

ANNUAL REPORT

RED LODGE FIRE RESCUE — EMS DIVISION

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Introduction

The Red Lodge - Roberts Ambulance District is a taxing authority established in July of 2010 for the purpose of providing Emergency Medical and Ambulance Transport services within Carbon County Montana Rural Fire Districts 6 and 7. The District contracts with Red Lodge Rural Fire District 7 (RLFR) for the provision of these services.

RLFR is a combination Fire Department encompassing over 600 square miles of the Southwestern portion of Carbon County including the City of Red Lodge, Town of Bearcreek, and communities of Roberts and Luther. RLFR provides fire response, fire prevention, emergency medical services, search and rescue, fuels mitigation programs, and community education programs. Over 120 volunteers along with 5 full time, 1 part time and a small number of seasonal fuels crew employees provide staffing for the numerous activities of the Department.

This report will detail important aspects of the Level of Service provided by the EMS Division of RLFR under the Interlocal Agreement for Emergency Medical Services (Exhibit A).

Mission

The mission of RLFR is to provide quality fire and emergency services to the community it protects while providing a good value to the taxpayer by reducing insurance premiums, providing the highest possible level of service, and offering increased opportunities for community volunteers.

Fiscal Year 2019-2020 Executive Summary

Fiscal Year 2020 was a challenging year for EMS all over the world, including Red Lodge Fire Rescue's EMS Division. The COVID-19 Pandemic made for a difficult year in Carbon County for our members and our community. The EMS Division rose to the challenge when the pandemic hit, and continued to serve the community and surrounding areas.

Several capital purchases were pursued this fiscal year. The Division took delivery of a new transport ambulance in February of 2020, which was placed in service in April. Additionally, a new transport ventilator was acquired just before the pandemic hit, in January of 2020. Finally, two basic monitor/defibrillators were upgraded to 12-lead capability over the fiscal year.

Operationally, RLFR's EMS Division responded to higher than average call volume during the period with a total of 603 calls for service and 504 transports (84%). This is a 13% increase in patient transports over last fiscal year and a 13% increase in total call volume.

The EMS Division completed two EMT classes over the fiscal year with 12 students successfully completing the course. Of the 12 students in the class, 2 are actively volunteering with the organization. Four were high school students.

The Community Care Program continued to operate on a part time basis, and provided critical patient transport services to our community during showing that the community continues to need this service. Some additional funding was provided by the state, and a billing agreement was signed with Beartooth Hospital that will provide a billing mechanism for the program.

Overall, service delivery continues to meet or exceed the requirements of the Ambulance District's agreement with the Rural Fire District. The District remains financially sound but faces continued challenges with large capital improvement projects and staffing. Significant expenditures are on the horizon for the District with needed station expansion or improvement projects in the future. The District continues to face challenges with recruitment and retention of EMS volunteers and career staff, with additional career staff likely needed in the next fiscal year.

Operations

The EMS Division of RLFR continues to provide exceptional emergency medical response to the community. The level of professionalism and experience in the department is extraordinary for a community of this size. This fiscal year, the EMS Division responded to a total of 603 calls for service, compared to 524 last fiscal year. Of those 603 calls, 504 resulted in a patient transport, up from 438 last fiscal year (this equated to the transport rate as last year of 84%).

RLFR's EMS Division successfully handled all calls for service at an appropriate level. Peak days during the reporting period included Saturday July 20 with a total of 7 calls and Tuesday March 10, 2020 with a total of 7 calls for service. There were an additional 5 days with 6 calls for service.

| Summary of Calls by | Summary of Calls by Disposition - Fiscal Year 2019 - 2020 | | | | | | | | | | | | |
|--|---|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-------|
| Call Type | JUL | AUG | SEP | ОСТ | NOV | DEC | JAN | FEB | MAR | APR | MAY | JUN | Total |
| Assist, Public | | | | | | | | 2 | 1 | 2 | 3 | | 8 |
| Cancelled (No Patient Contact) | | | | | | 1 | | | | | | | 1 |
| Cancelled (Prior to Arrival at Scene) | | | | | | | | | | | 1 | | 1 |
| Cancelled on Scene/No Patient Found | | | | 1 | | | | | | | | | 1 |
| Patient Dead on Scene - No Resuscitation Attempted | | | | | | 1 | | | | 1 | | | 2 |
| Patient Dead on Scene - Resuscitation Attempted | 1 | 1 | | | | | | | | | 1 | 1 | 4 |
| Patient Evaluated, No Treatment/Transport Required | 7 | 2 | 1 | 2 | 4 | 5 | | 3 | 3 | 3 | 2 | 7 | 39 |
| Patient Treated, Released (AMA) | 1 | 1 | | | 2 | 3 | 5 | 3 | 6 | 3 | 3 | 6 | 33 |
| Patient Treated, Transferred Care to Other EMS | 2 | | | | | | | | | | | | 2 |
| Patient Treated, Transported by Law Enforcement | 1 | | | | 1 | | | | | | 1 | | 3 |
| Patient Treated, Transported by Private Vehicle | 1 | | | | | 2 | | | 1 | | | 1 | 5 |
| Transported Lights/Siren | 2 | 3 | | 3 | 1 | | 4 | 2 | 1 | 2 | 3 | 3 | 24 |
| Transported No Lights/Siren | 38 | 48 | 45 | 42 | 19 | 58 | 38 | 53 | 36 | 28 | 36 | 39 | 480 |
| Total | 53 | 55 | 46 | 48 | 27 | 70 | 47 | 63 | 48 | 39 | 50 | 57 | 603 |

| Calls By Zone - Four Year History | | | | | | | | | |
|-----------------------------------|----------|----------|-------|----------|--|--|--|--|--|
| Zone | FY 17-18 | FY 18-19 | 19-20 | FY 20-21 | | | | | |
| Uncategorized | 0 | 0 | 0 | 0 | | | | | |
| Out of District | 28 | 30 | 23 | 32 | | | | | |
| City of Red Lodge | 225 | 239 | 243 | 188 | | | | | |
| Rural District 6 | 35 | 37 | 47 | 30 | | | | | |
| Rural District 7 | 95 | 107 | 109 | 121 | | | | | |
| Interfacility Transfer | 100 | 113 | 102 | 232 | | | | | |
| Total | 483 | 526 | 524 | 603 | | | | | |

Call Distribution and Volume

In addition to responding to calls within the District's response area, the EMS Division responded to 23 calls outside of the District's jurisdiction.

Of the 504 patients transported by RLFR, 236 were ALS Level Calls, 245 were BLS level calls, and 23 were considered Critical Care Transports. This is an increase in BLS level calls over last year by 56 calls and a decrease in Critical Care Transports by 24 calls.

Personnel

RLFR's EMS Division continues to maintain an adequate volunteer roster to serve the needs of the community. Though calls for service are being answered, recruitment and retention of new and existing volunteers continues to challenge the organization. Total EMS Division operational personnel include 5 career staff and 36 volunteers. Of the volunteer staff, 21 are EMT Basics, 11 are Advanced EMTs, and 4 are trained at the physician, RN, or CRNA level. Of the career staff, 2 are Critical Care Paramedics and 1 is Paramedic Level with some Critical Care Endorsements authorized by the Medical Director, and two are Advanced EMTs.

Staff Participation

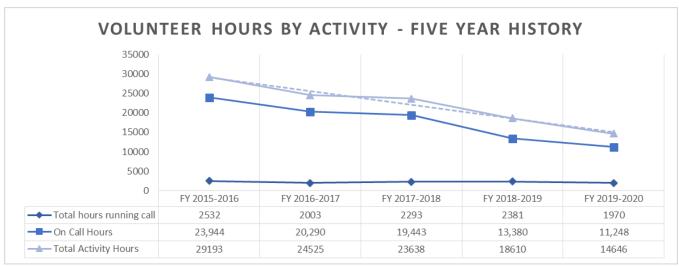
RLFR's volunteer EMS Division staff participate in an extraordinary amount of department related activities. Volunteers are vital to the delivery of adequate emergency medical services in the Red Lodge Area. The majority of the volunteer time commitment is taking call, or simply being available and signed up in the call book to respond. Volunteers also spend considerable time training, and completing work in the station such as apparatus and equipment readiness checks.

The EMS Division continues to recruit new members to replace several members who retired in the last few fiscal years. These departures continue to result in substantially lower call time participation numbers than previous years. Also, volunteers are

| Volunteer Hours by Activity - FY 2019-2020 | | | | | | | | | |
|--|-------------|-------------|-------------|-------------|-------|--|--|--|--|
| Activity | 1st Quarter | 2nd Quarter | 3rd Quarter | 4th Quarter | Total | | | | |
| 911 Calls | 206 | 175 | 198 | 145 | 724 | | | | |
| Interfacility Transport | 310 | 307 | 282 | 244 | 1143 | | | | |
| Event Standby | 14 | 2 | 42 | 21 | 79 | | | | |
| Support Standby | 2 | 6 | 0 | 15 | 23 | | | | |
| Total hours running call | 532 | 490 | 522 | 425 | 1969 | | | | |
| On Call Hours | 2,978 | 3,002 | 2,942 | 2,326 | 11248 | | | | |
| Training Hours: | 170 | 282 | 350 | 52 | 854 | | | | |
| Station Activity Hours: | 153 | 196 | 135 | 90 | 574 | | | | |

spending more time responding to an immediate need for help rather than signing up for call time and are taking more partial call time shifts than historically. The last quarter of this fiscal saw a sharp decline in member participation due to COVID-19. All in-person meetings and trainings were cancelled for the majority of the fourth quarter.

In the chart below, it is clear that time spent responding to calls has remained static, but overall participation in training and other activities, including signing up for call shifts is steadily declining. This trend will be further explored by the Recruitment and Retention committee in the coming fiscal year. Our volunteer members are still answering the call for service, but the way that they are doing that is definitely changing.



| | Number of Staff Taking A Call Shift | | | | | | | | | | | |
|----------|-------------------------------------|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|
| | Jul | Aug | Sep | Oct | Nov | Dec | Jan | Feb | Mar | Apr | May | Jun |
| FY 15-16 | 46 | 39 | 34 | 32 | 30 | 37 | 17 | 42 | 42 | 41 | 37 | 13 |
| FY 16-17 | 44 | 36 | 36 | 42 | 29 | 38 | 34 | 32 | 35 | 38 | 31 | 34 |
| FY 17-18 | 32 | 29 | 27 | 46 | 39 | 41 | 34 | 32 | 26 | 34 | 31 | 27 |
| FY 18-19 | 30 | 29 | 32 | 22 | 34 | 36 | 34 | 41 | 38 | 27 | 24 | 31 |

Recruitment and Retention

This fiscal year, the EMS Division offered two EMT Classes. The first class in the fall had 6 students who successfully completed the class and practical exam, and one of those students has completed all requirements for licensure and is actively volunteering. The second class was offered in conjunction with Red Lodge High School. We had 4 High School Students and two other community members. All 6 successfully completed their class and practical exam and one has already completed all requirements for volunteering.

Volunteer retention continues to be a primary goal of the organization, as well as succession planning for future department leadership. Our current roster of EMS Division members is being modified and analyzed to provide increased opportunities for experienced volunteer members to advance in the organization and eventually lead the department into the future.

Our current recruitment rate is struggling to sustain the department at an adequate level of personnel, ongoing efforts to bring in younger volunteer members who are committed to stay in the Red Lodge Area have seen only moderate success. A subcommittee of the EMS Officers, the Recruitment and Retention Committee formed last fiscal year, continues to work on possible solutions to this issue.

Training

Ongoing training is integral to providing high level emergency medical services and also plays a big role in retention efforts. EMS Division volunteers dedicated a total of 854 hours of their time to EMS training during the reporting period, a sharp decline from last year's record 1,997 hours. This sharp decline has a lot to do with the cancellation of all inperson training events in the last quarter of the fiscal year, but training hours were down by some amount for each quarter throughout the fiscal year.

RLFR hosted the annual Carbon County EMT Refresher in February which was very well attended. Many members continue to attend the Big Sky EMS Symposium in Billings, but many other conferences and training events that staff had planned to attend were cancelled this spring. RLFR staff and volunteers consistently demonstrate a desire to seek advancement through outside training and conference events as well as internal department sponsored training events.

Career Staff

The primary mission of RLFR's five career staff members is to enable our volunteer staff to be successful in their jobs with the organization. To that end, all five career staff members are dedicated to managing EMS Division operations and providing advanced level care to patients.

One vacant paramedic position was filled this fiscal year, with Paul Imhof, a Critical Care Paramedic and volunteer with our organization who came to us from a large flight service based in the mid-west. Brad Hauge, who joined the career staff as a part-time AEMT in March of 2019 is currently enrolled in paramedic school with an estimated completion date of December 2020. His paramedic program was greatly delayed by the COVID-19 pandemic, pushing his graduation back by nearly 6 months. This position was approved in the next budget cycle to move to a full time position.

There is a need for an additional layer of career staff leadership in the EMS Division. We will be working over the fiscal year on how to create a position that will primarily serve as the point of contact for EMS Division career staff and volunteers.

Community Outreach and Education

The EMS Division provides several community outreach and education programs including the grant funded Community Care Program, CPR and First Aid Program, as well as several scheduled events such as open houses, blood pressure checks, and other events.

CPR and First Aid Classes

The COVID-19 pandemic greatly reduced the number public education events conducted by the EMS Division. Typically, the fourth quarter is our busiest, and this year it was the most impacted due to the coronavirus outbreak with reduction in classes by 10 and total students in the fourth quarter by 115 compared to last year. The EMS Division hosted a total of 47 public education classes with 274 students in attendance during the year. This number is down from last fiscal year where 60 classes with 419 students were presented.

| Public Education - CPR and First Aid Program Fiscal Year 2019-2020 | | | | | | | | | |
|--|---------|----------|---------|----------|---------|----------|-------------|----------|--|
| | 1st Q | uarter | 2nd C | uarter | 3rd Q | uarter | 4th Quarter | | |
| Class | Classes | Students | Classes | Students | Classes | Students | Classes | Students | |
| CPR for Healthcare Providers | 4 | 22 | 4 | 40 | 9 | 53 | 4 | 11 | |
| First Aid / CPR | 8 | 45 | 1 | 13 | 7 | 35 | 4 | 5 | |
| Heart Saver CPR | | | 1 | 9 | 3 | 25 | | | |
| Heart Saver First Aid | | | | | 1 | 12 | | | |
| Friends and Family CPR | | | 1 | 4 | | | | | |
| Wilderness First Aid | | | | | | | | | |
| Friends and Family First Aid | | | | | | | | | |
| Camp First Aid | · | | · | | · | | | | |
| Totals | 12 | 67 | 7 | 66 | 20 | 125 | 8 | 16 | |

Community Care Program

The Community Care Program is a grant funded program, hosted by RLFR that aims to address the needs of community members who find themselves outside the scope of other medical services. The program reaches out to patients and community members to assist with making physician visits, picking up medications, and reducing home hazards. All of these items can lead to an EMS call if problems like regular health care visits, medication compliance, and nutrition are not addressed. The goal is to catch the emergency before it happens and improve the overall safety and health of the community.

| Community Care Program Activity | | | | | | | | |
|--|-----|-----|-----|-----|--|--|--|--|
| Service Provided FY 17 FY 18 FY 19 FY 20 | | | | | | | | |
| Transportation | 116 | 217 | 117 | 117 | | | | |
| Welfare Check | 33 | 84 | 28 | 19 | | | | |
| Prevention and Public Health | 81 | 112 | 145 | 0 | | | | |
| Total | 230 | 413 | 290 | 136 | | | | |

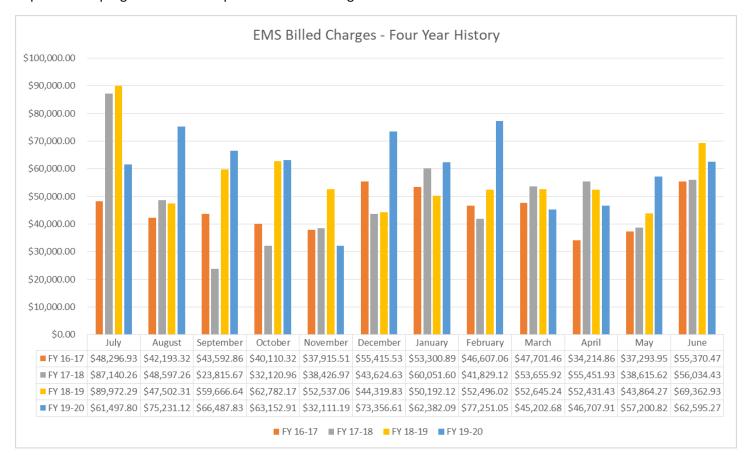
In its fourth year, the program's outreach has been reduced due to lack of funding. Additionally, shutdowns of elective procedures and non-essential medical care visits due to the coronavirus reduced demand on the program for local area transports. As funding continues to diminish, the ability of the EMS Division to provide education services such as Child Passenger Safety, child health and safety education, informal youth counseling, and assistance with Adult Protective Services will in turn be decreased. The program has \$29,000.00 remaining and has been reduced to one half-time employee. The EMS Division will continue to seek out additional funding opportunities to continue this vital program.

Billing and Revenue

The EMS Division continues to operate in a financially sound and responsible manner, balancing expenses and revenue to provide the best possible service to the community at the best value to our patients.

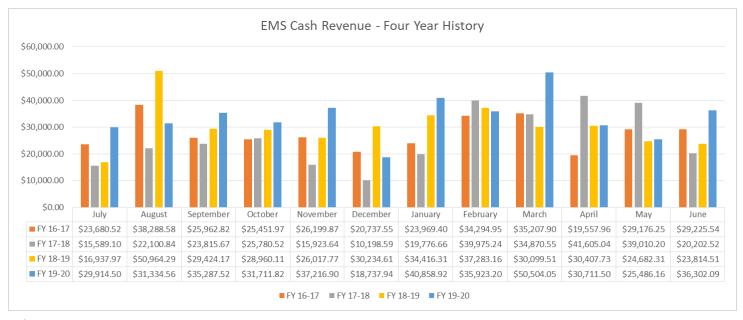
Billing Reports

The EMS Division billed a record high amount of charges this fiscal year of \$723,177.28, over \$45,000.00 more than last year. An increased call volume, a continued effort to improve billing and documentation processes and gradual rate increases (tied to the Consumer Price Index) have greatly improved our EMS billing revenue. Two staff members attended and were certified as EMS documentation specialists, and a new documentation quality management and improvement program has also helped bolster our billing revenue.



Revenue Reports

RLFR collected a total of \$403,989.16 in cash receipts for medical transports during the fiscal year. This is \$52,030.79 higher than the average of the previous four years. The EMS Division exceeded previous revenue amounts largely due to improved billing processes and close monitoring of our billing company, Solestone Reimbursement. An increased call volume also contributed, as well as \$8,849.79 in Medicare rebates that was received as part of the COVID-19 pandemic emergency funding measures passed by congress. Cash revenue from EMS billing has trended up steadily over the last four years, with only one year (FY 17-18) dropping down. This was due to internal billing issues with Solestone Reimbursement.



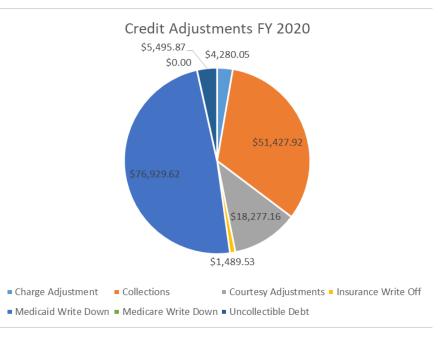
Adjustments

Charge adjustments, bad debt, and write offs make up the difference between billed charges and collected revenue. RLFR uses Global Collections to collect bad debt and handles Medicare, Medicaid, insurance, and courtesy write offs through its billing company, Solestone Reimbursement; based in Missoula, MT.

| Credit Adjustments | | | | | | | |
|----------------------|--------------|--------------|--------------|--------------|--|--|--|
| Adjustment Reason | FY 2017 | FY 2018 | FY 2019 | FY 2020 | | | |
| Charge Adjustment | \$1,294.95 | \$3,726.65 | \$2,502.27 | \$4,280.05 | | | |
| Collections | \$36,973.79 | \$29,987.19 | \$19,594.16 | \$51,427.92 | | | |
| Courtesy Adjustments | \$9,588.92 | \$10,707.15 | \$15,191.55 | \$18,277.16 | | | |
| Insurance Write Off | \$3,487.32 | \$7,753.60 | \$7,722.06 | \$1,489.53 | | | |
| Medicaid Write Down | \$38,788.21 | \$70,522.08 | \$56,500.25 | \$76,929.62 | | | |
| Medicare Write Down | \$103,997.80 | \$116,864.32 | \$157,682.88 | 157.740.13 | | | |
| Uncollectible Debt | \$17,246.85 | \$10,710.10 | \$64,736.90 | \$5,495.87 | | | |
| Total | \$211,377.84 | \$250,271.09 | \$323,930.07 | \$157,900.15 | | | |

Another comprehensive review of aging accounts is underway to reduce aging balances over 180 days. This review will be completed in FY 2021 and will likely show a large upward trend in uncollectible debt write offs as well as courtesy write offs. These reviews come at the recommendations of our auditors. The EMS Division saw an increase in collections on aging accounts at the end of the fiscal year and beginning of fiscal year 2021.

The chart to the right details where the majority of our credit adjustments are occurring. Despite a large amount of accounts being sent to collections, by far the largest reason for adjusting accounts continues to be Medicaid and Medicare write downs.



Capital Improvements

The EMS Division took delivery of a new transport ambulance in February of 2020. This new unit replaced A75, which was subsequently sold to a service in Tennessee through our ambulance dealer. The division retained its oldest unit, A74, to accommodate space needs in the Luther station. This unit was purchased with capital reserve funds.

Additional capital investment in the EMS Division came in the form of the purchase of a new transport ventilator, used in the transport of critical patients who have a breathing tube. Finally, two of our older and more basic monitor/defibrillator units were sent in to the manufacturer and upgraded to be capable of 12-lead ECG monitoring and end-tidal CO2 monitoring.

The EMS Division is hoping to purchase additional capital items in the next fiscal year, including additional power cots to replace the last two manual mechanical cots. The next ambulance scheduled for replacement will be A73 or A74, likely in FY 2022.

| EMS Division Vehicle Inventory | | | | | | | | |
|--------------------------------|---------|-------------|-------------|--|--|--|--|--|
| Vehicle | Mileage | Year / Make | Replacement | | | | | |
| Ambulance 71 | 18,276 | 2019 Ford | 2018 | | | | | |
| Ambulance 72 | 55,340 | 2014 Dodge | 2026 | | | | | |
| Ambulance 73 | 150,540 | 2002 Ford | 2014 | | | | | |
| Ambulance 74 | 112,768 | 1997 Ford | 2009 | | | | | |
| Ambulance 75 | 75,873 | 2019 Ford | 2029 | | | | | |
| Quick Response 703 | 41,090 | 2014 Jeep | 2024 | | | | | |
| Quick Response 704 | 73,696 | 2010 Jeep | 2020 | | | | | |
| Quick Response 705 | 12,737 | 2017 Jeep | 2027 | | | | | |
| Quick Response 706 | 46,744 | 2012 Jeep | 2022 | | | | | |
| CC Program Vehicle | 27,520 | 2017 Chevy | 2027 | | | | | |

| EMS Division Equipment Inventory | | | | | | | | |
|----------------------------------|----------|----------------|-------------|--|--|--|--|--|
| Equipment | Age | Make/Date | Replacement | | | | | |
| Monitor - M Series | 11 Years | Zoll / 2009 | 2019 | | | | | |
| Monitor - E Series | 8 Years | Zoll / 2012 | 2022 | | | | | |
| Monitor - E Series | 8 Years | Zoll / 2012 | 2022 | | | | | |
| Monitor - X Series | 6 Years | Zoll / 2014 | 2024 | | | | | |
| Monitor - X Series | 5 Years | Zoll / 2015 | 2025 | | | | | |
| Monitor - X Series | 5 Years | Zoll / 2015 | 2025 | | | | | |
| Monitor - X Series | 3 Years | Zoll / 2017 | 2027 | | | | | |
| Monitor - X Series | 3 Years | Zoll / 2017 | 2027 | | | | | |
| Power Cot | 7 Years | Stryker / 2013 | 2023 | | | | | |
| Power Cot | 9 Years | Stryker / 2011 | 2021 | | | | | |
| Power Cot | 3 Years | Stryker / 2017 | 2027 | | | | | |

Future Goals

Recruitment and retention was the focus of the last two fiscal years and will remain a primary focus moving into the next fiscal year. While looking closely at our volunteer intake process and recruitment and retention programs, the EMS Division will continue to invest in and develop our senior leadership team of EMS Officers. This group continues to be a vital link between the Ambulance District Board, administration, paid staff members, and our volunteers. Volunteers are the backbone of our service delivery model and must be included in, and encouraged to advance through, the Division's leadership structure.

The Community Care Program has become a vital asset to RLFR and the community as a whole. The uncertainty of funding for this program weighs heavily on the EMS Division's members and management. The organization will continue to seek funding opportunities for this program while making the most of the \$50,000.00 grant from the state received during fiscal year 2018-2019.

RLFR's three divisions (Fire, SAR, and EMS) continue to grow and offer more services to the community. With that growth and expansion of services several key changes to our staffing model, program delivery, training, and organizational structure have occurred. As the organization has grown and changed organically, a need for strategic and master planning over the long term has developed. All divisions are looking forward to developing a master planning document over the next fiscal year to capture these changes and establish goals to streamline the organization into the future. This will be a large undertaking, with several stakeholders involved.