



PROPOSAL FOR EMERGENCY MEDICAL SERVICES

PREPARED FOR TETON COUNTY AMBULANCE SERVICE DISTRICT

JANUARY 25, 2016

January 25, 2016

Ambulance Service District Commissioners
Teton County Ambulance Service District
150 Courthouse Drive - Room 109
Driggs, Idaho 83422



RE: Proposal for Emergency Medical Services

Dear Ambulance Service District (Ambulance District) Commissioners:

Teton County Fire Protection District (Fire District) is pleased to submit its proposal for consolidating all emergency medical services (EMS) within Teton Valley (Teton County, Idaho and Alta, Wyoming), under the administration of the Fire District. Requested by the Ambulance Service District (Ambulance District) Commissioners, the attached proposal is the by-product of years of discussions between the Board of County Commissioners, Fire District Commissioners, Teton Valley Health Care (TVHC, formerly the County-owned and operated hospital) and the public. We appreciate the commitment to quality and efficiency you have shown during our tenure with the existing EMS contract and welcome the opportunity to continue to provide the County's EMS under a new configuration.

The Fire District remains committed to supporting the Ambulance District Commissioners as they evaluate the current contract, financial sustainability and budget constraints of the present-day County ambulance service. While the attached proposal presents the details of our scope, team and cost estimate, we think the following highlights some of the advantages that the Fire District offers:

- The Fire District has the **personnel, skills and experience** to provide the County EMS at a **lower cost to the taxpayer** than the current system. We have been responding to EMS calls in conjunction with the hospital-run ambulance since 2007. We currently have 11 experienced paramedics and 25 emergency medical technicians (EMTs) on staff. All of these employees are cross-trained firefighters on crew rotation schedules in both fire stations (Victor and Driggs).
- The County's EMS system must provide **quality patient care, timely service** and remain **economically sustainable** into the future; all of which we are confident we can do. And, the Fire District is committed to maintaining the **local hospital** as a **stakeholder** and **active participant** in providing emergency care for our community.
- The Fire District has managed its **budget responsibly** despite the economic slowdown. As a result, we can absorb the additional costs of providing EMS to the County **without the excessive administration fees** currently imposed under the existing contract.

The Fire District is excited about this opportunity and looks forward to the next step of the evaluative process. Should you have any questions, please contact Fire Chief Bret Campbell at (208) 354-2760. Thank you for taking the time to review our proposal.

Sincerely,

A handwritten signature in blue ink, appearing to read "Jason Letham".

Jason Letham, District 2 Fire Commissioner, Chairman

A handwritten signature in blue ink, appearing to read "Scott Golden".

Scott Golden, District 1 Fire Commissioner

A handwritten signature in blue ink, appearing to read "Kent Wagener".

Kent Wagener, District 3 Fire Commissioner

A handwritten signature in blue ink, appearing to read "Bret Campbell".

Bret Campbell, Fire Chief

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Executive Summary

Ambulance service, as part of the greater emergency medical service (EMS) system, within Teton County is at a crossroads. Elected officials from the Ambulance Service District (Ambulance District) are faced with ambulance service cost increases and capped revenue. In response, they are looking to the Teton County Fire Protection District (Fire District) for solutions.

The Fire District has been an integral part of the EMS system in Teton County since 2007. Today, the Fire District operates two of the County ambulances and continues to be instrumental in providing high-quality, paramedic-level ambulance service from its stations in Driggs and Victor.

The intent of this proposal is to outline a clear path forward that reduces administrative and operational expenses, maintains or improves service quality, and provides sustainability. In order to accomplish these goals, the delivery model will maximize the use of resources, and eliminate unnecessary expenses. Unity of command maximizes operational effectiveness and is critical in achieving mission objectives—quality patient care and timely response.

Throughout Idaho, ambulance services are provided using several different models, but in all cases, the jurisdictional authority and statutory responsibility rests upon a government entity: county, city, or special district.

In July 2015, the Ambulance Service District (Ambulance District) asked for a Fire District proposal to abolish the Ambulance District and transfer all responsibilities to the Fire District. The Ambulance District established the following proposal criteria for a fire department-based EMS system:

- Same level of service and number of ambulances,
- At a lower cost to the taxpayer, and
- Within the taxing authority of the Fire District.

In addition, the Fire District Commissioners included the following criteria:

- Deliver quality emergency services utilizing existing resources,
- Eliminate wasteful overhead and inefficiencies, and
- Maintain positive engagement with TVHC and local Health Care Providers.

In order to best serve the public and satisfy the criteria identified by both the Ambulance District and Fire District Commissioners, two options are being proposed and presented for consideration.

Option A – Consolidation/Abolishment: Consolidate Ambulance District responsibilities to the Fire District and abolish the Ambulance District.

Option B – Collaboration/Joint-Powers: Exercising their joint governmental authority, the Ambulance District and the Fire District collaboratively provide governance for the administration, financial management and operation of ambulance services, commonly referred to as a “Joint-Powers Agreement.”

Today, the current financial cost of ambulance service is \$1,050,635. All projected sources of funding total \$824,230. This results in a \$226,405 deficit. Both options realize a significant reduction in overall ambulance service operating costs. The difference between present-day and proposed cost is significant.

<u>Projected Ambulance Service:</u>	<u>Cost:</u>	<u>Difference:</u>
Option A – Consolidation/Abolishment	\$571,000	\$479,635
Option B – Collaboration/Joint Powers	\$626,578	\$424,057

Background

This proposal is presented at the request of the Teton County Board of County Commissioners (BOCC). BOCC Chair Bill Leake made the request on July 13, 2015, during a budget meeting where the budget requests for the ambulance services exceeded anticipated tax funds. At the meeting, Teton Valley Health Care (TVHC) CEO Keith Gnagey requested \$609,881 for the hospital's FY2016 contract for ambulance service to the County. Anticipated Ambulance Service District (Ambulance District) tax revenues were forecast to be only \$539,230. Noting the disparity between budget expense and tax revenue, the BOCC expressed an interest in revisiting the January 2012 Teton County Fire Protection District (Fire District) proposal to consolidate all ambulance services within the Fire District and abolish the Ambulance District.

“Chairman Leake said the County should look at all possible options to save the taxpayers money while providing necessary services and also considering price, quality, and response times. He asked the Fire District to analyze their staffing and budget needs and provide a detailed proposal within the next few months. He stressed that no major changes would take place quickly and said all aspects would be reviewed carefully before a decision is made to disband the ASD and transfer all assets to the Fire District.”

-Teton County Ambulance Service District Minutes: July 13, 2015

The 2012 Fire District proposal focused on fire department-based delivery of ambulance services, creating efficiency through maximizing the use of existing personnel/resources and reducing costs through eliminating duplication. Principles from the 2012 proposal, namely the use of Fire District personnel and facilities, have been incorporated into the present-day "Ambulance Service Partnership Agreement for the Coordinated and Cooperative Provision of Ambulance Service in Teton County" between TVHC and the Fire District.

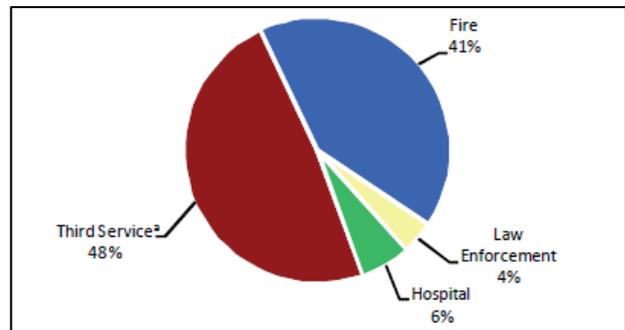
In the past several years, the Ambulance District has experienced annual increases in the ambulance service budget with declining ambulance service taxing revenue.

In 2012, the discussion was focused on “who should operate the ambulance service, the hospital or the fire department?” In 2014, the partnership between TVHC and the Fire District was formed, placing ambulances in service at the Driggs and Victor fire stations in addition to the one at the hospital. **Since October 1, 2014, the ambulance system is no longer hospital-based; instead, it is cooperatively administered and operated by the Fire District and TVHC.**

In recent history, both Jackson (WY) and Rexburg (ID) transitioned to fire department-based ambulance services. We do not know of any ambulance services in Idaho in the past 20 years that shifted to a hospital-based delivery model. In fact, **only 6 percent of Idaho ambulance services are based from hospitals.** Nationally speaking, according to the *Journal of Emergency Medical Services*, 44.9 percent of EMS systems are fire department based, 6.5 percent are hospital based, and 48.6 percent are either private, a standalone government agency or other type.

Current Ambulance Service

The present-day Teton County Ambulance System (TCAS) is jointly operated by the TVHC and the Fire District under authority of the Ambulance District. TVHC is contracted by the Ambulance District.



According to the Idaho EMS Bureau, Department of Health and Welfare (Sept. 2010), 41 percent of Idaho ambulance services are fire based and 6 percent are hospital based.

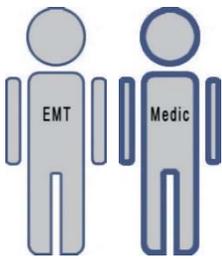
To provide paramedic-level ambulance service to all of Teton Valley, the system utilizes four ambulances and operates from three locations. **Ambulance 1** is located at TVHC and it provides primary response for Driggs/North, Alta and performs inter-facility transfers. **Ambulance 11** is located at Fire Station #1 (Driggs); it provides secondary response to Driggs/North, Alta and inter-facility transfers. **Ambulance 21** is located at Fire Station #2 (Victor) and is primary response for Victor/South. **Ambulance 41** is located at Fire Station #1 (Driggs); it is a reserve ambulance utilized as needed (events, response, etc.).

In essence, there are two “frontline” ambulances, one “back-up” ambulance, and one “reserve” ambulance.

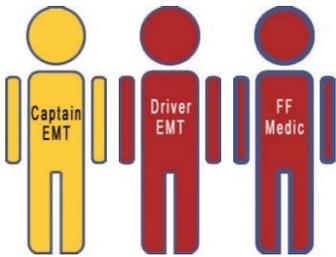
Present-Day Staffing Model

The present-day staffing model and personnel summary, illustrated below, provides 24/7/365 EMS coverage within Teton Valley.

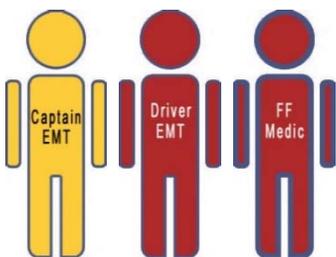
Ambulance - 1 (at TVHC)



Ambulance - 11 and/or Engine - 10 (at Fire Station #1)



Ambulance – 21 and/or Engine - 20 (at Fire Station #2)



Fire District	21 – Full-time 7 – Paramedic 14 – EMT
	25 – Reserve/Volunteer 4 – Paramedic 11 – EMT 10 – In training
TVHC	8 – Full-time 5 – Paramedic 3 – EMT
	16 – Pool 8 – Paramedic 8 – EMT

Personnel & Qualifications Summary

Our Leadership & Organization

Chief Officers

Our Chief Officers collectively have more than 58 years of emergency management service. Operating as a collaborative management team, they have served in positions across all levels of organizational leadership.



BRET CAMPBELL, FIRE CHIEF

Chief Campbell has 24 years of firefighting service. Prior to joining Teton County Fire & Rescue in 2005, Chief Campbell was a firefighter for the Chubbuck Fire Department. In 1996, Chief Campbell became a licensed EMT. As Fire Chief, he oversees all operations of the fire department, is responsible for developing and adhering to the operating budget, promotes the fire department by fostering cooperative working relationships with emergency response agencies within Teton County and mutual aid partners throughout our region. As a Duty Chief, Campbell fulfills a command and control role during emergency incident operations on rotating basis with the other two chief officers. In addition to his firefighting credentials, he is an Idaho-licensed EMT, EMS Landing Zone Officer, Extrication Technician and a former State of Idaho EMS and CPR instructor.



EARLE GILES III, DIVISION CHIEF OF PREVENTION

Chief Giles has 11 years of firefighting service and is a licensed EMT. Inspired by his family's tradition of fire service, Chief Giles joined Teton County Fire & Rescue in 2002 and completed his EMT certification in 2008. As Division Chief of Prevention, Chief Giles, serving as the Fire Marshal, is in charge of public education and fire prevention activities. As a Duty Chief, Giles fulfills a command and control role during emergency incident operations on rotating basis with the other two chief officers.



EDWARD SCHAUSTER, DIVISION CHIEF OF TRAINING AND EMS

Chief Schauster has 23 years of EMT and six years of paramedic experience. Prior to joining Teton County Fire & Rescue in 2006, Chief Schauster worked as a Wilderness First Responder, ski patroller at Grand Targhee and an EMT for Teton Valley Ambulance from 2005 to 2012. In addition to his duties at Teton County Fire & Rescue, he serves as an Intermittent Paramedic for Yellowstone National Park and Instructor with the Wilderness Medicine Institute of NOLS. As Division Chief of Training and EMS, Chief Schauster develops, organizes and delivers the department's rigorous training curriculum. As a Duty Chief, he fulfills a command and control role during emergency incident operations on rotating basis with the other two chief officers. Chief Schauster is a certified AHA CPR Instructor, Advanced Cardiac Life Support and Pediatric Advanced Life Support Provider, National Association of Emergency Medical Technicians (NAEMT) Prehospital Trauma Life Support and Emergency Pediatric Care Instructor and NAEMT Advanced Medical Life Support provider. On the national EMS stage, Chief Schauster has presented twice at the Texas EMS Conference on rural and remote EMS challenges. Also, Chief Schauster serves as the statewide paramedic representative to the State of Idaho EMS Advisory Committee.

Personnel, Skills & Experience

Under the direction of the department's Chief Officers, our firefighters are well-trained emergency responders who are cross trained in four emergency service domains: firefighting, EMS, rescue/extrication,

and hazardous material response. Each of the three crews has at least two paramedics and four EMTs. In addition to EMS response, our paramedics and EMTs have experience in **large hospital emergency room settings, technical rescue environments, air ambulance operations, backcountry rescue missions, and interagency wildland fire incident deployments.**

The standard/basic EMS training for a firefighter is approximately 160 hours of didactic, clinical and skills development, which leads to State of Idaho EMT licensure. All of our firefighters maintain an American Heart Association (AHA) Basic Life Support for Healthcare Provider certification. EMT recertification occurs every three years and is achieved by completing 48 hours of continuing education. To achieve Paramedic licensure, an additional 500 hours of didactic, clinical and skill development are necessary (at a minimum). Paramedic recertification occurs every two years and requires 72 hours of continuing education. All of our paramedics maintain both AHA Advanced Cardiac Life Support and Pediatric Advanced Life Support certifications. In addition, all of our paramedics maintain both NAEMT Prehospital Trauma Life Support and Emergency Pediatric Care certifications.

Our EMS License
The Fire District is a licensed Idaho EMS Agency, license # 3705. The license authorizes the delivery of the following five classifications of care:

- *Prehospital ambulance services at the paramedic level*
- *Standby ambulance services at the paramedic level*
- *Transfer ambulance services at the paramedic level*
- *Prehospital support nontransport services at the paramedic level*
- *Prehospital nontransport services at the paramedic level*

Also, the Fire District is a licensed Wyoming Ambulance Service, license # 171.

The Fire District currently has seven full-time, career paramedics and 14 EMTs (plus four Reserve Paramedics and 11 Reserve EMTs).

Chief Officers		
Bret Campbell, EMT	Earle Giles, EMT	Ed Schauster, Paramedic
Our Captains	Our Driver/Operators	Our Firefighters
Jared Colson, Paramedic	Jeremy Caulkins, EMT	Nate Brown, EMT
Austin Geiger, EMT	Adam Fletcher, EMT	Corey Gittus, EMT
Tate Hoyle, EMT	Joe Hurlburt, EMT	Rory Loveland, Paramedic
Jerry Moore, EMT	Chris Plennes, EMT	Caleb Mullins, Paramedic
Tim Ruhrup, Paramedic	John Wilbrecht, Paramedic	Rebecca Parkinson, EMT
Rodney Teel, EMT	Mike Wright, Paramedic	Kevin Vallade, EMT

A summary table highlighting our personnel’s experience and credentials is included in **Appendix A.**

Current Staffing Model

Our staffing model is referred to as a *combination department*, which is one of the most efficient delivery systems in emergency services. Career and reserve/volunteer firefighter personnel provide the optimal balance between reliability and flexibility. On-duty staff provide an immediate response capable of answering the majority of emergencies. Off-duty staff is the second wave of responders and provide human assets for larger or prolonged emergencies requiring more personnel. Reserve/Volunteer personnel, like Career, fill on-duty and off-duty staffing response needs. In addition to the 21 career personnel, there are 25 dedicated reserve firefighters. The full-time and part-time professional staff complement one another and synergistically improve the service.

Our Proposal

Our approach maximizes the **utilization of existing** personnel, resources and facilities with **restructured governance** and **financial efficiency**. It is about the **wise use** of public funds and efficient provision of **quality EMS** at a cost that is both **reasonable** and **sustainable** for the Teton County taxpayers.

Simply put, we are proposing to operate all four ambulances, delivering quality EMS at a lower cost to the taxpayer. We will do this from one point of operational control, eliminating wasteful overhead and inefficiencies while utilizing existing personnel and resources with a sustainable and responsible approach.

Proposed Staffing Model

Just like the existing model, our proposed approach will provide 24/7/365 coverage using the same number of ambulances, the same number of paramedics, the same number of EMTs delivering the same level of patient care—all under one roof and from one point of operational control, the Duty Chief.

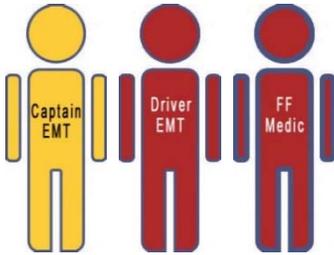
Duty Chief



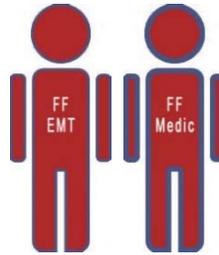
A Duty Chief provides:

- Chief Officer-level supervision
- Overall incident scene management for prolonged and/or complex emergencies
- Additional firefighter EMT/paramedic staffing— “the 9th responder”

Station #1



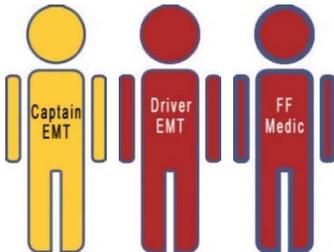
Engine – 10 and/or Ambulance – 11



Ambulance - 1

Note: One FF position will be staffed by a Reserve/Volunteer Firefighter.

Station #2



Engine - 20 and/or Ambulance – 21

Additional Staffing As Needed

Reserve/Volunteer and Call-Back Personnel (Scheduled and Unscheduled)



Ambulance services, under either Proposal Option A or B, will continue to be delivered at the same level of service with two frontline ambulances, one back-up ambulance and one reserve ambulance. Operationally, the delivery model will function in the same way as it presently does; ambulance assignments will remain the same.

Ambulance 1 will be re-located to Fire Station #1 but will continue to spend a portion of each day at TVHC for the purposes of education, experience and team building. Opportunities to maintain skills and build sound working relationships between TVHC and EMS staff are important. A rotation of EMS staff training at TVHC will be beneficial to the EMS system and assist in addressing overlapping needs and concerns of TVHC.

Restructured Governance

Presently, the governance of Teton County’s ambulance service rests with the ASD Commissioners. Neither the Fire District nor the cities have exercised their authority to operate ambulance services independently. As briefly mentioned in the Executive Summary, the two proposal options offer differing methods of governance while the daily operational management function is the same for both.

Option A – Consolidation/Abolishment

The Ambulance District will be abolished and all assets be transferred to the Fire District. The Fire District will be responsible for providing all aspects of ambulance service, including governance, administration, financial management and operational control.

Idaho case law has established the obligation of fire protection districts to provide for the preservation of life and the authority to operate ambulance services. Elected Fire Commissioners are entrusted with these fiduciary responsibilities.

Idaho law limits fire protection districts tax to 24 mils; the Fire District is currently under 16 mils. Taxing entities are capped at a 3% increase annually, when the full tax increase is not taken in a year, that unused portion may be applied in a future year. This is termed “Forgone.” The Fire District has \$385,000 of Forgone taxing capacity that may be utilized in the future. See **Appendix B** for additional information on this topic.

A net decrease in property taxes will occur while services remain the same. There will be no Ambulance District tax (currently 4 mils) but an increase of \$286,000 to the Fire District tax (approximately 2 mils). **As a result, there is a net savings of 2 mils.** The purchase of future ambulances, which is currently unattainable in the Ambulance District budget, will be worked into the Fire District capital improvement

plan. In addition, the Fire District will negotiate with Teton County, Wyoming, to provide both Fire and EMS to the Alta community.

Option B – Collaboration/Joint-Powers

The Ambulance and Fire Districts will co-sign a Joint-Powers Agreement, which will allow joint-governance. Both Ambulance and Fire Districts will collectively provide fiduciary management and oversight. Each entity possessing statutory authority maintains its vested interest and operates collaboratively as one board.

67-2328. JOINT EXERCISE OF POWERS. (a) Any power, privilege or authority, authorized by the Idaho Constitution, statute or charter, held by the state of Idaho or a public agency of said state, may be exercised and enjoyed jointly with the state of Idaho or any other public agency of this state having the same powers, privilege or authority; but never beyond the limitation of such powers, privileges or authority;

There are several advantages of our respective Districts and elected Boards collaboratively working together. The strengths of each entity will complement the other; risk and financial obligation are distributed; and synergistic outcomes are greater than the sum of individual efforts.

The Madison Fire Department operates the fire department-based EMS system for Madison County and has operated successfully as a Joint-Powers entity for more than 16 years. The Madison Joint-Powers entities consist of the City of Rexburg, Madison County Fire Protection District and the Madison County Ambulance Service District. Madison Fire Chief Corey Child, having years of experience within the system, holds the system in the highest regard. See **Appendix C** for Chief Child’s endorsement of the Joint-Powers System and fire department-based EMS.

City of Rexburg Attorney Stephen Zollinger was instrumental in the creation of the agreement of joint governance for the EMS system in Madison County nearly 20 years ago. Since then, he has served as the document steward modifying it as needed. Mr. Zollinger recommends the Joint Powers approach and has offered to meet with interested parties to elaborate on the methods used to create a Joint Powers Agreement. See **Appendix D** for Mr. Zollinger’s letter of endorsement of the Joint-Powers System approach.

*“There have been modifications over the years to our agreement, as well as adjustments to cost allocations as the City has become more dominant in the equation, but overall, **it has been very successful model, and all parties believe it has allowed for a better service at a more cost effective rate to the citizens.**” –Mr. Stephen Zollinger*

How will this work? An agreement between the Districts will define roles and responsibilities of each entity, as well as, practices, policies and procedures for operating jointly. Attorneys from the Districts will consult and draft the Joint-Powers Agreement in accordance with the direction of the Boards.

This option proposes the Ambulance District will provide vehicles, equipment, etc., as the practice has been and the Fire District provide administration, daily operational management and staffing. Each Board, represented by elected officials, remains accountable to the public. No money will be exchanged from one District to the other.

Meeting schedule, it is proposed that the Joint-Powers Board meet quarterly with an identified purpose and to address all relevant items brought forward through the agenda process. Operational monthly reporting is accomplished through a meeting with a designated Ambulance and Fire District Commissioner, the Fire Chief and the Division Chief of EMS.

Quarterly Meeting Schedule

October Annual Report
 January Capital Improvement Planning and Grants
 April Quality Assurance and Medical Direction
 July Budgeting Process

Financial Cost Analysis

The financial information, as it relates to the Ambulance District and Teton County Ambulance System (TCAS), was obtained from the Ambulance District meeting minutes and FY2016 budgeting documents. For consistency, we are using FY2016 data in FY2017 Ambulance District financial projections.

Present-day Expenses

Today, the current financial cost of ambulance service is \$1,050,635. All projected sources of funding (e.g., taxes, patient revenue, contract fees) total \$824,230. This results in a \$226,405 deficit.

The current condition underscores the lack of sustainability in the present-day model, which jeopardizes the continued delivery of quality ambulance services to Teton County, Idaho.

As documented in the **Cost Analysis Table**, $\$1,050,635 = (\$882,757 - \$465,204) + \$633,082$.

Ambulance Service Cost	TCAS' Operating Expense minus Contractual Payment	Ambulance District Expense
\$1,050,635	\$882,757 - \$465,204	\$633,082

Options proposed present a significant reduction in overall ambulance service operating costs. The difference between present-day and proposed cost is significant.

<u>Projected Ambulance Service:</u>	<u>Cost:</u>	<u>Difference:</u>
Option A – Consolidation/Abolishment	\$571,000	\$479,635
Option B – Collaboration/Joint Powers	\$626,578	\$424,057

The following table summarizes the proposed cost and projected funding; additional detail is presented in the Cost Analysis Table.

<u>Total Funding:</u>	<u>Option A</u>	<u>Option B</u>
Revenue:	\$285,000	\$285,000
Wyoming EMS Contract \$ 70,000		
Collected Patient Revenue \$215,000		
Tax Funding:		
Option A – Consolidation/Abolishment		
Ambulance District Tax	\$0	
Fire District Tax (foregone)	\$286,000	
Option B – Collaboration/Joint Powers		
Ambulance District Tax		\$166,078
Fire District Tax (foregone)		<u>\$175,500</u>
	<u>\$571,000</u>	<u>\$626,578</u>

Current System		Option A		Option B	
ASD/Hospital/Fire		Consolidation/Abolishment		Collaboration/Joint-Powers	
Ambulance Service District		Ambulance Service District		Ambulance Service District	
Insurance-ICRMP	\$ 1,279.00	Insurance-ICRMP	\$ -	Insurance-ICRMP	\$ 1,279.00
Cell Phone	\$ 2,000.00	Cell Phone	\$ -	Cell Phone	\$ 2,000.00
Vehicles-Fuel	\$ 14,000.00	Vehicles-Fuel	\$ -	Vehicles-Fuel	\$ 14,000.00
Ambulance Maint & Repair	\$ 12,000.00	Ambulance Maint & Repair	\$ -	Ambulance Maint & Repair	\$ 12,000.00
Repairs/Maint- Medical Equip	\$ 3,500.00	Repairs/Maint- Medical Equip	\$ -	Repairs/Maint- Medical Equip	\$ 3,500.00
State Radio System	\$ 1,800.00	State Radio System	\$ -	State Radio System	\$ -
Dispatch Services	\$ 77,224.00	Dispatch Services	\$ -	Dispatch Services	\$ 77,224.00
Contingency Account	\$ 5,000.00	Contingency Account	\$ -	Contingency Account	\$ 5,000.00
Administrative Services	\$ 20,075.00	Administrative Services	\$ -	Administrative Services	\$ 20,075.00
Contract W/Hospital	\$ 465,204.00	Contract W/Hospital	\$ -	Contract W/Hospital	\$ -
Total B Expenses	\$ 602,082.00	Total B Expenses	\$ -	Total B Expenses	\$ 135,078.00
Ambulance Service District		Ambulance Service District		Ambulance Service District	
Capital-Communications Equip	\$ 14,000.00	Capital-Communications Equip	\$ -	Capital-Communications Equip	\$ 14,000.00
Capital-Ambulance Equip	\$ 17,000.00	Capital-Ambulance Equip	\$ -	Capital-Ambulance Equip	\$ 17,000.00
Capital-New Ambulance	\$ -	Capital-New Ambulance	\$ -	Capital-New Ambulance	\$ -
Total C Expenses	\$ 31,000.00		\$ -		\$ 31,000.00
Total ASD Expense	\$ 633,082.00	Total ASD Expense	\$ -	Total ASD Expense	\$ 166,078.00
Hospital Expenses		Hospital Expenses		Hospital Expenses	
Expenses		Expenses		Expenses	
Salaries	\$ 451,546.00	Salaries	\$ -	Salaries	\$ -
Benefits	\$ 83,285.00	Benefits	\$ -	Benefits	\$ -
Total Salaries & Benefits	\$ 534,831.00	Total Salaries & Benefits	\$ -	Total Salaries & Benefits	\$ -
Department Supplies/Equip	\$ 14,754.00	Department Supplies/Equip	\$ -	Department Supplies/Equip	\$ -
Travel/Training/Dues/Subscript	\$ 9,354.00	Travel/Training/Dues/Subscript	\$ -	Travel/Training/Dues/Subscript	\$ -
System Medical Director	\$ 12,000.00	System Medical Director	\$ -	System Medical Director	\$ -
Teton County Fire	\$ 140,000.00	Teton County Fire	\$ -	Teton County Fire	\$ -
Administrative Services	\$ 171,818.00	Administrative Services	\$ -	Administrative Services	\$ -
	\$ 882,757.00		\$ -		\$ -
Fire District Expense		Fire District Expense		Fire District Expense	
Staffing		Staffing		Staffing	
Ambulance Contract	\$ -	Ambulance Contract Offset	\$ 140,000.00	Ambulance Contract Offset	\$ 140,000.00
3 Firefighter Paramedics	\$ -	3 Firefighter Paramedics	\$ 135,000.00	3 Firefighter Paramedics	\$ 135,000.00
Benefits (45%)	\$ -	Benefits (45%)	\$ 61,000.00	Benefits (45%)	\$ 61,000.00
Call Back	\$ -	Call Back	\$ 5,000.00	Call Back	\$ 5,000.00
Reserve Firefighters	\$ -	Reserve Firefighters	\$ 36,500.00	Reserve Firefighters	\$ 36,500.00
Additional Fire/EMS Calls	\$ -	Additional Fire/EMS Calls	\$ 11,000.00	Additional Fire/EMS Calls	\$ 11,000.00
Training	\$ -	Training	\$ 20,000.00	Training	\$ 20,000.00
Medical Supplies	\$ -	Medical Supplies	\$ 15,000.00	Medical Supplies	\$ 15,000.00
Billing Services	\$ -	Billing Services	\$ 15,000.00	Billing Services	\$ 15,000.00
Medical Director	\$ -	Medical Director	\$ 12,000.00	Medical Director	\$ 12,000.00
Training	\$ -	Training	\$ 10,000.00	Training	\$ 10,000.00
Cell/Data	\$ -	Cell/Data	\$ 2,000.00	Cell/Data	\$ -
Fuel	\$ -	Fuel	\$ 14,000.00	Fuel	\$ -
Maintenance	\$ -	Maintenance	\$ 12,000.00	Maintenance	\$ -
Medical Equipment	\$ -	Medical Equipment	\$ 5,000.00	Medical Equipment	\$ -
Dispatch - Ambulance	\$ -	Dispatch - Ambulance	\$ 77,500.00	Dispatch - Ambulance	\$ -
	\$ -		\$ 571,000.00		\$ 460,500.00
Ambulance Service Expense		Ambulance Service Expense		Ambulance Service Expense	
Total ASD Expense	\$ 633,082.00	Total ASD Expense	\$ -	Total ASD Expense	\$ 166,078.00
Total Hospital Expense	\$ 882,757.00	Total Hospital Expense	\$ -	Total Hospital Expense	\$ -
Less ASD Funded Contract	\$ (465,204.00)				
Total Fire District Expense		Total Fire District Expense	\$ 571,000.00	Total Fire District Expense	\$ 460,500.00
Less ASD/TVH Funded Contract	\$ 1,050,635.00		\$ 571,000.00		\$ 626,578.00
Ambulance Service Funding		Ambulance Service Funding		Ambulance Service Funding	
Ambulance Service District Tax	\$ 539,230.00	Ambulance Service District Tax	\$ -	Ambulance Service District Tax	\$ 166,078.00
Wyoming EMS Contract	\$ 70,000.00				
Hospital Funding		Hospital Funding	\$ -	Hospital Funding	\$ -
Collected Patient Revenue	\$ 215,000.00				\$ -
Fire District Tax	\$ -	Fire District Tax (Forgone)	\$ 286,000.00	Fire District Tax (Forgone)	\$ 175,500.00
		Collected Patient Revenue	\$ 215,000.00	Collected Patient Revenue	\$ 215,000.00
		Wyoming EMS Contract	\$ 70,000.00	Wyoming EMS Contract	\$ 70,000.00
	\$ 824,230.00		\$ 571,000.00		\$ 626,578.00

Our Commitment

As much as this is a new approach to overall governance and management, all of the operational safeguards in place today will remain in effect under our proposed system. Our commitment remains unchanged.

Staffing Opportunity

To accommodate the increased staffing needs of the proposed model, the Teton County Fire Protection District (Fire District) will hire three full-time, career firefighter/paramedics. There will continue to be opportunities for reserve firefighter paramedics or emergency medical technicians (EMTs) to join our department as well.

Over the years, a number of EMTs and paramedics have been affiliated with both the Fire District and Teton Valley Health Care (TVHC). The Fire District's proposed staffing model provides opportunity for EMTs and paramedics employed by TVHC to join our Department. The eight full-time and 16 pool employees are encouraged to affiliate with the Fire District. The addition of staff to the Fire District—full-time and reserve—strengthens the community's Fire and emergency medical service (EMS) system.

Training Program

Our Fire District has always prioritized training due to its obvious importance in establishing, maintaining and improving the professional level of emergency services provided to our County's citizens and visitors. In short, we take this commitment seriously to maintain safety, improve essential competencies and deliver effective and efficient services as both firefighters and EMTs.

Our Division Chief of Training and EMS oversees the training needs of recruits, reserves and career personnel. Our training program stresses on-shift trainings, weekly and monthly District-wide trainings for reserves, an active annual recruit training schedule, off-site specialty courses, in-house course offerings and national training center/academy coursework. Our personnel attend, teach and speak at local, regional and national conferences as well.

Our EMS training program is based on this model; the following highlights its robustness and diversity.

- We utilize paramedics for informal in-house, on-shift skills and scenario trainings on a regular basis.
- Since FY2013, CentreLearn, an internet-based, formal distance learning and tracking program for both EMS and Fire curricula has been utilized. In general, at least 2-4 hours per 48-hour tour is spent specifically on pre-hospital EMS trainings.
- We utilize our Medical Director, and other local health care providers, for in-service competency trainings, skills verification check-offs and run/case reviews. These trainings occur every other month and generally last three to four hours.
- In FY2016, we are partnering with local aeromedical provider, Air Idaho, to present evening EMS continuing education topics every other month.
- We use our State's EMS Bureau and other departments for specialty courses – in December (2015), we hosted a 16-hr National Association of Emergency Medical Technicians (NAEMT) Emergency Pediatric Care (EPC) combined provider course. In February (2016), we are hosting a 16-hr NAEMT Pre-Hospital Trauma Life Support (PHTLS) course.
- We have agreements with our partners in the Eastern Idaho Fire Chiefs Association (EIFCA) for ride-along opportunities, stressing in-field differential diagnosis, critical field decision-making and field skills development.
- Individual attendance at local and regional conferences is encouraged and Fire District-supported.

- We have and will continue building relationships with our local clinical facilities, TVHC and others to help maintain our critical interventional skills, e.g., intubations, ventilatory management, etc.

Since 2007, our EMS training program has successfully graduated more than 50 EMTs from our in-house EMT classes. During this time, the Fire District has sponsored four EMT courses, three EMT refreshers, one Advanced EMT class and helped sponsor an EMT-Paramedic course that graduated three of our current career Paramedics. Many of our graduates are still currently active within our own department and several have, and continue to, work for TVHC, notable among them is its current EMS Supervisor Rob Veilleux. Others remain active with Teton County Search & Rescue (TCSAR) and Grand Targhee's Ski Patrol.

Quality of Care and Performance Improvement Process

We began offering EMS as a licensed Nontransport Basic Life Support Agency in 2007. In 2008, Dr. Eric Johnson became our Medical Director (See **Appendix E** for Dr. Johnson's qualifications and endorsement). From that time until the summer of 2015, Dr. Johnson served as the Medical Director for all three licensed emergency medical services agencies in Teton County: the Fire District, Teton Valley Ambulance and TCSAR. In the summer of 2015, the Ambulance District named Dr. Brandon Bloxham from Intermountain Emergency Physicians as its Medical Director. Dr. Johnson remains the Medical Director of the Fire District and TCSAR.

Dr. Johnson has been instrumental in overseeing our quality assurance/quality improvement (QA/QI) process. In simple terms, our QA/QI process is three-tiered. First, all patient care information is recorded in the IdahoPERCS database, which is a state-wide prehospital electronic record collection system. All documents pertaining to patient care are uploaded to this electronic record, including: the Teton County Sheriff's Dispatch Notes, Patient Care field notes, TVHC Emergency Admission record, any copies of medication lists from the patient, electrocardiogram (ECG) strips, Ambulance Charge Sheet, etc. Upon completion of an electronic patient care report, the record is locked by the primary care provider and reviewed by one of our paramedic Captains. This initial screen looks for thoroughness and completeness of the record and ensures all actions, assessments, interventions, responses to interventions, transport mode and destination, adherence to appropriate protocol and transition of care is documented clearly and was appropriate. Second, all patient care reports are reviewed by the Division Chief of Training & EMS. On this second review, again all care providers' actions and clinical decisions are reviewed for concurrence with our adopted State of Idaho EMS Physician Commission Statewide Protocols and Procedures (EMSPC). It also ensures that all clinical decisions and judgment made regarding the care of the patient represent acceptable and appropriate standards of care for management of a patient with the clinical signs and symptoms identified by the providers on scene assessments. Additionally, any necessary training issues or education topics are identified and used as quality/performance improvement topics at the next training session with our Medical Director or addressed immediately, if necessary. Lastly, all patient care reports are examined by our Medical Director. Once again, this review focuses on ensuring sound clinical decision-making and appropriateness of interventions provided. During this review, Performance Improvement Suggestions and PEARLS identified within the EMSPC Protocols and Procedures are reviewed to ensure they were considered and followed by the providers on scene. This process is followed for 100% of all EMS calls for service, regardless of the acuity of the patient's condition. As referenced earlier, the QA/QI process identifies continuing trends in patient care issues within our Valley and serves as the basis for a portion of all our Medical Director training sessions.

At all steps, the QA/QI process is non-punitive and anonymous, it involves only the providers involved in the patient's care and the QA/QI review committee. This process is designed to be patient-care and professional growth centered, not as a public reporting tool. It is designed to ensure a supportive educational process for the improvement in quality of care, as well as, for the continued professional growth of our providers. Unlike large volume systems, ours is a low-volume and close knit community of

providers. The QA/QI process depends on accurate, timely and honest documentation of what happened to maintain the process's integrity. By referencing low numbers of call on a frequent basis and in a public context, it becomes apparent to all of us who the numbers represent, undermining the anonymity of our providers and violating confidentiality of the patients we have treated.

Much has been made recently by the Board of Directors of TVHC regarding quality performance measures.

“Hospital CEO Keith Gnagey described their quality performance measures programs which will be implemented in order to achieve better patient results, identify training opportunities, and show the board (ASD) the value they are receiving for their tax dollar. He introduced new board member Dr. Robert Whipple who explained that a quality assurance committee will be formed...”

- **Teton County Ambulance Service District Minutes: August 24, 2015**

Simply stated, we have had a QA/QI process in place since 2008. It has been rigorous and effective. It has been imperative to have consistent, collaborative, frequent and honest involvement by our Agency's Medical Director for the QA/QI process to be effective. By State licensing code and statute, all of an agency's providers work as an extension of the Medical Director's authority to provide care under his/her medical license. Although the only governing bodies authorized to provide care to a community are Ambulance Service Districts and Fire Protection Districts, the individuals working for these Districts must act as an extension of the agency's Medical Director. He/she is the final authority in allowing an individual to work as a licensed provider. For this reason, the Medical Director is of paramount importance throughout the QA/QI process, the responsibility for conducting this process is an incumbent responsibility of the Medical Director's position. Up until the summer of 2015, having one Medical Director for all of Teton County's EMS Agencies afforded the ability to look across agencies in terms of continuity of care to ensure that transitions in care from one entity to another did not diminish or complicate the care a patient received. Although there are planned joint-meetings of the Fire District and TVHC's Medical Directors to discuss system-wide standardization of care issues, this has not occurred as of yet.

Continuity of Care and Patient Advocacy

Traditionally, the concept of Continuity of Care is related to the care a patient receives within a clinical setting as their care is transitioned between providers of various levels, different specialists, intra-facility departments or different clinical facilities in different locations. In recent years, it has been expanded to include all of the care a patient receives, from the pre-hospital environment to the clinical facility to which the EMS providers transport the patient. Although not explicit, Continuity of Care includes the embodiment of providers safeguarding a patient's autonomy and care through acting as the patient's advocate. As care is transitioned from one provider to the next, it is incumbent that the provider shares all the relevant details from their patient care interaction to next, so that the continuum is constant and un-fragmented and that the patient's wishes are respected.

According to the American Academy of Family Physicians (AAFP):

“Continuity of Care is concerned with the quality of care over time. It is the process by which the patient and his/her physician-led care team are cooperatively involved in ongoing health care management toward the shared goal of high quality, cost-effective medical care.” (2015)

As it relates to EMS operations within our Valley, this Continuity of Care is achieved through the use of shared, evidence-based protocols; consistent triage and priority descriptions; early notification of stroke, STEMI and trauma patients; joint trainings; enhanced and standardized communication both from the field and during face-to-face transitions of care; familiarity of each other's equipment; etc. The same safeguards

used throughout our country and state to promote Continuity of Care from the pre-hospital care environment to an emergency room setting are in use here. Although patient safeguard mechanisms to promote Continuity of Care are constantly updated and refined, they have been in place since 2007 and have helped improve the quality and level of patient care within our community.

Service Response Times

Response times under the current or proposed systems will remain the same as the present-day model. The current locations and staffing of ambulances has been a vast improvement over previous systems. The previous system staffed one ambulance from the hospital and relied heavily upon the Fire District for assistance with initial response (Schwab – Hoyle Agreement, 2007-2013).

The current “Partnership” between the Fire District and TVHC established goals for response times (provide advanced life support (ALS) on scene within five minutes to cities of Driggs and Victor for at least 80% of the calls, 11 minutes to city of Teton, and 22 minutes to all other areas of county and Wyoming) will remain. However, greater emphasis is placed upon the safety of the public, patient and responder by empowering the responder to use more appropriate risk/benefit analysis when determining code response.

Value-added Services

EMS is a very important component of the Fire District’s public education. Teaching community CPR, providing EMT courses, and teaching First-Aid to Boy Scouts and Girl Scouts are only a small portion of this outreach. In addition to education, we provide many health-related services to the public. The Fire District has participated in the Community Health Fair for more than ten years and partnered with the TVHC in a Community Paramedic Program. We are active in the Senior Center providing basic health assessments and monitoring blood pressure. Whether checking the installation of a car seat or providing assistance to a person walking through the Fire Station door, there are many opportunities to provide EMS education and health-related services; we embrace them all.

Providing standby ambulance services at public community events (e.g., a high-school sporting event, Teton County Fair Figure Eight Races) is a part of providing a community service, we do not anticipate charging a fee for these services.

Operational Use of Vehicles and Equipment

The operational management of all Ambulance District vehicles and equipment will be transferred to the Fire District for the continued stated purpose of providing EMS.

Insurance Coverage

The Fire District is a member of Idaho Counties Risk Management Program (ICRMP), the state insurance pool. Professional and general liability insurance coverage is provided at a fee rate based upon payroll. The addition of staff, both Career and Reserve/Volunteer, will result in a fee increase of \$4,800 annually. Insurance for the ambulance vehicles is at no additional cost. This increase will be accounted for within the Fire District budget.

Billing Services and Patient Revenue

The Fire District has selected Systems Design to provide ambulance billing services. The exclusive business function of Systems Design is medical billing for ambulance services. Systems Design is based in Silverdale, Washington, and provides billing services for several Idaho EMS agencies.

The implementation process contains four areas: Credentialing, Policy, Procedure and Administration. The Fire District and Systems Design will begin the implementation process upon obtaining an affirmative decision from the Ambulance District Commissioners.

Credentialing includes acquiring a Medicare Provider Number (MPN), as well as provider numbers with other government agencies and insurance companies. The acquisition of these provider numbers is a service provided by Systems Design. Policy decisions related to service rates, billing/collection and charity will be approved by the Board(s). Procedures will be established for items related audits, financial controls and obtaining patient billing information. Administrative function will address: Release of Benefits Form, HIPAA Compliance Officer, training of employees and contracting collections (if applicable).

Madison Fire Department, McCall Fire Department and Kootenai County EMS have all offered positive review and enthusiastic endorsement of Systems Design as a partner in providing ambulance billing services.

Our Implementation Timeline

The process of implementation will be initiated upon the Ambulance District Commissioners reaching a decision, selecting an option and passing a resolution to proceed.

The existing contract for ambulance services will be scheduled to terminate invoking the 180-day termination clause. We propose the new EMS system begin delivering ambulance service on October 1, 2016.

The process of changing the governance model will result in the elimination of the Ambulance District or the negotiation of a Joint-Powers Agreement between the Ambulance and Fire Districts.

Operational and logistical changes with EMS delivery will be minimal due to the Fire District currently operating the majority of the ambulances under the present condition.

January 25, 2016	The Fire District presents the Proposal for EMS
February/March 2016	Ambulance District Commissioners reach a decision
March 28, 2016	180-day notice of termination is issued
April 2016	Ambulance and Fire Districts establish necessary agreements Ambulance billing service contracted Begin acquisition of provider numbers
May 2016	Review and update protocols, policies and procedures
July 2016	Budgeting: Fire District or Joint Powers Board to begin the FY2017 budget process Fire District conducts firefighter/paramedic interviews
August 2016	Fire District's three new firefighter/paramedics begin employment
September 2016	Transfer of Ambulance District equipment and assets begins Notify ICRMP of increase to payroll for liability insurance billing
October 1, 2016	New EMS system begins delivering Ambulance Service to Teton Valley

Appendix A

Summary Table of Personnel's Experience & Credentials

Summary Table of Personnel's Experience & Credentials

Name	Rank	License Level
Jared Colson	Captain	Paramedic <ul style="list-style-type: none"> • ACLS • PALS • PHTLS • EPC • Multiple Wildland Incidents Type 1,2,3 as single resource Paramedic • Unit Commendation Award X3
Austin Geiger	Captain	EMT <ul style="list-style-type: none"> • EPC
Tate Hoyle	Captain	EMT <ul style="list-style-type: none"> • EPC • PHTLS
Jerry Moore	Captain	EMT <ul style="list-style-type: none"> • EPC • Silver Lifesaving Medal
Tim Ruhrup	Captain	Paramedic <ul style="list-style-type: none"> • ACLS • PALS • EPC • PHTLS • Outdoor Emergency Care • Grand Targhee Ski Patrol
Rod Teel	Captain	EMT <ul style="list-style-type: none"> • EPC • PHTLS • Retired from the U.S. Army as a Fire Chief and Crash Rescue Specialist • Combat Life Saver Course • Bronze Star while serving in Iraq
Jeremy Caulkins	Driver Operator	EMT <ul style="list-style-type: none"> • CPR
Adam Fletcher	Driver Operator	EMT <ul style="list-style-type: none"> • PHTLS • IV access and Fluid Therapy Optional Module • IO access and Fluid Therapy Optional Module
Joe Hurlburt	Driver Operator	EMT <ul style="list-style-type: none"> • EPC • Grand Targhee Ski Patrol • Outdoor Emergency Care
Chris Plennes	Driver Operator	EMT
Hans Wilbrecht	Driver Operator	Paramedic <ul style="list-style-type: none"> • ACLS

Name	Rank	License Level
		<ul style="list-style-type: none"> • PALS • PHTLS • EPC • Grand Targhee Ski Resort Volunteer Medical Control • Idaho State Certified EMS Instructor • Teton County Ambulance
Mike Wright	Driver Operator	Paramedic <ul style="list-style-type: none"> • ACLS • PALS • PHTLS • NRP • EPC • S.T.A.B.L.E. • Difficult Airway Course • Certified Idaho Healthcare Instructor • Adjunct Professor at College of Southern Idaho • Star Valley Ambulance Service • Magic Valley Paramedics • Magic Valley Paramedics Field Supervisor • Letter of Commendation from ISP for MVA • Multiple Wildland Incident Type I, 2, 3 as single resource Paramedic
Nathan Brown	Firefighter	EMT <ul style="list-style-type: none"> • EPC
Corey Gittus	Firefighter	EMT <ul style="list-style-type: none"> • Outdoor Emergency Care • Grand Targhee Ski Patrol • Teton Valley Ambulance
Rory Loveland	Firefighter	Paramedic <ul style="list-style-type: none"> • ACLS • PALS • PHTLS • NRP • Flight Paramedic Life Flight Network • Paramedic City of Dallas Oregon • Volunteer Firefighter/Paramedic Corvallis Fire Department • Healthcare Technician Paramedic Yellowstone National Park • Healthcare Technician Paramedic Lake Mead National Park • Paramedic American Medical Response Mobile Alabama
Caleb Mullins	Firefighter	Paramedic <ul style="list-style-type: none"> • EPC • PHTLS • ACLS • PALS • NRP • Magic Valley Paramedics

Name	Rank	License Level
		<ul style="list-style-type: none"> • Jerome County Paramedics • Gold Cross Ambulance Salt Lake • Teton Valley Ambulance
Rebecca Parkinson	Firefighter	EMT <ul style="list-style-type: none"> • EPC • Outdoor Emergency Care • Wilderness First Responder • NOLS Wilderness Instructor • Grand Targhee Ski Patrol
Kevin Vallade	Firefighter	EMT <ul style="list-style-type: none"> • Outdoor Emergency Care • Grand Targhee Ski Patrol • National Ski Patrol Yellow Star Award- saving the life of a skier
Kristin Curtis	Reserve Firefighter	EMT
Margaret Duncan	Reserve Firefighter	Paramedic <ul style="list-style-type: none"> • PHTLS • AMLS • PALS • ACLS • AHA CPR Instructor • BLS Instructor • Paramedic Training Credentialing Officer Grand Teton National Park • Buttermilk Ski Patrol
Jared Giannini	Reserve Firefighter	EMT
Scott Hanson	Recruit Firefighter	Paramedic <ul style="list-style-type: none"> • PHTLS • ACLS • PALS
James Hlavaty	Reserve Firefighter	AEMT <ul style="list-style-type: none"> • Outdoor Emergency Care • Grand Targhee Ski Patrol • Teton Valley Ambulance
Patrick Park	Reserve Firefighter	Paramedic <ul style="list-style-type: none"> • PHTLS • ACLS • PALS
Abigail Mountain	Recruit Firefighter	EMT
Dave Ridill	Reserve Firefighter	EMT <ul style="list-style-type: none"> • Outdoor Emergency Care • Grand Targhee Ski Patrol

Name	Rank	License Level
Paige Roskam	Reserve Firefighter	Paramedic <ul style="list-style-type: none"> • PHTLS • ACLS • BLS • PALS
Robert Thomas	Reserve Firefighter	EMT <ul style="list-style-type: none"> • Army Medic • Combat Lifesaver Instructor
Stacey Thomas	Reserve Firefighter	EMT <ul style="list-style-type: none"> • Combat Lifesaver • Health and Safety Officer
Jon Wisby	Reserve Firefighter	EMT

ACLS – Advanced Cardiac Life Support
 AEMT – Advanced Emergency Medical Technician
 AMLS- Advanced Medical Life Support
 EPC – Emergency Pediatric Care
 NRP – Neonatal Resuscitation Program
 PALS – Pediatric Advanced Life Support
 PHTLS – Pre-Hospital Trauma Life Support

Appendix B

Foregone Information

Mary Lou Hansen

Subject: FW: L2 worksheets for Fire & Ambulance
Attachments: Ambulance L2 worksht.pdf; Fire L2 worksht.pdf

From: Mary Lou Hansen
Sent: Friday, July 17, 2015 3:39 PM
To: bobbenedict@silverstar.com
Cc: Bill Leake
Subject: L2 worksheets for Fire & Ambulance

Bob & Bill: The attached forms are completed by every taxing district to determine the maximum property tax that can be collected in any given year. In general, the "foregone amount" represents taxes that might have been collected, but were not because a taxing district did not levy the maximum amount possible.

The "foregone amounts" are tracked by the State Tax Commission and reported to County Clerks once per year. (I don't completely understand their methodology because it's not as simple as adding last year's un-levied tax amounts to the previous foregone total. Other factors are involved. But I'm confident that the foregone amounts provided by the STC are correct.)

The ASD currently has the authority to levy \$774,645 in property taxes, but cannot collect that amount due to the statutory levy limit of .0004. As property values increase over the coming years, the ASD will be able to increase their annual levy by: (1) 3%; (2) the amount related to new construction; and (3) the entire foregone amount.

The Fire District currently has authority to levy \$2,557,761. Their statutory levy limit is .0024 so they could collect that entire amount next year if they needed to. Once the foregone amount was zeroed out they can only increase their total collection by 3%, plus amounts related to new construction. (Last year the Fire District levied just \$1,987,000 so it's hard to imagine them needing to increase their budget by another \$500,000. However, they have the ability to do so if their governing board thought it necessary.)

To my way of thinking, this means that taxpayers are potentially on the hook for a total of up to \$3,332,406 between these 2 taxing districts. If the ASD were disbanded, that would reduce the total possible taxes by \$774,645.

If the Fire District began providing ambulance services I imagine they would immediately use their entire foregone amount. If that happened, the first year impact of disbanding the ASD would only reduce taxes by about \$150,000, assuming the Fire District doesn't claim a significant amount of their foregone dollars beforehand. Over time, however, the combined potential tax liability would be reduced by \$774,645. (I will forward this email to the STC property tax guru and ask whether my analysis is accurate.)

Hopefully this makes sense. Please call Monday to discuss further.

Best regards,

District Name: Teton County Ambulance Service District

7-15

Enter Year:

2015

Computation of 3% budget increase:

Enter the amount from the "Highest Non-Exempt P-Tax Budget + P-Tax Replacement" column from the "Maximum Budget and Foregone Amount Worksheet".	(1)	525,631
Multiply line 1 by 3%.	(2)	15,769

New Construction & Annexation budget increases:

Enter the 2015 value of district's new construction roll from each applicable county below:

County Name	Value
Teton County	(A) 16,013,495
	(B)
	(C)
	(D)
Total of New Construction Roll Value for the District:	(3) 16,013,495

Enter the 2015 value of annexation from property assessed by the county.	(A)	
Enter the 2015 value of annexation from Operating Property.	(B)	
Total Annexation Value:	(4)	-
Enter the total 2014 approved non-exempt levy rate.	(5)	0.000400000
New Construction Roll budget increase (multiply line 3 by line 5).	(6)	6,405
Annexation budget increase (multiply line 4 by line 5).	(7)	-

Foregone Amount:	(8)	226,841
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Maximum Allowable Non-exempt Property Tax Budget:	(9)	774,646
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Property Tax Replacement:		
Enter yearly amount of the agricultural equipment replacement money.	(10)	-
Enter yearly amount of the personal property replacement money.	(11)	1
Enter TOTAL recovered dollars as reported on the Recovered/Recaptured Property Tax Substitute Funds List.	(12)	
Enter the total of lines 10 thru 12: (Must match col. 5 budget total of L-2).	(13)	1

Maximum Allowable Non-exempt Property Tax to be Levied:	(14)	774,645
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Net Market: $\$1,336,179,635 \times 0.0004 = \$534,472$

L-2 WORKSHEET (MUST BE ATTACHED TO THE L-2 FORM)

District Name: TETON COUNTY FIRE PROTECTION DISTRICT

Enter Year:

2015

Computation of 3% budget increase:

Enter the amount from the "Highest Non-Exempt P-Tax Budget + P-Tax Replacement" column from the "Maximum Budget and Foregone Amount Worksheet".	(1)	2,088,567
Multiply line 1 by 3%.	(2)	62,657

New Construction & Annexation budget increases:

Enter the 2015 value of district's new construction roll from each applicable county below:

County Name	Value
Teton	(A) 16,013,495
	(B)
	(C)
	(D)
Total of New Construction Roll Value for the District:	(3) 16,013,495

Enter the 2015 value of annexation from property assessed by the county.	(A)	
Enter the 2015 value of annexation from Operating Property.	(B)	
Total Annexation Value:	(4)	-
Enter the total 2014 approved non-exempt levy rate.	(5)	0.001592143
New Construction Roll budget increase (multiply line 3 by line 5).	(6)	25,496
Annexation budget increase (multiply line 4 by line 5).	(7)	-

Foregone Amount:	(8)	381,041
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Maximum Allowable Non-exempt Property Tax Budget:	(9)	2,557,761
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Property Tax Replacement:		
Enter yearly amount of the agricultural equipment replacement money.	(10)	-
Enter yearly amount of the personal property replacement money.	(11)	-
Enter TOTAL recovered dollars as reported on the Recovered/Recaptured Property Tax Substitute Funds List.	(12)	
Enter the total of lines 10 thru 12: (Must match col. 5 budget total of L-2).	(13)	-

Maximum Allowable Non-exempt Property Tax to be Levied:	(14)	2,557,761
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Subtract line 14 from line 9.	(14)	2,557,761
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Mary Lou Hansen

Subject: FW: L2 worksheets for Fire & Ambulance

From: Alan Dornfest [<mailto:Alan.Dornfest@tax.idaho.gov>]

Sent: Saturday, July 18, 2015 8:06 AM

To: Mary Lou Hansen; Gary Houde

Cc: Steve Fiscus

Subject: RE: L2 worksheets for Fire & Ambulance

Mary Lou: While I don't disagree with the fundamentals of your analysis, I would offer the following observations:

1. Because of the levy rate limit the ambulance district has been precluded from using its full budget authority – whether it wanted to or not. From the L-2 worksheet, they appear to remain in this situation, as you've identified their maximum budget as \$534,472. The values subject to their levy would have to increase by nearly 50% for the district to utilize full budget capacity, including foregone. Otherwise they are locked in at a much lower amount.
2. The fire district has a much higher levy rate limit, so could absorb their full foregone amount if they wish. Notably, however, the fire district's foregone amount is less than the ambulance district's most recent levy (dollars). It's close if you add new construction and 3% allowances, and I don't know whether the fire district would want to take those regardless of the need to provide ambulance services. If they do, then the trade off would be approximately \$482,000 additional to replace \$534,000 expected to be levied by the ambulance district this year. ($\$1,987,000 + 62,657 + 25,496 = 2,075,153$ and the difference between that figure and \$2,557,761 is \$482,608). (Again, this assumes the fire district would need the \$25,000 new construction allowance and the \$63,000 3% allowance anyway.) If the fire district were willing to flat line its budget at the 2014 amount (\$1,987,000), then they could add \$482,608; this would still fall about \$52,000 short of replacing the expected ambulance district levy. If the fire district intends to go back to a higher budget (as it levied previously), this difference would grow.
3. If the ambulance district dissolves, their \$226,841 foregone amount disappears – it does not get absorbed in any way by the fire district, which gets no additional budget authority (unless there is something in law I'm not aware of).
4. The ambulance district does not get sales tax distribution, so there is no additional issue there.

Gary may have additional comments.

Alan S. Dornfest • Property Tax Policy Supervisor
Idaho State Tax Commission • Property Tax Division
phone: (208) 334-7742 • fax: (208) 334-7844
e-mail: alan.dornfest@tax.idaho.gov • website: tax.idaho.gov

Appendix C

Chief Child's Endorsement Letter



26 North Center Street, Rexburg, Idaho 83440 * 209-359-3010

11 January 2016

Chief Bret Campbell
Teton County Fire & Rescue
PO Box 474
Driggs, Idaho 83422

Dear Chief Campbell:

Thank you for the opportunity to share a few thoughts regarding the running of a fire based EMS system in Madison County. The Madison Fire Department was the pioneer department in Idaho writing and passing legislation allowing joint powers agreements between government agencies. In 2000, the Madison County Fire Protection District, the Rexburg Fire Department and the Madison County Ambulance District entered into the first ever joint powers agreement in the state.

For 16 years now, three elected boards have enjoyed the collaborative efforts of one administration managing the legal responsibilities of their respective organizations—this responsibility to manage the three entities rests upon the Chief of Services. This agreement has allowed a consolidation of employees for the greater good of the community in which we serve.

The coming together of employees has been an amazing strength to our community and the EMS and fire service we provide. The employees working together have provided stronger employees—much stronger and more broadly trained than each entity could have provided on their own. This joint venture has been under the microscope of many organizations all over the state of Idaho and is considered to be the most efficiently run department in the state.

When the venture was thought of, the greatest worry was taking EMS away from the hospital. This worry was quickly put aside as the hospital realized they could focus on hospital management and patient care rather than the managing of an ambulance district. The EMT's/Paramedics soon realized they were being better trained because they were not worrying about hospital based patient care—they could focus their learning on scene based care which is where they were needed. This line of education has advanced our agency to the highest trained ground based service in the state where each of our fulltime paramedics is now Critical Care and Flight Paramedic Certified. Ironically, the hospital enjoys our level of care more now than ever—we provide critical care transports for all area hospitals allowing them to keep their resource nurses in the hospital caring for patients.

We work in a day when many government based fire and EMS departments are at risk financially. The future of such services are best insured by the combining of efforts and the abolishment of duplication in administration and services—this has been and will continue to be the fiscally responsible direction elected officials and administrators will pursue to best serve their publics. The success of the Madison Fire department has been and is contributed to the Joint Powers Agreement entered into in 2000.

If we can be of further assistance or be a resource in any way, please feel free to make contact.

Kind regards,



Corey R. Child
Chief of Services, Madison Fire Department



Mikel Walker
Assistant Chief, Madison Fire Department

Our Goal, Our Mission, Our Purpose

To Maintain a State of Readiness in:
Our People, Our Equipment, Operational Accuracy,
and Administration

Our Core Values

Integrity, Honor, Pride and Courage

Appendix D

Mr. Zollinger's Endorsement Letter

12 North Center Street
P.O. Box 280
Rexburg, Idaho 83440

Law Office of
STEPHEN PORTER ZOLLINGER
Attorney at Law

Office (208) 716-1316
Fax (208) 359-3022
stephenz@rexburg.org

January 11, 2016

To Whom It May Concern:

I have been an attorney practicing law in Southeast Idaho for the past 25 years, and during that time I have represented several governmental entities. One of the elements of governmental representation that came to my attention as a possible pitfall early in my career, was the model that had multiple administrators working for different entities doing the same task as administrators for other entities. While working for Madison County and the City of Rexburg in the mid 1990's, I became aware of just such a situation. The Madison County Ambulance district was paying for administrative functions at the emergency services level in order to provide the emergency medical services for the entire county, while the Rexburg/Madison Fire Department was paying for administrative functions for fire response. Many of the elements being accomplished by the various administrators were the same, and it became apparent that a cost savings could be experienced by consolidating the two services.

Over the course of the next several years, the consolidation was accomplished by taking the funds from the County Ambulance District and the funds from the joint Rexburg/Madison Fire District and combining them. All affected taxing districts remained in existence, with an elected official from each being named to the governing board of the Joint Powers Entity. A fourth paramedicine executive was added to the governing Board, and we have operated effectively and efficiently since that time.

There have been modification over the years to our agreement, as well as adjustments to cost allocations as the City has become more dominant in the equation, but overall, it has been a very successful model, and all parties believe it has allowed for a better service at a more cost effective rate to the citizens.

I strongly recommend a Joint Powers approach to Fire and Ambulance, and would be happy to meet with interested parties to elaborate on the methods of consolidation that worked for Madison County Ambulance, the City of Rexburg and the Madison County Fire District.

Please don't hesitate to contact me at (208) 716-1316 or stephenz@rexburg.org.

Sincerely,



Stephen P. Zollinger
Attorney at Law

Appendix E

Dr. Eric Johnson's

Qualifications/Endorsement Letter

Eric Johnson, MD
Medical Director
Teton County Fire
PO Box 722
Driggs, ID 83422

January 18, 2016

Dear Ambulance District Commissioners:

My name is Eric Johnson, and I am the Medical Director for the Teton County Fire Protection District (TCFPD). I asked Chief Campbell if I might write a brief letter clarifying a few items and maybe offer a different perspective.

First, a brief "bio" is in order. I have lived in Teton Valley since the early 90's, and joined the Teton Valley Hospital (TVH) medical staff in 2008. Prior to that, I worked in emergency medicine at St. Alphonsus and St Luke's hospitals in Boise and was an original founder of Emergency Medicine of Idaho (EMI) in Boise. EMI is a group of emergency physicians that manages the patient care of the emergency departments in St. Luke's affiliated hospitals. I have been active in pre-hospital emergency medicine from "in-field care" (wilderness medicine, Everest ER, Global Rescue, various technical rescue teams, etc.), to medically directing multiple rural EMS units in Idaho over my career, as well as involved with aero-medical care providers. I know and understand the patient care issues inherent in this setting. In 2008, I assumed the medical directorship of TCFPD's "quick response unit," as well as TVH's ambulance service - an intermediate EMT transport unit running out of our community hospital during daylight hours. In an effort to improve the quality of patient care in Teton County, an effort was made to evolve to a paramedic-level pre-hospital program. We accomplished this in 2011. All protocols were approved through the State EMS Bureau until ultimately we moved to State of Idaho Physician Commission's State-wide protocols. These are evidenced based and vetted across a number of pre-hospital providers, emergency medical service (EMS) programs and emergency physicians. Throughout this time, directing both agencies and the Valley's Search and Rescue team, I witnessed multiple changes in both the Fire Department and TVH - the latter that included six different CEO's and a switch to a private, not-for-profit hospital. I continued to serve as medical director for all three agencies until July 2015, when due to a change in the physician's group that manages care in the emergency department at TVH, I was asked to step aside.

Second, for those who have asked my opinion in the past regarding the working relationship between Fire and Hospital's ambulance service, I have never wavered and always believed that for taxpayer value and maintenance of economies of scale/operations, as is the case in most counties in Idaho, having one controlling agency makes sense. Maybe I'm a bit jaded having seen the battles over the years between Boise Fire and Ada County ambulance service.

Third, I wish to assure you that whatever you might hear or be told regarding "quality" of pre-hospital care, throughout my tenure with all our County's EMS agencies, my main role as Director has been to ensure that our providers perform to the highest standards allowable by their training and certification to provide the highest level of care to our community's patients. Along with providing hands-on training, working closely with agency training officers and personally reviewing each "run" performed, I am proud of the system we have built and the quality of the patient care it provides. I find it a bit interesting that since my departure from TVH and its ambulance service, there have been on-going discussions from various hospital administrators regarding quality markers and data. Quality markers are defined by EMS certifying bodies, State of Idaho EMS protocols; skill set performance and evaluation, and continued medical director oversight of all fieldwork. In some comments that have come my way, there is an insinuation that if TCFPD pre-hospital EMS providers are not "hospital" based, they are not of equivalent quality. In the State of Idaho, only ~ 6-7% of

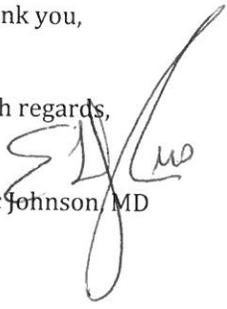
hospitals are responsible for pre-hospital care and quite honestly, no hospital on the southern and eastern side of this State holds the contract for EMS. Interesting? Let me reassure this body that your Fire Department's pre-hospital providers meet and exceed all quality measures set forth and are internally audited on a regular basis.

Finally, I have never been one for playing politics and have no economic pressures that sway my opinions. I am aware the Fire District is putting forward a competitive proposal to assume all EMS operations in Teton County. You will judge their proposal on its economics and overall benefits to the people whom it will serve. I will continue as long as requested by Fire to do what I do best, provide necessary medical oversight, facilitate on-going in-service trainings, direct their quality assurance/quality improvement process and keep the EMS system focused on quality patient care and outcomes in an ever and rapidly changing health care system.

I appreciate the opportunity to put a few words to paper. Please don't hesitate to contact Fire or me if any questions or concerns.

Thank you,

With regards,


Eric Johnson, MD