

REVIVING THE EMERGENCY MEDICAL SYSTEM



A PROPOSAL FOR COUNTY WIDE PARAMEDIC SERVICE

April 23, 1996

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THE SKY WAS THE COLOR OF BLUE THAT CAN ONLY BE SEEN IN INDIANA ON A CLEAR SPRING AFTERNOON. THE AIR WAS WARM AND THE BREEZE GENTLE. THE CHILDREN WERE IN THE BARN LOT THROWING A BASKETBALL AND ANYTHING ELSE ROUND THROUGH A SLIGHTLY BENT HOOP. THE YOUNGEST, JENNY, WAS ACTUALLY STANDING UNDERNEATH THE RIM AND INSIDE THE BARN DOOR SNAGGING THE BALLS, AND THROWING THEM GLEEFULLY BACK TO HER SIBLINGS.

THEY ALL HEARD THE TRACTOR START BUT DID NOT THINK MUCH ABOUT IT. IT WAS JUST ONE OF THOSE SOUNDS THAT COME WITH SPRING. "WHAT A GREAT DAY TO BEGIN IN THE FIELDS," THOUGHT JACK. HIS MIND WAS CONCENTRATING ON THE SOUND OF THE DIESEL ENGINE, IT WAS, AFTER ALL THE LIFE BLOOD OF HIS OCCUPATION.

JACK PUSHED THE CLUTCH TO THE FLOOR, AND THREW THE GEARSHIFT IN REVERSE. WITHOUT LOOKING BACK, THE ACCELERATOR WAS PUSHED FIRMLY IN A DOWNWARD MOTION. THE TRACTOR TIRES BIT THE EARTH AND SWIFTLY BEGAN TO MOVE BACKWARDS. JACK FELT THE EXHILARATION OF A CHILD ON CHRISTMAS EVE, AFTER ALL IT HAD BEEN MONTHS SINCE THE JOHN DEERE TRACTOR WAS CAREFULLY STORED.

IN HIS HASTE, JACK NEGLECTED TO LOOK OVER HIS SHOULDER, HE HEARD A THUD, AND THEN FELT THE LEFT REAR TIRE ROLL OVER SOMETHING. HE QUICKLY JERKED HIS HEAD AROUND TO SEE IF SOMETHING HAD GOTTEN IN HIS WAY. HE IMMEDIATELY NOTICED THAT HIS TWO OLDEST CHILDREN WERE SCREAMING AND WAVING THEIR ARMS.

JACK CONTINUED TO MOVE THE TRACTOR BACKWARDS THINKING TO HIMSELF THAT THE

children must be as excited as himself to see the huge machine running again, and that he had run over either a large stone or an extremely hard piece of sod. As he began to turn the wheel to the left, Jack caught a glimpse of a pink object.

That's odd, he thought to himself. He then looked right and saw the children still screaming and running towards the tractor. He could tell that their expressions were not the joy of spring, but rather total fright. Jack threw the tractor in neutral, and opened the cab door to spot his youngest child on her back with tractor marks across her chest.

He ran to where his child lay lifeless on the ground and dropped to his knees. He screamed for his wife, then screamed for his children to get "help". He took off his coat and placed it against the pale figure. Jack then remembered that when his oldest son was born that he had taken CPR and although he had never practiced the procedure or used it on anyone, he began to assess his daughter.

The back screen door bolted open and Jack could see his wife running across the barn lot. Jack instructed her to call the local EMS. Karen ran back to the house she had never felt this afraid. What if my child dies, she thought. She picked up the receiver, hardly able to hold it in her hand, her fingers shaking as she pushed the buttons on the front of the phone. She could hardly see the numbers 911 for the tears streaming down her face. Karen give the operator the information that was required to activate the system that would make the difference between life and death for her daughter. How could this be happening?

After the information was gathered the dispatcher began the process of activating an emergency team to the scene. The dispatcher's first thought was, oh no, this is

ONE OF THOSE DAYS WHERE THE SERVICE CLOSEST TO THIS LITTLE GIRL IS NOT STAFFED AND THE ONLY ALTERNATIVE IS TO ENGAGE A SERVICE 20 MINUTES AWAY.

EACH AND EVERY CITIZEN OF KOSCIUSKO COUNTY MAY AT ONE TIME OR ANOTHER FACE A SIMILAR SCENARIO. A SCENARIO WHERE WELL TRAINED PERSONNEL AND AMBULANCE SERVICE, WHICH CAN MEAN THE DIFFERENCE BETWEEN LIFE AND DEATH, ARE ALMOST OUT OF REACH.

THE INTENT OF THIS PAPER IS TO ASCERTAIN IF, IN FACT, KOSCIUSKO COUNTY IS PROVIDING ITS CONSTITUENTS WITH AN EMERGENCY MEDICAL SYSTEM THAT SERVES YOU AND I WITH QUALITY AND COST EFFECTIVE CARE, AND IF NOT, WHAT ARE THE ALTERNATIVES.

Kosciusko County: AN OVERVIEW

Kosciusko County is located in the northwest portion of Indiana and consists of 577.5 square miles. It is the third largest geographical county in Indiana. The Indiana Business Research Center estimated the county's population in 1994 to be 67,958. The population per township consists of:

JEFFERSON:	1,212	SCOTT:	1,306
VANBUREN:	5,011	TURKEY CREEK:	10,355
PRAIRIE:	1,194	PLAIN:	5,750
TIPPECANOE:	7,078	HARRISON:	4,064
WAYNE:	37,500	WASHINGTON:	4,092
FRANKLIN:	1,209	CLAY:	2,074
MONROE:	1,120	SEWARD:	2,200
LAKE:	2,078	JACKSON:	1,371
ETNA:	2,043		

Kosciusko County population has increased 12% over the past fourteen years. Most notable in regards to the population of Kosciusko County is the growth of Claypool and Leesburg over that fourteen year period at a rate of 91% and 58% respectively. Kosciusko County mirror images the United States in relationship to the

AGING PATTERN of IT'S baby boomers.

AN INCREASE of 7.9% is expected from 1990 to the year 2000 in the 60 and over age group (SEE Exhibit 1). THIS PARTICULAR AGE GROUP ACCOUNTS FOR APPROXIMATELY 40% OF THE AMBULANCE RUNS IN THE COUNTY. IT BECOMES bluntly obvious THAT AS THE CENSUS OF THE COUNTY GROWS SO WILL THE NEED FOR EMERGENCY MEDICAL SERVICES.

THE AGE DISTRIBUTION OF THE COUNTY IS AS FOLLOWS:

0 - 25	=	25,046	26 - 40	=	15,753
41 - 59	=	13,987	60 + OVER	=	10,508

KOSCIUSKO COUNTY HAS THE UNFORTUNATE DISTINCTION OF HAVING ONE OF THE HIGHEST ACCIDENTAL DEATH RATES IN THE 0-14 AGE GROUP IN THE STATE. ACCIDENTAL DEATH RATES FOR KOSCIUSKO COUNTY EXCEEDS STATE RATES IN ALL AGE GROUPS. MOTOR VEHICLE ACCIDENTS ARE THE LEADING CAUSE OF DEATH FOR CHILDREN AND ADOLESCENTS AND THE THIRD LEADING CAUSE FOR ADULTS IN THE COUNTY. IT IS SUSPECTED THAT THE MOTOR VEHICLE ACCIDENT STATISTICS ARE ATTRIBUTED TO THE NUMBER OF TURNING AND TWISTING ROADS THROUGHOUT THE EXPANSIVE COUNTRY SIDE. ACCORDING TO THE 1994 COMMUNITY HEALTH ASSESSMENT SURVEY COMPLETED BY KOSCIUSKO COMMUNITY HOSPITAL, ACCIDENTAL DEATH RATES FOR KOSCIUSKO COUNTY AND INDIANA WERE AS FOLLOWS: SEE EXHIBIT 2.

<u>AGE</u>	<u>INDIANA</u>	<u>KOSCIUSKO COUNTY</u>
0-14	5.8%	6.8 %
15-24	22.1%	44 %
25-64	32.7%	48.9%

BIRTH of EMERGENCY Medical SERVICES in Kosciusko County:

Kosciusko County Emergency Medical Services were born in early 1974. The birth was precipitated by legislation introduced to the Indiana General Assembly. The legislators passed the Senate Enrolled Act #151 which amended Title 16 of the Indiana Code by adding a new section, 39, regarding the provision of emergency medical service. The Act established the Emergency Medical Services Commission (an agency reporting directly to the Governor), assigned the Commission the responsibility to develop quality standards for the purpose of certification of ambulance services, vehicles, equipment, communications system, and operational procedures. This Act, in essence, was established to provide the citizens of Indiana with a "Standard of Care", uniform throughout the State.

The Emergency Medical Services, at that time, were for most part delivered from and by local mortuaries. The 1974 Act placed a set of rules and regulations upon services, and gave individuals delivering care difficult decisions to make. The services had to comply with training standards, essential equipment requirements and communication tools. The standards and regulations became too cost prohibitive and cumbersome for the services to remain operational.

KOSCIUSKO COUNTY THROUGH THE DIRECTION OF THE COUNTY COMMISSIONERS HIRED AND PROVIDED FUNDS FOR A CONSULTANT. THE CONSULTANT, IN ESSENCE, ASSISTED THE COUNTY COMMISSIONERS IN ESTABLISHING LAWS THAT GOVERNED EMS IN KOSCIUSKO COUNTY. THE LAWS PLACED THE DIRECTION AND GUIDANCE OF EMERGENCY SERVICES IN THE HANDS OF TOWNSHIP TRUSTEES.

THE PRESENT EMERGENCY MEDICAL SERVICE SYSTEM:

THE PRESENT EMS SYSTEM CONSISTS OF EIGHT AUTONOMOUS ORGANIZATIONS WITHIN THE COUNTY. THE STRUCTURE OF THE EMS HAS BEEN CALLED, "AN ILL CONCEIVED AND FRAGMENTED SYSTEM," BY KOSCIUSKO COMMUNITY HOSPITAL PRESIDENT WAYNE HENDRIX. THE PRESENT STRUCTURE WILL BE EXAMINED BY LOOKING AT THREE DIFFERENT TOPICS: LOCATION, TRAINING, AND FINANCE.

LOCATION

A MAP OF KOSCIUSKO COUNTY ENABLES VISUALIZATION OF THE EMS SERVICE LOCATIONS. (EXHIBIT 3) EMS SERVICES BEGAN IN TOWNS THAT COULD RAISE THE FUNDS TO BUY AN AMBULANCE AND TRAIN PERSONNEL. THE UPPER NORTHEAST CORNER OF THE COUNTY SUPPORTS FOUR SERVICES AND THE SOUTHERN THIRD OF THE COUNTY IS LIMITED TO ONE SERVICE. IT IS ALSO OBSERVED THAT NO PARAMEDIC SERVICES ARE LOCATED IN THE SOUTHERN PORTION OF THE COUNTY.

RESPONSE TIMES TO THE EMERGENT SCENE IN THE SOUTHERN PORTION OF THE COUNTY HAVE IN SOME INSTANCES BEEN LONGER. AS NOTED IN THE EMERGENCY MEDICAL MAGAZINE, "A LONG RESPONSE TIME FOR EMERGENCY MEDICAL CARE IS ONLY ONE OF THE PROBLEMS THAT PUT RURAL AMERICANS AT GREATER RISK FOR PERMANENT INJURY OR DEATH. PEOPLE LIVING IN RURAL AREAS ARE MORE LIKELY THAN URBAN RESIDENTS TO WORK IN HAZARDOUS OCCUPATIONS LIKE FARMING,

MINING AND THE TIMBER INDUSTRY. DEATH RATES FROM UNINTENTIONAL INJURES ARE TWICE AS HIGH IN REMOTE RURAL AREAS AS IN LARGE CITIES. PROBLEMS WITH POOR ROADS, HAZARDOUS TERRAIN AND OUTDATED MEDICAL EQUIPMENT, PLUS A SHORTAGE OF PERSONNEL, CONTINUE TO PLAGUE RURAL EMS SYSTEM.¹ AS PREVIOUS STATED THE FASTEST GROWING CITY IN KOSCIUSKO COUNTY IS Claypool, HAVING A 91% INCREASE IN POPULATION IN THE LAST FOURTEEN YEARS. MEANWHILE, EMS SERVICE TO THAT COMMUNITY REMAINS UNCHANGED. SOUTH CENTRAL KOSCIUSKO EMS, A VOLUNTEER BASIC SERVICE COVERS THE Claypool Township.

THE DISPATCHING OF SERVICES THROUGHOUT THE COUNTY HAS BEEN A MAJOR UNDERTAKING. THE IMPLEMENTATION OF THE 911 SYSTEM HAS GREATLY ENHANCED THE DELIVERY OF CARE TO A SCENE. A MANDATORY PARAMEDIC DISPATCH WAS IMPLEMENTED IN JULY OF 1995. PARAMEDICS ARE AUTOMATICALLY SENT TO THE SCENE IF THE VICTIM HAS ONE OR MORE OF THREE SCENARIOS; BREATHING PROBLEMS, CHEST PAIN, OR HEART ATTACK.

THE PROCEDURE ALSO STATES, THAT AT THE DISCRETION OF THE DISPATCHER, PARAMEDICS MAY BE DEPLOYED FOR MAJOR TRAUMA. THE SHERIFF'S DEPARTMENT SHOWED GREAT FORETHOUGHT BY HIRING SEVERAL CERTIFIED EMT'S TO BE DISPATCHERS. HOWEVER, EVEN WITH THE ENHANCEMENTS OF THE PAST TWO YEARS, PROBLEMS REMAIN WITH THE CURRENT SYSTEM. THE BORDERS OF SERVICE AREAS WITHIN THE COUNTY ARE COMPLICATED AND SOMETIMES VAGUE. SEE MAP. (EXHIBIT 3)

AS YOU CAN SEE, MANY OF THE SERVICE BORDERS ARE COUNTY AND/OR STATE ROADS. MANY COMPANIES WITHIN THE COUNTY HAVE ASKED TO BE SERVICED BY A PARAMEDIC UNIT EVEN WHEN THEY ARE NOT IN THAT PARTICULAR SERVICE'S AREA. ALTHOUGH THE SMALL LANES AROUND

Rural EMS: Problems & Solutions

By Deb Crager, EMT-P

The Journal of Emergency Services, Vol 27, No. 12, December 1995

THE LAKES IN THE NORTHERN SECTION OF THE COUNTRY NOW HAVE EMS NUMBERS THE LANES AROUND THE LAKES IN THE SOUTHERN PORTION OF THE COUNTY HAVE NO IDENTIFYING NUMBERS. WITH ALL OF THESE EXTINUATING CIRCUMSTANCES MANY QUESTIONS ARISE.

WHICH SERVICE IS DISPATCHED FOR AUTOMOBILE ACCIDENTS ON A PARTICULAR ROAD? WHICH SERVICE IS DISPATCHED WHEN A TRAUMA OCCURS? THE SERVICE THAT IS PHYSICALLY CLOSER TO A PARAMEDIC UNIT, BUT, IS IN ANOTHER EMS SERVICE AREA? DISPATCHERS HAVE EVEN FACED SUCH DILEMMAS AS ACCIDENTS OCCURRING IN ONE SERVICE AREA AND SLIDING INTO ANOTHER, WHICH SERVICE IS CALLED? AFTER THE DISPATCHER HAS DETERMINED WHICH SERVICE MUST BE CALLED, THE NEXT PROBLEM THAT MAY OCCUR IS THAT THE SERVICE THAT IS CALLED MAY NOT HAVE ANY AVAILABLE PERSONNEL TO RESPOND. MOST OF THE SERVICES IN THE COUNTY ARE VOLUNTEER SERVICES, MEANING THAT THE PEOPLE THAT WILL RESPOND TO THE CALL MAY NOT BE READILY AVAILABLE, OR MAY NOT BE AVAILABLE AT ALL. AS NOTED IN EXHIBIT 4A-F RESPONSES ARE DIVIDED INTO THREE CATEGORIES, UNASSISTED, DUAL RESPONSE AND MUTUAL AID RUNS. A SERVICE WHICH RESPONDS TO A CALL AND NEEDS NO ASSISTANCE FROM ANOTHER SERVICE IS CLASSIFIED AS AN UNASSISTED RUN.

A DUAL RESPONSE IS WHEN THE SERVICE THAT IS CALLED NEEDS ASSISTANCE TO TRANSFER MORE PATIENTS THAN THEY CAN HANDLE, OR THE PATIENT NEEDS PARAMEDIC SERVICES.

THE MUTUAL AID RESPONSE IS WHEN THE SERVICE THAT HAS BEEN CALLED CAN NOT RESPOND. THIS OCCURS WHEN NO EMS PERSONNEL ARE AVAILABLE, ALL OF THE AMBULANCES OF THE SERVICE ARE ALREADY OUT, OR THE AMBULANCE HAS MECHANICAL PROBLEMS. WHEN THERE IS NO PERSONNEL AVAILABLE DELAYS MAY OCCUR BECAUSE THE DISPATCHER MAY NOT BE AWARE OF THE PROBLEM UNTIL THE SERVICE RETURNS THE CALL TO INFORM THEM THAT NO ONE IS AVAILABLE.

IN MANY INSTANCES CARE IS DELAYED BECAUSE THE DISPATCHER IS UNAWARE THAT THE

SERVICE IS IN A MUTUAL AID SITUATION. THE DISPATCHER FRANTICALLY ATTEMPTS TO REACH THE SERVICE AND CAN WASTE AS MUCH AS TWO MINUTES BEFORE MAKING A DECISION TO ALERT A COMPETING SERVICE. ANY DELAY IN TREATMENT LESSENS THE VICTIMS CHANCES OF SURVIVAL.

ALONG WITH DESIGNATION OF WHICH SERVICE RECEIVES THE CALL, THE DISPATCHER MUST ALSO DECIDE WHICH LEVEL OF SERVICE SHOULD BE DISPATCHED

TRAINING

THE SERVICES SCATTERED THROUGHOUT THE COUNTY ALL SUPPLY DIFFERENT LEVELS OF SERVICE TO THEIR PROSPECTED AREAS. THE FOUR LEVELS OF SERVICE ARE, FIRST RESPONDER, BASIC LIFE SUPPORT, ADVANCED LIFE SUPPORT AND PARAMEDIC.

THE FIRST RESPONDER IS A NON-AMBULANCE BASED (FIRST AID PROVIDER), WHO IS THERE TO GIVE CPR AND ADMINISTER TO THE PATIENT UNTIL EMT'S OR PARAMEDICS ARRIVE. THEY HAVE BEEN TRAINED TO USE A SEMIAUTOMATIC DEFIBRILLATOR. THE FIRST RESPONDER MUST HAVE 64 DIDACTIC (CLASSROOM) HOURS OF TRAINING. ETNA GREEN HAS TRAINED FIRST RESPONDERS FOR THEIR AREA. ADDITIONALLY, THE WARSAW FIRE DEPARTMENT HAS ALSO TRAINED SOME OF THEIR PERSONNEL TO BE FIRST RESPONDERS.

THE BASIC LIFE SUPPORT SERVICE, OR BASIC EMT, IS AMBULANCE BASED EMERGENCY PERSONNEL. BASIC LIFE SUPPORT SERVICE CAN DO ALL THAT A FIRST RESPONDER CAN PLUS GIVE OXYGEN, DO BASIC TREATMENTS SUCH AS DRESSINGS AND WOUND CARE. THEY HAVE ALSO BEEN GIVEN MORE TRAINING. THE BASIC EMT, UNDER THE NEW CURRICULUM, MUST HAVE 125 HOURS OF DIDACTIC STUDY AND TEN HOURS OF CLINICAL STUDY. THERE ARE FIVE SERVICES THAT UTILIZE BASIC EMT'S, SOUTH CENTRAL KOSCIUSKO EMS, FOUR-WAY EMERGENCY MEDICAL SERVICE (MENTONE), PLAIN TOWNSHIP EMERGENCY MEDICAL SERVICE (LEESBURG AREA), MILFORD EMERGENCY MEDICAL SERVICE, AND PIERCETON-WASHINGTON-MONROE EMERGENCY MEDICAL SERVICES.

THE ADVANCED EMT HAS COMPLETED THE BASIC LIFE SUPPORT CLASSES AND WITH FURTHER TRAINING THAT INCLUDES 92 DIDACTIC HOURS AND TEN CLINICAL HOURS, CAN START IV'S, MAINTAIN AIRWAYS, AS WELL AS UTILIZE THE MANUAL DEFIBRILLATOR. THE SYRACUSE AND SOUTH CENTRAL KOSCIUSKO EMS HAVE ADVANCED EMT'S IN THEIR SERVICE.

THE PARAMEDIC MUST HAVE 1200 HOURS OF COMBINED DIDACTIC AND CLINICAL HOURS OF TRAINING. THE MULTI-TOWNSHIP AND NORTH WEBSTER EMS SERVICES ARE PARAMEDIC SUPPORTED. THE PARAMEDIC LITERALLY BRINGS THE HOSPITAL TO THE PATIENT. THE PARAMEDIC POSSESSES SKILLS SUCH AS VISUALIZED AIRWAY PLACEMENT AND IV INSERTION AS WELL AS ADAPT AT ADMINISTERING LIFE SAVING MEDICATIONS. AS YOU CAN SEE THE TRAINING FOR THE FOUR DIFFERENT LEVELS ARE DIVERSE, FROM BASIC TO VERY EXTENSIVE. THE TOOLS AND EQUIPMENT NEEDED TO JUSTIFY THESE LEVELS OF TRAINING ARE VERY EXPENSIVE. (SEE EXHIBIT 5)

THIS PAPER WOULD BE REMISS NOT TO APPLAUD THE DEDICATION OF THE NUMEROUS EMT VOLUNTEERS WITHIN KOSCIUSKO COUNTY. EACH INDIVIDUAL HAS DEVOTED TIME AND ENERGY TO SAVING LIVES. AS A GROUP THEY HAVE NEVER BEEN PROPERLY RECOGNIZED FOR THEIR OUTSTANDING CONTRIBUTION GIVEN TO THEIR COUNTY.

FINANCE

MANY FINANCIAL PROBLEMS EXIST WITHIN THE CURRENT SYSTEM. WHILE SOME OF THE SYSTEMS IN THE COUNTY ARE 100% VOLUNTEERS AND HAVE NO PAYROLL, MANY OTHER EXPENSES ENTER INTO THE EQUATION. ALL SERVICES MUST PURCHASE AND MAINTAIN THEIR OWN AMBULANCES. ALL SERVICES MUST PURCHASE THEIR OWN INSURANCE. NO ECONOMIES OF SCALE EXISTS WITHIN THE COUNTY. ALL OF THE DIFFERENT SERVICES MUST PAY FOR THEIR OWN PORTION OF EXPENSES. MANY OF THE SERVICES CARRY A HEAVY FINANCIAL BURDEN TRYING TO PAY FOR THEIR EXPENSES AND THEN RECOUPING THEIR REVUNUE. AS YOU CAN SEE FROM EXHIBIT 6 TWO OF THE COUNTY EMS

SERVICES COLLECTION RATE IN 1994 WAS BARELY ABOVE 50%, A LEVEL ANY BUSINESS WOULD SAY IS UNACCEPTABLE.

SOME OF THE COUNTY EMS SERVICES HAVE HELPED TO EASE THE FINANCIAL BURDEN THROUGH COUNTY TAX SUBSIDIES. TO SOME, HOWEVER, THE ONLY MODE OF REVENUE IS MONEY MADE FROM SERVICE RUNS AND FUND RAISERS OFFERED BY THE COMMUNITY OR TOWNSHIP. LIZ CAMPBELL, COORDINATOR OF PIERCETON EMERGENCY MEDICAL SERVICES STATED, "AT TIMES THERE ISN'T EVEN ENOUGH MONEY TO PUT GAS IN THE AMBULANCES."

MANY PROBLEMS EXIST WITHIN THE CURRENT SYSTEM AND SOME HAVE BEEN ADDRESSED, BUT MANY PROBLEMS STILL EXIST. IN THE PAST PEOPLE FROM THE EXISTING SERVICES HAVE TRIED TO GET REPRESENTATIVES FROM ALL THE COUNTY SERVICES TO COME TOGETHER AND SHARE PROBLEMS AND IDEAS WITH EACH OTHER, ONLY TO HAVE ONE OR TWO SERVICES DECLINE ATTENDANCE.

IN PROPOSING AN ALTERNATIVE TO THE PRESENT EMERGENCY MEDICAL SYSTEM THREE DELIVERY MODELS WERE VISITED AND INTERVIEWED TO ASCERTAIN BOTH THE FEASIBILITY AND ADAPTABILITY TO KOSCIUSKO COUNTY. THE THREE MODELS INCLUDE, A FIRE STATION BASED SYSTEM, HOSPITAL BASED SYSTEM, AND A PRIVATE SYSTEM. THE FIRE STATION BASED SYSTEM THAT WAS VISITED WAS LOCATED IN WABASH, INDIANA. THE FIRE STATION/EMS SYSTEM WAS ESTABLISHED IN 1974.

THE SYSTEM HAS TWO SEPARATE LOCATIONS, (ONE IN WABASH AND ONE IN THE SOUTHERN PART OF THE COUNTY), THAT SERVICE ALL BUT A SMALL PORTION OF THE NORTHERN PART OF WABASH COUNTY. THE COUNTY IS SMALLER IN POPULATION COMPARED TO KOSCIUSKO COUNTY WITH APPROXIMATELY 30,000 CITIZENS. THE SYSTEM HAS 30 FULL TIME PAID EMPLOYEES AND IS STAFFED FOR THREE SHIFTS, SEVEN DAYS A WEEK, 365 DAYS PER YEAR. THE SYSTEM IS FUNDED (BOTH SALARIES AND EQUIPMENT) THROUGH CITY TAX DOLLARS AND COUNTY TAX SUBSIDIZES.

THE AVERAGE NUMBER OF AMBULANCE RUNS PER YEAR IS 1,400 WITH AN ADDITIONAL 100 RESPONSES FOR FIRE EMERGENCIES. THIRTY PERCENT OF THOSE AMBULANCE CALLS INVOLVES TRAUMA, I.E., AUTOMOBILE ACCIDENTS, GUN SHOT WOUNDS, ETC. THE WABASH SYSTEM DOES NOT PARTICIPATE IN NORMAL TRANSFERS TO HOSPITALS OUT OF THE COUNTY. THE RESPONSE FOR EMERGENCY CALLS WITHIN THE CITY IS FOUR MINUTES, AND TO THE RURAL PORTIONS OF THE COUNTY 12 MINUTES.

EDUCATION AND TRAINING ARE PROVIDED THROUGH AN EMPLOYED INSERVICE DIRECTOR IN COORDINATION WITH THE LOCAL HOSPITAL. THE LOCAL HOSPITAL PROVIDES THE EMPLOYEES WITH THE OPPORTUNITIES TO ACHIEVE THE OPTIMUM NUMBER OF SUCH SKILLS AS INTUBATION AND INTRAVENOUS NEEDLE PLACEMENT. ONE CONCERNING ASPECT OF THIS ORGANIZATION IS THAT THE QUALITY ASSURANCE/CHART REVIEW AUDIT LACKS STRUCTURE.

THE EMERGENCY MEDICAL PROVIDERS AT THIS TIME ARE NOT PARAMEDICS, HOWEVER, THE SERVICE THAT MAKES CALLS IN THE NORTHERN ASPECT OF THE COUNTY DOES PROVIDE PARAMEDIC SERVICES. THIS PARTICULAR ASPECT WAS NOTED BY THE CHIEF OF EMERGENCY SERVICES AT WABASH COUNTY HOSPITAL AND FELT THAT ALL CITIZENS OF THE COUNTY DESERVED THE SAME LEVEL AND STANDARD OF CARE. THEREFORE, IN JUNE OF THIS YEAR THE CONVERSION OCCURRING OVER A 16 MONTH PERIOD WILL BE MADE TO AN ALL PARAMEDIC SERVICE.

THE WABASH COUNTY FIRE/EMS HAVE A GOOD WORKING RELATIONSHIP WITH THE COMMUNITY AND FEEL THAT THEY ARE RESPECTED COMMUNITY MEMBERS. MR. COPELAND, DEPUTY FIRE CHIEF STATES "WE WOULD BE BORED TO DEATH IF ALL WE DID WAS ANSWER FIRE CALLS."

BENEFITS OF THE SYSTEM:

- Multi-tasked employees
- CITY AND COUNTY FUNDED
- PURCHASING POWER
- STANDARDIZED LEVEL OF CARE
- RELATIONSHIP WITH COMMUNITY
- STABLE WORK FORCE

DRAWBACKS OF THE SYSTEM:

- ORGANIZED QUALITY ASSURANCE PROGRAM
- NO OUT OF TOWN TRANSFERS.

THE PRIVATE SYSTEM THAT WAS VISITED WAS THREE RIVERS AMBULANCE AUTHORITY LOCATED IN FORT WAYNE, INDIANA. THIS SYSTEM IS UNIQUE IN THAT IT IS ONE OF ONLY EIGHT PUBLIC UTILITY MODELS IN THE ENTIRE UNITED STATES. A PUBLIC UTILITY MODEL IS ONE IN WHICH THE AUTHORITY ACTUALLY OWNS THE EQUIPMENT AND THE BUILDINGS IN WHICH THE EQUIPMENT IS HOUSED. THE PERSONNEL ARE "LEASED" BY THE PUBLIC UTILITY.

IN THE THREE RIVERS AMBULANCE AUTHORITY SCENARIO, BIDS ARE TAKEN EVERY FIVE YEARS TO SECURE PERSONNEL SERVICES. PRESENTLY, A SERVICE OUT OF DETROIT, MICHIGAN, MERCY, IS RESPONSIBLE FOR STAFFING THE FORT WAYNE METROPOLITAN AREA THREE SHIFTS PER DAY, SEVEN DAYS PER WEEK, 365 DAYS PER YEAR. THE WINNER OF THE CONTRACT MUST MAINTAIN STRINGENT PERFORMANCE CRITERIA. THE CONSTITUENTS OF FORT WAYNE CAN BE ASSURED QUALITY IS THE DRIVING FORCE BEHIND THE END PRODUCT.

THE POPULATION OF FORT WAYNE IS 179,000. THE THREE RIVERS AMBULANCE AUTHORITY PERFORMS 15,000 RUNS PER YEAR, VIA ELEVEN MANNED AMBULANCES. RESPONSE TIME TO A SCENE

MUST OCCUR WITHIN EIGHT MINUTES, 90% OF THE TIME. BECAUSE FORT WAYNE IS NOT A SINGLE HOSPITAL CITY, THE INDIVIDUALS CALLING THE SERVICE ARE GIVEN THE OPPORTUNITY TO DECIDE WHICH FACILITY THEY PREFER. IF THE SITUATION IS A MATTER OF LIFE OR DEATH (PRIORITY ONE) THE AMBULANCE DRIVER CHOOSES THE HOSPITAL THAT CAN BE ACCESSED MOST QUICKLY.

STAFFING CONSISTS OF 60 PARAMEDICS, ONE PARAMEDIC TRAINER, TEN OFFICE STAFF, EIGHT BILLING AND SUPPORT PERSONNEL. THE THREE RIVERS AMBULANCE AUTHORITY ANSWERS AND IS RESPONSIBLE TO A BOARD OF DIRECTORS. FINANCIAL SUPPORT IS REALIZED THROUGH 100% USER FEES, THERE IS NO TAX SUBSIDY. THE BUDGET FOR 1996 IS 6.8 MILLION DOLLARS.

OFFSETTING UNCOLLECTED FEES HAS BEEN SOMEWHAT ACHIEVED THROUGH THE LIFE CARE MEMBERSHIP PROGRAM. THE PROGRAM IS DESIGNED TO SECURE MEMBERSHIPS FOR \$59.00 PER YEAR. THE MEMBER AND THEIR FAMILY CAN USE THE ASSISTANCE OF THE AMBULANCE SERVICE IN AN EMERGENCY SITUATION AND THE THREE RIVERS AMBULANCE AUTHORITY WILL ACCEPT ONLY INSURANCE ASSIGNMENT. IF THE AMBULANCE IS CALLED IN A NON-EMERGENCY SITUATION THE BILL WILL BE REDUCED BY 35%.

THE RELATIONSHIP WITH THE COMMUNITY CAN BEST BE DESCRIBED AS STRAINED BECAUSE OF THE AGGRESSIVENESS THAT IS REQUIRED BY THE COLLECTION AND BILLING DEPARTMENT. THE SYSTEM UP TO 1983 WAS TOTALLY TAX SUBSIDIZED AND THE CHANGE TO A "BUSINESS" ENVIRONMENT HAS CAUSED SOME UNHAPPINESS IN PATRONS WHO HAD PREVIOUSLY USED THE SYSTEM.

THE RELATIONSHIPS WITH THE LOCAL HOSPITALS CAN BE DESCRIBED AS EXCELLENT. EACH HOSPITAL HAS A PARAMEDIC LIAISON WHO MEETS ON A MONTHLY BASIS TO REVIEW AND MAKE RECOMMENDATIONS REGARDING CARE. THE HOSPITALS ALSO PROVIDE CLINICAL SKILL APPLICATIONS.

BENEFITS OF THE SYSTEM:

All PARAMEDIC
SAME LEVEL OF CARE FOR ALL CITIZENS
ECONOMIES OF SCALE
HOSPITAL RELATIONSHIPS
STRINGENT PERFORMANCE CRITERIA
BEST SERVICE FOR BEST PRICE
IN COUNTY PARAMEDIC TRAINING

DRAWBACKS OF THE SYSTEM:

BUSINESS LIKE ENVIRONMENT
FUNDING THREATS
MEDICARE AND MEDICAID IMPACTS
IMPACT ON STAFFING EVERY FIVE YEARS
HIGH STRESS DUE TO PERFORMANCE CRITERIA
NO VOLUNTEERS

THE HOSPITAL BASED MODEL IS LOCATED IN HUNTINGTON MEMORIAL HOSPITAL IN HUNTINGTON, INDIANA. THE SYSTEM BEGAN IN 1974 AND HAS BEEN LOCATED WITHIN THE HOSPITAL SINCE IT'S INCEPTION. THE SYSTEM COVERS SOME 38,000 LIVES AND HANDLED 3,100 CALLS IN 1995. FORTY PERCENT OF THE RUNS WERE ADVANCED LIFE SUPPORT.

THE SERVICE IS OPEN TWENTY-FOUR HOURS PER DAY, SEVEN DAYS PER WEEK, 365 DAYS PER YEAR. STAFFING CONSISTS OF 19 FULL TIME PARAMEDICS AND TWENTY-TWO VOLUNTEER STAFF THAT CONSISTS OF BOTH BASIC EMT'S AND ADVANCED EMT'S. THE SERVICE IS FUNDED PRIMARILY

THROUGH THE HOSPITAL WITH AN APPROXIMATE 10% SUBSIDY COMING FROM THE COUNTY.

THE COUNTY IS SERVED THROUGH TWO LOCATIONS, ONE AT THE HOSPITAL AND ONE IN AN OUTLYING COMMUNITY IN THE COUNTY. RESPONSE TIME IS FOUR MINUTES IN THE TOWN OF HUNTINGTON AND ELEVEN MINUTES THROUGHOUT THE COUNTY. NOTEWORTHY IS THE FACT THAT THE ENTIRE COUNTY IS NOT SERVICED BY THE HOSPITAL BASED UNITS AS BOTH WARREN AND ROANOKE PROVIDE VOLUNTEER SERVICES TO THEIR RESPECTIVE COMMUNITIES. HOWEVER, MORE AND MORE OF THE PARAMEDIC SERVICES ARE BEING REQUESTED IN THESE AREAS.

THE RELATIONSHIP BETWEEN THE HOSPITAL AND THE EMERGENCY MEDICAL SERVICES ARE EXTREMELY STRONG, AFTER ALL, THEY ARE A DEPARTMENT OF THE HOSPITAL. HOUSED WITHIN THE EMERGENCY DEPARTMENT THE STAFF PROVIDE ASSISTANCE TO FELLOW DEPARTMENTS IN PEAK ACTIVITY PERIODS. THE STAFF PLACES 90% OF THE INTRAVENOUS NEEDLES. PARAMEDICS ASSIST WITH EVERY EMERGENT SITUATION (CODE) IN THE FACILITY.

THE STAFF FUNCTION UNDER A SET OF STANDING ORDERS ESTABLISHED BY THE EMERGENCY DEPARTMENT CHAIRMAN WHICH ASSISTS THEM IN BEING PROACTIVE WITH THE HOSPITAL STAFF. THE EDUCATIONAL COMPONENT IS EXTREMELY STRONG IN BOTH THE INITIAL TRAINING PERIOD AND IN AN ONGOING SETTING. STAFF ARE REQUIRED TO SPEND SEVERAL DAYS PER YEAR IN THE SURGERY DEPARTMENT HONING INTUBATION SKILLS. EDUCATIONAL OPPORTUNITIES ARE ABUNDANT AS THE SERVICE CAN TAP INTO THE OFFERINGS OF THE HOSPITAL, REDUCING THE COST OF SECURING SPEAKERS, SENDING INDIVIDUALS AWAY FOR TRAINING, ETC. THE INSTITUTION IS A PARAMEDIC TRAINING FACILITY. ECONOMIES OF SCALE ARE USED IN PURCHASING SUPPLIES AND EQUIPMENT FOR THE SERVICE.

QUALITY REVIEW IS AN EXTREMELY VITAL COMPONENT WITHIN THE ORGANIZATION. EACH AND EVERY PARAMEDIC RUN IS REVIEWED FOR STANDARD OF CARE ISSUES AND FOR THE ABILITY TO

IMPROVE SERVICE TO THE COMMUNITY. CARE ISSUES ARE ADDRESSED IMMEDIATELY, UNLIKE OTHER SITUATIONS WHEN A MONTH HAS PASSED BEFORE A MEETING IS HELD AND IMMEDIACY OR SEVERITY OF THE CONCERN IS LOST DUE TO THE "RIGHT" PEOPLE NOT BEING IN THE SAME LOCATION.

INTERACTION WITH THE COMMUNITY CAN BE DESCRIBED AS VERY POSITIVE. THE RELATIONSHIP IS STRONG AND RESPECTED. THE DIRECTOR OF THE SERVICE STATED, "THE RESOURCES THAT THE HOSPITAL CAN PROVIDE BOTH TO ME AND MY STAFF MAKE A TOUGH JOB SO MUCH EASIER."

BENEFITS OF SYSTEM:

MIX OF PARAMEDICS AND VOLUNTEERS

HOSPITAL BASED

RESOURCES

QUALITY ASSURANCE

ECONOMIES OF SCALE

FUNDING

COMMUNITY IMAGE

MULTI-TASKED EMPLOYEES

CENTRALIZED ADMINISTRATIVE FUNCTIONS

DRAWBACKS OF SYSTEM:

MEDICARE AND MEDICAID IMPACT

RATIONALE FOR STATUS QUOOPPOSITION TO CHANGE

THE COMMUNITY IS NOT AWARE OF THE DIFFICULTIES THAT THE PRESENT SYSTEM IS FACING. AS A CITIZEN OF THE COUNTY, IF I AM NOT AWARE, I CAN NOT BE AN IMPETUS FOR CHANGE. "IF I CALL 911, AN AMBULANCE COMES," STATED EDDIE CREIGHTON, COUNTY COMMISSIONER. "THAT IS ALL THE COMMUNITY REALLY CARES ABOUT."

SHERIFF AL ROVENSTINE STATED, "IT ALL COMES DOWN TO PRIDE. NO ONE WANTS TO GIVE UP WHAT THEY HAVE WORKED SO HARD TO ACHIEVE." CITIZENS HAVE INDEED WORKED HARD TO SUPPORT THEIR LOCAL EMS. NUMEROUS CHILI SUPPERS AND FUND RAISERS HAVE BEEN UNDERTAKEN.

UNFORTUNATELY, IT IS THE SAME SMALL GROUP OF INDIVIDUALS WHO DO THE WORK THAT MANY SHOULD UNDERTAKE. EVEN IF THE EFFORTS ARE SPREAD ACROSS NUMEROUS PERSONS, THE MONIES THAT ARE OBTAINED PROVIDE LITTLE RELIEF FROM THE CONSTANT FINANCIAL PINCH. FOR EXAMPLE, A RECENT BREAKFAST HELD BY SOUTH CENTRAL KOSCIUSKO EMERGENCY MEDICAL SERVICES NETTED \$40.00 IN PROFITS.

THE TYPICAL RESPONSE TO THE QUESTION, "HOW WOULD YOU FEEL ABOUT A COUNTY WIDE PARAMEDIC SERVICE?" "OH, I WOULD SUPPORT IT IF THE STATION REMAINED IN THE SAME LOCATIONS AS IT IS NOW," STATED BY ELMON BAYS, VICE PRESIDENT OF SOUTH CENTRAL KOSCIUSKO EMERGENCY MEDICAL SERVICE.

Solution:

FIRST AND FOREMOST EACH AND EVERY CITIZEN OF KOSCIUSKO COUNTY DESERVES THE SAME STANDARD AND LEVEL OF CARE. THERE MUST BE AN ESTABLISHED COUNTY WIDE PARAMEDIC SERVICE. STUDYING THE THREE MODELS AND ASCERTAINING INFORMATION FROM COMMUNITY LEADERS AS TO WHICH SYSTEM WOULD BEST FIT AND SERVE THE COMMUNITY IS A COMPLEX PROBLEM. HOWEVER, THE SOLUTION TO THAT PROBLEM IS TO PLACE THE SERVICES UNDER A SCENARIO THAT ELIMINATES

both personality and politics.

PARAMEDIC SERVICES should be a HOSPITAL based SERVICE for KOSCIUSKO COUNTY. THREE STRATEGICALLY PLACED FACILITIES MUST BE ESTABLISHED. THE CENTRAL UNIT BEING LOCATED WITHIN THE HOSPITAL. TWO ADDITIONAL SYSTEMS PLACED TO PROVIDE A RESPONSE TIME UNDER TEN MINUTES. THE GEOGRAPHICAL LOCATION OF THE ADDITIONAL UNITS NEED TO BE PLACED, ONE, IN THE NORTHERN PORTION OF THE COUNTY AND TWO, IN THE SOUTHERN ASPECT OF THE COUNTY.

WHAT EXACTLY DOES THIS PROPOSED SYSTEM PROVIDE THAT KOSCIUSKO COUNTY DOES NOT ALREADY HAVE? A SYSTEM THAT IS ALWAYS STAFFED TWENTY-FOUR HOURS PER DAY, SEVEN DAYS PER WEEK, 365 DAYS PER YEAR. THE SERVICE WILL PROVIDE PARAMEDIC SERVICE TO EACH CITIZEN. THE STAFF WILL ROTATE THROUGH EACH LOCATION, PROVIDING VARIED EXPERIENCES, ASSURING BOTH SKILL AND COMPETENCY LEVELS REMAIN HIGH, IN ESSENCE MULTI-TASKED EMPLOYEES.

THIS SYSTEM WILL PROVIDE FOR HEIGHTENED ECONOMIES OF SCALE. THE NUMBER OF AMBULANCES CAN BE TRIMMED, INSURANCE CAN BE PURCHASED FOR THE ENTIRE SYSTEM, (BOTH FLEET AND LIABILITY). EQUIPMENT AND SUPPLIES CAN BE PURCHASED THROUGH NATIONAL BUYING GROUPS. DUPLICATION OF SERVICES WILL BE ELIMINATED. IT IS ESTIMATED AS EACH OF THE EIGHT SYSTEMS ATTEMPT TO MOVE TO A PARAMEDIC ARENA THE PRICE TAG WOULD BE 1 MILLION DOLLARS PER LOCATION. A PRICE TAG KOSCIUSKO COUNTY CAN ILL AFFORD.

THE QUALITY ASPECT OF ONE SYSTEM MUST BE RECOGNIZED. A PARAMEDIC TRAINER AND EDUCATOR WOULD BE THE IMPETUS TO ESTABLISHING AND MAINTAINING PERFORMANCE CRITERIA. THE PRESENT SYSTEM PRODUCES MANY WEAK LINKS IN REGARDS TO EDUCATION, TRAINING, FOLLOW-UP AND SUPERVISION. EDUCATIONAL OPPORTUNITIES WITHIN THE HOSPITAL ARE BOUNDLESS.

CRITICAL SKILLS COULD BE TAUGHT AND MAINTAINED IN A CONTROLLED ENVIRONMENT. STAFF MEMBERS WOULD PLAY AN INTRICATE PART IN THE EMERGENCY DEPARTMENT, PROVIDING BOTH

SUPPORT AND AGAIN OPPORTUNITIES FOR HANDS ON EXPERIENCE. SITTING IN A STATION WAITING FOR CALLS DOES NOT HONOR YOUR SKILL LEVEL, WORKING IN AND AROUND EMERGENT SITUATIONS DOES. EACH AND EVERY PARAMEDIC SERVICE IN THE STATE MUST HAVE A HOSPITAL SPONSOR AND A MEDICAL DIRECTOR. AGAIN, KOSCIUSKO COMMUNITY HOSPITAL IS AT THE READY, AND PRESENTLY PROVIDES SUPPORT TO TWO COUNTY WIDE SYSTEMS.

THE OBVIOUS QUESTION IS, WHERE DO THE FUNDS COME FROM TO INITIATE SUCH A PROJECT, AND, HOW DOES THIS PROJECT GAIN COMMUNITY SUPPORT? THE SUPPORT IS THERE. MAYOR PLANK MOST ELOQUENTLY STATED, "GOVERNMENT EMPLOYEES SHOULD NOT RUN AMBULANCES. PART TIME GOVERNMENT OFFICIALS ARE MAKING DECISIONS BASED ON QUOTAS NOT ON HEALTH CARE ISSUES. BECAUSE THE TOWNSHIP TRUSTEES ARE NOT PAID, THERE IS NO INCENTIVE TO MAKE CHANGES."

THE TAXPAYERS OF THIS COUNTY COULD FIND A MAJOR WIN-WIN SOLUTION IN THIS PROPOSAL:

1. IMPROVE EMERGENCY RESPONSE CARE TO EVERY CITIZEN.
2. SAVING DUE TO CONSOLIDATION.

MAYOR PLANK WENT ON TO SAY THAT "THE SYSTEM SUFFERS BECAUSE OF POLITICS. MORE ATTENTION IS PAID TO THE CONSOLIDATION AND SAVINGS IN GARBAGE DISPOSAL VERSUS EMERGENCY HEALTH CARE SERVICES."

EDDIE CREIGHTON, COUNTY COMMISSIONER, FELT THE LOCATION SHOULD BE PLACED SO THAT THE CITIZENS OF THE COUNTY ARE BEST SERVED.

AL ROVENSTINE, KOSCIUSKO COUNTY SHERIFF FELT THE PRESENT SYSTEM IS A SERIOUS PROBLEM. "THE COUNTY NEEDS ORGANIZATION." MR. ROVENSTINE WENT ON TO ADDRESS THREE OF THOSE PROBLEMS.

1. NOT ENOUGH VOLUNTEER MANPOWER TO ACCOMMODATE ALL CALLS. Relying TO HEAVILY ON Multi-TOWNSHIP.
2. SPEED THAT THE PATIENT IS BEING TAKEN CARE OF, DISPATCHER CALLS A SERVICE DOES NOT GET A RESPONSE, SERVICES DO NOT ALWAYS NOTIFY DISPATCH WHEN THEY ARE UNDER A MUTUAL Aid SITUATION.
3. WITH TWO PARAMEDIC SYSTEMS DISPATCH IS CONSTANTLY AFRAID OF STEPPING ON TOES. NO SPECIFIC POLICY WHICH PARAMEDIC SERVICE COVERS WHAT LOCATION.

MR. WAYNE HENDRIX, CEO AND PRESIDENT OF KOSCIUSKO COMMUNITY HOSPITAL FEELS STRONGLY THAT THE SYSTEM IS IN DISARRAY. "THE EMS COMMISSION AND STATE LEGISLATORS HAVE NOT PROVIDED THE PROPER GUIDANCE FOR OUR COUNTIES TO HAVE SUCCESSFUL SERVICES. A STATE WIDE PLAN NEEDS TO BE ESTABLISHED PROVIDING ENABLING LEGISLATION WITH AN ADJUNCT ON THE PROVISION OF BASIC PARAMEDIC SERVICES."

Funding:

THE IMPLEMENTATION OF SUCH A PROPOSAL MUST BE ANALYZED TO ASCERTAIN THE FINANCIAL IMPACT ON THE COUNTY. EXTENSIVE RESEARCH AND PLANNING FOR SUCH A PROJECT WILL TAKE MONITARY COMMITMENT. THESE MONIES CAN BE REALIZED THROUGH SUCH ORGANIZATIONS AS F.I. SAEMAN FOUNDATION, THE BIOMET FOUNDATION AND KOSCIUSKO COUNTY FOUNDATION. EACH OF THE AFORE MENTIONED FOUNDATIONS ARE IN PURSUIT OF PROJECTS THAT UPHOLD OR IMPROVE THE QUALITY OF LIFE FOR THE CITIZENS OF THE COUNTY.

THE MONIES SECURED FROM THE FOUNDATIONS SHOULD BE USED TO DEVELOP A PERFORMA. THE PERFORMA SHOULD INCLUDE SUCH INFORMATION AS:

- NUMBER OF FULL TIME EQUIVALENT'S TO STAFF THE SYSTEM
- TRAINING OF REQUIRED STAFF

EXPENSES OF SYSTEM (LOCATION RENT, INSURANCE, MAINTENANCE, GAS, SALARIES)

REVENUE (TAX SUBSIDY, FEE FOR SERVICE BASED)

COMMUNITY ACCEPTANCE

INCORPORATION OF PRESENT EMPLOYEES (INCLUDING VOLUNTEERS)

MARKETING OF SERVICE

IN CONCLUSION, THE PRESENT EMERGENCY SYSTEM IS AILING AND AS CITIZENS OF KOSCIUSKO COUNTY IT WILL NOT BE OF BENEFIT TO SIT IDLY BY. THE TIME TO ANALYZE THE OPTIONS ARE NOW, NOT WHEN THE MANPOWER AND MONIES ARE NO LONGER AVAILABLE. HEALTHCARE DECISIONS, INCLUDING THOSE MADE IN EMERGENT SITUATIONS MUST BE UNDER THE DIRECTION OF INDIVIDUALS THAT UNDERSTAND AND PRACTICE MEDICINE, NOT UNDER INDIVIDUALS THAT SIMPLY VIEW EMS AS ANOTHER TAX SUBSIDY.

THIS PROPOSAL DOES NOT COME WITH A CLEAR SKY FOR SAILING, BUT RATHER WITH MULTIPLE CHALLENGES AND OPPORTUNITIES. NOW IS THE TIME TO EDUCATE THE CITIZENS OF OUR COMMUNITIES, TO APPEAL FOR A HEIGHTENED QUALITY OF LIFE, AND TO MOST IMPORTANTLY MAINTAIN THE HEALTH OF OUR CITIZENS. THE UTMOST RESPECT MUST BE PAID TO INDIVIDUALS WHO HAVE UNSELFISHLY DEVOTED NUMEROUS VOLUNTEER HOURS TO THE PROVISION AND MAINTENANCE OF EMERGENCY SERVICES. HOWEVER, CAN OUR COMMUNITIES CONTINUE TO PLACE THE BURDEN OF SUCH AN ENORMOUS RESPONSIBILITY ON SUCH A LIMITED FEW?

THINK ABOUT IT. WILL THE EYES THAT YOU LOOK INTO, IN YOUR HOUR OF CRISIS BE THOSE OF A HIGHLY TRAINED PARAMEDIC, WHO HAS SPENT COUNTLESS HOURS IN EDUCATIONAL FORUMS AND HAS THE FINEST IN MEDICAL EQUIPMENT AVAILABLE BE THE ONE TO SAVE YOUR LIFE? OR, WILL YOUR PLEA FOR HELP FALL ON AN OVERBURDEN, UNDER TRAINED STAFF THAT ON ANY PARTICULAR DAY MAY

NOT BE READILY AVAILABLE TO TAKE YOUR CALL. THE DECISIONS ARE DIFFICULT, MANY EQOS MAY BE RUFFLED, HOWEVER, IT IS TRULY TIME TO DO THE RIGHT THING. PROVIDE EACH AND EVERY CITIZEN OF KOSCIUSKO COUNTY WITH THE SAME LEVEL AND STANDARD OF EMERGENCY CARE.

A SPECIAL THANK YOU TO THE FOLLOWING INDIVIDUALS FOR GIVING OF THEIR VALUABLE TIME AND INFORMATION:

DR. LINDA LAW
BOARD CERTIFIED EMERGENCY PHYSICIAN

MR. WAYNE HENDRIX, CEO AND PRESIDENT
KOSCIUSKO COMMUNITY HOSPITAL

MS. JOAN DARR, R.N., B.S.N., M.S.A.
SENIOR VICE PRESIDENT OF OPERATIONS
KOSCIUSKO COMMUNITY HOSPITAL

MS. KIMBERLY FINCH, R.N.
EMERGENCY CARE CENTER TEAM LEADER
KOSCIUSKO COMMUNITY HOSPITAL

MR. GREGORY SPRINKLE
PARAMEDIC SERVICES DIRECTOR
HUNTINGTON COMMUNITY HOSPITAL

MR. ARVIN COPELAND
DEPUTY FIRE CHIEF
WABASH FIRE/EMERGENCY MEDICAL SERVICES

MS. CINDY DOBBINS
MULTI-TOWNSHIP EMS ADMINISTRATIVE DIRECTOR

MR. AL ROVENSTINE
KOSCIUSKO COUNTY SHERIFF

MR. EDDIE CREIGHTON
COUNTY

MR. CHARLIE SPARKS
WARSAW CHAMBER OF COMMERCE PRESIDENT

MR. JEFFREY PLANK
WARSAW MAYOR

MR. GARY BOUHER
THREE RIVERS AMBULANCE AUTHORITY
FORT WAYNE, IN

MS. KAY CHURCH, R.N., B.S.N.

Deb WHITCRAFT, PARAMEDIC
MULTITOWNSHIP EMERGENCY MEDICAL SERVICE

Vicki Guy, R.N.
EMERGENCY MEDICAL SERVICE COORDINATOR
KOSCIUSKO COMMUNITY HOSPITAL

Liz CAMPBELL, PRESIDENT
PIERCETON EMERGENCY MEDICAL SERVICE

ELMON BAYS, VICE PRESIDENT
SOUTH CENTRAL KOSCIUSKO EMERGENCY MEDICAL SERVICE

MARK HUGHES
FOUR-WAY EMERGENCY MEDICAL SERVICES

WARSAW COMMUNITY PUBLIC LIBRARY

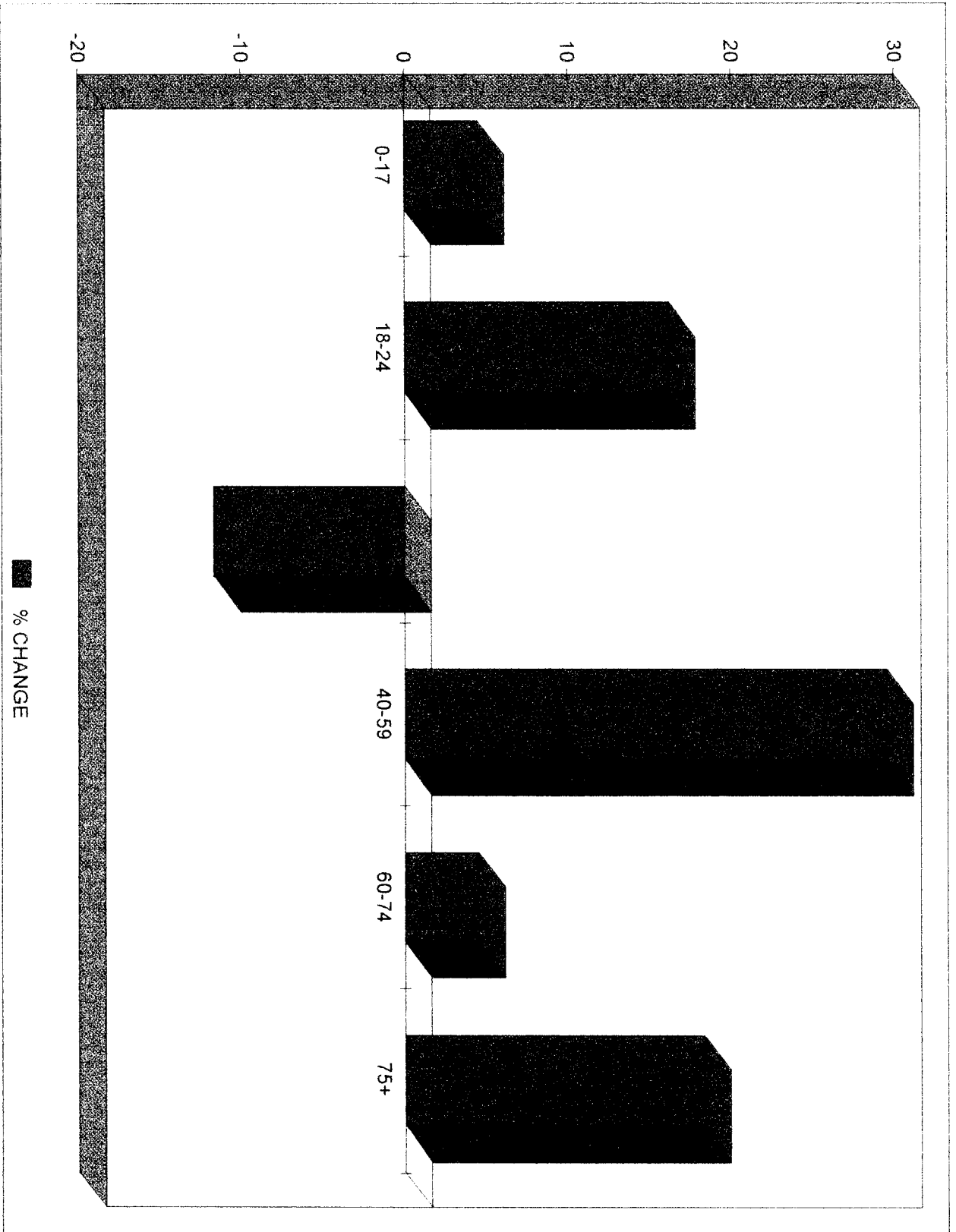


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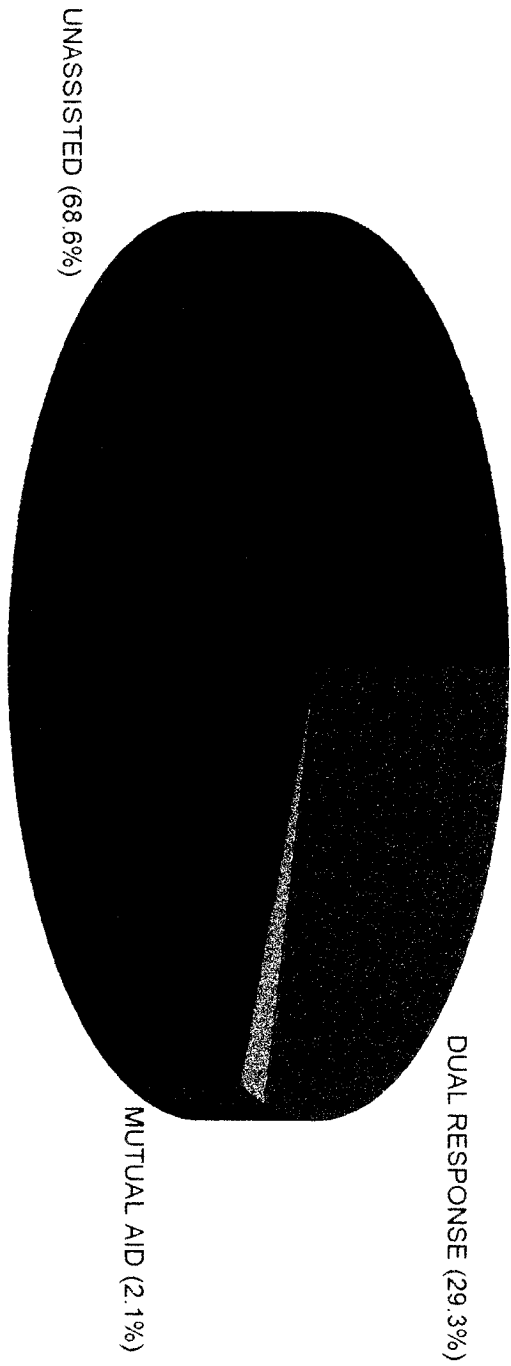
POPULATION CHANGE % 1990-2000



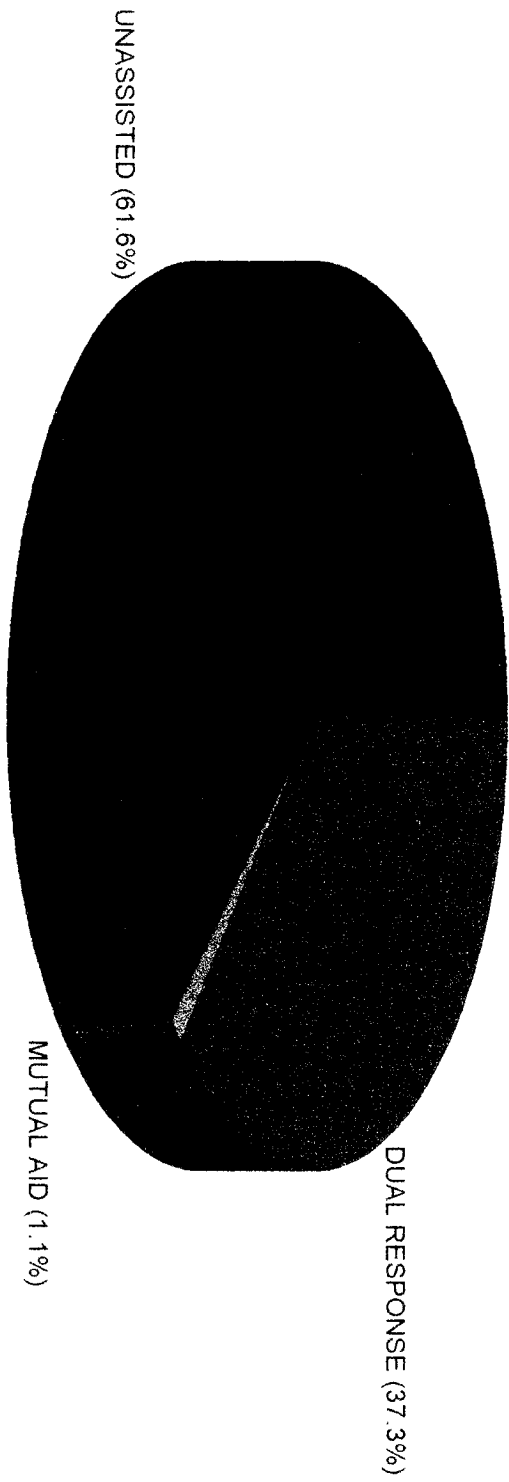
ACCIDENTAL DEATH RATES



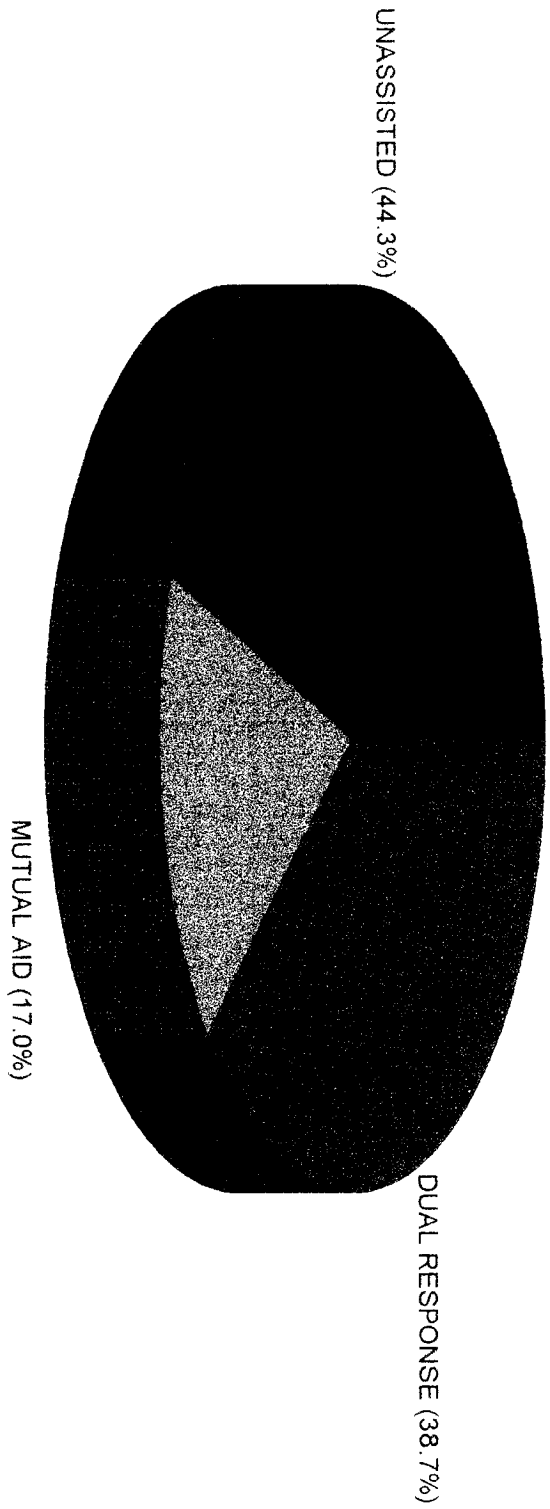
MILFORD EMS



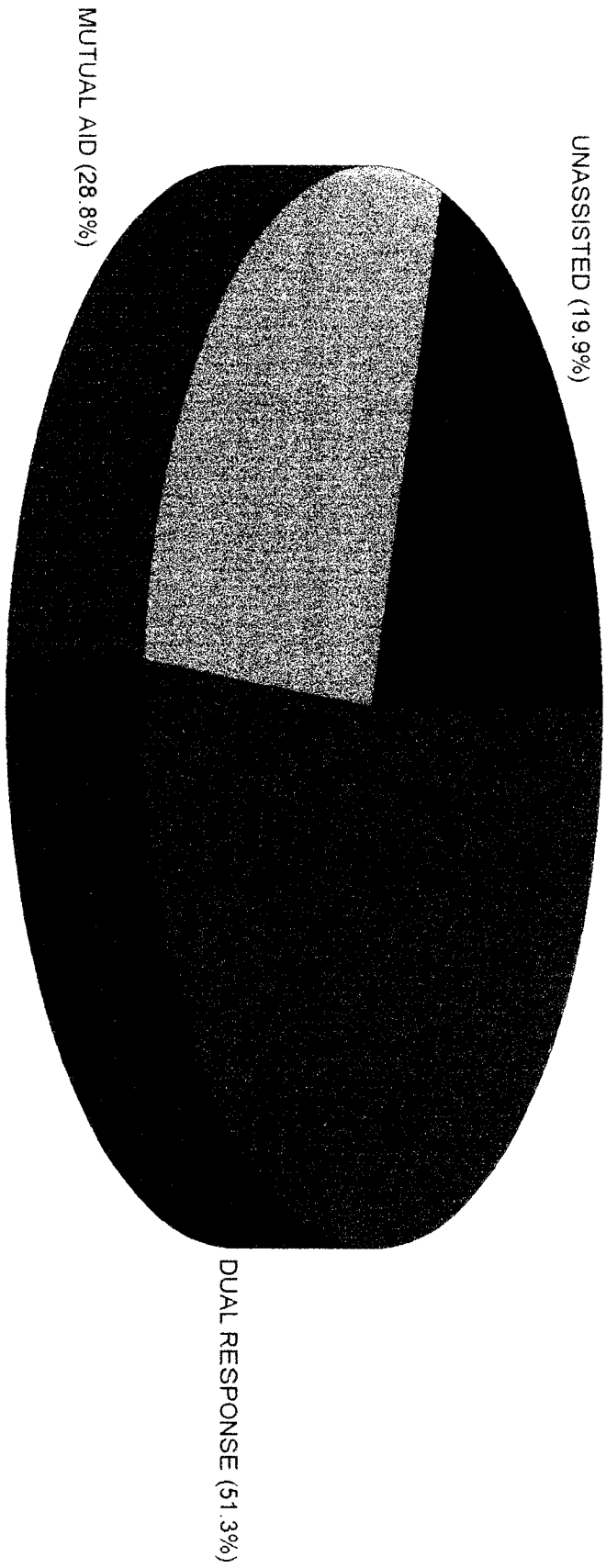
NORTH WEBSTER EMS



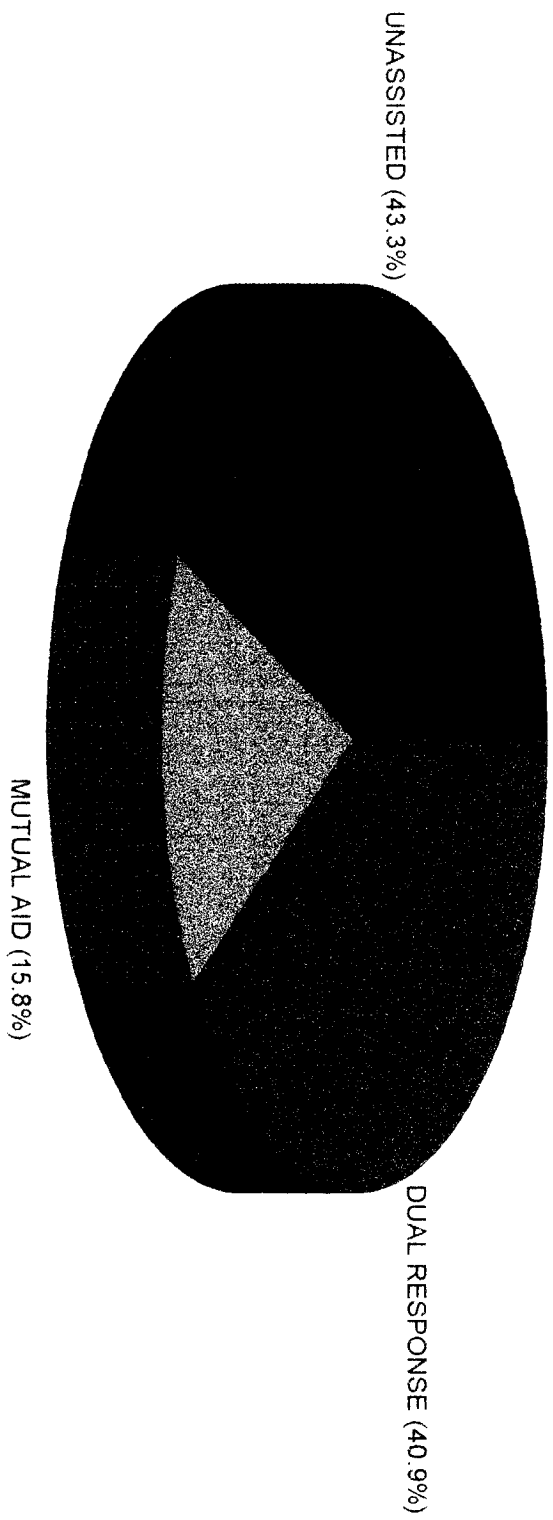
PIERCETON EMS



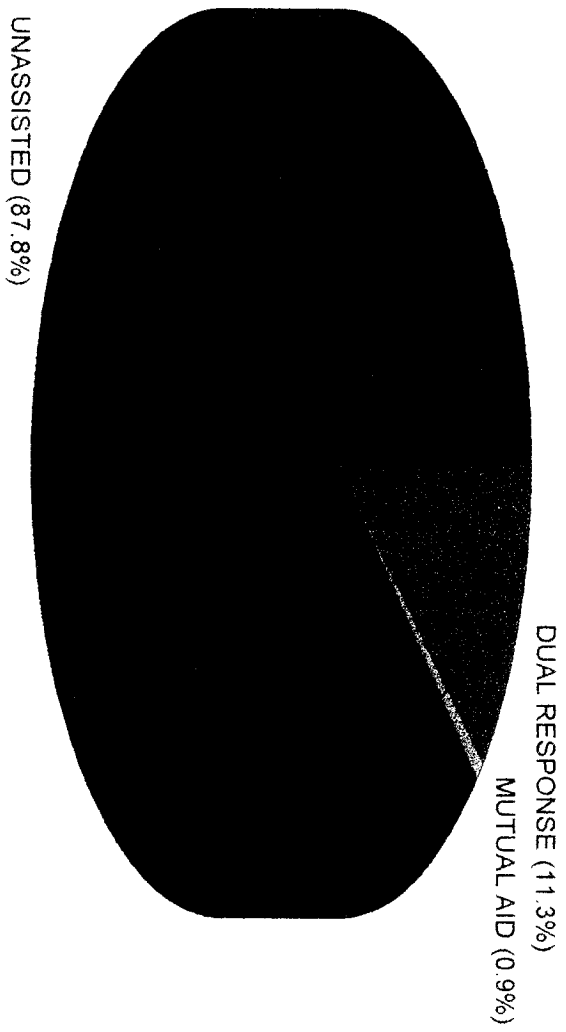
PLAIN TWP. EMS



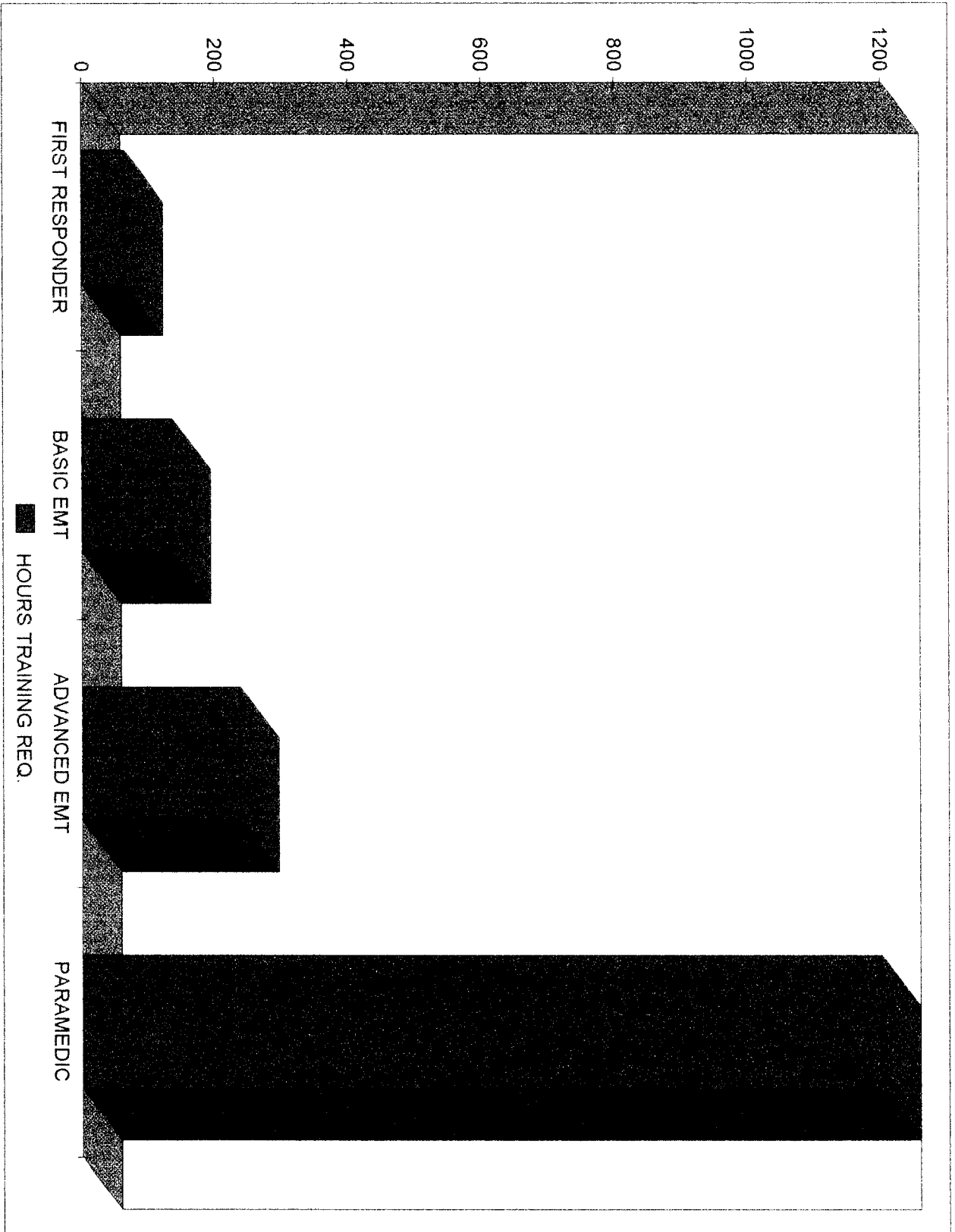
SOUTH CENTRAL EMS



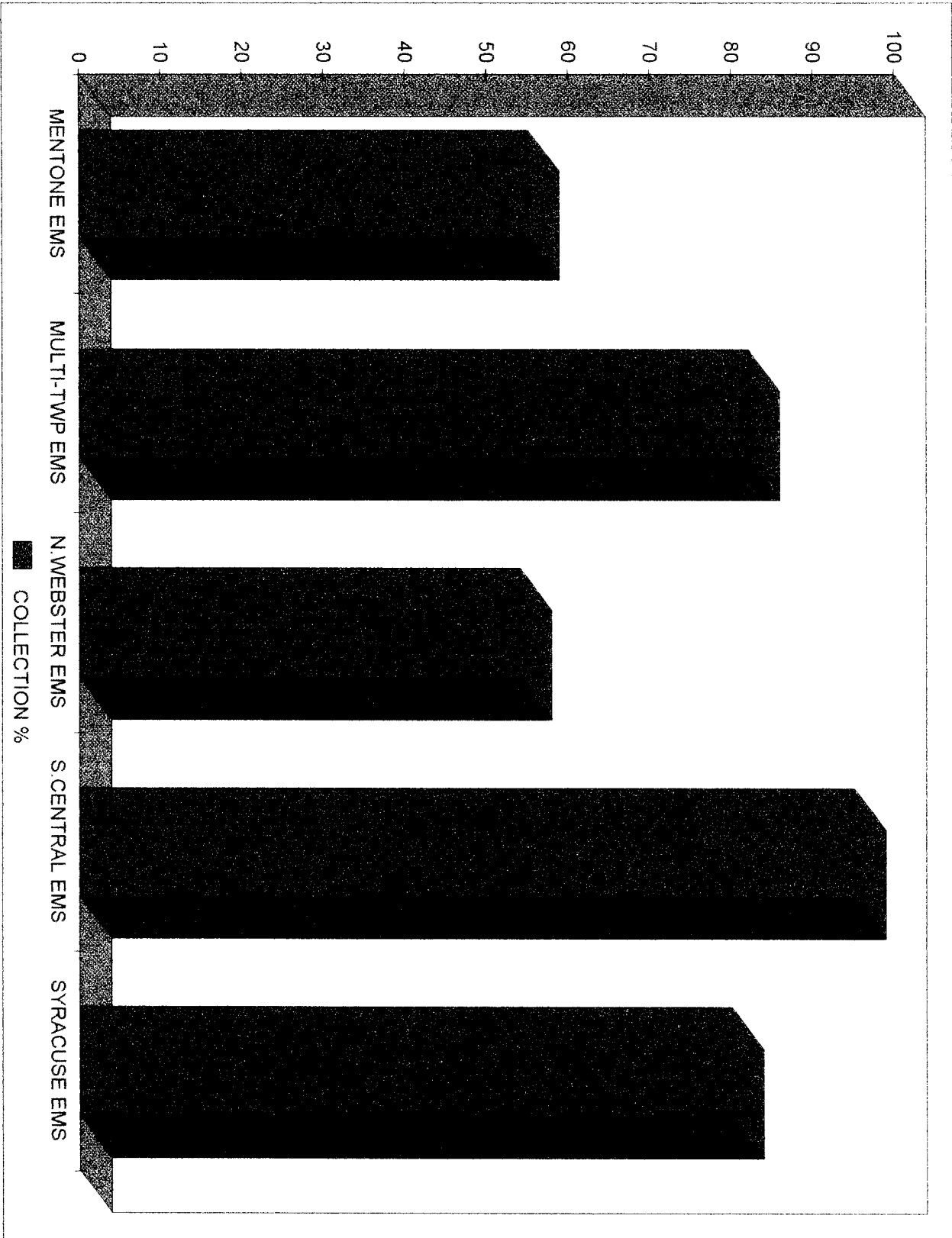
SYRACUSE EMS



TRAINING HOURS REQUIRED



COLLECTION % 1994



NUMBER OF RUNS / SERVICE 1995

