SWOT: OPPORTUNITIES

* Expanded role of EMS providers in community health (a potential career path/ladder?)

* Connecting to EMR's in the field to improve patient care/outcomes

* County Executive publically identifying an EMS issue and initiating taskforce

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* New York state provides the tax incentive of $200 for any volunteer personnel.

* There is potential for a partnership or regionalized ems on the eastern side of Dutchess, it was discussed a few years back, but never took off because of a few stumbling blocks.

* Some districts provide losap- a retirement fund for volunteers, currently my company doesn't provide this. I do know there are many company- districts that do.

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* Develop long-term strategies for sustainable ambulance services for Dutchess County.

* Develop "time on task"- hours of time ambulance in on the road and distance.

* Review NYS Laws governing EMS. Initiate change where/if needed for long term.

* Advance Technology...sharing data and communication locally.

* Build and strengthen communications and interfaces between all agencies and political entities at local land state level.

* Evaluate Ambulance Services Delivery outside our local environment. IE other NYS counties and counties outside of NYS.

* Develop lasting partnerships with all stakeholders impacting service in out County. (Service providers, Towns and County and State).

* Increase of core base of EMTs, AEMTs, etc.

* Better communication and commitment to develop procedures with Hospitals to provide best possible patient care.

* Build communications and relations with all Police Agencies (many carry AED's and Narcan).

- E-PCR system in place since January 2015
- E-Pro Scheduling system implemented this year
- Notification of calls via paging and texting
- Contract with Mobile Life for ALS ambulance in EF from 8-8 Monday-Sunday

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* Community Paramedicine

* Additional advanced training programs for providers

* Scholarships to pay for training of new providers

- To develop a model EMS program supported by the fire service
- Community paramedicine
- Possible funding for a system that works together
- Culture in Albany and 22 Market St. of consolidation
- Create a better way to coordinate standard training to all EMS personnel

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- Trans Care closure gives county a chance to find a better way
- Aging population likely creating more demand
- Regulatory opportunities...especially with interest shown by our state representatives
- Creating interest in the service through social media
- Potential consolidations

- I can't answer this section because I am not directly involved in the EMS world.

- Custom" solution tailored to our regional needs
- Shared services could help balance financial burdens

- This Taskforce process
- Willingness of some to address (providers)
- Elected official involvement
- Citizen/taxpayer interest
- Impact of ACA and how it impacts reimbursement/care model
- Social media/recruitment potential
- "Changing the conversation"
- Creating a Hybrid system

- Recruitment of volunteers for District/VAC units
- Address wage issues with commercial ambulance providers
- Better leadership within all units of EMS (County, Private, Districts/VACs)
- Use technology to improve service (resource tracking, coordinated IT systems between response to hospital)
- Remove financial boundaries that are in place by contract requirements and Districts
- Public awareness of what 911 is
- Path to direct those in need with non-emergency issues
- Community paramedic- field treatment of patients
- Alternative transport options (aeromedical, bus, taxi program)
- Define impacts of construction of health care facilities for service planning, SEQRA use. Address spikes in service needs.

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* To shape the future of EMS in Dutchess County for many years to come
* To be in a position to integrate changes in EMS such as community paramedicine as they become available

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* Changing Healthcare system

* Changes in EMS Structure

* Changes in aging population

* Changes in population demographics

* Industry Trends

* Technology Trends

* Partnerships and sharing of services

* Regionalization

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* Community paramedicine

* Making EMS an essential service

* Incentives from local communities to encourage volunteerism

* Establish ambulance districts to fund local ambulances so that billing for services could be accomplished.

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*Demand has not changed and so our communities ability to contract is financially unsustainable

* Very limited time: Our town proposing shared services with neighboring towns which might result in lower cost

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* Unknown

* Specialty care centers

* Educate policy makers

* Recruitment and training starting in High School

* Hospital systems and insurance companies could help finance EMS System

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* Find a cost effective way of providing EMS

* Change State law to allow for revenue recovery

* Have a dedicated EMS System

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1. _ Increased revenue through grants and other means
2. Customer/non-emergency: improve public relations
3. Inter-municipal contractual agreements for joint acquisition of equipment, apparatus, manpower, and insurance.
4. NFPA standards.
5. Increased scrutiny by taxpayers: increased public trust.
6. Hardware and software IT changes.
7. Web site (PR) development.
8. Large number of potential volunteers
9. Ability to influence policy changes at local, state, and federal associations
10. Increased focus on environmental issues

11. Development of other types of emergency services delivery (specialties like trench rescue, swift water rescue, etc...)
12. Increased BLS capabilities (Naloxone, CPAP, etc...)
13. Potential for change to allow municipal services to bill insurance companies

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Are there opportunities created by new healthcare initiatives?
I don't feel that Obama care offers any opportunities for volunteers

Are there recent changes in the demand?
Many districts have been faced with large-scale developments in rural communities, which can have huge impacts on call volume and type of alarm. This affects morale and commitment of the affected agencies. How many burnt-toast AFAs and non-emergent EMS calls can you respond to before you start to question your willingness to continue in the field?

Is an opportunity ongoing or limited window of time?

Healthcare/EMS industry trends
Increasing number of geriatric patients as the Baby Boomers become senior citizens.

There have been numerous articles in JEMS about community based paramedicine, where EMS and other medical personnel provide home visits and outreach to the community, with the intent of providing needed care to those who are otherwise unable to access the health care system except through a visit to the ER. These programs have been shown to reduce the number of emergency transports.

Technology innovations

Information and research
None of Dutchess County's problems are unique to Dutchess County. The drop is volunteerism is a nationwide trend, and the suburbanization of rural landscapes happens near every urban center. Let's reach out to other counties who have already been faced with population shifts and increases in call volume. Is it time to re-think a volunteer based system? LaGrange, Arlington and Fairview have gone through the agonizing process of shifting to career staff – what is the population density/call volume that triggered those changes and what can the rest of us learn from their experiences?

Partnerships/regionalization
Please talk about ways for volunteer agencies to partner and create battalion-level or other regionalized response groups. Obviously difficult due to the need for municipal governments to cooperate, but could be the best way to maintain a volunteer base of responders. The paid agencies do not have the capacity to run every call in the county

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SWOT: STRENGTHS

* Training
* EMS providers are generally collaborative and work well together
* Radio system performs well
* Some agencies converting to ePCR's
* County EMS Coordinator full time
* Dedicated providers, both volunteer and career based
* Regulated service (equipment, training, protocols) – minimum level of care
* Hospitals with EMS liaison staff

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* We currently have a total of 9 emts providing basic life support, these people take a lot of pride in what they do.

* These 9 emts are able to cover a "12 hour shift" consisting of evening response as volunteers.

* Financial- for our squad it is soley run by fund raising monies to provide the services, there is no tax monies used for support.

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* Establishment of County Task Force to gain data and build an approach to ambulance service to our citizens.
* EMT programs available.
* Some Ambulance providers looking to long-term solutions (recognize the problem and want to address such).
* Central Dispatch and 911 service is in place.
* Accurate statistics available through the 911 Center.
* Cooperation between Commercial and Volunteer Ambulance agencies.
* Medical Control is in place.
* Various Service organizations meet regularly to provide communication (FAB, Chiefs Council, EMS Council, Fire Districts Assoc., Mayors and Supervisors).
* Regional Training Groups established (ie Northern Dutchess Training Association, Northeast-Harlem Valley Training Association).
* QA-QI Group established by Northern Dutchess Training Association EMS.
* Ambulances are all Certified by NYS.
* Ambulance Services-provided through Town, Fire District, Ambulance District, Contracts. Most funds are tax-based.
* Presently, system is able to handle existing call volume.
* Many Police Agencies carry AED's and Narcan.
* Dutchess County (Health Dept.) is on board with ambulance concerns and will provide resources.
* Establishing a "Steering Committee" to provide a "paper" with facts and data with suggestions/recommendations.

- Approximately 80 members in the squad
- Comprised of EMT's and Drivers
- 2 ambulances- 1 rostered 24/7; the other available when needed
- All Volunteer
- Covering ~54 square miles in the southern Dutchess county
- ALS on simultaneous dispatch with P1 & P2 calls
- Strong leadership and backing of BOC-allows for new/updated equipment and more than adequate supplies
- Countywide EMS system
- Mutual aid plan
- Generous tax-based budget
- Geographic area allows transports to multiple facilities- Vassar, Danbury, Putnam, St. Lukes, MHR, WMC
- E-PCR system allows for better QI

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* Unlimited educational opportunities
* Well-trained, certified people
* Electronic record keeping
* County 911 dispatch
* Committed people
* QA/QI
* Support from HVREMSCO and NYS DOH BEMS

- Ambulances that are fully staffed with the career agencies that happen to be in the busier parts of the county.
- Resources in the form of equipment like the MCI trailers
- Centrally located facilities in each community.
- Radio communications system
- There are approximately 35 ambulances in the county that are not owned by a commercial agency
- The current number certified and non-certified providers in the system.
- Three hospitals in the county with surrounding hospitals in other counties located in surrounding counties and Conn. These are all located within reasonable distance of population centers
- Good transportation infrastructure for travel and distribution of resources
- Resources to train and educate new and existing EMS personnel

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- Good organization in many geographic areas
- Dedicated volunteer staffs in several areas
- Professional and experienced paid career staffs in several areas
- Many well-equipped and strategically locales
- Effective Communications
- Excellent training availabilities
- Access to Private reliable EMS companies

I honestly don't know what the extent of the resources are within the various fire companies. My impression is there is a wide variance depending on the financial resources of each individual community.

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* Executive focus can help overcome obstacles

* Widespread support for addressing the problem

* Varied current costs for EMS by different municipalities may some to support a regional solution if it will cost them less

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* Some agencies well organized/efficient

* Some communities commit significant thought/resources to EMS

* Some areas have dedicated and numerous volunteers

* Populous areas seem to have commitment to EMS

* Copious training opportunities

* Willingness to address as a community

- Training is consistent throughout the system
- Common dispatch procedure and resources (EMD, T911)
- As a fire department provider, we provide a more personal-level of patient contact (same unit, similar crews)
- Fire department provider has a more consistent level of redundancy in the system when properly staffed

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* We have many caring people, very knowledgable in EMS and willing to help
* Excellent communication system, 911 center
* Good support from county government
* Access to EMS data

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* Trained Personnel
* Quality Facilities
* Data
* Education
* Communications
* Leadership
* Political Will

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* Solid 911 system

* 3 hospitals within the county

* Accessibility of advanced life support

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* Firemen Personnel
* Town Highway Personnel
* EMT's
* Rescue Truck
* Ambulance
* Radio's
* Fire House Facility
* Town has the ability to tax the residents
* **Geographical Location**: Approximately 6 miles to the hospital
* **Communication**: Radio System with 911
* **Attitudinal**: Town officials and community is willing to address/ and support this endeavor

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* Rapid response
* We are well equipped
* Adequate equipment
* Location-Northern Dutchess
* Well trained personnel
* Good communication systems
* Good attitude of personnel

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* Full time staff
* ALS Service
* 24/7 coverage
* No fee to user

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1. 24-hour coverage with cross-trained personnel and fire and EMS services.
2. Some volunteer responders.
3. In house training programs for fire and EMS personnel.
4. Service awards program.
5. Public training programs: fire prevention, school education program, public events, senior safety, smoke detector program, juvenile fire setting, preplanning, planning/construction reviews.
6. Volunteer recruitment program
7. Provide ambulance transport and ALS service
8. Have a maintenance Division
9. Very short response times and cover multiple concurrent alarms
10. Professional, quality services

What do we do well? Most volunteer EMS personnel genuinely care about doing a good job serving their communities. Good patient care free of charge to the community.
What internal resources do we have?
Resources:

- People
  - A dedicated core group of responders
  - EMT classes generally fill up, indicating a level of interest that will hopefully sustain our ability to respond in the future

- Most fire-based agencies average about 2/3 of their call volume as EMS alarms, and EMS has gradually won more credibility as an important part of the fire department. Many fire chiefs and fire officers are also EMTs.
- Each volunteer brings something different to help each agency... skills, knowledge financial stability.

- Equipment/supplies
- You seldom hear about an agency getting in trouble with the DOH for not maintaining required equipment and supplies

- Facilities
- Course sponsors DCC and NDP reliably supply us with EMT and continuing education classes.
- MHR, Vassar and DCDER provide CME and other trainings for all provider levels.

- Data
- CAD files are very helpful when determining rates of response, response times
- Electronic recordkeeping has often been helpful for the administration of agencies

- Financial

Geographic location
Relatively easy access to Level 1 trauma centers, other advanced medical facilities.

Dutchess County is somewhat divided into the urban/suburban south and the suburban/rural north, which could be used to connect similar agencies into a regionalized response system.

Some volunteer agencies (Tivoli) only has 1 volunteer ambulance service to depend on. There is no other direct surrounding volunteer agencies

Innovation
Dutchess County has an award-winning Office of Computer Information Services and Geographic Information Systems. This expertise could be used to plan a regional response system, or to create resources we could use during storm responses, i.e. real-time map of road closures.

Competencies

- Capabilities
- We have many EMS personnel, both in the field and in leadership positions, who have worked in other geographical areas and other types of response systems. When re-thinking our own system, their insights will be very valuable.

- Experience
- There are many dedicated people with decades of experience in EMS. This experience can be valuable in assessing the strengths and weaknesses of our system, however it is often accompanied by an unwillingness to consider changes.

- Certifications
- Quality Assurance
- Battalion 1 meets quarterly for QA/QI and to share updates and information among our agencies. This has built a strong ethic for cooperation and mutual respect. We work to brainstorm and solve problems as a group, with the input of our Medical Director.

Communications
We all rely on DC911 and our County and Battalion Coordinators to keep us informed of changes.

Cultural

- Behavioral
  - Emergency responders always come through in the end, regardless of what we are challenged with. We're always stronger when we stick together.
- Attitudinal
  - Most EMS personnel are used to going through trainings for updates in protocol and policy as our practices are constantly being refined; hopefully the fact that we're used to things changing will allow us to remain open-minded when discussing systemic changes.

SWOT: THREATS

* 75% of our ems personnel work outside of the town-district.
* Some personnel have left the squad to take on another job to make ends meet. (2 jobs)
* We still have rescue squads that solely survive on fund raising done by the personnel that belong to the organization, there is no tax base monies to support these volunteer squads. This in turn draws down on the availability of volunteers to help.

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* Increase in elderly calls due to aging demographics

* Potential lack of wrap around services for the vulnerable (esp. aged living independently) increase in non emergent call volume

* Questionable value of EMS providers held by general public when compared to other public safety (PD and FD)

* No national housing authority (health v. public safety v. transportation)

* Keeping patient centered care at core while controlling expenses

* Individual agencies maintaining control may hinder the greater good efforts needed

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* Lack of willingness to "change". "Traditions..things are going ok."

* Course hours required to become an EMT (140-150 hours, plus re-cert).

* High taxes.

* Decrease of Insurance re-imbursement to Ambulance Services.

* $15. Per hour minimum wage proposal.

* Failure to admit there are problems with EMS even after facts are presented

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- Increased educational requirements by NYS for EMT's could lead to a decrease in volunteers
- Economic demands on members' limiting their time to volunteer
- Aging population- people are living longer and are sicker = increase in call volume
- Increased building = increased call volume
- Members join to receive EMT certification, once achieved, leave and go to a commercial service

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* Work-life balance for providers

* Burn-out, loss of qualified personnel to other fields

* Limited budgets, limited reimbursements and increasing costs

* Varied county systems (municipal vs commercial vs volunteer)

* Inability of fire districts to bill for service

- Create a solution that works before Albany does it for us
- Home Rule
- Current laws on the books
- Legal action?

- Can regulations get changed?
- Affordability and practicality of models
- Impact on quality of life

- The threats are that not all citizens and visitors of Dutchess County are not receiving appropriate emergency medical services. Depending on where you live or are visiting, you may or may not get prompt care. I analogize this situation to how school districts are funded. Some districts get a lot of funding from NYS government and others don't.

- Another threat is that people may be intractable and not willing to engage in an honest, candid, discussion about all of the EMS issues and possible solutions.

- Further bankruptcies of EMS companies
- Federal or state intervention
  - "One size fits all" not best choice for our region
  - Mandated choice may much higher costs to local taxpayer

- Instability of the industry
- Declining or absent volunteers
- ACA impacting reimbursement
- Tax base- 2% tax cap
- Lack of sustainability

- Mutual aid availability
- Commercial ambulance business plan/ stability is staying in business
- Hospital availability within the county (geographic layout)
- "Frequent Flyers" (those who use 911 due to chronic untreated issues or abuse the system for transportation, etc.)
- Unregulated overuse of EMS by healthcare facilities (Nursing, rehab, assisted living facilities, urgent care)
- Length of training for EMT
- Little recognition of CFR
- State mandates of initial training, continuing education, documentation, and protocols
- Further diminishment of the volunteer service; time commitments
- Continuance of EMS not being integrated into the legacy roles of fire and/or police
- Reporting to multiple bosses (DOT, Public Health, Public Safety, Fire, etc.)

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* Changing demographics in county which effects volunteerism in EMS
* Increased demand on EMS services
* Problems in Funding EMS, Fire Districts Prohibited from billing
* Diverse nature of the county, from urban to rural farmland to wilderness, makes a solution to EMS problems more difficult

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* Aging Population

* Population migrating outside of county

* Population working outside of county

* Regional Politics

* Economy

* Volunteers Drain

* Environmental –

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* Loss of multiple EMS agencies could severely strain the current system.

* The current trend of diminishing volunteers could cripple services.

* Citizens afraid to contact EMS due to the lack of insurance company reimbursement and the fear of receiving a large bill for services.

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* Increased training requirements on Personnel

* Unfunded mandates from the state

* Lack of state aid to allow communities to contract service

* Lack of call volunteers

* Small tax base

* Aging tax base – need more services but lack the ability to pay a tax increase

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* The stress on families leaves less time for volunteers causing more need for private EMS

* Advanced technology requires more funding

* Our county tax base is decreasing

* Dutchess has an aging population that will need more EMS

* With global warming there may be an increase in insect born disease

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* Tax payer revolt

* Loss of all EMS service in district for budgetary reasons

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1. _ Increased scrutiny from taxpayers.
2. Increased demand for wider services.
3. Increased expectations since 911 services.
4. Demand for more public program/information.
5. EMS agencies: business justification for not using them.
6. Decrease in volunteers and availability. (Harder to recruit)
7. Increasing population.
8. Changing demographics: increasing older population.

9. Geographic redistribution changing call volume.
10. Changing social attitudes: more accountability of public agencies.
11. Rapidly changing hardware and software technology.
12. Call volume exceeding taxable growth
13. Inability to recoup funding from other sources (billing of insurances, etc...)
14. Degradation of surrounding EMS agencies
15. Degradation of population health, causing an increase in volume and severity of patient condition (increased reliance by community on health services)

Political
Is a regionalized EMS response system even possible in a home-rule state? Are there examples of county-wide EMS systems in New York?

Legislative/legal
Volunteers should be given more incentives in tax breaks. These could also be used as a recruitment tool. Also there should be more grants available for EMS.

Technology
Very difficult and expensive for small volunteer agencies to keep up with the changes in technology, epcr's, power stretchers. Even though these items can be a huge help to a small squad very difficult to get the funding needed.

Challenges/obstacles
Career firefighters are generally paid what would be considered a living wage. Career paramedics and EMTs are not. What are the obstacles that keep EMS from being considered and treated as a viable profession?

Economic
Ask the public: would you rather have an uncertain ambulance response or an increase in taxes to pay for a contract with a paid agency?

Shifting demographics have brought large numbers of people to our communities who are not familiar with a volunteer-based EMS system. There is little appreciation for the amount of money that volunteers save the taxpayers and most agencies have seen a significant drop in donations.

Many fire-based EMS agencies must compete with other municipal departments for funding. Trying to increase the fire budget is difficult, trying to increase the EMS budget is often worse than difficult.

Social/Cultural (personnel, work life balance, diversity)
The demands that are put on by the State very difficult for volunteers to follow as many work long hours just to make ends meet.

Demographic
Rural areas finding it harder and harder to keep volunteers. Also many people moving into the area from the city and are only here part time and don't understand what the local volunteers do for the community

Environmental (such as global warming)
As sea level rises, the Hudson River estuary will also rise, so agencies on the riverfront and the larger tributaries must consider how their response needs will change. All agencies need to plan for increasing numbers of events like Hurricane Irene, which presented an enormous challenge to us.

It would be handy for the County to create a website with resources for response to these intense storms (real-time weather data, floodplain maps so we can anticipate which roads will flood and need to be closed, real-time map showing road closures so apparatus can re-route as necessary, sample spreadsheet for tracking phone calls and responses when the firehouses become their own dispatch centers during a storm emergency, list of important phone numbers, tide tables, etc).