

BRIDGEPORT NEBRASKA



EMERGENCY MEDICAL SERVICES SYSTEM ASSESSMENT

August, 2009

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ACKNOWLEDGEMENT

The project team would like to thank Kim Engel of the Panhandle Public Health Department and the Nebraska Department of Health & Human Services, Division of Public Health, Licensing and Regulatory Affairs, EMS/Trauma Program for their assistance in the funding and preparation of this report. We would like to thank the many people who met with our interview team in Bridgeport and the valuable insight they provided. We would also like to thank the Bridgeport Rescue Squad, Morrill County Community Hospital Board and staff, the Bridgeport fire chief, Bill Boyer – Bridgeport City Manager, sheriff, rural fire district board, Valley Ambulance, and Larry Wallace from DHHS for supplying us with a number of documents. While the documents have not been included in this report, they were necessary for our use in fact checking a number of issues where the perceptions of our key informants varied greatly.

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Frequently Used Acronyms

The Emergency Medical Services field makes frequent use of acronyms that may not be familiar to many persons. To reduce confusion for the purposes of this report the following acronyms are defined as:

ALS	Advanced Life Support (i.e. paramedic level service)
BFD	Bridgeport Municipal Fire Department
BFDA	Bridgeport Volunteer Fire Department Association
BLS	Basic Life Support (i.e. EMT level service)
BRS	Bridgeport Rescue Squad
CAH	Critical Access Hospital
CAAS	Commission on the Accreditation of Ambulance Services
CAMTS	Commission on the Accreditation of Medical Transport Systems
DHHS	Nebraska Department of Health and Human Services
DPAT	Nebraska Department of Property Assessment & Taxation
EMD	Emergency Medical Dispatch (pre-arrival instructions for 911 calls)
EMS	Emergency Medical Services
EMT	Emergency Medical Technician certified by DHHS
EMT-B	EMT certified by DHHS at the Basic level (BLS)
EMT-I	EMT certified by DHHS at the Intermediate level (ILS)
EMT-P	Paramedic certified by DHHS (ALS)
eNARSIS	electronic Nebraska Ambulance and Rescue Service Information System
MCCH	Morrill County Community Hospital
NCEMSC	North Central EMS Cooperative
NRS	Nebraska Revised Statutes
PIER	Public Information, Education, and Relations
PPHD	Panhandle Public Health Department
PSAP	Public Safety Answering Point
RFD	Rural Fire Department surrounding Bridgeport
STS	SafeTech Solutions, LLP

Executive Summary

Emergency medical services (EMS) in Bridgeport, Nebraska are at an important crossroad. Like many rural communities in the United States, Bridgeport is experiencing a number of changes that are impacting the delivery of EMS. Changing demographics, changing socio-economic conditions, declining volunteerism, increasing costs and continuing high public expectations for emergency medical response are challenging old ways of thinking and inviting innovative approaches to the future.

However, the common rural community issues are exacerbated in Bridgeport by a general lack of countywide EMS planning and an ineffective and somewhat ambiguous organizational structure within the City fire department (where EMS currently resides). The fire department organizational structure has inhibited good leadership, management and supervision. This organizational structure, the ambiguities associated with not having strong and respected leadership, and the absence of clear lines of authority and ownership have all contributed to a breakdown of interdepartmental personnel relationships, fragmentation of staff, wide confusion about the roles of EMTs and firefighters, and a decline in volunteer participation.

These issues have detracted from important operational and clinical issues and make addressing quality of care more difficult. Unattended, the issues will continue to fester and result in more declines in volunteerism and perhaps a decline in emergency services to the community. Unattended these issues will inhibit the necessary progress and development needed in keeping local EMS in line with regional and national best practices.

The SafeTech Solutions assessment team is pleased to submit our observations and collective recommendations for the City of Bridgeport. Our evaluation of the Bridgeport EMS System has been an interactive and dynamic process concluding with the submission of this final report to the Bridgeport administration, Nebraska Emergency Medical Services Board, Nebraska Department of Health & Human Services (DHHS) Office of Rural Health, and the DHHS Emergency Medical Services EMS /Trauma Program.

Although a number of ambulance and first responder units make up the Morrill County EMS System, the scope of our assessment was limited to the EMS system for the City of Bridgeport.

This project was funded by the Health Resources and Services Administration, federal Office of Rural Health Policy, and Medicare Rural Hospital Flexibility Grant program funds, administered by the Nebraska DHHS EMS/Trauma Program.

Bridgeport Rescue Squad Goals

The current opportunity for Bridgeport is one of planning for high quality sustainable emergency medical services. This will involve change and perhaps challenge community traditions. It will demand focusing on the goal of making decisions that are in the best interest of those who need the vital care that EMS in Bridgeport provides. It is with this goal in mind that the following recommendations are offered:

1) Ensure sustainable administration and management of ambulance services.

Reliable and trusted ambulance services are vital to the health and safety of Bridgeport citizens, and, at this time, Morrill County Community Hospital (MCCH) is in the best position to provide the leadership, management, supervision and clinical oversight of Bridgeport Rescue Squad (BRS). The administration and operational oversight of BRS should to be transitioned from the Bridgeport Volunteer Fire Department Association (BFDA) to MCCH as soon as reasonably possible. MCCH should appoint an ambulance service administrator who can quickly assess and address personnel issues with the goal of creating an inviting work environment that will increase the roster of quality volunteers and ensure the reliability of emergency response and clinical care.

2) Plan and execute high clinical and operational performance.

High quality clinical and operational performance should be the goal of ambulance services in Bridgeport. Responsibility for clinical performance rests with the medical director who is contracted to and reimbursed by the rescue squad. A medical director's job description should be developed and implemented with the medical director (and any surrogates) completing both the Nebraska specific and the national medical director's course. 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.

3) Clarify the organizational structure, leadership and administration of the Fire Department.

The legal corporate structure of the fire department, its relationship to the City and how it conducts business must be clarified and understood by the City, the Bridgeport Municipal Fire Department (BFD), the BFDA, and the people who volunteer with the fire department. The City needs to either declare the firefighters casual City employees or contract with the Association for firefighter services. Just as the leadership and administration of a police department or a City maintenance department demands a certain level of experience, training and ability, the City should ensure that the fire chief's position has a job description and is filled by an appropriated experienced and prepared leader. Underneath the chief the organizational structure should be clear and reflect best practices in management and supervision that maintain a high degree of volunteer morale and satisfaction.

4) Ensure adequate future emergency services funding.

Ensuring appropriate funding for emergency services demands a clear understanding of current costs and revenues. Transparency is essential in this area. The City should require independent audits of all accounts held by the BFD, BRS, and BFDA and seek to understand the current financial situation and ensure compliance with state law. All entities should be required to utilize Generally Accepted Accounting Principles based on Financial Accounting Standards Board standards. The BRS budget should be expanded to pay for administration and

medical direction, and if needed, the creation of a Bridgeport EMS Taxing District should be explored. All practices related to the stipends paid to volunteers should be transparent and equitable.

5) Create sustainable volunteer staffing practices.

The tenuous nature of volunteer services today demands careful management of volunteer resources. This begins with workforce planning – understanding the supply and demand of volunteers and planning accordingly. Such planning includes seeking to understand the concerns of the volunteers and issues relating to morale, motivation and longevity. Incentives to volunteer must be maximized and creating staffing options explored. A posted and enforced call schedule is essential as it the limiting of call shift length to what is reasonable and safe. Administrators and managers of both ambulance and fire services should be required to attend administrative and managerial training.

6) Plan for prompt and reliable emergency services response.

An important indicator of an EMS system’s quality is its reliability and prompt response times. 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.

7) Ensure a safe operational environment for patients and providers.

Safe operations are an essential part of a quality EMS system and begin with continually ensuring that the EMS organization and personnel are compliant with all state licensing and credentialing requirements, and that contemporary safety practices and rules have been adopted. In addition, safe vehicle operations must be made an organizational priority through emergency driver training and background checks on driving records. Vehicles and equipment should be maintained at appropriate intervals and such maintenance records kept up to date. All emergency operations related injuries and illnesses should be tracked and recorded and mined for training and prevention opportunities.

8) Adopt a regional approach to EMS response, preparedness and prevention.

All healthcare stakeholders in Morrill County should seek to work together to ensure the public health and wellness of the citizens of Bridgeport and Morrill County. BRS should encourage Morrill County to engage in countywide EMS planning and establish an EMS plan that indentifies countywide clinical care performance indicators. Panhandle Public Health Department (PPHD) and MCCH should to take the lead in engaging BRS and other EMS agencies in discussions about community wellness and prevention. BRS should develop a Public Information Education and Relations (PIER) plan to improve the public’s understanding of its services.

Morrill County and City of Bridgeport Demographics

Bridgeport is the county seat for Morrill County, Nebraska, USA. As of the 2000 census, the City had a total population of 1,594 (County: 5,440) with 654 (County: 2,138) households, and 420 (County: 1,494) families. The population density was 1,594/mi² (638/km²) (County: 3.8/mi² (1.5/km²)). There were 723 (County: 2,460) housing units at an average density of 723/mi² (289/km²) (County: 1.7/mi² (0.7/km²)).

The racial makeup of the City was 90.7% (County: 98.1%) White, 0.1% (County: 0.1%) African American, 1.6% (County: 1.1%) Native American, 0.3% (County: 0.2%) Asian, 5% (County: 0.0%) from other races, and 2.3% (County: 0.5%) are from two or more races. Hispanic or Latino of any race was 14.8% (County: 11.8%) of the population.

Of the 654 households, 30.6% (County: 32.1%) had children under the age of 18 living with them, 53.2% (County: 59.5%) were married couples living together, 7.5% (County: 6.5%) had a female householder with no husband present, and 35.8% (County: 30.1%) were non-families. 32.7% (County: 34.2%) of all households included individuals under 18 years old while 31.3% (County: 29.2%) included individuals 65 years of age or older. The average household size was 2.38 (County: 2.49) and the average family size was 3.03 (County: 3.03).

The population age spread for Morrill County and Bridgeport are illustrated in Figure 1. Figure 2 illustrates the portion of Morrill County population that resides in Bridgeport. The median age was 39 (County: 39.5) years. For every 100 females there were 90 (County: 98) males. For every 100 females age 18 and over, there were 89 (County: 96) males.

The median income for a household in the City was \$29,527 (County: \$30,235) and the median income for a family was \$37,813 (County: \$36,673). Males had a median income of \$30,037 (County: \$27,107) versus \$18,500 (County: \$19,271) for females. The per capita income for the City was \$14,320 (County: \$14,725). About 7.7% (County: 10%) of families were below the 1999 poverty level.

The major employers of Bridgeport are the school system and the hospital. The quality of life is excellent and the community supports the teens and young adults by having more recreational activities than communities of similar size.

Figure 1: Morrill County and Bridgeport Population - 2000 Census

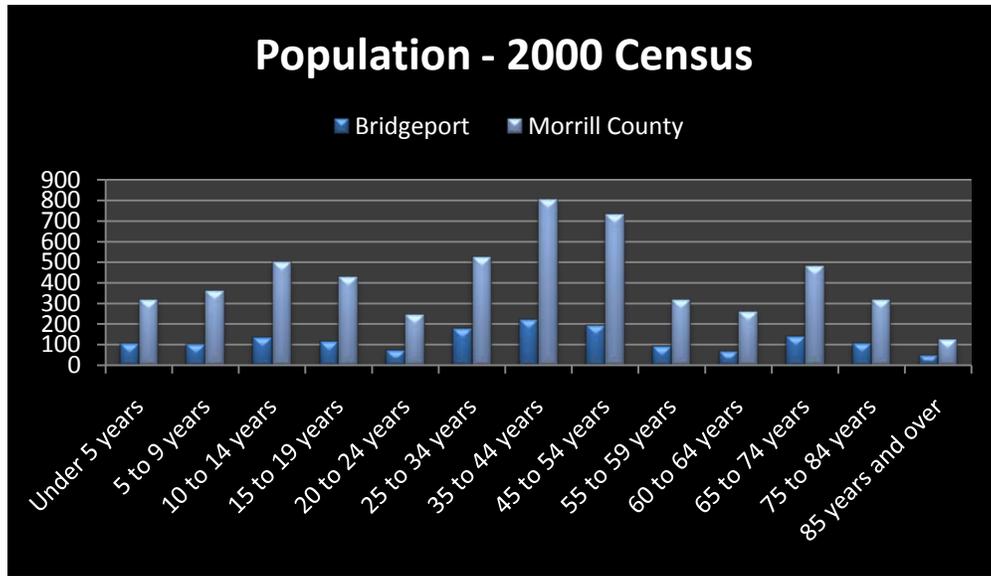
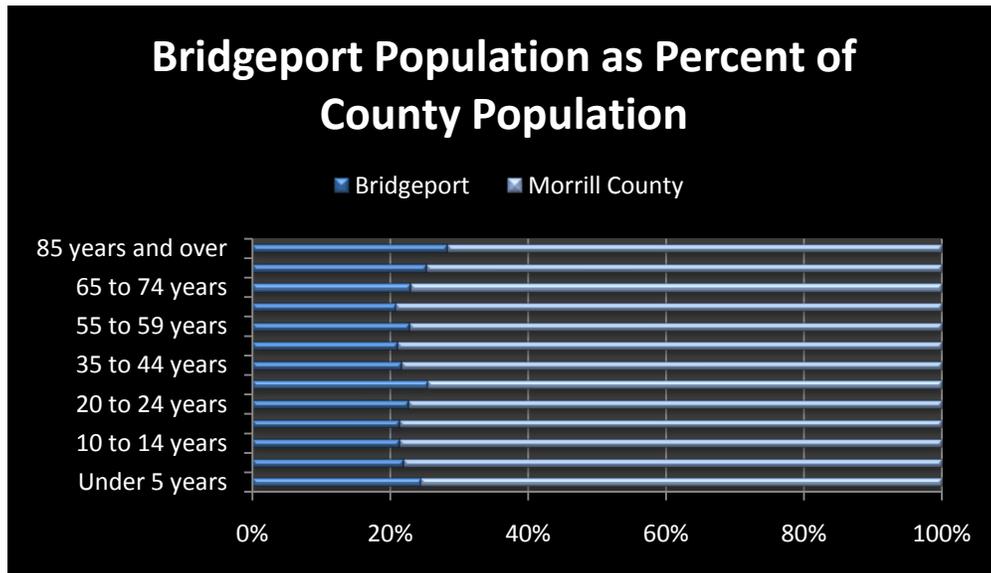


Figure 2: Bridgeport Population as a Percentage of Morrill County Population



The Bridgeport EMS System.

Ambulance Service:

The City of Bridgeport (City or Bridgeport) owns the state ambulance service license that the Bridgeport Rescue Squad operates under although the ambulance service operates as a division of the BFDA.

The City has a budget line item for a Municipal Fire Department (distinctly different than BFDA as will be explained below) salaries, training, telephone, fire truck expenses, transfers, dues, and capital expenses including the payment of \$15 to \$30 stipends to BRS members for providing services. In 2008, BRS responded to 124 requests for service resulting in 84 patient transports to MCCH and 14 to other hospitals.

In the community, the BFDA is known as an Association so to minimize confusion in this report any reference to BFDA or the Association is a reference to the Bridgeport Volunteer Fire Department as an entity distinct from the City's Municipal Fire Department which may be referred to as BFD.

Not surprisingly, there is confusion among the BFDA members and City officials regarding the status of the Association, the employment status of BFDA members, and what obligations exist related to the Association.

The Association is a local organization with bylaws and a defined structure. A search (as of August 15, 2009) of the Nebraska Secretary of State website does not return any active or inactive entities registered as the Bridgeport Volunteer Fire Department Association or other reasonable permutations of that name.

The BRS is not nationally accredited by either the Commission on the Accreditation of Ambulance Services (CAAS) or the Commission on the Accreditation of Medical Transport Systems (CAMTS).

Patient transfers requiring basic life support are performed by BRS while patients requiring advanced life support are generally transferred by Valley Ambulance of Scottsbluff and Sidney. A few critical care patients are flown by Air Link air medical service based at Regional West hospital in Scottsbluff.

Hospital/Clinic:

MCCH is owned and operated by Morrill County. MCCH is governed by a board of directors appointed by the County Commissioners with its own budget and employs two physicians, Dr. Post and Dr. Rajah; as well as two nurse practitioners. MCCH has been designated as a Level IV trauma center. MCCH also provides wireless access for BRS members to complete state required patient care reports and the trauma nurse conducts meetings and case reviews.

MCCH is part of a rural healthcare network that includes other rural Nebraska hospitals in Oshkosh, Gordon, Sidney, Kimball, Scottsbluff, Grant, and Chadron. Each of these network hospitals are Critical Access Hospitals (CAHs), except Regional West Medical Center in Scottsbluff. There is a network transfer agreement in place with all the hospitals and Regional West. MCCH patients needing specialized care are primarily transferred either to Regional West 40 miles away or to the Medical Center of the Rockies or Poudre Valley Hospital in Fort Collins, Colorado a three hour 200 mile drive.

Network hospitals do collaborative performance improvement, for example they exchange charts and perform external review on each other. The network uses the Press-Ganey Corporation to conduct patient surveys and they jointly operate Community Health Connection a regional health Information Technology cooperative and joint purchasing group.

Bridgeport community residents that we interviewed described MCCH as a very good facility providing excellent services and appreciate the traveling physician specialists routinely providing specialty services at the hospital. In 2007, MCCH provided \$29,000 in charity care but that number grew to \$89,000 in 2008. Traditionally, the County has subsidized the hospital operations, primarily through providing approximately \$100,000 annually for the purpose of purchasing equipment. Due to financial constraints on the county this year, no subsidy is being provided.

Clinic:

MCCH owns and operates two rural health clinics; one is located in Bridgeport and the other in Bayard. MCCH also operates a Home Health Care service. Fifty one percent of the rural health clinic is staffed by mid-level providers, in accordance with federal requirements. Specialty Clinics are operated by Regional West in Scottsbluff and other clinics from Fort Collins. A cardiologist runs clinic once every 3 weeks; a general surgeon comes from Sidney once a week; and pulmonologists, podiatrists, urologists and others also conduct specialty clinic. The specialists' billing is done separately from the hospital.

Public Health/Mental Health:

Panhandle Public Health District (PPHD) serves 10 counties in the area although its service area does not include Scottsbluff. PPHD board members are county commissioners. The main office in Hemingford has 6 staff members; a satellite office in Bridgeport has 2 registered nursing staff. PPHD does not operate a clinic, but they do work closely with the hospitals and clinics and provide them assistance when needed. PPHD does perform health screening at each county's health fair.

The Bridgeport Rescue Squad Performance Measures

Performance Measure 1		Bridgeport Rescue Squad Administration and Management	
Indicator	Measure	Agency Progress	
1.1 System Design and Participation	<i>Agency is part of a regional EMS system designed to maximize resources such as dispatch, first response, mutual aid, back-up coverage, continuing education, and disaster preparedness.</i>	Complete.	
1.2 Data Collection and Record Keeping	<i>Agency collects data on all aspects of its operation including personnel, education and training, responses and response times, clinical/patient interactions, supplies, equipment maintenance, and financial records.</i>	Incomplete.	
1.2 Organizational Chart	<i>Agency has an organizational chart outlining leadership structure and describing the roles and responsibilities of leaders, administrators, managers, supervisors, training personnel and boards.</i>	Incomplete.	
1.3 Strategic Plan	<i>Agency has a written and current strategic plan.</i>	Incomplete.	
1.4 Management Preparation	<i>Agency managers and leaders have received documented education or instruction in EMS management.</i>	Incomplete.	

STS Observations

City of Bridgeport and the Association:

We found City employees, department members, and the public to be confused or concerned about the status of the fire department as a City department or an independent agency.

The City of Bridgeport has a number of departments (water, sewer, electric, and police among them). They are clearly understood to be City departments with City employees receiving City benefits, their budgets are part of the City budget, and the chain of command is explicit. These same distinctions are not so clear for the Bridgeport Municipal Fire Department.

The Bridgeport Municipal Fire Department and Bridgeport Rescue Squad are widely understood by the community to be a single municipal department as allowed by Nebraska Revised Statutes (NRS) 17-147, 17-718, and 17-953 which provide for taxing, penalties, and capital equipment purchases by Municipalities for volunteer fire departments.

The community, City officials, and even the department's own members are confused about the Bridgeport Volunteer Fire Department Associations status, community purpose, legality, and value.

To understand the issue one must consider some context and history. In that regard, the City Council and Mayor have traditionally been "hands-off" in the daily operations of Bridgeport Municipal Fire Department, perhaps dating back to the formation of the department. During the assessment, we discovered that the Bridgeport Municipal Fire Department effectively has only one station, one fire truck, two ambulances, while the only identifiable member of the department is the Fire Chief.

At some point in the history of the department, a second entity was formed. This entity is known as the Bridgeport Volunteer Fire Department Association. The Association has a constitution, bylaws, standard operating procedures, chain of command, elections, and membership requirements although has not been incorporated as required by Nebraska law.

The Association's statement of purpose states: "The Bridgeport Volunteer Fire Department is committed to providing services in the area of fire prevention, fire suppression, fire investigation, hazardous materials, BLS ambulance, water rescue, storm watch, and natural disaster to the highest level possible, with the resources and personnel available." It is our reasonable conclusion that the Association is a self declared 'entity for public benefit' and is comprised primarily of human resources that are provided to the Municipal Fire Department and the Rural Fire District for fire fighting, rescue, and ambulance services.

For example, the Association's Standard Operating Guidelines declare a specific vehicle numbering system that includes all of the fire trucks (engines, pumpers, grass rigs, equipment trucks, etc), dive truck, and ambulances that are owned by the City and the Rural Fire Board. They also go on to declare the specific order in which personnel and vehicles are to respond to incidents including *City* structures, *rural* structures, *rural* wild land, and vehicle fires. In these ways the Association has not restricted its influence or activities solely to the City of Bridgeport.

The Association Bylaws Article IV details the organization's rules regarding Finances:

- A. Section 1 declares this organization "shall have full and exclusive control of all matters and projects for the purpose of raising funds to better promote the financial condition of the department".
- B. Section 2 declares the organization will receive donations and deposit donations in a bank account.
- C. Section 3 declares the treasurer of the organization will issue checks for the organization upon the order of the fire chief.
- D. Section 4 declares the treasurer will provide reimbursement to members for training expenses.
- E. Section 5 declares that upon dissolution of the organization "all money and property shall be turned over to the City of Bridgeport to be held for return to the organization as soon as reorganization is affected".

Article VIII Section 1 of the Bylaws states that "the fire department and fire auxiliary will ONLY use the meeting room and kitchen. City and County government MAY use the meeting room at any time. They will ASK permission for use of meeting room and kitchen, and they will be cleaned after each use. Section 3 goes on to declare that each officer of the fire department, the president of the auxiliary, CITY CLERK, and the president of the rural board will be issued a key to the meeting room" (emphasis added).

Under NRS 21-19,177 (4) the Bridgeport Volunteer Fire Department Association appears to meet the statutory requirements of a public benefit corporation and is therefore subject to the Nebraska Nonprofit Corporation Act and must be incorporated under Nebraska law.

We would like to bring to the attention of Association members 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 the Association is conducting many of these activities that are reserved for corporations as noted above.

It was reported to the assessment team the Association uses the City's tax ID number for conducting its business. This practice should be discontinued by the Association and City should require complete compliance with the Nebraska Budget Act of Article 13 Section 5, for expenditures of public funds and annual auditing.

City Ordinance 3-302 requires the Bridgeport Fire Department to create bylaws that are approved by the Bridgeport City Council that:

- A. Shall identify the method for filling vacancies.
- B. That said members shall be considered to be employees of the Municipality for the purpose of providing them with workman's compensation and other benefits.
- C. Each member shall be entitled to a term life insurance policy.

The Ordinance also states the City Council will determine the number of members and that the members may:

- A. Organize themselves in any way that they decide subject to the review of the (City Council)...
- B. They may hold meetings and engage in social activities with the approval of the (City Council).
- C. The secretary shall upon request keep a record of all meetings and shall make a report to the (City Council) of all meetings and activities of the Fire Department.
- D. The (City Council) may, for services rendered, compensate or reward any member or members of the Fire Department in an amount set by resolution.
- E. All members of the Fire Department shall be subject to such rules and regulations, and shall perform such duties, as may be prescribed or required of them by the Fire Chief or the (City Council).”

During the assessment we discovered several other inconsistencies:

- A. The Association has written into their Bylaws that the City must request permission to use the Fire Hall from the Fire Department and are subject to the Bylaws of the department. We find this to be very unusual and only appropriate if the department were not a Municipal entity and claim title to the building. As already demonstrated the Association is not a legal entity and therefore cannot own property.
- B. Although they are identified as City employees, Association members receive IRS 1099 (non-employee compensation) tax forms from the City and do not have income tax withholding

- C. The structure of the Association includes a Fire Chief and a President. Among its 22 members, 13 hold the rank of Captain, of which there are six levels. Although this structure does not appear to violate the bylaws or Municipal code, the assessment team heard complaints about the department having “too many cooks in the kitchen”.
- D. NRS 35-1311.01 requires the City file an annual report of its volunteer members with the state Fire Marshal. As demonstrated it is not clear 1) who should be considered a member of the Municipal volunteer fire department or 2) who should be considered a volunteer.
- E. NRS 35-901 provides for a volunteer department trust fund that is funded by monies not collected for services provided, such as: donations, bingo, lotteries, or other similar fund raising techniques. These funds are not to be considered public monies and can be used in any manner the department choose however these donations should not be confused with the monies referred to in City Ordinance Chapter 3 Article 3 Section 301 that states the “Municipality operates the Municipal Fire Department *through* the Municipal Fire Chief and Firemen”.

It was reported that up to seven different accounts are involved in these various departments and it was unclear if a trust fund exists. RS 35-901 goes on to provide for the City Council to defray the costs of operation by a levy known as the “Fire Department Fund”, which is to remain “at all times in the possession of the Municipal Treasurer” and is currently limited to \$0.07 per hundred (RS 17-718). The levy and any monies collected as a result of the provision of department services or the utilization of City own equipment should not be deposited into the trust fund but should be directed to the Fire Department Fund.

- F. NRS 35-1309.01 specifies the point system methodology to be used to determine qualified active service member of the department while NRS 35-103 defines members to be in good standing if their dues are paid up and they render active service when called upon. The Association Bylaws also include specific methodologies that may not be consistent with state law.
- G. If the City has contractual arrangements with the Association and has not performed reasonable due diligence checks or completing a lawful contracting process, the City may become a party to complicated and expensive legal challenges. For example, NRS 36-202, 36-408, and 36-705 requires written contracts for agreements last longer than one year.
- H. Those making donations to the Association may believe they are donating to an eligible entity and incorrectly claim the donation for tax exemption. The Association is not a Nebraska incorporated non-profit or a tax-exempt 501(c) charity from the Internal Revenue Service. The status of the Association should receive additional City legal review.

The primary operational issue the City of Bridgeport needs to resolve is the staffing of its rescue squad. The BRS has operated within the Association but has suffered from the fire fighting focus and structure of the Association. For example, it is a belief of almost everyone our team interviewed that one must be a firefighter in order to volunteer for the BRS.

Although the Bylaws declare very specific roles and responsibilities of fire responses there is very little mention of rescue squad responses. It is also our interpretation that the Constitution and Bylaws do not require all members to be firefighters even though that belief persists. We found people in the community who would choose to join the rescue squad, or those that left that would return, if it were not for the internal pressure to participate in fire training and expectations of responding to and helping with fire calls. There is no similar requirement for firefighters to become EMTs or to maintain rescue squad status.

The Association has developed a reputation amongst the community of members of having public disputes while in the public domain. The assessment team learned that there are at least three cliques within the Association and that personality clashes are common. In some cases these clashes have reportedly delayed patient care. These are not new issues for the City Council or Mayor.

It will be our recommendation below that the City takes immediate and strong action to recover the governance of the Bridgeport Municipal Fire Department and the BRS before there is a complete and sudden dissolution of the Association (acting as a pseudo fire department) leaving the community without an alternative. This ultimately is a result of the lack of effective leadership within the Association demonstrated in many ways for example, by the lack of a simple stocking list for the ambulances, unresolved internal squabbles, an 'ineffective' chain of command, and no deliberate strategic planning.

Recently, the City approached MCCH to take over the operation of BRS. It is our understanding that MCCH may be open to operating the Rescue Squad but has two concerns. First, MCCH would like to see the Rescue Squad demonstrate six months of good business history. Second, with the reduction of the county subsidy this year, MCCH would require the City to agree to replace the ambulance when needed, so the capital needs of the Rescue Squad do not affect the capital needs of the hospital.

The relationship between MCCH and the Rescue Squad members is described as good but there are some minor issues that should be resolved. MCCH staff would like to be alerted when the ambulance is being dispatched to an emergency call. The Rescue Squad medical director, employed by the hospital, has not completed the state or national EMS medical director course. We also discovered that there are nurses working at the hospital who may be interested in volunteering to work on Rescue Squad but have not joined because they do not wish to be firefighters.

At some point an advisory board was formed for the purpose of medical review and decision making and policy review. It is not clear nor documented what official role the board has been empowered but the Board has identified specific goals, some of which were attained. While the board's meetings are open, it is unclear if it is sanctioned by the City council, attendance is sporadic, and many of those who do not attend wonder if there are ulterior motives for the board's creation.

Rural Fire District:

The Bridgeport Rural Fire District is a separate taxing authority from the City fire district. BFDA staffs fire apparatus that are owned by the RFD, yet the RFD board chair does not nominate the Fire Chief and the RFD board does not formally approve the Chief. The RFD owns 13 fire trucks and most, if not all, the turn-out gear used by BFDA members. The RFD owns a building just outside of town where 13 fire apparatus are stored.

Morrill County:

Morrill County lacks a formal EMS system evaluation process. The individual components of the Morrill County EMS system work somewhat effectively but lack an organizing person, entity, and process. With no identified and formal countywide EMS leadership or coordination there is no

countywide master planning, no clear EMS vision, goals or objectives, and no clear process to evaluate performance or make improvements. Ad-hoc planning does occur when there is a need to react to an internal or external force.

With limited healthcare resources in Morrill County, BRS provides a vital community service to the County and serves as an important health care safety net, however; BRS currently lacks community involvement in planning, coordination, and oversight. There is no process for the various interested parts of the community to provide input on the agency's vision and mission, ensure its ongoing viability and performance and provide essential moral and financial support.

Panhandle Public Health Department (PPHD):

PPHD office staff performs car seat checks but are primarily educators. PPHD also has a worksite wellness program and does disease surveillance.

PPHD is responsible for the Panhandle Regional Medical Response Plan. For planning, they work with hospitals, provide education to community, and conduct disaster drills. PPHD is responsible for distribution of Strategic National Stockpile supplies. There were two H1N1 flu cases in the service area this spring.

In Spring 2009, PPHD conducted a drill at the airport that involved the National Guard. PPHD has a training pod and inflatable hospital. MCCH set up a tent at the drill. BFDA and BRS did not participate in the drill although they were invited. The state EMS office plays an active role in encouraging fire department and rescue squad participation in the drills, but finds they respond better to attending table top exercises rather than drills.

State of Nebraska Support System:

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 ambulance services and personnel is the responsibility of the state's Department of Health and Human Services, Division of Public Health, Licensing and Regulatory Affairs (DHHS).

DHHS also issues licenses to ambulance services and issues licenses to first responders, emergency medical technicians (EMT), EMT-Intermediates (EMT-I) and EMT-Paramedics (EMT-P) to provide specific scopes of practice following state statute. Another service provided by the DHHS EMS/Trauma Program 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.

Ambulance services are inspected randomly by DHHS for compliance with minimum equipment standards. Proudly, Bridgeport has no recorded deficiencies. 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. Many states mandate through legislation minimum standards for firefighters but Nebraska does not. As a result, the firefighters in Bridgeport are not required to complete entry level Fire Fighter I training although EMTs are required to complete initial training and continuing education to assure public safety.

BRS is not utilizing available data sources to evaluate various aspects of its operations and performance and submits incomplete records to the state. The DHHS eNARSIS system is available to provide reports to BRS. The eNARSIS reporting mechanism includes a robust web based interface for generating reports. BRS 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. BRS has not purchased electronic patient data collection equipment.

STS Recommendations for Administration and Management:

1. The Mayor and City council should immediately make efforts to secure the interest and acceptance thereof, and appoint the nurse practitioner, Kevin Herringer, as administrator of BRS. The new administrator of BRS needs to exercise immediate leadership by assessing the abilities of BRS staff to appropriately serve the community, making staff changes as necessary. A coordinated public campaign to increase the roster of volunteers should begin without delay. In addition, already certified former members of the department hospital staff should be recruited.

Discussion:

Given the volunteer nature of the commitment in Bridgeport a balance can be achieved to develop successful leadership while fostering volunteer commitment. The BRS Administrator is one that should foster camaraderie, commitment, and result in increasing numbers of responders, while the planning, policy and fiscal functions can be achieved through an accountable oversight entity, such as the City manager and City council.

2. Morrill County should have an EMS plan that identifies countywide clinical care performance indicators and create a practical and mandatory system-wide clinical evaluation process. Goals should identify expected levels of care, and the plan should address the resources and staffing needed to meet those levels. The plan should ensure that all care providers are following universal protocols and create a formal system to evaluate, correct, and improve performance.

Discussion:

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.

3. The City and MCCH administrators should begin detailing a transition plan in cooperation with the BRS administrator, targeting a timeline already expressed by the MCCH board, and

with capital replacement costs remaining a responsibility of the City. Consolidation of BRS into MCCH should be a priority of both the City and county. Consolidation should occur in an organized manner over time.

Discussion: The concerns of MCCH described above in taking over responsibility for BRS are valid.

4. The City should require BRS to continue to use a National EMS Information System Gold Standard Compliant vendor for electronic patient data collection. The web based interface currently in use is NEMSIS Gold Compliant. The administrator should be tasked with demonstrating improvement in the completeness and timeliness of data entry by the squad members. The DHHS EMS/Trauma Program should provide targeted training and support to BRS, through its regional and state staff.

Discussion: 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 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 that 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, Bridgeport 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. BRS should be encouraged to participate in the benchmarking project.

5. The BRS administrator should begin the process of strategic planning and provide the City council and Morrill County Board of Commissioners with regular updates as to the progress of the system that serves its constituents. The EMS plan should include an education component that incorporates a feedback loop from MCCH and the medical director to provide input to personnel training programs.

Discussion: The EMS system plan should emphasize integration of system components and include measurable goals and objectives. The goals and objectives must be actionable and attainable with a funding mechanism identified to allow the objectives to be met. An EMS plan should address each of the performance

areas outlined in this document and become the blueprint to ensure community appropriate services are delivered and logical improvements are made. For public accountability, the BRS should report to the City Council and Morrill County Commissioners on general EMS matters at least twice annually with more frequent progress updates as needed, even after consolidation with MCCH occurs. Morrill County must become a partner in the EMS system of the future.

6. The BRS administrator should identify basic system and agency performance measures and include them in the EMS plan. PPHD should be engaged by BRS for assistance in developing standardized reports that BRS will use in reporting their performance to the City and MCCH. The BRS administrator should identify internal volunteers that are interested in performing quality research and appoint them to multi-year terms to a quality improvement leadership role.

Discussion:

Volunteers that have interest in quality measures will produce the most ownership of participation in a countywide process. If this duty is assigned to a chief with other responsibilities and time constraints, it is less likely to be successful.

The public health department should be highly engaged in the creation of reports to the City and county, and consideration should be given to building upon existing public health data to promote prevention and wellness in Bridgeport.

It is vitally important that BRS and the community it serves be able to ensure the current and future delivery of quality emergency medical services. This demands that BRS have practical performance measures and tools for the ongoing assessment of its health, and future planning. Such tools will equip the leadership of BRS in clearly understanding and tell its story to citizens and to community, county and state leaders. PPHD and the Morrill County EMA should be integral partners in this effort.

7. The City council should revise its ordinance to provide for the hiring and appointment of the fire chief position as it does with other City leadership positions, to a system where job descriptions with key training and experience (including supervision) requirements exist, applications are completed, interviews are conducted, credentials are confirmed, and multi-year appointments are made.

Discussion:

Current City Ordinance stipulates the Fire Chief is elected by department members. This position becomes one of a “popularity contest” amongst members rather than an individual chosen by City officials for his or her leadership skills, qualifications, and experience.

8. BFDA and BRS should create organizational charts that spell out leadership/management and accountability for executive directions, operations and quality. The City Council should expect periodic reporting by BFDA and BRS with reports that show progress over time. Eventually, the City should reward good performance and penalize poor performance through operations or budget adjustments. The City needs to either declare the firefighters as casual

City employees or it should contract with the BFDA. If the BFDA remains intact, it should be required to incorporate and apply for the tax status that is most consistent with its mission. Donors need to be informed as to the tax deductibility of their donations.

Discussion:

Some describe that the reason BRS members must also be members of the fire department is that of insurance, yet we saw no evidence the BFDA maintains any insurance, in fact the evidence is that the insurance policies are held by the City.

9. The City should utilize all resources at its disposal to help recruitment efforts to obtain additional BRS volunteers; one option is to include public safety messages and BRS promotion as a vital public service and recruitment messages with City utility statements. The mandate of fire service servitude should be unlinked from individuals wishing to volunteer for the BRS and its medical mission. The City should engage a professional mental health facilitator to conduct team building sessions for BFD, BFDA and BRS.

Discussion:

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.

Performance Measure 2		Bridgeport Rescue Squad Finance	
Indicator	Measure	Agency Progress	
2.1 Budget	<i>Agency has written annual budget and complies with budget</i>	Complete.	
2.2 Bookkeeping	<i>Agency maintains accurate financial records</i>	Complete.	
2.3 Revenue	<i>Agency has identified reliable revenue sources commensurate with budget</i>	Complete.	
2.4 Billing	<i>Agency bills for patient transport using appropriate billing practices or an appropriate billing agency</i>	Complete.	
2.5 Reserves	<i>Agency has reserves of at least 25 percent of its annual operating budget</i>	Incomplete.	

STS Observations:

Bridgeport Fire Department: Nationally there are frequent comparisons made between the fire service and emergency medical services when funding is involved. STS found that Bridgeport is not without controversy in this regard.

The Morrill County fire services are funded by local property taxes, state and federal grants, and other revenue sources such as the Nebraska Mutual Finance Organization (MFO). MFO funds are collected by insurance companies and are distributed across the state based on population density. In order to receive MFO funding, all fire districts in the county must use the same mill levy. The Nebraska Department of Property Assessment & Taxation (DPAT) annual report for 2008¹ indicates that the Bridgeport Fire Taxing Districts received \$68,346.70 in property taxes at the rate of 0.043974 on a total valuation of \$155,425,755 which is only 63% of the allowable levy.

The last time BFD applied for a federal FIRE Act grant was approximately four or five years ago. The last FEMA grant BFD received was for an exhaust system and a Forest Service grant paid for some radios. Even though both eligible and targeted in the federal FIRE Act grant program, it does not appear BFDA has ever applied for funds to support the BRS operations or capital needs.

While all BRS revenue goes to the City Clerk and is deposited into a City account, there appears to be no public accounting process of BFD and BFDA funds. The Nebraska legislature enacted law 35-901 in 2008. This law contains audit requirements for cities that operate fire departments and rescue

¹http://pat.ne.gov/researchReports/valuation/pdf/current_year/CY6_Nebraska_Taxing_Subdivisions_&_Tax_Rates_by_County.pdf

squads that bill for services. We saw no evidence the City is in compliance with this law; it is likely the City is aware of the provision. Regardless, this potential deficiency must be addressed by the City.

Rural Fire District: BFDA supports two fire districts with staffing; the Rural Fire District (RFD) is separate from the City fire district. The City owns one fire truck and the RFD owns the firefighting apparatus used in both districts. BFDA has unrestricted use of the apparatus owned by both entities and on most fire calls every piece of apparatus responds. RFD also owns all bunker gear, half of the wild land fire gear, and the Jaws of Life.

There is concern among the Rural Fire Board members about the diminishing level and intensity of reporting by BFDA. For example, Board members we met with expressed that in the past they were engaged in planning and the delivery of equipment but over the last few years BFDA has changed to expect the board to approve purchases after they are already made and with inadequate documentation.

The RFD has not seen a BFDA treasurer's report in several years. It was reported that BFDA attends the rural fire board meetings and simply presents a list of bills to be paid, some of which contain no itemization. The RFD has roughly a \$58,000 budget, and from that it dedicates \$12,000 to a sinking fund.

Bridgeport Rescue Squad: While the BFDA enjoys access to a number of financing mechanisms, the primary source of BRS funding is patient revenue. BRS started billing for service under the leadership of a former City administrator. Valley Ambulance in Scottsbluff provides billing services for BRS and charges BRS \$35 per claim for providing the billing service. Ambulance revenue goes directly to the City clerk and is deposited into City account. While Morrill County currently does not provide funding to BRS, the Rural Fire District board contributed \$1,000 to purchase last ambulance and in the past has purchased ambulances outright.

BRS responded to 124 requests for service in 2008, resulting in 84 patient transports to MCCH and 14 to other hospitals. Since Valley began providing billing service, BRS has averaged \$68,000 in billing, with \$34,000 on average collected, commensurate with over half the patients transported being on public programs. Conversely, it was reported to us that BFDA responded to eight fires in 2008.

Recently the City council adopted a policy of paying stipends out of the BRS budget for rescue squad calls. While there are reasons to pay stipends to volunteers, the payment of stipends by the City may have created a system whereby too many have incentive to respond when not needed. Current policy allows a stipend for all that respond to a rescue call. The number of volunteers that respond to the more exciting rescue calls has increased, while it has been difficult to get even minimum staffing for non-emergency calls. The other primary benefit BRS volunteers receive is a free Community Center membership, valued at \$223 annually.

In Bridgeport, like the rest of rural America, there are considerable differences between being a volunteer firefighter and a volunteer EMS worker. The number of structure fires has steadily been declining due to the success of national life safety codes and conducting successful fire education campaigns. Conversely, as the population ages, ambulance runs are on a significant increase, and will continue to escalate in communities across America.

Ambulance services in rural areas are struggling, especially those reliant on volunteers – volunteers that are the unsung heroes of rural life. Ambulance volunteers are called in to service frequently (roughly once every other volunteer shift in Bridgeport) and are called away for extended times.

Because of distances to the scene and transport distances to a hospital, start to finish run times can vary from 30 minutes to several hours. This often causes employers to be less forgiving to the ambulance volunteer to leave work. It is not usually necessary to maintain a call schedule for fire department responses in towns with a relatively large number of fire fighters because several members are always in town to make the few calls that come in, so the burden is distributed across a larger number of persons. Infrequent requests for assistance of a short duration are generally tolerable to local businesses who allow their employees to leave while at work.

BRS provides 9-1-1 coverage to parts of Morrill County outside the City but the county does not directly support BRS financially. The county supervisors recognize BRS as an essential service, and those we interviewed expressed a desire to provide direct subsidy in better financial times.

The City manager has a clear understanding of BRS finances, prepares an appropriate budget and BRS operates within that budget. Its use of professional EMS billing services has enabled a high collection rate with appropriate revenues to the service and its community. However, the organizational structure of BRS within the BFDA presents some complexity in assessing exactly what resources are available for growth and expansion of this budget.

EMS Taxing Districts: A number of states with significant rural geographies such as Minnesota, Wyoming, and Idaho have taxing districts that support EMS. These taxing districts often cross geopolitical lines, allowing the tax to be levied across the specific geography served. In Minnesota for example, a taxing district is established by one or more cities or counties around the area served by an EMS agency. Nebraska Revised Statute (NRS) 13-303 allows counties to establish ambulance-taxing districts. Bayard and Broadwater both have rescue squad mill levies, but Bridgeport has not sought to establish a district. As the administration and costs of BRS change, the need for a NRS 13-303 taxing district should be revisited.

When asked what impact an EMS taxing district had for his ambulance service, Assistant Ambulance Director for Floodwood Ambulance Service in Floodwood, Minnesota, Tom Bertch said, "Ambulance staff could finally stop worrying about money. We now have money for large ticket purchases like ambulances and AEDs." Mr. Bertch helped to pass special legislation specific to his service enabling an EMS taxing district. Floodwood's service specific taxing district was eventually transitioned to the statewide district allowed by state law.

In Idaho, Ada County Paramedics receives 70 percent of its revenue from fees charged to patients and service contracts and 30 percent of its revenue from property taxes via a countywide EMS taxing district. Blaine County Administrator (Idaho) Mike McNees said the county's philosophy for funding the ambulance district, which began operations in 1986, is that county taxpayers pay their property taxes to have the ambulance service available, while the individual transport fees go to (users of) the service. Ketchum, Idaho, Mayor Randy Hall said: "We absolutely need this."

STS Recommendations for Finance:

1. The City and the RFD board should require that all entities utilize Generally Accepted Accounting Principles based on Financial Accounting Standards Board standards. Not only should appropriate accounting practices be followed but so should purchase requisitions and approvals.

Discussion: In order for all entities to meet their fiduciary duty to donors and the tax payers of the City and Rural fire districts, the standard rules of accounting

	<p>and accountability must apply to all transactions between BFD, BFDA, the City and the RFD. The request and approval process used by the City with all department heads should be extended to BFD and BFDA. The RFD should adopt the same policies used by the City. Purchasing functions come under particularly close scrutiny during audits because this is a place where fraud can easily occur. A clear audit trail must be maintained between purchasing requisition, purchase ordering, and invoicing.</p>
<p>2.</p>	<p>The City should immediately commission an independent audit of all BFDA and BFD accounts to come into compliance with NS 35-901. We were told in our interviews that there may be up to seven distinct deposit accounts in use by BFDA. Upon audit completion, the City attorney should provide direction regarding future deposits.</p> <p>Discussion: NS 35-901 is a new law which we discovered after our interviews were completed. The people we interviewed were clear that the BFDA funds were kept within the association and not monitored by the City. We believe the City, as we were, is unaware of the passage of NS 35-901, but it must come into compliance.</p>
<p>3.</p>	<p>The City should expand the BRS budget to accommodate compensation of the part-time EMS Administrator and should contract with MCCH for part-time medical direction.</p> <p>Discussion: BRS should contract with and pay MCCH for medical direction services. The contract should include performance provisions and provide compensation based on time required to perform the duties. The minimum level compensation should include at least 3 hours of physician time per month, and at that rate would require approximately \$4,000 [36 hours @ \$72.11 per hour (based on \$150,000 annual salary/2080 hours) + \$1,400 for travel/meetings] per year. This is a small investment in a quality EMS system that can be effective and reduce the risk of lawsuits, improve pre-hospital care and integrate medical oversight.</p>
<p>4.</p>	<p>The City should examine the impact of the BRS expanded budget upon City and fire department resources and if needed pursue a Bridgeport EMS Taxing District under Nebraska law 13-303 to fund EMS system enhancements, beginning with the administrator position and payment for medical direction services. Morrill County should be an early partner in an EMS taxing district. We suggest contracting with MCCH for medical direction services because as a county hospital, public entity liability limits, if any, would apply to the work. Another option is for the City to create a part-time employee, rather than an independent contractor.</p> <p>Discussion: 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, Bridgeport or Morrill 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</p>

		<p>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.</p>
5.	BRS 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 (NCEMSC) or others.	<p>Discussion: The NCEMSC is a network of over 2,200 ambulance services in 49 states and several Provinces. NCEMSC is a non-profit purchasing cooperative that bids national contracts on behalf of its members, effectively pooling the purchasing power of all 2,200 members together. NCEMSC members currently purchase between \$300,000 and \$500,000 per month in medical supplies alone. NCEMSC maintains contracts for ambulance vehicles, defibrillators, office supplies, billing services and others. For example, NCEMSC’s contracted billing agency charges \$15 per claim, as opposed to the 15% of collections currently paid by BRS. More information is available at http://www.ncemsc.org.</p>
6.	The payment of stipends to volunteers that make medical responses should be reviewed by the City to assure the volunteers are all compensated equitably.	<p>Discussion: In our interviews, we learned that there were at least two versions of a stipend payment policy, one of which may have been fairer to the EMTs than the other. The City council should assure that the policy in use is the one they intended.</p>

Performance Measure 3		Bridgeport Rescue Squad Staffing	
Indicator	Measure	Agency Progress	
3.1 Certification	<i>Training and certification of agency members matches agency licensure</i>	Complete.	
3.2 Roster	<i>The number of agency staff members is appropriate to service provided. An agency providing 24/7 EMS response and transport with at least two members on call at all times must have at least 14 active members. This is based on each member being on call no more than 24 hours in any given week.</i>	Incomplete.	
3.3 Call Schedule	<i>An agency providing 24/7 EMS response and transport must have a posted call schedule with designated shifts and specifically assigned staff</i>	Incomplete.	
3.4 Scheduling	<i>An agency providing 24/7 EMS response and transport must have a policy that limits call shift length to what is reasonable and safe. Personnel are not on call for days at a time and have adequate time off between scheduled shifts.</i>	Incomplete.	
3.5 Staff Activity	<i>Staff members listed on roster must be active. This means each staff member takes at least 1 call shift per month (unless prevented by illness or other extenuating circumstance).</i>	Incomplete.	

STS Observations:

The BFDA Roster contains 22 names, of which only four to seven actually routinely perform services for BRS. This may be due in part to the lack of formal or ongoing policies or programs for recruiting and retaining personnel. There are also no written personnel policies identifying the expectations and responsibilities of BRS or its staff beyond the bylaws of the BFDA, and the City’s employee handbook are not provided to volunteers. Confusion remains as to whether ambulance staff are responsible for the BFDA rules, the City personnel policies, or both. The agency is usually able to maintain an adequate staff to perform the mission, but turnover and recruitment of new personnel is a periodic challenge. While turnover is not currently a major issue, the roles and responsibilities are unclear between the City, BFDA and BRS.

Many in the community can remember a time when BFDA had forty members and a waiting list while the department now struggles to maintain a core of 22 members, of which less than half volunteer

for BRS duty. It is widely recognized that self imposed rules of the BFDA are a major obstacle in recruitment and retention.

Often operating as civic or social clubs, fire department association elections typically become popularity contests rather than serving a human resources purpose, whereby the needed skills would result in applications and interviews. Towns typically have very structured processes in place to assure that a qualified police chief is employed, this is generally not the case with fire chiefs or ambulance managers, and yet all three form the foundation for public safety, a basic governmental function.

In Bridgeport, in order to perform either firefighter or EMS duties, volunteers are required to maintain membership in BFDA which maintains a series of cumbersome rules. While it may be possible to be a BFDA member without actually fighting fires, it does not seem possible to be a member without attending firefighter training. We know of other departments in Nebraska that require volunteers to be EMTs in order to be firefighters to fill both roles and we find this practice of BFDA to be unusual.

The tension within BFDA regarding the membership policy which has crept into the community and many firefighters that used to work BRS have let their EMT licenses expire. While BRS needs more volunteers, some who are willing to volunteer do not because of this rule. Also, with BRS operating under the BFDA umbrella its supervision and management come from membership voting although most of those voting do not run rescue calls.

City Council members advised our assessment team they have directed the fire department to change the rule but it remains unchanged. As identified earlier in this report, BFDA members are employees of the City and the bylaws are subject to the approval of the City Council. If the City Council has withdrawn their approval for the bylaws than they should immediately be revised to the City's satisfaction.

Unresolved tension leading to member squabbles led to the Mayor suspending three BFDA members from service. Our assessment team interviewed two of the suspended members and found them to have irreconcilable differences, so that neither may be salvageable as productive BRS members. They are both responsible in large part for the formation of divisive cliques within the department. It will be necessary for the new BRS administrator to be given great latitude by the City to further discipline or dismiss both, as necessary, in fairness to both the organization itself and the citizens it serves.

The most functional volunteer fire and ambulance services have an internal set of rules and expectations of their members. Absence a structure and set of rules, volunteers will flounder, each creating expectations that apply to themselves and which each will artificially apply to others; there is no measuring stick with which to monitor and reward good service. While BFDA has a set of rules, they are cumbersome, outdated, and unfair to the volunteers that only want to do medical response.

The bylaws or operating rules for BFDA are clumsy and no one is able to adequately express them verbally although they each know exactly how many captain positions there are. There is lack of leadership and clarity in how to operate legally while "employing" volunteers. There remain significant barriers due to the confusion surrounding the process for "hiring" of leadership, EMTs, and the interface with the City Council, accountability of resources, and procurement.

Many BRS EMTs told our assessment team they feel their contribution and service to the community is underappreciated resulting in less respect, as evidenced by a disproportionate allocation of

governmental resources (fire budget versus rescue squad budget, erection of buildings, meeting space, and the like), which in turn results in a smaller number of volunteers, serving only to exacerbate the problem.

BRS does not maintain a call schedule with assigned staff; instead, an “all call” page is issued. Theoretically, everyone available responds to the all call page. This is a typical way that volunteer fire departments are notified and respond, which works generally well for a fire department with many personnel but not for an EMS agency with a small pool of volunteers from which to draw. BRS is experiencing the shortage of volunteers that many volunteer ambulance services around the country have also experienced and must operate a call schedule to insure the availability of personnel. These may even need to be 12 or 24 hour shifts, although there are many variations.

In contrast to ambulance services, many rural fire departments operate effective volunteer staffed departments in a civic/social club model. The success of this model for fire departments is due in part to infrequent fire calls, the high regard the public generally holds for fire fighters because of 9/11, and the exceptional federal, state and local benefits frequently offered to fire fighters such as line of duty death benefits, subsidized retirement programs, department jackets, paid training, and other similar benefits. A primary ingredient to a successful club model fire department is executive leadership provided by a fire chief.

Ambulance service volunteers are usually not eligible for many of the benefits afforded to firefighters, even though they often respond in their communities to ten times the call volume of the typical volunteer fire department.

BFDA has failed to apply for federal fire grants under which BRS is explicitly eligible as a fire-based EMS unit although it has a well-trained and certified volunteer staff.

Currently BRS has no formal ongoing recruitment or retention plan or program, however, there has been some use of brochures and a video tape developed and current members have attempted to recruit through talking to citizens at local events.

STS Recommendations for Staffing:

1. The BRS should make use of free resources, such as the EMS recruitment and retention manual sponsored by the DHHS EMS/Trauma program and the EMS Recruitment and Retention Manual published by the US Fire Administration available at: <http://www.usfa.fema.gov/downloads/pdf/publications/fa-157.pdf>.

Discussion:

Issues of recruitment and retention are not unique to BRS. Many EMS organizations across the country describe difficulties in recent years with recruitment and retention. Reliance on community members to volunteer their time and resources can sometimes be a challenge. This can be helped by reviewing national recommendations and instituting policies that encourage volunteerism.

2. BRS should develop a volunteer and employee survey to determine the factors affecting morale, motivations, and longevity.

Discussion:

Incorporating lessons learned and best practices, ambulance services

can learn from each other. By providing a regular forum to discuss what works and what doesn't, and by expanding the reach of these discussions beyond Bridgeport, administrators can find new and innovative methods to use in their service. The training provides suggestions and models for communities to develop and maintain a solid foundation that is supported by adequate membership working as a team to meet the emergency health care needs of their community. A confidential employee survey will compliment the use of the kit by identifying those physical or emotional rewards most important to existing squad members.

3. The City council and county commissioners should develop community support for ambulance volunteers by offering volunteer incentives such as:
- a. local tax breaks,
 - b. municipal service discounts,
 - c. public retirement plans,
 - d. free training,
 - e. paid National Registry exams,
 - f. reimbursed conference travel,
 - g. free clothing (patches, hats, jackets, and T-shirts), and
 - h. paid subscriptions to EMS trade journals.

Discussion:

Our experience shows that financial supports are important to EMS volunteers, but not the most important factor in their motivation. Several small financial rewards, such as the stipends provided by the City and the examples above can be insignificant to the City or county's overall budget, but major motivators for the staff.

4. The City should encourage City employees to participate as ambulance service members while "on the clock". The BRS administrator should recruit daytime ambulance drivers to supplement the EMTs and paramedics and provide them First Responder training. Specifically, seniors should be targeted for this function, and additional drivers may be available within the BFDA membership.

Discussion:

Daytime staffing is a major obstacle for most volunteer EMS agencies because many work during the daytime and their employment is in another town. We find that in many smaller towns, City employees performing jobs that aren't time sensitive can provide a necessary boost to rescue squad staffing, especially as drivers because a fair number of City staff are experienced drivers of large equipment. By using a City employee as driver during business hours, it reduces the number of dedicated rescue squad people needed, at the time of day and days of the week, hardest to fill slots. Retirees are also a segment of the population with daytime flexibility and vast amounts of driving experience.

5. The BRS strategic plan development process should include realistic future EMS workforce planning. This means identifying how many volunteer and paid staff will be needed (demand) going forward, the current supply of workers, trends in turnover and strategies for attracting workers into the pipeline. This is an essential part of a successful EMS system. Outside expert help should be consulted on workforce planning. The workforce plan should identify the critical elements and automatic triggers that determine when a request to start EMT training is made of the state EMS office.

Discussion:

A successful strategic plan will begin assuring an adequate and well trained workforce. EMS is a personnel intensive business – the rescue squad cannot respond without staff. It is critical to identify the right number of volunteers and to have recruitment plans ready to automatically deploy upon specific triggers.

6. The City should mandate and the BRS administrator 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 24/7 and 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 BFDA fire chief and neighboring rescue squads should be notified of that gap and the possible need for their response. Accurate records should be kept of uncovered hours and missed calls. BRS 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 and other electronic solutions could be found in a Google Search.)

Discussion:

The public believes the ambulance is going to respond when they need it. They place the trust of their very existence that the rescue squad is ready to respond 24/7/365. The system used by BFDA to staff BRS simply cannot meet this expectation. The system in use not only doesn't know if anyone will respond, it lets at least fifteen minutes pass by before backup resources are deployed. The public has a right to demand, and BFDA/BRS has an obligation to assure, that the system knows when the ambulance is ready to deploy, and when it isn't, that other resources are immediately placed into service. BFDA/BRS cannot provide the public this level of assurance without a call schedule in which volunteers obligate themselves to serve.

7. BRS rules should create a policy that limits call shift length to what is reasonable and safe. Personnel should not be on call for days at a time and should have adequate time off between scheduled shifts.

Discussion:

We often find in rural communities that the bulk of the call time is covered by an especially small number of staff. Having only 2 or 3 active members is a dangerous practice for the City, the risks are enormous. Should one of the key volunteers move away, large coverage holes are produced. EMS calls have a tendency to come in groups, which can result in a number of back to back or shift to shift calls for volunteers to respond

to. Most of the volunteers are not leaving work to respond, and even those that are also respond during non-work hours. Adequate rest periods are not only critical to the individual, they are critical to the City to assure that well rested high functioning volunteers are driving City equipment and caring for City residents and visitors.

8. The BRS administrator and the fire chief should be required to attend administrative and managerial training as opportunities arise.

Discussion:

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 administrator if appointed, or the rescue captain and the fire chief is recommended.

Performance Measure 4		Bridgeport Rescue Squad Response	
Indicator	Measure	Agency Progress	
4.1 Reliability	<i>Agency responds to 100 percent of requests for emergency service</i>	Incomplete.	
4.2 Records	<i>Agency obtains response time data from dispatch agency and maintains accurate response time reports for all calls</i>	Complete.	
4.3 Timeliness	<i>Time from response unit notification to vehicle wheels rolling is less than 8 minutes</i>	Complete. Mean time 7.8 minutes in CY 2008	
4.4 Travel Time	<i>Time from wheels rolling to providers arrive at patient side is appropriate for miles traveled, scene situation and weather conditions and reflects knowledge of service area</i>	Complete. Mean travel time 3.8 minutes in CY 2008.	
4.5 Scene Time	<i>Scene time reflects protocol compliance and sound clinical judgment</i>	Complete. Mean time 13.6 minutes in CY 2008.	
4.6 Transport Time	<i>Time from wheels rolling with patient loaded to arrival at care facility is appropriate for miles traveled and weather conditions and reflects knowledge of destinations</i>	Complete. Mean time 11.2 minutes in CY 2008.	

STS Observations:

Bridgeport has a singled tiered response system in which patients, in most cases, must wait for an ambulance to arrive before uniform care begins. EMS personnel are all paged simultaneously with crewmembers responding to the station in their private cars to take the ambulance to the scene. In instances where the volunteer is much closer to the scene than the fire station, they may respond directly to the scene and have other responding members bring the ambulance. There are not enough portable radios for all EMS personnel which fuels confusion as to who is responding and to where.

Police and sheriff’s deputies have some emergency medical training and some equipment, and are prepared as first responders with tools such as oxygen and bandages. Sheriff’s deputies do not have access to automated defibrillators, although they are trained to use them.

There is no policy related to the use of helicopters for transport. There is also no medical protocol in place that provides specific guidance on when a helicopter should be auto-launched directly to the scene; instead it is left to dispatcher discretion and is rarely, if ever, performed.

9-1-1 calls in Morrill County are routed to a Public Safety Answering Point (PSAP) at the Sheriff's Department. Training on pre-arrival dispatch instructions, also known as Emergency Medical Dispatch (EMD) is routinely provided but is without quality assurance monitoring by a physician medical director.

The Morrill County Sheriff's dispatch uses a high band VHF paging system for medical calls that has repeater stations in Bridgeport and Dalton. When paging BRS for response, the dispatcher pages an initial time, then waits 5 minutes. If the rescue squad isn't responding yet a second page is performed with another 5 minutes wait period. A third page is then broadcast, while simultaneously dispatching Valley Ambulance to respond. Most of the time BRS is en route after the first page, but there are occasions when the rest of the paging protocol is completed.

The dispatcher also tries to notify the hospital when BRS is dispatched to an emergency call, but reports from the hospital indicate the right people aren't receiving that information. The Sheriff's dispatchers log run times and provide them to the crew after the transport is complete.

The 9-1-1 telephone system in the county is currently basic but will be advanced (including location information) by December 2009. There are three telephone companies serving Morrill County and the dispatch center has two dedicated lines for each of them, for a total of 6 lines.

According to comments made during our interviews, BRS members are quicker to respond to identified emergency calls than they are for the not quite so exciting non-emergency calls. The lack of a scheduling system exacerbates response difficulties.

Valley Ambulance handles the ALS interfacility work and responds from Scottsbluff or Sidney, averaging 30-35 trips a year from MCCH. Valley also provides continuing medical education for BRS and willingly provides other targeted assistance as needed. A helicopter from Scottsbluff may provide scene response four to eight times a year in the Bridgeport area.

There are only three deputies employed by the county who perform mostly criminal investigations but try to get to crashes after coordinating with state patrol response so there isn't duplication of law enforcement resources at the scene. State requires law enforcement officers to initially obtain basic CPR and First-Aid training to receive their law enforcement certification but does not require the officer to maintain them.

Hand held radios are used by some of the fire departments and rescue squads to talk between themselves, but those conversations occur on the dispatch frequency which can be bothersome for the dispatchers. Incident command is a problem. Key informants in our interview process said that volunteers will respond to the fire hall and then they watch to see who else shows up. Sometimes they leave if their clique isn't well represented, or they will drive their car to the scene.

Backup agreements are in place as required by the state.

STS Recommendations for Response:

1. The City should require monthly reports that contain response time data from BRS with an immediate goal of improving response to paging. BRS should report the results to the City

council and Morrill County.

Discussion:

Assessing the quality of volunteer EMS begins with measuring its ability to respond promptly to 100 percent of requests for service. In our experience, a failure to respond immediately to calls signals a serious problem with a service in terms of either staffing or design.

2. The BRS 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.

Discussion:

Auto-launch and helicopter dispatch procedures should be driven by the medical community, commensurate with the capabilities of the local clinic, hospital, mid-levels and physicians. There are national resources that identify best practices that should be used as a guide for protocol development, and by engaging the state EMS medical director, policies will be consistent with practices in other parts of the state.

3. Run data reporting to eNARSIS should include the full set of data points in the system. Performance monitoring by BRS and the state is dependent on accurate data being loaded into the state’s system.

Discussion:

The best clinically performing EMS systems identify clinical performance indicators and expectations for providers. They evaluate those indicators and continually work toward improvement. While the ultimate value of certain clinical modalities is still a subject of research, establishing an evaluation process will bring more continuity to care in Morrill County.

4. Accurate records of mileage are necessary for billing, future performance review and defense and must be collected by BRS staff and reported through eNARSIS.

Discussion:

Records filed in eNARSIS do not include distance traveled.

5. Scene times should be evaluated by the medical director over time to ensure that scene times are appropriate to the type of call.

Discussion:

Recent studies indicate successful resuscitation depends on what is done in the first few minutes of the cardiac arrest. Studies throughout the United States have shown value in the placement of law enforcement defibrillators. First response can take on many different forms. Two-tiered EMS systems take many shapes throughout the world. Some systems use a variety of responders including citizen rescue groups who respond in their own vehicles to provide basic emergency care and support while awaiting the arrival of additional resources, fire rescue units and police officers.

6. A budget priority for BRS should be securing portable radios for all EMS personnel.

Discussion:

We commend the sheriff for making EMD a priority, and we commend Morrill County for funding EMD training through the sheriff’s budget.

Performance Measure 5		Bridgeport Rescue Squad Clinical Performance	
Indicator	Measure	Agency Progress	
5.1 Patient Care Protocols	<i>Agency has medical director- approved patient care protocols reflective of staff training and license level</i>	Complete.	
5.2 Medical Director Engagement	<i>Agency has designated physician medical director and monthly contact with medical director for clinical care review</i>	Complete.	
5.3 Skill Verification	<i>Agency conducts annual clinical skills review</i>	Incomplete.	
5.4 PCR Review	<i>Designated staff person reviews all patient care reports and verifies protocol compliance</i>	Complete.	
5.5 Continuing Education	<i>Service provides or supports ongoing continuing education commensurate with state and national certification requirements</i>	Complete.	

STS Observations:

During our site visit, it was mentioned by several persons there have been a number of cases of disagreements between BRS staff and firefighters at accident scenes. Issues of command and control are important to discuss before the need arises so that professionalism can be maintained in front of patients and the public.

According to the BFDA bylaws, the rescue captain is responsible to track continuing education hours. BRS covers expenses for members to attend training in the area, to send 2 or 3 members to state conferences, and BFDA covers expenses to send up to five members to the state fire school at Grand Island.

BRS has no quality improvement plan. The medical director, Dr. Post, calls meetings for the EMTs for the purpose of run review. A medical care board was recently established by the hospital and all EMTs are invited to participate in those sessions in which cases are reviewed both for EMS and emergency department care. Dr. Post uses a nurse practitioner in a surrogate medical director role.

Lack of a unified command structure demonstrates that more than just completing National Incident Management System training is needed. Beyond dealing with issues at the scene, there is no real method for EMTs and firefighters who have disagreements to advance them administratively to resolution. Consequently individuals are advancing issues outside the administrative ranks, a fundamental problem resulting from the current organizational issues.

Although required for re-licensure of all rescue squad staff, continuing education is not centrally coordinated and records are not properly stored.

STS Recommendations for Response:

1. The BRS director should make NIMS compatible multi-agency command structure a high priority, including a method of shared investigation of command and control issues between BRS and the fire department. The county emergency manager should be tasked with assuring all required personnel have completed required NIMS training and should take advantage of the free training resources available through the DHHS EMS/Trauma Program including continuing education training and video tape library. Targeted continuing education technical assistance is available from the DHHS EMS/Trauma Program.

Discussion:	In order to qualify for many federal grants, local and county officials and staff must receive training in the National Incident Management System (NIMS).
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2. A standardized physician medical director’s (PMD) job description should be developed and implemented. The medical director’s contract should include conducting a skills competence evaluation at least annually.

Discussion:	<p>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.</p> <p>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:</p> <ol style="list-style-type: none"> 1. Approving the planned deployment of personnel resources. 2. Approving the manner in which licensed EMS personnel administer first aid or emergency medical attention without expectation of remuneration. 3. 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. 4. Documenting that the capabilities of licensed EMS personnel are maintained on an ongoing basis through education, skill proficiencies, and competency assessment. 5. Developing and implementing a program for continuous assessment and improvement of services by licensed EMS personnel under their supervision.
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		<ol style="list-style-type: none"> 6. Reviewing and updating protocols, policies, and procedures at least every two (2) years. 7. Developing, implementing and overseeing a Medical Supervision Plan 8. 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. <p>Designating other physicians to supervise licensed EMS personnel in the temporary absence of the EMS medical director.</p>
<p>3.</p>	<p>The BRS should fund a part-time EMS physician medical director position to provide medical oversight. A standardized medical director’s job description should be developed and implemented. The EMS medical director should develop a medical supervision plan. 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.</p>	<p>Discussion:</p> <p>Both the Nebraska EMS Medical Director’s and the national EMS medical director courses are available. The purpose of the DHHS EMS/Trauma Program’s medical direction course is to provide an opportunity for physicians serving local emergency medical services the opportunity to become better aware of their responsibilities as a Physician Medical Director (PMD) 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.</p>
<p>4.</p>	<p>BRS should provide baseline research reports such as ongoing progress reports on achieving the Performance Measures in this report as well as the outcome measures discussed below to the City Council and Morrill County.</p>	<p>Discussion:</p> <p>The North Central EMS Institute (NCEMSI) has developed EMS Outcome Measures in collaboration with several national organizations including the National Association of State EMS Officials and the National Organization of State Offices of Rural Health. These outcome measures are designed to be compliant with the National EMS Information System, the digital data standard used by e-NARSIS. The state EMS office could engage the Nebraska e-NARSIS contractor to make data reporting easy to use. There are seven outcome measures with additional points being considered for future implementation:</p> <ol style="list-style-type: none"> A. Time from symptom onset to 911 call received, B. Time from 911 call received to arrival of EMS at patient’s side, C. Appropriate oxygen administration, D. Timeliness of oxygen administration,

- E. Accuracy of patient care reports, and
- F. Cardiac patients receiving EKGs, or
- G. Time to defibrillation

Reports that can be easily obtained from e-NARSIS records include:

- a. Number of responses,
- b. Number of transports,
- c. Average response times for the preceding period, and
- d. Number of calls by major type (medical, cardiac, stroke and trauma).

Other reports should be compiled to demonstrate the historical pattern of personnel on active duty, what subsidies (if any) have been used for, and how training requirements are being managed.

Performance Measure 6		Bridgeport Rescue Squad Safety and Reliability	
Indicator	Measure	Agency Progress	
6.1	Inspection and Maintenance	<i>Agency conducts and documents regular vehicle and equipment inspections and performs regular maintenance on vehicles and equipment</i>	Incomplete.
6.2	Driving Instruction	<i>All staff members have received emergency vehicle driving instruction</i>	Incomplete.
6.3	Universal Precautions	<i>Staff practices universal precautions on all calls and patient contacts and maintains appropriate cleanliness of vehicle and equipment</i>	Incomplete.
6.4	Safe Practices	<i>Agency practices scene safety on all calls with safety vests, vehicle positioning and appropriate traffic control</i>	Incomplete.
6.5	Records	<i>Agency maintains records on all work-related injuries and illnesses.</i>	Complete.

STS Observations

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 ambulance services and personnel is the responsibility of the state’s Department of Health and Human Services, Division of Public Health, Licensing and Regulatory Affairs (DHHS). DHHS also issues licenses to ambulance services and issues licenses to first responders, emergency medical technicians (EMT), EMT-Intermediates (EMT-I) and EMT-Paramedics (EMT-P) to provide specific scopes of practice following state statute. Another service provided by the DHHS EMS/Trauma Program 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.

Rescue squads are inspected randomly by DHHS for compliance with minimum equipment standards, Bridgeport has no recorded deficiencies. 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. Many states mandate through legislation minimum standards for firefighters but Nebraska does not. As a result, it is up to the local fire Department to determine a mandate for completion of entry level Fire Fighter I training. For example, it is reported that both Murray and Bellevue Fire/Rescue Squad have this mandate for new volunteers to obtain after a period.

According to the state EMS office, BRS is in compliance with all state laws and regulations.

The BFDA bylaws contain a number of provisions related to firefighter safety, but are strikingly silent on EMS safety. A special instructor is brought in from the outside to provide Emergency Vehicle Operator Driver Training. We did not observe driver training or ride along on any runs and cannot

evaluate how well universal precautions and other safe practices are conducted. No current or former BRS member we interviewed identified any safety issues.

STS Recommendations for Safety and Reliability:

1. The BRS, in collaboration with the DHHS EMS/Trauma Program, should generate standardized notebooks to be used for the safekeeping of all licensing and credentialing documents by BRS.

Discussion:

Standardized notebooks will speed the process of licensure renewal, assure that all required documents have a “home”, and provide one complete resource for responding to inquiries from the state. While recertification is a personal responsibility of the individual who is certified, having the credentials housed in one place provides assurance to the City that personnel are current and legal.

2. Contemporary safety rules that assures a system exists to monitor compliance, should be adopted as soon as possible.

Discussion:

Safety must be a top priority in the unpredictable 24/7 environment of emergency medical response. The potential for injury and illness in the prehospital environment is high. In 2000, the occupational injury rate was highest for EMS workers compared to other industries (Maguire, Smith, Hunting, & Guidotti, 2005). Among the leading risks to workers are vehicle related injuries and lifting injuries. Safety awareness is a hallmark of a quality EMS operation.

3. The City should request of its insurer the requirements or best practices for checking the background (including driver’s license violations) of each staff member to assure BRS complies with insurance contracts.

In the volunteer agency, the maintenance and care of equipment and vehicles must be a priority and clearly defined in a written process with designated coordination and accountability.

Protecting workers, patients and the public from the spread of disease is an important part of EMS operations. Ensuring the use of universal precautions on all calls must be a priority. Recent studies have found that many EMS agencies do a poor job of cleaning and disinfecting equipment and surfaces.

Keeping record of all worker injuries and illness is paramount in caring for the health of the working and the legal liability of the organizations. It is also important for noting trends and continuing to evaluate and improve practices for safer work environment. Agencies should strive to learn from each illness and injury incident and seek to improve worker, patient, and citizen safety continually.

Discussion:

Ambulance traffic accidents are a significant problem around the nation. The response and transportation components of EMS demand that driver training be a priority. Many agencies mistakenly assume that a good

driving record (while vitally important) is enough preparation to drive an emergency vehicle. Initial and ongoing driver training as well as driver performance is essential to protecting workers, patients and citizens. There are a number of emergency driver training programs and driver evaluation tools available.

Performance Measure 7		Bridgeport Rescue Squad Inter Agency Relations, Prevention, and Public Awareness	
Indicator		Measure	Agency Progress
7.1	Mutual Aid	<i>Agency has clear and written mutual aid agreements to provide coverage to its service area when agency resources are not available</i>	Complete.
7.2	Dialogue	<i>Agency maintains regular communications with neighboring agencies and participates in regional dialogue and planning</i>	Complete.
7.3	Coordination	<i>Agency has formal and practiced disaster and multi-casualty incident plans with other agencies</i>	Incomplete.
7.4	Prevention Programs	<i>Agency participates in prevention activities such as seat belt awareness, bike helmets, drunk driving awareness etc.</i>	Incomplete.
7.5	Pubic Awareness	<i>Agency engages in activities within community that foster better understanding about medical emergencies how to utilize EMS. Programs include pubic CPR training, public access AEDs, health fairs, community presentations.</i>	Complete.

STS Observations:

BRS is not engaged with planning and conducting multi-agency drills with an all-hazards approach.

BFDA has written mutual aid agreements with adjoining fire and rescue squads for incidents involving fires and BRS maintains backup service plans which are automatically invoked by the sheriff's dispatch center upon a third page for personnel or on specific request.

BRS sometimes relies on backup service, but there is no quality improvement process monitoring the causes of backup need, and consequently no service changes have ever been made to address identified deficiencies.

Recent pandemic illness planning has provided opportunities for EMS and public health officials to coordinate planning efforts however there is not a coordinated system for providing public education. The public health agency is not connected to the ambulance services, and there are no targeted efforts between the ambulance services, clinics and hospitals, although individually there may be minor efforts.

STS Recommendations for Inter Agency Relations, Prevention, and Public Awareness:

1. BRS should conduct public wellness and prevention activities in Bridgeport that are coordinated with PPHD and the rest of the Bridgeport medical community.

Discussion:

Prevention programs based on the community need matched to the ambulance service services should be developed. Easy programs to implement would include interaction with the public at the county fair, and including prevention messages in patient billings.

2. PPHD and MCCH should take the lead in engaging BRS in a discussion about the identified wellness and prevention needs. Long term wellness and prevention activity planning should be coordinated between the three organizations.

Discussion:

Free resources from the DHHS EMS/Trauma Program, as well as those available through the National Highway Traffic Safety Administration should be used when possible. E-NARSIS can be used to identify public training needs, especially those areas identified in the EMS Outcome Measures where the public's use of 9-1-1 is delayed.

3. Morrill County should resolve the disconnect between the BRS and the public health contractor, perhaps using a contracting mechanism to assure the EMS system becomes more integrated and recognized as stakeholders in the public health of Morrill County.

Discussion:

EMS agencies can benefit from having frequent and ongoing interaction with the public. Tactics should be developed based on the community need and the vision and goals of the service. Easy programs to implement include interaction with the public at the county fair, including prevention messages in patient billings and providing community emergency medical awareness presentations at senior gatherings and schools.

4. The BRS should develop a Public Information, Education and Relations (PIER) plan.

Discussion:

A PIER plan could identify various appropriate venues, methods, and messages for providing public outreach. This may include events with large crowds such as the county fair, school sporting events and the federal park. If coordinated countywide then each ambulance services message will be reinforced by the efforts of the other squads.

PIER is a nationwide effort by EMS providers to educate the community regarding EMS through public information, education, and relations. The program was conceived by the National Highway Transportation Safety Administration. A PIER plan could identify various appropriate venues, methods, and messages for providing public outreach. This may include events with large crowds such as the county fair, school events, and the others. If coordinated countywide, then each ambulance service's message will be reinforced by the efforts of the other services. PIER materials are available free from the EMS Office at the National Highway Traffic Safety Administration.