, which provides emergency call taking, dispatch, response and medical transportation. Specifically, the project looked at:

- the design of the system;
- the system's organizational structures;
- leadership, administration and management;
- response reliability and operations;
- finance;
- staffing and personnel;
- clinical care (including medical oversight and direction); and
- quality assurance processes.

Methodology: Data was collected through: a site visit; a review of significant documents; a review of available operational and response data; and more than 40 interviews with key local informants including: EMS providers; organizational leaders; local governmental officials; residents; public safety, fire and emergency management officials; school officials; business and farm owners; medical and hospital staff; regional health and EMS officials; and local users of EMS.

Quantitative data was limited and many of the issues involved in the Chase County EMS system are rooted in local practices, opinions, beliefs and traditions, so this assessment sought to go beyond gross measurements and understand the subtleties of the local issues and challenges. To that end, the assessment and report draw generously on qualitative data, including the observations, experiences, reflections and opinions of the key informants.

Data was reviewed and evaluated by the SafeTech team looking for themes and trends with an eye toward local challenges and opportunities. Specific recommendations were formed out the data and evaluation.

In evaluating the data and considering recommendations, particular attention was paid to the unique history, personalities and system characteristics of Chase County. No two EMS systems are identical; each is influenced by its own particular local issues, personalities, needs, resources and leadership.

Limitations: The project was limited by several factors including the EMS system design, limited quantitative data, trust issues and limited time and resources. Because the system involves a variety of entities and organizations, quantitative data is scattered and there is no single source for qualitative data for the system. Some data was not easily accessible nor is data always collected in the same manner. Some data was not available or had to be pulled together from a variety of sources. For example, obtaining clear data on the total EMS system costs was difficult because of the number of entities involved and the various bookkeeping methodologies. Some informants were reluctant to share information because of trust issues related to conflicts between some of the entities and personalities involved. Finally, the project funding limited the site visit and amount of time available for gathering data.

The Report: This report seeks to present the findings and conclusions in a readable and practical format. In an effort to communicate clearly and make this project useful to all, the report defines terms, explains concepts and utilizes conversational language. The report seeks to honor people's participation and encourage further regional collaboration by respectfully presenting what some might consider sensitive information without identifying individuals.

About the consultants: STS is a leading EMS consulting firm that specializes in rural EMS system assessment and design so is uniquely qualified to provide this assessment and resulting recommendations. Each partner has a broad background in rural EMS issues as providers, administrators, regulators, and consultants. STS has significant experience in assessing and developing EMS systems with a particular focus on emergency medical service policy and finance in rural states and geographies as well as developing EMS leaders and CQI processes in small to medium sized ambulance services. Past projects completed by STS include:

- Performed the North Dakota statewide EMS payment rate rebasing project.
- Conducted many EMS organizational assessments at the regional, county, and city level. We have also conducted statewide rural EMS assessments that include a financial component and recommendations for state actions.
- Provided the EMS Management Academy that is especially suited to leaders from rural and frontier EMS agencies and has been held in North Dakota, Minnesota, Michigan, Wyoming, and Florida.
- Developed and assisted in the implementation of rural EMS system designs for counties and regions.
- Developed or contributed to the development of state EMS systems, trauma systems, Quality Management Plans, public health plans, and the reassessment of these plans.
- Developed the budget model spreadsheet for the Rural EMS & Trauma Technical Assistance Center. This tool passed the clearance process and was adopted by the US Department of Health and Human Services. We have instructed ambulance services in using the tool in the states of North Dakota, Montana, Minnesota, Indiana, Michigan, Louisiana, Nebraska and Colorado.
- Performed cost-based charge analysis for ambulance services in Minnesota and Montana.
- Led the strategic planning of contemporary systems for providing health care to the citizens of rural areas throughout North America and Australia including tribal nations.

III. Background on rural EMS

EMS in general, but especially EMS in rural and small-town America, continues to be influenced by the unique manner in which it developed over the last 50 years. Modern EMS has roots in the 1960s, when concerns about soaring highway traffic deaths led the federal government to fund a study on accidental death in America. The resulting report, published in 1966, highlighted the need for improved prehospital emergency medical services, especially in rural areas where trauma injuries and deaths were (and remain) most prevalent.[1] Congress responded and began funding EMS development through a variety of projects and funding mechanisms.

In 1973, Congress passed the Emergency Medical Services Systems Act, which eventually led to the formation of a plan for the development of geographic EMS Regions across the United States. The framers of the plan wanted to ensure that EMS everywhere met certain standards and envisioned the development of 304 EMS regions that each conformed to 15 "essential EMS components."[2] In the early 1980s, before these regions could be established and become self-sufficient, federal funding for regional EMS development was eliminated, leaving local communities to develop EMS with little or no regional planning and funding. EMS did not develop according to any large scale planning, but simply developed locally and organically where there was need, desire, resources and leadership.

Over the last four decades EMS in most rural communities has be heavily subsidized by volunteers who donate their time to staff response and medical transportation. In the last decade volunteerism in many communities has declined. At the same time, in many communities the demand for EMS has increased. With more regionalization of specialized medical services such as cardiac, trauma, stroke and burn care, EMS is performing more transfers to regional facilities from the more distant rural hospitals. In some areas, rural health clinics and hospitals have closed, creating more reliance on local EMS as a healthcare safety net in medical emergencies. In addition, in many rural areas the percentage of people over age 65 continues to increase.

In 2004, the National Rural Health Association published a vision for the future of rural EMS in the United States and predicted increasing reliance on rural EMS because "rural and frontier settings have limited and shrinking local health care resources."[3] In 2005, a report from the International City/County Management Association described EMS systems as "Bending – and in some cases breaking – under the strain of rising costs, reduced subsidies, and increasing services expec-

tations."[4] In 2006, the federally funded Institute of Medicine's comprehensive report, Future of Emergency Care: Emergency Medical Services at the Crossroads, described rural EMS in America as facing a multitude of challenges. That report stated that "providing adequate access to care presents a daunting challenge given the distances required to provide care and the limited assets available."[5] In 2008, a nationwide assessment of the EMS workforce funded by the federal government and conducted by the University of California, San Francisco Center for the Health Professions described the recruitment and retention of EMS providers as one of the greatest challenges facing rural EMS.[6]

IV. EMS in Nebraska

In Nebraska, as in most states, out-of-hospital EMS is not a service whose provision by local government is mandated by law. The amount of EMS and the level of care provided is a local issue that is often a product of historical precedent and local initiative.

The Nebraska State Legislature has enacted a number of statutes designed to protect the health and safety of persons in Nebraska. Monitoring the performance of Nebraska EMS agencies and personnel is the responsibility of the DHHS Division of Public Health, Licensing and Regulatory Affairs. Ambulance services are also licensed and regulated by DHHS. Ambulance services are inspected randomly and as often as annually by DHHS for compliance with minimum equipment standards; proudly the Imperial and Wauneta rescue squads have no recorded deficiencies.

DHHS also oversees EMS education and licenses EMS providers including: First Responders, EMT-Basics, EMT-Intermediates, and Paramedics to provide specific scopes of practice. The licenses of personnel are renewed by DHHS every two years upon each provider completing specific continuing education requirements, and again there are no known deficiencies.

Another service provided by DHHS is a data collection system called the electronic Nebraska Ambulance and Rescue Service Information System (e-NARSIS). This data collection system is used by EMS agencies statewide.

DHHS also provides a medical direction course for physicians serving local emergency medical services the opportunity to become better aware of their responsibilities as a Physician Medical Director for a local service. The training provides medical directors with the opportunity to share experiences as a PMD, to receive the PMD manual for reference and to learn about their role as a PMD.

IV. Chase County, Nebraska

Chase County is an 898 square mile expanse of fertile farm and ranch land in extreme southwest Nebraska. The county is bordered by Colorado to the West, Hayes County to the East, Dundy and Yuma Counties to the South and South West, and Perkins County to the North. From east to west the county is bisected by U.S. Route 6, and from north to south by Nebraska Highway 61. The County economy is based in agriculture with range lands, dry crops and irrigated crops primarily producing livestock, wheat, corn, beans and sugar beets. The County is home to a number of outdoor recreational activities including fishing, hunting, camping, swimming, horseback riding, golfing, boating, and motor cross racing.

The population of Chase County is 3,629, with an average of 4.5 persons per square mile. The County has three incorporated communities: the county seat of Imperial (pop. 1,762); Wauneta (pop. 546); and Lamar (pop. 17). Since 2000 the County has experienced a 10.8 percent decline in population and 22.5 percent of its population is over age 65 (as compared to 13.5 percent statewide). The median household income is $42,821 with 10.6 percent of the population living below the poverty line (compared to 10.8 percent statewide).[7]

Although the population has declined for three decades, informants reported some young adults who had left the county for education and jobs have returned to raise families and work in the county. Informants refer to these returnees as the "come back generation". Additionally, the county is also becoming home to a growing number of Latino residents who have chosen to live and working in Chase County. Consistent with these reports, the Wauneta Palisade Public Schools have reported increasing student enrollment.

V. Description of Chase County EMS System

System design and response reliability	*The design of an EMS system determines how the system provides services and has a signficant impact on how reliable the resources are when needed.*

Description

The system of providing out-of-hospital EMS in Chase County as a single tiered system – meaning there is only one level of response to emergencies. When emergency medical calls are received only the ambulance is dispatched. No first responder resources are rountinely dispatched.

Calls for help are made by way of an e-911 call system received at the sheriff's dispatch center in Imperial. When a call comes in one of the two ambulance services, located in Imperial and Wauneta, respond; approximately 280 times per year. Each ambulance service has a designated primary response area although both services provide mutual or backup response in each other's service area when requested. Response distances can be up to 40 miles.

Ambulance volunteers are dispatched by way of pagers or portable radios and respond to the ambulance station and drive the ambulance to the scene. Occasionally ambulance volunteers respond directly to scenes in their private vehicles and meet the ambulance there.

When help on a scene is needed ambulances report that fire departments and the police/sheriff departments are always willing to respond and help. Fire and EMS personnel work well together on scenes and firefighters are willing to assist with driving or patient care duties when asked. Currently the system of utilizing nurses from the hospital on transfers in situations where patients need advanced skills is reported to be working well. Last year there was a shortage of nurses willing and able to go on transfers but the hospital has recently hired several new nurses who are willing and prepared for transfers.

Two volunteer fire departments and two public safety departments (the Imperial Police Department and the county sheriff's department) do not routinely provide first (medical) response. While enroute to calls or on scenes ambulance services may request help from another ambulance crew in their community or from the other county ambulance service, the fire departments, or public safety departments.

The Chase County Sheriff's Office communication center is designed with two dispatch stations using an enhanced 911 telephone system and most of the cellular service providers are on Phase II wireless enhanced 911. The communication center is usually staffed with one dispatcher who also works as a corrections officer in the co-located jail. Currently there are four fulltime and two part time dispatchers. The dispatchers are trained at the state facility in Grand Island on, and have access to the medical pre-arrival card instruction set used by the state.

There were attempts in the past to consolidate the Hitchcock, Dundee, Chase and Hayes county 911 dispatch centers into a single shared operation during a time when federal funding was being distributed. The counties ultimately decided not to consolidate the functions and there are currently three separate centers with the surrounding counties lagging behind Chase in their technology; for example, Hayes County is just now moving to enhanced 911.

Discussion

Optimum EMS system design should ensure that response to the patient is as rapid as possible, there is enough depth in the system to ensure that the community is never without response and level of care matches the patient's needs.

Informants reported that there is occasional over response by the ambulance services in sending multiple vehicles when only one is needed. This is especially true for response to motor vehicle crashes where the number of vehicles and responders can challenge the ability of law enforcement to keep the non-involved motorists moving. Despite shortages of volunteers and the long intra-facility transfers the system is able to keep at least one staffed ambulance available in the county at all times.

The Chase County EMS system is meeting current demands for service and receives high praise from residents and public safety officers on its rapid response and response reliability. The system is comprised of a call taking and dispatch communication center and two separately licensed basic life support ambulance services located in Imperial and Wauneta.

The system is not missing calls or experiencing significant response delays. Dispatchers report that the Imperial ambulance is often enroute within two minutes of being called and Wauntea between four and six minutes. An informant familiar with response in neighboring counties stated that Imperial ambulance's "response time is better than anywhere around."

The system is well equipped. Ambulances are reported to be adequate and EMS equipment is reported by the volunteers to be excellent. There were no reported shortages of special rescue services (dive teams, heavy rescue, hazmat, etc.) and the current basic life support care level appears to be meeting needs and community expectations.

Currently there is no comprehensive EMS plan for Chase County nor is there a mechanism or single coordinating body for system evaluation, planning, development or improvement. Coordination between the two ambulances services is limited and there is no process for addressing system weaknesses and failures.

While the Chase County EMS system has enough resources to meet the current call volume, its single tiered system design increases dependence on the ambulance services for prompt response to all calls. Patient care is always dependent upon and awaiting the arrival of the ambulance. For example, if both Imperial ambulances respond to a car crash in Lamar and another call comes in for chest pain in Imperial, the system does not have first responders available. The patient would have to await ambulance response from Wauneta before receiving oxygen and basic care.

The use of an "all call" system for activating Wauneta Rescue Squad is a critical system weakness. While ambulance volunteers attempt to stay in touch with each other to ensure there are always volunteers in town at all times, this non-scheduling system is one without responsibility or accountability and known for potential failure. Wauneta is especially vulnerable because there are less than 14 active volunteers on the service's roster.

A significant number of informants spoke about an ongoing rivalry between the communities of Imperial and Wauneta impacting the current EMS situation. The roots of this rivalry are reported to be old. Some mentioned the decision to locate the county seat in Imperial as an old source of this rivalry. Others spoke about more current issues having to do with schools, county funds and various personalities.

Because this rivalry was mentioned in nearly every discussion it is clear the issue continues to have an impact on the EMS system. The two associations operate as separate organizations and do not have a cooperative working relationship. There is no joint planning, system-wide quality plan, development or problems solving between the organizations.

Some volunteers spoke disparagingly about those in the other association. Volunteers complained that vehicles and equipment are not being distributed equitably between the organization. Non-volunteer informants spoke about squabbles between the organizations, a failure to work together and confusion about why there are two separate organizations and leaders.

It was unclear to the assessment team if this current rivalry was having any impact on emergency response or patient care. However, with declining volunteerism, the need to maximize financial and human resources and the need to continually ensure that the residents and visitors of Chase County have the best possible EMS response and care – there are a number of ways in which the organizational structure is contributing to this division. Because EMS in Chase County developed locally and has been sustained by local volunteers with a deep pride in their communities and their ambulance services it is important to recognize and honor the local roots of EMS. There is an important sense of security that comes to a community from having its own ambulance staff with local people who are known. We have found that many of these important local elements of EMS can be preserved while taking a more regional approach to the EMS system.

With so few volunteers and limited resources much can be gained if Chase County EMS begins to think and operate more like a unified system with unified, policies, procedures, protocols, practices and leadership. We are convinced that the ultimate desire of residents and community leaders in Chase County is to have the best possible EMS system both now and in the future. This can best be accomplished by removing EMS from old community rivalries and begin to start creating a unified EMS system. We are also convinced that this can be done in a manner that honors the local communities and the contributions of its volunteers. However, change is difficult. Uniting an EMS system demands a vision and leadership that sees above the fray and can inspire followers.

Recommendations

1. Chase County should create a unified response system under which ambulance services operate under uniform policies, protocols, and practices.
2. An EMS system should have a clear organizational structure, organizational chart and strategic operating plan. Its leadership should be prepared, educated in organizational leadership and people management. Its agreements should be current and executed properly. It should not make assumptions nor commit the operation of the system to vague verbal agreements.
3. The “all call” system in Wauneta should be replaced by a scheduled on-call system.

Organizational structure and leadership	*Clearly understood organizational structure and leadership are essential for the effective and efficient operation of an EMS system.*

Description

Dating back to at least 1967 the organizational structure, leadership and lines of responsibility and accountability for the EMS system are loosely distributed among five separate entities: Chase County; The City of Imperial; The City of Wauneta; The Wauneta Emergency Medical Services Association; and The Emergency Medical Services Association of Imperial, Inc. Each entity contributes and performs various services and roles for the EMS system.

The county collects and keeps all revenues from transport reimbursements from Medicare, Medicaid, insurance and patients and Chase County provides:

- call taking and dispatch of ambulances through sheriff's office;
- ambulances;
- funds for EMS equipment;
- funds for medical supplies;
- funds for fuel, oil and maintenance of vehicles;
- pagers and radio equipment;
- wages and payroll expenses for EMT;
- worker's compensation insurance;
- vehicle insurance;
- liability insurance; and
- billing and collection services for patient billing.
- qualified volunteers to staff ambulances;

The City of Wauntea provides:

- a building for ambulance, crew quarters and training space;
- utilities and propane for building;
- building repair and maintenance; and
- communications (pager phone bills).

The City of Imperial provides:

- heated housing for ambulances;
- office space, meeting space, record storage and library; and
- funds for training, library and reference materials.

The Wauneta Emergency Medical Services Association (WEMSA) provides:

- an organizational structure and by-laws;
- coordination of volunteers to staff ambulances;
- some training of volunteers;
- some equipment and supply purchases;
- a current ambulance license with the State of Nebraska;
- quarterly reports to the organizational activity and meeting minutes to the Chase County Board of Commissioners; and
- a structure to receive donations and gifts.

The Emergency Medical Services Association of Imperial, Inc. (EMSAI) provides:

- an organizational structure and by-laws;
- a current ambulance license with the State of Nebraska;
- qualified volunteers to staff ambulances;
- coordination of volunteers to staff ambulances;
- some training of volunteers;
- some equipment and supply purchases;
- quarterly reports to the organizational activity and meeting minutes to the Chase County Board of Commissioners; and
- a structure to receive donations and gifts.

These arrangements are outlined in Interlocal Agreements between the two cities and the county and in various historical documents and verbal agreements. The most recent Interlocal Agreement between Wauneta and Chase County on EMS that could be provided to us is dated January 2003. The most recent EMS related agreement between Imperial and the County that could be provided to us is dated August 1967. An Interlocal Agreement between Imperial and Chase County dated December 2004 was approved by the county but was never signed by the City of Imperial. There are no recent written agreements between the associations and the county.

Currently there is considerable confusion about these agreements and about who is in charge of the ambulance services. The county is currently in the process of building a new building in Imperial to house the Imperial ambulance and other county services. The City of Imperial has expressed disappointment in the county's decision to build a separate building rather than contribute to building a new fire station (where the ambulance is currently housed) and is questioning its commitment to provide funds for ambulance training and reference materials.

Within the last couple of years the EMSAI and WEMSA received estate gifts in excess of $200,000. A controversy between the county and the associations erupted over ownership and use of the gifts. The county sought outside advice on the matter and decided that the gifts belonged to the association and should not be considered county monies. However, there remains considerable controversy between the various entities about how the gifts should be utilized, and questions are being asked about why tax dollars should be spent supporting the ambulance services when they have funds on hand.

Discussion

The organizational structure of EMS in Chase County is not unique. Many counties and communities across the nation are discovering that the informal and loose organizational structure that has been a historic part of the local and organic development of rural EMS now needs to change. As EMS faces new challenges and becomes more recognized as an integral part of the local and regional healthcare delivery system, its organizational structures need to be updated.

Currently the organizational structure and leadership of EMS in Chase County allows for too much ambiguity in terms of responsibility and accountability. Leadership of many of the components of the EMS system is provided by the county; directly by appointing hospital trustees or indirectly through providing the sheriff's budget. Leadership of the rescue squads is not similarly situated. The written agreements between the various entities are out of date and do not reflect current issues. A growing lack of clarity is contributing to misunderstandings, strained relationships and the activation of old rivalries and distrusts.

It is unclear to many informants who actually owns and hold responsibility and liability for the ambulance services. While the county provides the majority of the funding for the ambulance services and collects all EMS transport revenues, each ambulance service operates as a separate organization and has possession of the ambulance license with the state.

There is considerable distrust between the two associations. The county has little or no control over the day-to-day operations of the ambulance services. Both county and city leaders express concerns about leadership responsibility and financial accountability under the current organizational structure. Residents, business owners, medical staff and public officials all expressed confusion over the current structure and specifically questioned the need to have separate ambulance organizations and leadership.

The EMSAI and WEMSA elect their own leaders and select their own members without approval from either the county or the cities. Some informants distrust the current association leaders and stated that "new blood" is needed in the EMSAI and that it is currently being run by a group of "Insiders." Some volunteers expressed a lack of confidence in current association leadership.

The EMS office at the state of Nebraska regularly conducts volunteer ambulance manager leadership training. This training focuses on administrative and management information and skill development. There are other national EMS development programs available to attend, such as the Ambulance Service Manager course of the American Ambulance Association and the EMS Performance Improvement Academy and leadership boot camps of the North Central EMS Institute.

Currently the hospital administration has no interest in becoming involved in coordinating the out-of-hospital delivery of EMS. Under NRS 21-19,177 (4) both associations appear to meet the statutory requirements of a public benefit corporation and are therefore subject to the Nebraska Nonprofit Corporation Act and must be incorporated under Nebraska law. Currently neither association is legally incorporated under Nebraska law.

Where there is liability there also needs to be empowerment and leadership. Addressing challenges, shortcoming and conflict demands that an EMS system be organized with clear lines of authority, trusted leadership and written current and relevant agreements, plans and policies. The ongoing misunderstandings between the various entities are unnecessary and ultimately impacting the effectiveness, quality and sustainability of the EMS system.

The volunteers appear to be employees of the county. When performing EMS duties they are operating under the county's vehicle, liability and workman's compensation insurance. The volunteers are being paid by the county. There is no clear contract between the associations and the county for the provision of manpower. The associations are not legal entities and utilize the county tax identification numbers to transact business. The county is effectively the provider of ambulance services in Chase County.

We would like to bring to the attention of the members of the two associations the provisions of NRS 21-1923 which states "All persons purporting to act as or on behalf of a corporation, knowing there was no incorporation under the Nebraska Nonprofit Corporation Act, are jointly and severally liable for all liabilities created while so acting."

Those actions in which members could be liable for are found in NRS 21-1928 which states "Unless its articles of incorporation provide otherwise, every corporation has perpetual duration and succession in its corporate name and has the same powers as an individual to do all things necessary or convenient to carry out its affairs including, without limitation, the power:

(1) To sue and be sued, complain, and defend in its corporate name;

(2) To have a corporate seal, which may be altered at will, and to use it, or a facsimile of it, by impressing or affixing or in any other manner reproducing it;

(3) To make and amend bylaws not inconsistent with its articles of incorporation or with the laws of this state, for regulating and managing the affairs of the corporation;

(4) To purchase, receive, lease, or otherwise acquire, and own, hold, improve, use, and otherwise deal with, real or personal property, or any legal or equitable interest in property, wherever located;

(5) To sell, convey, mortgage, pledge, lease, exchange, and otherwise dispose of all or any part of its property;

(6) To purchase, receive, subscribe for, or otherwise acquire, own, hold, vote, use, sell, mortgage, lend, pledge, or otherwise dispose of, and deal in and with, shares or other interests in, or obligations of, any entity;

(7) To make contracts and guaranties, incur liabilities, borrow money, issue notes, bonds, and other obligations, and secure any of its obligations by mortgage or pledge of any of its property, franchises, or income;

(8) To lend money, invest and reinvest its funds, and receive and hold real and personal property as security for repayment, except as limited by section 21-1988;

(9) To be a promoter, partner, member, associate, or manager of any partnership, joint venture, trust, or other entity;

(10) To conduct its activities, locate offices, and exercise the powers granted by the Nebraska Nonprofit Corporation Act within or without this state;

(11) To elect or appoint directors, officers, employees, and agents of the corporation, define their duties, and fix their compensation;

(12) To pay pensions and establish pension plans, pension trusts, and other benefit and incentive plans for any or all of its current or former directors, officers, employees, and agents;

(13) To make donations not inconsistent with law for the public welfare or for charitable, religious, scientific, or educational purposes and for other purposes that further the corporate interest;

(14) To impose dues, assessments, admission, and transfer fees upon its members;

(15) To establish conditions for admission of members, admit members, and issue memberships;

(16) To carry on a business; and

(17) To do all things necessary or convenient, not inconsistent with law, to further the activities and affairs of the corporation. "

Following the assessment we believe these associations are conducting many of these activities that are reserved for corporations as noted above.

Recommendations

1. Chase County should formalize the enterprise fund for EMS and establish a Chase County EMS Board (CCEMSB) to create a distinct and unifying identity (similar to the CCCH board) under which all aspects of Chase County EMS will be governed and operate. This community board of directors will select leadership, manage the corporate activities, plan for long-term financial viability and create a buffer of appropriate oversight between EMS staff and the County Commissioners.
2. The CCEMSB should be comprised of no more than six volunteer citizens that includes the expertise of a physician; banker or accountant; executive director of a primarily volunteer non-profit organization; a citizen who is not now, nor has ever been involved in local EMS; and two elected officials - one representing Imperial and the other representing Wauneta. Chase County should provide the resources for legal services to create a corporate charter, corporate constitution, and bylaws to reflect the structure of an external governing body.
3. Once the board is formed, the county should task the CCEMSB with immediately hiring a part-time Chase County EMS Director. This individual should have demonstrated leadership abilities, people management skills and a familiarity with the healthcare or emergency services. This person should not be a current or past member of any Chase County EMS group.

4. Once the board is formed, the county should task the CCEMSB with immediately applying for a state ambulance license in the name of Chase County.
5. The CCEMSB and the EMS Director should be charged with developing a unified vision and strategic EMS System Plan for EMS in Chase County. The EMS System Plan should unify ambulance services under the EMS Director and create uniform protocols, policies, procedures and practices. Volunteers should be heavily involved in the planning processes and outside consultants should be utilized if needed in visioning, planning and implementation.
    1. The CCEMSB should provide the Chase County Board of Commissioners with regular updates as to the progress of the system that serves its constituents. The County Commissioners should limit their engagement with EMS as it does with the hospital trustees; by focusing on attainable outcomes and not on direct operations.
    2. The practice of the associations' using the county's tax ID number for conducting their business should be discontinued by the associations and county should require complete compliance with the Nebraska Budget Act of Article 13 Section 5, for expenditures of public funds and annual auditing

Clinical Care

Quality rural clinical care demands a regionalized accountable system consisting of fully functional and integrated EMS system components.

Description

The ambulance services utilize EMS patient care protocols approved by a physician medical director (PMD). While on calls crews may obtain medical control direction from the PMD by calling into the hospital via cellular phone. The PMD for both ambulance services is Jonathan Richman, M.D., a family practice physician from Imperial.

Dr. Richman approves the ambulance services offline medical protocols, a set of written policies, procedures, and directions from a physician medical director to an out-of-hospital emergency care provider concerning the medical procedures to be performed in specific situations [10]; reviews patient care reports; educates volunteers; and ensures that the volunteer's skills are adequate.

The PMD does not have a job description or a formal contract, is not compensated for his services, nor has he completed a state or national EMS medical director training program, however, he is a member of the National Association of EMS Physicians.

Wauneta Rescue Squad has a paramedic and is starting IVs and performing some endotracheal intubations while Imperial does not and is not. Nebraska EMS regulations permit Wauneta to perform these advanced skills providing members have proper training and the approval of their medical director, but maintaining skill competency in this low volume service is a great challenge.

There are no air medical resources based in the county. Air medical resources from outside the county are not utilized for scene response and there are no auto-launch protocols for helicopters. Currently the closest helicopter responds from Kearney, Nebraska (164 miles). An air medical service is planning to base a helicopter in North Platte, Nebraska (100 miles) beginning in June 2010.

A majority of patients are transported to the Chase County Community Hospital (CCCH) in Imperial although some patients are also transported to hospitals in McCook, Benkelman, Grant, North Platte and Ogallala. CCCH is a Critical Access Hospital designated as a Level IV trauma center with 22 beds and an average census of 6-8 patients. CCCH currently has 3 physicians and several midlevel providers. Registered nurses and licensed practical nurses are available in house around the clock and physicians are called into the emergency room as needed.

A number of patients are transferred from CCCH to regional hospitals or specialized care centers by private vehicles, local ambulances and fixed and rotor wing aircraft. The hospital has a helipad while the airport in Imperial is used by fixed wing aircraft.

Cardiac catheter lab referrals are most frequently taken to Good Samaritan Hospital in Kearney, Nebraska (1 hour by air, 3 hours by ground) while pediatric and major trauma patients are often transferred to Denver, Colorado. In 2009, 79 patients were transferred to other facilities including:

- Great Plaines Regional Medical Center in North Platte (100 miles);
- Good Samaritan Hospital, Kearney (164 miles);
- Northern Colorado Medical Center, Greeley, Colorado (178 miles).
- Children's Hospital, Denver, Colorado (208 miles)
- Swedish Medical Center, Denver, Colorado (218 miles)
- University of Colorado Hospital, Aurora, Colorado (211 miles)
- University of Nebraska Medical Center, Omaha (352 miles)
- St. Elizabeth's Regional Medical Center, Lincoln (301 miles)

Of the 79 patients transferred out of Chase County Community Hospital in 2009:

- 7 were transported by private car,
- 28 were transported by air medical resources,
- 44 were transported by local ambulance services.

One of the biggest data challenges facing Chase County is its fragmented organizational structure and failure to see itself as an EMS system (not just as two separate ambulance services). Data is crucial to monitoring performance, avoiding failures and planning for the future. Chase County is using the eNARSIS system but does not use it for internal reporting or strategic planning.

The state's eNARSIS system is relatively new. Ambulance services typically use it to generate reports about response times and number of calls but it is capable of providing much more information. Standardized reports can be saved into the system for use in future periods. The system can track, for example, the number of times each EMT or paramedic is involved in caring for severely traumatized people and how often they provide specific skills. This source of data and information can drive a program for continuing education within the service.

Discussion

The out-of hospital EMS clinical care in Chase County receives high praise from hospital and medical staff and from patients and families who have used the services. However, it is difficult to assess the effectiveness of the clinical care. The system does not have any defined clinical performance measures nor does it routinely conduct system-wide evaluations. There is no formal system-wide established quality plan to ensure that clinical care is consistently and continually being evaluated. System performance data is not routinely provided to the city councils or the county commissioners.

Medical oversight is a term coined by the National Association of EMS Physicians used to describe the physician's important role as having "the ultimate medical, legal, and moral responsibility for the medical aspects of prehospital care."[8] The medical director is the physician who provides medical oversight and is defined by the State of Nebraska as "a qualified physician who is responsible for the medical supervision of out-of-hospital emergency care providers and verification of skill proficiency of out-of-hospital emergency care providers." [9]

As a volunteer physician medical director Dr. Richman is engaged, enthused and frequently participates in the delivery of care in the out-of-hospital environment. He conducts and all ambulance staff participate in periodic skills and run reviews. Dr. Richman also finds the time to volunteer as a local firefighter responding on fire department calls and occasionally responds on the ambulance with volunteers. We have found that the physician medical director position works best when the arrangement is formalized including a job description with clear empowerment and accountability and some form of compensation.

While paramedics would increase the level of care and eliminate the need for nurses on intra-facility transports the current system call volume and current needs do not make a paramedic and advanced life support system feasible.

An important indicator of an EMS system's quality is its reliability and prompt response times. Data is key to a successful, sustainable and effective EMS operation. Key data that EMS system should collect and evaluate is as follows:

- Clinical data
- Response data
- Staffing data
- Fleet data
- Financial data

Recommendations

1. Chase County should have uniform clinical care throughout its system including training, continuing education, protocols and care delivery components.
2. Chase County should develop and maintain an EMS Quality Assurance Program that includes physician oversight, a written plan, a quality assurance committee, and adequate time and attention.
3. Create a County funded position for the physician medical director. The medical director (and any surrogates) should complete both the Nebraska specific and the national medical director's course within 24 months of appointment. The medical director should receive basic awareness level training on e-NARSIS and develop enough competency with the system to run various reports.
4. The DHHS EMS/Trauma Program has a sample medical direction contract available on their website which can be adapted to meet individual department needs. The sample contract and a number of other useful policies are available at http://www.hhss.ne.gov/ems/PolicyResources/Model-Policies.htm.
5. The roles and expectations of medical directors should be defined in writing, and they should be compensated for providing the service. The EMS medical director should have a written agreement with the EMS agency(s) that includes the following responsibilities:
   - Approving the planned deployment of personnel resources.
   - Approving the manner in which licensed EMS personnel administer first aid or emergency medical attention without expectation of remuneration.
   - Documenting the review of the qualification, proficiencies, and all other EMS agency, hospital, and medical clinic affiliations of EMS personnel prior to credentialing the individual.
   - Documenting that the capabilities of licensed EMS personnel are maintained on an ongoing basis through education, skill proficiencies, and competency assessment.
   - Developing and implementing a program for continuous assessment and improvement of services by licensed EMS personnel under their supervision.
   - Reviewing and updating protocols, policies, and procedures at least every two (2) years.
   - Developing, implementing and overseeing a Medical Supervision Plan
   - Collaborating with other EMS medical directors, hospital supervising physicians, and medical clinic supervising physicians to ensure EMS agencies and licensed EMS personnel have protocols, standards of care and procedures that are consistent and compatible with one another.
   - Designating other physicians to supervise licensed EMS personnel in the temporary absence of the EMS medical director.
   - The Chase County Rescue Squad medical director should collaborate with the state EMS medical director to write an effective auto-launch dispatch and helicopter transport use protocol that is consistent with Nebraska practices and based on nationally developed position papers from the National Association of EMS Physicians and others.
6. Each EMS provider's skill competence should be evaluated annually and countywide clinical performance measures should be established and evaluated continually. Operationally, scene management, authority and control must be clarified and taught to all public safety responders and routinely evaluated. Professionalism in operations is essential to public trust.
7. Run data should be continually monitored by designated quality personnel using eNARSIS and the full set of data points. The medical director should evaluate scene times for appropriateness to the nature of the call and an EMS helicopter auto-launch dispatch and transport protocol should be created and implemented. Portable radios should be secured for all EMS personnel.
8. As a part of ongoing future work, the Chase County EMS Director and the Chase County Community Hospital should explore the development of a shared Advanced Life Support transport service in cooperation with the ambulance services and hospitals in neighboring counties.

Financial

Ensuring appropriate funding for emergency services demands a clear understanding of current costs and revenues. Transparency is essential in this area.

Description

Currently the EMS system is funded by the county primarily through ambulance revenue received from patient billing with additional in kind support from the cities in providing housing and other limited funds or services and the associations covering some limited costs. Historically Imperial provided $5-6,000 annually for Imperial ambulance service personnel training. The EMSAI reported expenditures of $7,800 in 2009. WEMSA did not provide a budget report. The county had expenditures of $142,532 for fy 2008-2009 and collected revenues from transport of $122,215.

In 2009 there were 249 billable ambulance transports with billings of $140,960. The county charges a $325 base ambulance rate plus $6 per mile for Wauneta and $7 per mile for Imperial (the reason for the difference in mileage charges is not clear).

The county pays the associations $15 per crew member per local run. Crew members are paid $7.50 (1/2 of the $15) plus $.65 per loaded mile on transfers. Whether the volunteers are paid this money or it stays in the association varies by service and type of call. The county reimburses the hospital $16/hour for nurses when they accompany crews on transfers.

The total costs of the system are unclear and the assessment team perceived that there is on going tension between the various entities concerning financial issues. The associations and cities questioned the status of transport revenues collected by the county. The county and cities are questioning the association budgets and financial status.

Discussion

Reliable EMS system financing must be viewed from the perspective of future users and related to past experiences. The future users of the EMS system in Chase County will be older and will be home bound with a variety of medical devices. They will need a sophisticated and well financed ambulance service. While federal and state grants were abundant following 9/11, they are ever decreasing today. The billing system of 10 years ago was simple with more line items, while the system of today has less line items but ever increasing and confusing rules in an attempt to combat fraud and abuse.

Chase County has relied on the county clerk's office to perform the billing function for the rescue squad service. While that has worked well, potentially for decades, it is not effective in today's environment of changing policies and rules. For example, the commissioners and the clerk believe the rates charged for service are maximizing reimbursement from federal and state programs. Yet, the county charges a $325 base ambulance rate plus $6 per mile for Wauneta and $7 per mile for Imperial. The table below shows the Medicare reimbursement rates for selected types of services that are being performed by the rescue squads. The rural rates are displayed for comparison purposes. Chase County is entirely contained in a Super Rural area as defined by Medicare.

In order to keep up with ever changing Medicare regulations (which most insurers eventually adopt as their own) it is necessary for an ambulance biller to be well connected to industry trade associations both inside the state and nationally. Attaining and maintaining the credential of Certified Ambulance Coder through the National Academy of Ambulance Coding should be considered an entry level requirement for performing the function.

Additionally, the federal Medicare program is changing the methodology used to for payment of services it purchases. Hospitals, clinics, home health and other services are being or have been transitioned to "Pay for Performance" or "Value Based Purchasing". These payment practices reward healthcare providers for reporting quality measures to the federal government. Hospitals are not required to report quality measures, but failure to do so results in a reduced cost of living adjustment.

Medicare is experimenting with physician payment "incentives" for reporting. Industry experts predict quality measure reporting will soon become mandatory for government programs and private insurers are following suit.

EMS industry participants are hopeful the EMS outcome measures developed by the North Central EMS Institute will be integrated with Medicare's future reimbursement system. Preparing for this inevitable change before it becomes mandatory, Chase County will build a stronger EMS system and will be better prepared to receive maximum reimbursement under a pay for performance plan if this becomes a reality.

The NCEMSI also provides a benchmarking service for EMS agencies to compare EMS operations with their peers. This service compares business processes, such as cost per mile of fleet operation, not clinical processes, and greatly empowers decision makers with more information for everyday EMS management. Chase County rescue squads should be encouraged to participate in the benchmarking project.

Type of Service	Rural Base Rate, Miles 17+	Super Rural Base Rate	Miles 1-17, Comments
Mileage	$6.94		$10.41
Basic Life Support – Non-Emergency	$199.31	$244.35	Would be rarely billed by Chase County.
Basic Life Support – Emergency	$318.90	$390.97	Most of the 9-1-1 calls fit this category.
Advanced Life Support – Non-Emergency	$239.17	$293.22	Would be rarely billed by Chase County.
Advanced Life Support – Emergency	$378.69	$464.27	Used for Wauneta 9-1-1 calls when the paramedic performs advanced skills
Advanced Life Support – Level 2	$548.11	$671.98	Would be rarely billed by Chase County.
Specialty Care Transport	$647.76	$794.15	Most transfers with nurses are in in this category.

Recommendations

1. Chase County EMS should exhibit fiscal responsibility by using Nebraska state contracts when they qualify and by purchasing using national contracts maintained by the North Central EMS Cooperative or others.
    1. Chase County should use the billing service under contract with the North Central EMS Cooperative. NCEMSC's professional billing contractor will work with the county to establish policies, procedures and charges that are in line with contemporary rules, regulations, practices and fee schedules. They will help the county establish appropriate hardship rules for writing off appropriate account balances. The current NCEMSC contract provides for a fee of $15 per claim processed which is a significant value as compared to national firms providing similar services.
    2. Chase County can join NCEMSC by paying a $75 annual fee or through joining the Rural Nebraska Regional Ambulance Network based in Kearney.

2. Chase County should require independent audits of all accounts held by the Imperial and Wauneta EMS associations and ensure compliance with applicable state (NRS 35-901 as revised and signed into law February 11, 2010) and federal law.
3. All entities should be required to be properly incorporated, have an appropriate federal tax designation and utilize Generally Accepted Accounting Principles based on Financial Accounting Standards Board standards.
4. The Chase County EMS budget should be expanded to pay for administration and medical direction, and if needed, the creation of a Chase County Taxing District should be explored. All practices related to the stipends paid to volunteers should be transparent, equitable and benefit from the provisions of the Volunteer Emergency Responders Recruitment and Retention Act of NRS 35-1302 if possible.

Staffing

Ensuring adequate staffing by level of licensure and skillset are imperative for an EMS agency to be prepared to respond.

Description

All ambulance staffing in Chase County is current done by volunteers who are paid small stipends by the county for responding on ambulance calls. Both of the ambulance associations report declining volunteerism, difficultly recruiting and a general lack of interest in volunteering by community residents. Finding volunteers for long transfers has been reported to be a challenge by the associations. Filling the weekday daytime schedule in Imperial was reported to be increasingly more difficult as some people work out of town or find employers reluctant to grant them the time to respond on calls or take extended transfers.

EMSAI currently has 18 volunteers on its roster. Thirteen of these volunteers are EMTs and 5 are first aid trained drivers. Not all of these volunteers are active. The president of the association reported that finding volunteers to staff the ambulance during the daytime and especially on long transfers is becoming increasingly difficult. For a portion of the EMSAI volunteers age is becoming a factor.

WEMSA currently has 9 volunteers (8 EMTS and 1 paramedic). Several of the volunteers have joined within the last year and are from a single family unit. The current Wauneta roster is reported to be half the size it was ten years ago. Occasionally, the service is unable to find enough volunteers to respond on calls and a firefighter is paged to drive the ambulance. Because Wauneta uses an “all call” system volunteers reported the need to be in continual communication with each other to ensure that enough volunteers are in town and available for calls.

County residents, governmental officials, public safety officers and business owners all reported being concerned about declining volunteerism. Informants consistently mentioned volunteerism as one of the leading challenges facing the EMS system. A key informant reported that finding enough volunteers in Wauneta has been a long-term problem. Officials from the Imperial schools report also experiencing declining volunteerism from parents and local citizens for school events. The volunteer fire departments in Wauneta and Imperial are not experiencing the same critical shortage of volunteers.

To become an EMT in Chase County demands a commitment for finances and time to the training. For example, in Imperial, to become an EMT volunteer the EMT must pay for half of the approximately $650.00 EMT tuition fee, pay $60 for testing fees and sign a commitment to volunteer for at least one year. Should the EMT not fulfill the course or the commitment they will be responsible for the entire $650 tuition feel.

Informants report that the current association cultures and leadership may by impacting volunteerism. In Imperial both association members and communy residents report that the culture of the association is not welcoming to outsiders, that a small “clique” of people dominate the department and that new “new blood” is needed. The current leadership of the Wauneta association was reported to not have the needed people management skills to create a welcoming culture for new volunteers.

Volunteers in both organizations reported both internal conflicts and conflicts between the two associations. Members of one association emphatically declared that they would not allow members of the other association to care for family members in an emergency. Residents who are not volunteers spoke of the association culture as a significant detractor in their interest in volunteering.

Data on the EMS system in Chase County is limited and fragmented due to the various entities involved. An example of fragmentation is the fact that Imperial volunteers are entering patient care reports electronically, while Wauneta is not. While there may be enough data collected the data is not centralized in any meaningful way in which it could be utilized for system evaluation, improvement and planning.

There are no uniform policies and procedures and both operate as distinct and separate organizations. Joint training and clinical reviews are rare. Reliable data on the exact patient complaint and provider impressions were not available but volunteers reported that a significant number of calls are for trauma and cardiac related problems.

Discussion

As the pool of available volunteers declines volunteers report increasing pressure on a small group of available active volunteers. A smaller group of volunteers must take more call, restrict out of town activities, experience more interrupted nights, and negotiate for free holidays.

Issues of recruitment and retention of volunteers are not unique to Chase County. Volunteer staff ambulance services in many regions of the country are experiencing similar challenges as socioeconomic factors, demographics, attitudes toward volunteerism, and the demands of EMS work change. In some communities volunteerism cannot be sustained and in other communities volunteer EMS systems are thriving. However, the national trend over the last 10 years has been one of declining volunteerism and there is nothing that suggests that this trend will change in the near future. It is important to understand that factors that impact the success and failure of volunteer systems.

In Chase County, like the rest of rural America, there are considerable differences between being a volunteer firefighter and a volunteer EMS worker. Over the last several decades the number of structure fires has steadily declined due to the success of national life safety codes and fire prevention campaigns. Conversely, as the population ages and rural healthcare consolidates and regionalizes the demands on EMS have increased. As a result, the number of medical calls in a community can be 8-10 times the number of fire suppression events. In addition, the individual responsibility, accountability and time commitment for the EMS volunteer general of the long haul typically exceeds that of the firefighter, and typically EMS rosters are significantly smaller.

Recruiting efforts (primarily through word of mouth or newspaper articles or notices) have increased community awareness of the need for volunteers but have not produced a significant number of volunteers. Recruiting young people was reported to be difficult. County residents and public officials reported being aware of the needs but also reported some barriers to becoming volunteers including:

- time commitment;
- financial commitment for EMT education;
- current leadership and culture of volunteer associations;
- the nature of the work;
- not want to be committed to long shifts; and
- lack of certainty about being suited for emergency work.

A reliable and sustainable volunteer EMS staffing system requires that there be enough active volunteers so no one is taking an excess of call time or calls. While certain volunteers may be enthused and enjoy being on calls and taking a significant number of calls, over the long haul, the best volunteer systems are ones where there are enough volunteers so each volunteer has ample time in which they are not on call.

We have found that the best volunteer services utilize a call schedule in which at least two people are scheduled and responsible for being available to respond or find a replacement. To be sustainable and safe, volunteer rosters must contain at least 14 active people for every 24 hour staffed ambulance. These fourteen people must regularly take call. Ideally a volunteer (who may have a fulltime job and other responsibilities) would take no more than an average of 24 hours of call per week. This ensures that no single volunteer is up too many hours or driving or providing care after an extended period of being on call or responding.

Having less the 14 active members creates a situation where volunteers are taking an excess of call, severely restricting their non-EMS life and creating an unhealthy volunteer organization culture.

The most successful volunteer organizations have a culture that is inviting and provides significant positive and meaningful feedback to the volunteer. Many of the successful volunteer EMS organizations find a balance between being a professional, well organized and led health and public safety operation, and being an inviting, fun and rewarding social organization in which members finding fun and meaning beyond simply going on calls.

We have found that the most important ingredient to volunteer success and the creation of an inviting culture is respected and competent leadership. Unfortunately, in volunteer EMS organizations leaders are often not selected based on ability, experience and preparation but by popular election or a simple passing of the role to various members.

Often communities expect much for their EMS system but do not select leadership based on qualifications as a city administrator, police chief or school superintendent might be selected. Often volunteer EMS leaders have no preparation or experience in leading organizations and people.

Often when volunteer organizations begin to lose members and a small number of people are taking more of the call load the active members become burnt out and the culture of the organization becomes toxic. Just ensuring that ambulances get staffed takes all of the organizational energy. The organization ceases to be a source of pride, enjoyment, camaraderie and satisfaction and is not inviting to potential members. This situation is difficult to reverse and demands skilled leadership that can see both the immediate response needs and the long term needs of the organization.

In addition, the most successful volunteer EMS organizations have high standards for membership and have an internal set of rules and expectations of their members. Without clear structure and rules volunteers flounder and there is no measuring stick with which to monitor and reward good service. The organization gets a reputation for its lack of order and professionalism and would-be volunteers do not want to join.

Volunteer staffing demands a sense of workforce planning. Workforce planning is the process of understanding how many people are needed, how to get them, keep them, replace them and all of the factors that impact their recruitment and retention. This means that there must be a clear understanding of:

- how many volunteers are (and will be) needed;
- how volunteers are brought into the pipeline;
- how to identify potential volunteers within the community;
- the barriers to volunteerism;
- how to plan a successful recruitment campaign;
- the staffing trends over several years; and
- when volunteerism is not longer a sustainable staffing method.

The EMS office at the state of Nebraska regularly conducts volunteer ambulance manager leadership training. This training focuses on administrative and management information and skill development. There are other national EMS development programs available to attend, such as the Ambulance Service Manager course of the American Ambulance Association and the EMS Performance Improvement Academy of the North Central EMS Institute. Making this type of training available to the rescue squad captain and the fire chief is recommended.

The DHHS EMS/Trauma Program has made available a “Jump Kit” to serve as a resource for emergency medical services who wish to develop a Recruitment and Retention Program or have internal issues that may be resolved through Team Building exercises.

The kit is designed to help communities maintain an adequate number of EMTs who function as a cohesive organization to meet the emergency health care needs of their community. The training provides suggestions and models for communities to develop and maintain a solid foundation that is support by adequate membership working as a team to meet the emergency health care needs of their community.

It is conceivable that total volunteer staffing may not be sustainable in Chase County. Typically, as rural volunteer ambulance services become busier or there are no more volunteers to recruit, it is common for the system to begin by hiring paid staff for the times of day and week where there is the great. For example, an EMT or paramedic may be hired to staff the ambulance during daytime hours Monday through Friday or an administrator skilled in managing volunteers may be employed.

In low run volume areas such as Chase County EMS taxing districts are created. Nebraska state statute 13-303 allows each county to provide emergency medical services as a governmental function and that “Any county board of counties and the governing bodies of cities and villages may pay their cost for such service out of available general funds or may levy a tax for the purpose of providing the service”.

Following additional requirements, Chase County may establish an EMS Taxing District with a levy that, “shall be in addition to all other taxes and shall be in addition to restrictions on the levy of taxes provided by statute, except that when a fire district provides the service the county shall pay the cost for the county service by levying a tax on that property not in a fire district providing the service”.

This discussion is not intended to be construed as legal advice and the City Council should consult with legal advisors regarding the specific provisions of Nebraska law to generate adequate funding for an effective EMS System.

Recommendations

1. Organize Chase county ambulance services under a single skilled EMS Director. The EMS Director should seek to create a volunteer culture that is inviting, rewarding, inclusive of input and fun, while being charged with removing any community rivalry a top organizational value.
2. The Director should create and maintain a posted call schedule. The schedule should be a product of both internal and external input and ensure that at least two persons are scheduled to respond 24/7and available in town while on duty.
   - Policies should be created that outline a process for trading shifts and filling shifts on short notice. If current members are unable to fill a portion of the schedule because no one can commit to being available the EMS Director should notify the communication and dispatch center.
   - Accurate records should be kept of uncovered hours and missed calls. Chase County EMS should consider the use of an electronic scheduling and credentialing program to maintain the schedule and continuing education records such as that offered by www.emsmanager.net (SafeTech Solutions is familiar with, but unaffiliated with this company).
   - A policy that limits call shift length to what is reasonable and safe should be created. Personnel should not be on call for days at a time and should have adequate time off between scheduled shifts.
3. Evaluation of the current volunteer situation should begin with applying the principles of workforce planning which include:
   - understanding how many volunteers are needed;
   - understanding why volunteers are leaving or inactive;
   - understanding what is needed in terms of incentives to attract and retain volunteers;
   - understanding how many potential volunteers there are in the community and how to reach them; and
   - making an evaluation of the extent to which the system can rely on volunteers going forward.
4. Outside experts from SafeTech Solutions or others should be consulted on workforce planning.
5. The Director should create a realistic plan for staffing that may include a combination of volunteer and paid resources, while making a comprehensive staffing report to the county commissioners a part of the Chase County EMS Plan.
6. Examine member participation requirements to ensure that members actively participate on a monthly base, maintain skills and are scheduled for a reasonable amount of call. Members who are not active should be acknowledge and thanked for service and removed from the roster.
7. Eliminate barriers to volunteering by fully paying for the recruits' EMT tuition and testing fees.
8. The Chase County Board of Commissioners should develop community support for all Chase County EMS volunteers by offering volunteer incentives such as:
   - local property tax exemptions,
   - municipal service discounts,
   - public retirement plans,
   - free training,
   - paid National Registry exams,
   - reimbursed conference travel,
   - free clothing (patches, hats, jackets, and T-shirts), and
   - paid subscriptions to EMS trade journals.

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[8] Kuehl, A. (2002). Prehospital Systems and medical Oversight. Dubuque, IA: Kendal Hunt Publishing. p. ix.

[9] Nebraska statues. 2009. #38-1210

[10] Nebraska statues. 2009. #38-1211

AGREEMENT FOR AMBULANCE SERVICE

Agreement entered into this 1st day of August, 1967, by and between the County of Chase, Nebraska, hereinafter called County, and the City of Imperial, Nebraska, and the Village of Wauneta, Nebraska, hereinafter called Cities, WITNESSETH:

The parties hereto agree as follows:

1. The County shall purchase ambulance units to be located in said Cities, and shall pay for any and all repairs, maintenance and insurance, including insurance on drivers. The County shall make and collect a service charge to the users initially of a minimum of $20.00 plus 50¢ per mile. The County shall pay all the compensation for the ambulance drivers; the compensation to be paid said drivers shall be a minimum of $10.00 plus one-half of the mileage charge. The above user charges are subject to change by the County.

2. Each of the Cities agree to arrange and pay for the housing or garaging of the respective ambulances and a 24 hour telephone service at the expense of the Cities. The Cities further agree to arrange for the necessary drivers or attendants with their compensation to be paid by the County as set forth in paragraph 1. It is understood that said drivers will be employees of the County.

3. The duration of this agreement shall be from year to year subject to termination by any party at the end of any year upon giving six months notice.

COUNTY OF CHASE, NEBRASKA

BY Robert Tessy
Chairman

LaVern M. Norman

Donald Berggren

Attest:
LeRoy Mathes
County Clerk

CITY OF IMPERIAL, NEBRASKA

BY Hard Peterson
Mayor

ATTEST:
A. E. Weiss
City Clerk

VILLAGE OF WAUNETA, NEBRASKA

BY Raymond M. Mayfield
Chairman

ATTEST:
R. C. Geih
Village Clerk

EMERGENCY MEDICAL SERVICES
AGREEMENT

This agreement is between Emergency Medical Services Association of Imperial, Inc. and Chase County Nebraska. The purpose of the agreement is to see that emergency medical services is provided to the City of Imperial, Nebraska and to Chase County Nebraska.

Chase County will:

1. Recognize the Emergency Medical Services Association of Imperial, Inc. as the official professional organization that will provide ambulance and rescue service for the City of Imperial, Nebraska and to Chase County Nebraska.

2. Provide a minimun of two ambulances that meet or exceed federal specifications KKK-A-1822 and amendments.

3. Provide the essential equipment for ambulances as set by the Committee on Trauma, American College of Surgeons.

4. Provide dispatching and radio paging for the ambulance service.

5. Recognize EMT-A's as county employees and as such provide liability and malpractice insurance for them.

6. Have an agreement with the City of Imperial, that the City of Imperial will provide heated housing for the ambulances provided by Chase County.

7. In FY-82 provide tax funds in the ammount of $7500.00 .

8. In FY-83 buy a new ambulance for Imperial.

9. See that an office is provided to the Association for their meetings, supply and equipment storage, and patient record safekeeping .

Emergency Medical Services Association of Imperial, Inc. will:

Provide to Chase County a copy of our Constitution and by-laws.

2. Provide a current list of officers and members.

3. Provide that only qualified persons will provide ambulance service.

4. Supply all the manpower to operate the ambulances.

5. Secure the services of a medical director.

6. Hold training meetings on a monthly basis.

7. Provide that maintence and upkeep of all ambulances and equipment is done on a regular bases.

8. Provide a budget to Chase County each year.

9. Provide a report to Chase County each month on the number and type of ambulance runs made, charges made, and a list of all expenses.

10. Determine all charges, do all the billing and collecting.

11. Order and maintain all necessary supples and equipment.

12. Pay all the bills.

13. To solicit and accept funds to be used to up grade the service.

14. Develope a protocol for the treatment of patients.

15. Detelope a policy and procedures manual.

16. Maintain complete patient records for medical and legal purposes.

This agreement is signed this _____ day of _____, 1981 and will go into effect on the _____ day of _____, 1981

Chase County Board of Commissioners:

_____
Glen Ashmore, Chairman

_____
James Martin, Commissioner

_____
Joseph Heim, Commissionor

Emergency Medical Services Association of Imperial:

_____
Larry Browning, President

_____
Jack Browning, Vice-President

_____
Kay Gleason, Sec/Tres

Attest:

_____
Chase County Clerk

EMERGENCY MEDICAL SERVICES AGREEMENT

This agreement is between the Imperial Emergency Medical Services Association and Chase County, Nebraska. The purpose of the agreement is to see that emergency medical service is provided to the City of Imperial and to Chase County, Nebraska.

Chase County will:

1. Recognize the Imperial Emergency Medical Services Association as the organization that will provide ambulance service for the City of Imperial and Chase County, Nebraska.
2. Provide an ambulance that meets or exceeds federal specifications.
3. Provide dispatching and radio paging for the ambulance service.
4. Recognize ambulance personnel as county employees and as such provide liability and malpractice insurance for them.
5. Have an agreement with the City of Imperial that the City of Imperial will provide heated housing for the ambulances provided by Chase County.
6. Chase County Attorney will incorporate Association as a non-profit corporation.

Imperial Emergency Medical Services Association will:

1. Provide to Chase County a copy of their constitution and by-laws.
2. Provide a current list of officers and members.
3. Supply all manpower to operate the ambulances.
4. Provide that only qualified persons will provide ambulance service.
5. Secure the services of a medical director.
6. Hold training meetings on a monthly basis.
7. Provide that maintenance and upkeep of all ambulances and equipment is done on a regular basis.
8. Provide a budget to Chase County Commissioners each year for ambulances.

This agreement is signed this _____ day of _____, 1981 and will go into effect on the _____ day of _____, 1981.

Chase County Commissioners

_____
Glen Ashmore, Chairman

_____
James Martin, Commissioner

_____
Joseph Heim, Commissioner

Imperial Emergency Medical Services Assn.

Larry C Browning
Larry Browning, President

Jack L Browning
Jack Browning, Vice President

Kay Gleason
Kay Gleason, Secretary/Treasurer

Ralph Browning
member

Becky A. Fisher
member

Sandra J. Harvey
member

Imperial Emergency Medical Services Assn.

J. D. Rudy
member

Marc Shay
member

Janet Shay
member

Alan Wooter
member

Helene Brady
member

Ernest Hill
member

Wayne Harvey
member

Joseph K. Stitzer
member

member

member

member

member

member

member

member

member

Motion by Smith: That the Council go into executive session at 8:14, to discuss a City employee, and to discuss current annexation litigation against the City, with Attorney Savage, Clerk Spunaugle and Tom Elder present for the discussion of the employee, and Attorney Savage and Clerk Spunaugle present for discussion of the litigation, second by Vires. On call for vote, the following votes were cast: Smith aye, Vires aye, Prior aye, Cooper aye. Motion declared carried.

Tom Elder left the executive session at 9:01.

Motion by Prior: To come out of executive session at 9:06, second by Smith. On call for vote, the following votes were cast: Prior aye, Cooper aye, Smith aye, Vires aye. Motion declared carried.

Motion by Cooper: To table the Payment-in-Lieu-fo-Tax until a future meeting, when more information would be available, second by Vires. On call for vote, the following votes were cast: Cooper aye, Smith aye, Vires aye, Prior aye. Motion declared carried.

Mary Martin, Norma and Bryan Dannatt, Tom Elder and Roger Hunt left the meeting at 9:08.

Clerk Spunaugle reported the Library Board had phoned City Officer earlier in the day and asked to be removed from the agenda.

Dave Ridlen of the Emergency Medical Service Association, asked for help in paying the cost of schooling for the Assn. There is a school coming up July 23 - 26. Chase County had paid $105 per person attending last year. A question and answer period followed. Usually 6 to 8 people attend a school.

6-15-87

Motion by Prior: That the City will fulfill its obligation to the Emergency Medical Service squad, second by Smith. On call for vote, the following votes were cast: Smith aye, Vires aye, Prior aye, Cooper aye. Motion declared carried.

Dave Ridlen left the meeting at 9:24.

Dan Marshall made a presentation on Section 125 - Cafeteria Plans for employee benefits. A question and answer session followed.

Motion by Smith: That the City employees be given an opportunity to participate in a Section 125 Cafeteria Plan, second by Cooper. On call for vote, the following votes were cast: Vires aye, Prior aye, Cooper aye, Smith aye. Motion declared carried.

Jim Carman and Tim Sutherland of the Imperial Jaycees reported that the grant for the improvements at the Max Addition parks (fitness trail) had been awarded. A discussion followed.

Motion by Vires: That the acceptance of the grant be tabled for more information, second by Smith. On call for vote, the following votes were cast: Prior aye, Cooper aye, Smith aye, Vires aye. Motion declared carried.

A discussion was held on employee evaluations. The superintendents were not happy with the current forms for evaluations. They felt they did not have enough input into the decision of wages for their employees.

Motion by Smith: That each Superintendent make a recommendation to their committee on wages for their employees, second by Prior. On call for vote, the following votes were cast: Cooper aye, Smith aye, Vires aye, Prior aye. The motion declared carried.

Resignations by Arthur Creveling and Del Schuman from the Cemetery Board were presented by the Clerk.

Mayor	Dean Mitchell
Councilmembers	Barbara Cooper, Bruce Vires, Wendell Prior, Gordon Smith
Absent:	None

Also present were City Attorney Terry Savage, Elnor Brown, Darla Cook, Sharon Clark, and Jan Schultz, with City Clerk Spunaugle taking the minutes.

Mayor Mitchell asked if anyone present to speak to the issue of the request for "expansion of premise" by Kola Enterprises, Inc. dba The Skew-gee Mill. No one spoke. The Mayor then asked if the members of the Council were familiar with the situation. Attorney Savage explained that since the City had assumed "local control", the Nebraska Liquor Control Commission was sending everything concerning liquor licensing to the City, for approval or disapproval. The Council would have to approve the request for expansion of premise in order for the licensee to proceed with the expansion project.

Jim Kinder joined the meeting at 7:40.

A brief discussion followed. Councilmembers had some questions about the proposed expansion. The Clerk was unable to contact the Groffs by telephone, but did contact Mrs. Seidel, who was operating the Skew-gee Mill at the time. She would contact her husband to come to the meeting.

Dave Ridlen joined the meeting at 7:45.

Darla Cook presented the Library budget request of $58,000, and answered questions for the Council.

Darla, Elnor and Sharon left the meeting at 8:01.

Jim Kinder presented budget requests of $35,495 for the Park & Recreation Dept., and $22,565 for the Swimming Pool.

Jan Schultz left the meeting at 8:29.

Gerald Seidel joined the meeting at 8:29.

Gerald Seidel explained how they intended to operate the "expansion", and what type of fence they intended to use. He also answered questions for the Council.

Motion by Smith: To deny the request for expansion of premise, second by Prior. On call for vote, the following votes were cast: Smith aye, Vires aye, Prior aye, Cooper aye. Motion declared carried.

Gerald Seidel, Terry Savage and Jim Kinder left the meeting at 8:43.

Jim Carman presented the budget request of $23,555 for the Mount Hope Cemetery, and answered questions for the Council.

Jim left at 9:03.

7-28

Dave Ridlen went over the agreement of the City of Imperial, Chase County and the Emergency Medical Squad, and explained the operation of the Ambulance Service. Dave also presented a budget request for the Ambulance Service of $2,100, and answered questions for the Council.

The meeting was declared adjourned at 10:03 P.M.

Ex Homer Spunaugle
City Clerk

Dean Mitchell
Mayor

July 24, 1987

A meeting of the Mayor and City Council of the City of Imperial, Nebraska, was held at the Council Chambers in said City on the 24th day of July, 1987, at 7:30 o'clock P.M.

Notice of this meeting was given in advance thereof by notice being posted in three places in the City. Notice of this meeting was communicated in advance notice to the Mayor and Council. All proceedings hereafter shown were taken while the convened meeting was open to the public.

Mayor Mitchell called the meeting to order and instructed the Clerk to call the roll:

Present:	
Mayor	Dean Mitchell
Councilmembers	Barbara Cooper, Wendell Prior, Bruce Vires and Gordon Smith,
Absent:	None

A quorum was declared present, and the meeting proceeded.

Also present were City Attorney Terry Savage and Superintendent Jim Carman with City Clerk Spunaugle taking the minutes.

County Commissioners John Lewis, Keith Harris and Frank Stute and County Sheriff Gordon Jaeger joined the meeting at 7:35.

An agreement on providing ambulance service was discussed. It was the general consensus to continue with the current arrangement, with the City of Imperial to furnish housing for the amublances and to pay for previously approved educational costs. There should be a committee of representatives from the County Commissioners, the City of Imperial, the Village of Wauneta and from both ambulance squads to study the situation and develop an agreement to be signed by all parties.

The sanitary landfill was discussed. Currently the County pays the City of Imperial $5,000 toward the operation costs of the landfill.

The road to the cemetery was discussed. The county has gravel on hand to armour coat it, they just need the asphalt and labor to put it on.

Radio dispatch service was discussed. The county feels the City of Imperial should share in the cost of the operation of it ($55,000). Councilmember Smith felt the County should develop a formula for a cost sharing program and also arrive at a fee to be charged for monitoring private burgular alarms, and come back with a recommendation.

The County Commissioners, the County Sheriff and the Attorney left at 10:20.

A discussion of the budget requests on a department by department basis was held.

Motion by Wendell Prior: To budget money to give the regular employees of the City a four (4%) percent increase in wages, and to have an ordinance drafted reflecting that, as well as to convert the $500 annual "cost of living adjustment" for the hourly employees to an hourly rate, for consideration at the August 10 meeting, seconded by Barbara Cooper. On roll call, the following votes were cast: Smith aye, Cooper aye, Prior aye, Vires aye, motion declared carried.

R E S O L U T I O N

BE IT HEREBY RESOLVED that the Chase County Board of Commissioners recognizes the Emergency Medical Services of Imperial under their current By-laws and Constitution as the organization to operate the Chase County Ambulance Service based in Imperial, Nebraska.

DATED this 19th day of June, 1981.

Glen D. Ashmore
Chairman

James J. Martin Jr.
Commissioner

Commissioner

Emergency Medical Services

Agreement

This agreement is between and among the Emergency Medical Services Association of Imperial, the Chase County Commissioners and the Imperial City Council.

The purpose of this agreement is to provide emergency medical services to Imperial and Chase County, Nebraska.

Chase County Will:

1. Recognize the Emergency Medical Services Association of Imperial as the offical professional orgranization that will provide ambulance and rescue service to the City of Imperial, and to Chase County, Nebraska.

2. Provide a minimun of two ambulances that meet or exceed federal specifications KKK-A-1822 and amendments.

3. Provide the Essential equipment for ambulances as set by the Committee on on Trauma, American College of Surgeons.

4. Provide other such equipment that in the future may become necessary.

5. Provide supplies that are needed.

6. Provide radio paging for EMTs.

7. Provide dispatching for the ambulance service.

8. Recognize EMTs as County employees and as such provide liability, and malpractice insurance for them as well as compensation for their services.

9. Provide funds for the maintenance and upkeep of all ambulances and equipment.

City of Imperial Will:

1. Recognize the Emergency Medical Services Association of Imperial as the offical professional organization that will provide ambulance and rescue service to the City of Imperial and to Chase County, Nebraska.

2. Provide heated housing for the ambulances provided by Chase County.

3. Provide office space for meetings, record storage and library.

4. Provide all funds for training, library and reference materials.

5. Provide a member of the City Council as laison to the other two groups.

Emergency Medical Services Association of Imperial Will:

1. Provide a constitution and within 30 days by-laws of the organization to the City of Imperial and Chase County.

2. Provide that only qualified persons will provide EMS services.

3. Supply all the manpower to operate the ambulances.

4. Secure the services of a medical director.

5. Hold training meetings as often as necessary so that all personal can keep their registred status.

6. See that maintenance and upkeep of all ambulances and equipment is done on a regular bases.

7. Provide that records keep will include a maintenance secedule, patient record for each run, complete invatory of equipment and supplies, list and qualifications of each member, training records, all expenses.

8. Provide a budget to the City of Imperial and Chase County each year.

9. Provide, or see that it is provided, all billing and collections.

10. Decide, what if any compensation shall be paid to each and every member of the organization for their services, with the approvial of Chase County.

11. With the appnovial of Chase County, determine the charges to patients.

12. Provide to the City of Imperial and to Chase County a monthly report of all activity.

13. Order all equipment and supplies, with the approvial of Chaes County.

14. To solicit and accept gifts of money, securities,real and personal property ; with these funds to be kept in a bank account in the name of the Association, to only be used to provide training for members and to provide equipment and supplies for the service, ownership of which will go to Chase County.

15. The President shall be the Chief Executive of the Association. He shall administer and be responsible for the over-all management of the business and affairs of the Association.

EMERGENCY MEDICAL SERVICES
AGREEMENT

This agreement is between Emergency Medical Services Association of Imperial,Inc. and Chase County Nebraska. The purpose of the agreement is to see that emergency medical services is provided to the City of Imperial, Nebraska and to Chase County Nebraska.

Chase County will:

1. Recognize the Emergency Medical Services Association of Imperial,Inc. as the ~~official professional~~ organization that will provide ambulance a~~nd rescue servi~~ce for the City of Imperial, ~~Nebraska and~~ to Chase County Nebraska.

2. Provide a minimun ~~of two~~ ambulance~~s~~ that meet or exceed federal specifications ~~KKK-A-1822 and amendments~~.

3. ~~Provide the essential equipment for ambulances as set by the Committee on Trauma, American College of Surgeons~~.

4. Provide dispatching and radio paging for the ambulance service.

5. Recognize EMT-A's as county employees and as such provide liability and malpractice insurance for them.

6. Have an agreement with the City of Imperial, that the City of Imperial will provide heated housing for the ambulances provided by Chase County.

~~7. In FY-82 provide tax funds in the ammount of $7500.00~~ .

~~8. In FY-83 buy a new ambulance for Imperial~~.

~~9. See that an office is provided to the Association for their meetings, supply and equipment storage, and patient record safekeeping~~ .

Emergency Medical Services Association of Imperial,Inc. will:

Provide to Chase County a copy of our Constitution and by-laws.

2. Provide a current list of officers and members.

3. Provide that only qualified persons will provide ambulance service.

4. Supply all the manpower to operate the ambulances.

5. Secure the services of a medical director.

6. Hold training meetings on a monthly basis.

7. Provide that maintence and upkeep of all ambulances and equipment is done on a regular bases.

8. P~~rovide a budget to Chase County each year~~.
Provide budget of expenditures for ensuing year

City Of Imperial

P.O. Box 637 Imperial, Nebraska 69033

308-882-4368

All Nebraska Community

April 22, 1981

County Commissioners of Chase County

This letter is to state that it is the intent of the City Council of the City of Imperial to abide by all of the terms and conditions in the new Agreement concerning Ambulance service operating out of Imperial. It is our understanding that we will no longer be required to furnish manpower and that our primary responsibility will be to house the Ambulance unit or units.

O L Evans

Mayor

INTERLOCAL AGREEMENT

THIS AGREEMENT, made and entered into this 28th day of January 2003, by and between the Village of Wauneta, hereinafter referred to as "Village," and Chase County, hereinafter referred as "County," witnesseth:

THAT, WHEREAS the Nebraska Legislature has adopted the Interlocal Cooperation Act as set forth in Nebraska Revised Statutes 13-801 et seg., as amended, and,

WHEREAS the purpose of the Interlocal Cooperation Act is to permit local governmental units to make the most efficient use of their powers by enabling them to cooperate with other localities and governmental instrumentalities on a basis of mutual advantage, and thereby to provide services and facilities in a manner and pursuant to forms of governmental organization that will accord best with geographic, economic, population, and other factors influencing the needs and development of local communities, and

WHEREAS the parties to this Interlocal Cooperation Act Agreement wish to enter into such an agreement to enable them to achieve the purposes and goals of the Interlocal Cooperation Act, and

WHEREAS the parties hereto wish to enter into such an agreement as authorized by section 13-804 R.R.S. 1943, as amended, to define their rights and responsibilities pursuant to said act and agreement,

NOW, THEREFORE, in consideration of the mutual covenants and agreements contained herein, it is hereby agreed by and between the parties hereto as follows, to wit:

1. **Purpose of agreement.** The purpose of this agreement is to enable the parties hereto to deliver necessary governmental services to its citizens and taxpayers at the lowest possible cost.

2. **Duration of agreement.** This agreement shall become effective upon the passage by the governing body of each party to this agreement of a resolution authorizing the parties hereto to become a party to this agreement, and authorizing the presiding officer of each of the parties to execute this agreement on behalf of each such governmental instrumentality. Any party may terminate its participation pursuant to this agreement by delivering to the other party written notice of its intention to terminate not less than 30 days prior to the effective date of termination.

3. **No separate entity created.** This agreement does not, and shall not be construed, to create a separate legal entity.

4. **Sharing of resources.** In order to further the purpose of this agreement, the parties hereto shall provide the following resources and adhere to the following guidelines and procedures, for the purpose of providing emergency medical services to the Village of Wauneta, located in Chase County, Nebraska, which shall include the building, equipment, personnel, utilities, and operating supplies and services.

   A. The County shall provide a fully equipped ambulance; pagers; wages and payroll expenses for EMTs; workers compensation insurance for EMTs; liability insurance; vehicle insurance; and fuel, oil, repairs, and all maintenance and operational expenses for use of the ambulance;

   B. The Village shall provide satisfactory housing for the said ambulance and for all ambulance and emergency medical equipment, meeting space for emergency medical personnel, and operating expenditures, projected as follows for a one –year period:

Communications (Pager phone bills)	$ 600.00
Utilities & Propane (for building)	$3,000.00
Building repair & maintenance	$1,000.00

   The Village Board of Trustees must approve any and all renovations to the ambulance building.

   I. **Guidelines and procedures.** Wauneta EMS shall provide to the Chase County Board of Commissioners, no later than one week prior to Board meetings on the fourth Tuesday of March, July, September and December, of each year the following:

      A. True and accurate copies of Wauneta EMS minutes for the past three months,
      B. True and accurate copies of all maintenance, repair and use records for all vehicles and equipment owned by the County and used by Wauneta EMS,
      C. Documentation regarding any change in status of any EMT certification or license, or other volunteer or employee of Wauneta EMS,

D. Documentation concerning any amendments, modifications or changes in Wauneta EMS by-laws, articles of incorporation, or policies or procedures:

II. Wauneta EMS shall seek approval from the Chase County Board of Commissioners prior to undertaking, ordering, requesting, or allowing any repairs, modifications, and/or alterations or any sort to property of the county;

III. At least one Wauneta EMS board member shall attend all meetings referenced in paragraph 4,C,I above, for the purpose of providing the Chase County Board of Commissioners with an oral report of the general state of the Wauenta AMS, and for the purpose of voicing any concerns, comments or requests concerning or relating to the activities and property of the Wauenta EMS, and property owned by the County and used by Wauneta EMS; and,

IV. Should Wauneta EMS fail to follow any of the following provisions under Guidelines and policies as stated above, the County reserves the right to terminate this agreement.

5. **Liability.** All ambulance operations shall be under the control of the County, and shall be deemed to be County operations, with all operational risks arising from the operation of the ambulance and from the provision of emergency medical services allocated to the County.

6. **Amendments.** This agreement cannot be amended or modified except upon the expressed written agreement to each party hereunto.

IN WITNESS WHEREOF the parties hereto have passed a resolution authorizing the adoption of this agreement and to authorize the undersigned officers to execute this agreement.

Attest:

Debra K. Clark

Chase County, A political Subdivision of the State of Nebraska

Don Weiss Jr

Chairman, Board of Commissioners

Attest:

Patty Williams

Village of Wauneta, A political Subdivision of the State of Nebraska

Tony Cribelli

Chairman, Board of Trustees