Descriptive Findings

- National Level Findings
    - EMS is not a mandated service
    - EMS has no national home
    - Has multiple Masters
    - Federal: Department of Transportation, CMS
    - No significant or dedicated funding similar to Fire and Emergency Management
    - No standardization/Benchmarks
    - Lack of public knowledge about EMS
    - No consistent or dedicated funding
    - Professional value to society and influence
    - Poor or no reimbursement from insurances-ACA

- New York State
    - EMS is not mandated
    - EMS is housed in Department of Health
    - Lack significant funding or staff
    - New York State Department of Health: protocols, education (5 keys as outlined by County Executive Molinaro (Patient Centered, consistent, reliable, affordable and sustainable)
    - No centralized training arm similar to OFPC
    - NY is a Home Rule State
    - Regulations address administrative and equipment matters
    - Little oversight on quality or consistency
    - No standardization/Benchmarks
    - Lack of public knowledge about EMS
    - Professional value to society and influence
    - No consistent or dedicated funding
    - Poor or no reimbursement from insurances-ACA

- County and Local
    - Again EMS is not mandated
    - Home rule

- No centralized authority-fragmented and inconsistent service
- Demographic and geography influence-rural vs. suburban
- No system approach
- Questionable EMS knowledge to make operational decisions
- Solutions developed often without collaboration
- Inconsistent consideration of 5 keys
- Traditionally Fire based in Dutchess County, supplemented by Commercial Services
- Fire Districts legal prohibited from reimbursement
- Professional value to society and influence
- Lack of public knowledge about EMS
- No consistent or dedicated funding
- Poor or no reimbursement from insurances-ACA
- Limited use of information technology
- Varied delivery models
- Inconsistent standard of what is acceptable
- Inconsistent levels of service and response
- Limited to no Healthcare system collaboration
- Limited and inconsistent information on patient outcomes
- No surge capacity
- Fragmented/decentralized training
- No systemic approach to Quality Assurance/Quality Improvement

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- <u>Future</u>
  - Aging population, increase call volume
  - Projected and changing population density
  - Decrease volunteer base
  - Decreased recruitment pool
  - EMS and emergency healthcare delivery changes

- Money is the biggest influence for change to the status quo