



Leaders at the Core of Better Communities

2010 Annual Awards Program

Program Excellence Awards Nomination Form

Deadline for Nominations: March 12, 2010

Complete this form (sections 1 and 2) and submit with your descriptive narrative.

SECTION 1: Information About the Nominated Program

Program Excellence Award Category (*select only one*):

- ☐ Community Health and Safety
- ☒ Community Partnership
- ☐ Community Sustainability
- ☐ Strategic Leadership and Governance

Name of program being nominated: Regional Emergency Medical Services Program

Jurisdiction(s) where program originated: City of Eau Claire, Wisconsin

Jurisdiction population(s): 65,950 (est. 01-01-2009)

Please indicate the month and year in which the program you are nominating was fully implemented. (Note: All Program Excellence Award nominations must have been fully implemented by or before January 31, 2009, to be eligible. The start date should not include the initial planning phase.)

Month: March Year: 2008

Name(s) and title(s) of individual(s) who should receive recognition for this award at the ICMA Annual Conference in San José, California, October 2010. (Each individual listed MUST be an ICMA member to be recognized.):

Name: Mike Huggins

Title: City Manager Jurisdiction: City of Eau Claire

Name: _____

Title: _____ Jurisdiction: _____

SECTION 2: Information About the Nominator/Primary Contact

Name of contact:	<u>Ed Kassing</u>		
Title:	<u>Fire Chief</u>	Jurisdiction:	<u>City of Eau Claire</u>
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**Eau Claire Wisconsin Fire & Rescue
Regional Emergency Medical Services Delivery Initiative**

The City of Eau Claire, Wisconsin, is pleased to submit a nomination for the ICMA 2010 Annual Program Excellence Awards Program, under the Community Partnership category. Eau Claire Fire Rescue, in a cooperative effort with the regional private medical community, and local cities, villages, and towns, has developed and implemented an enhanced regional emergency medical service initiative that provides a full integration of all partners to support a higher level of emergency medical care for the residents in the participating communities.

Background. Prior to March 1, 2008, Eau Claire Fire Rescue provided fire and paramedic-level ambulance service only to the citizens of Eau Claire and, on occasion, to the surrounding municipalities as mutual aid requests. A private ambulance service provided primary 911 response for medical emergency transport services in the surrounding municipalities, with first responders of each community assisting as required. The private provider reduced their hours of operations, placing an increased burden on the City to respond to over 10 percent of the medical responses in the County under mutual aid to the private ambulance provider.

Very little coordination existed between the private transporting ambulance service and the first responder agencies in outlying communities, with medical protocols and responder capabilities varying greatly by geographic locality. Cooperation and coordination of emergency medical services was limited among the medical community comprised of two major hospitals, several outlying hospitals and several area medical clinics.

A Public/Private Collaborative Initiative. Beginning in the summer of 2007, support for a regional emergency medical service delivery model was garnered from the Eau Claire City

Council and a subset of the medical community who were willing to offer a financial subsidy to support such a project. Presentations related to the regional proposal were developed and delivered to the area municipalities as an initial step.

The package represented not simply the transfer of ambulance transport services from a limited service private provider to Eau Claire Fire & Rescue, but rather the concept of full integration of all the partners working together to support a higher level of medical care for the residents in the communities. The concept would involve getting all first responders to work with common medical protocols, while raising the training, skill level, and operational efficiency. First responders in the surrounding municipalities were brought under one license and medical director, which allowed them to deliver advanced skills for patients prior to the arrival of the ambulance.

The hospitals are now actively involved with the training and coordination of emergency medical services, and the area is now operating as a well-coordinated medical system, delivering very high-quality medical services to the citizens we serve.

Official Approvals. As of June 2008, the City of Eau Claire has signed contracts to deliver regional medical services. The culmination of the planning effort includes five-year contracts of medical support in the form of grants paid yearly by two local hospitals and a local major medical clinic. Service contracts of five years for ambulance transport service were made with an adjacent city, one village, and nine surrounding townships. Each contributes yearly service fees based on the population served.

Financial Benefits Realized by All Parties. The five-year contracts of medical support are in the form of grants totaling \$150,000 per year from the hospitals and clinic. Five-year

service contracts for ambulance service were signed with the municipalities for yearly service fees ranging from \$2,500 to \$10,000 based on population.

The contracts were written to secure the long-term financing commitment required by the City to deliver the service, yet minimize fiscal impact on each municipality by refunding a portion of the collected ambulance bill to the respective community, if full collection takes place. As an example, if an ambulance bill is recovered in full, the municipality will receive \$50 of the collection to offset its annual service contract fee.

Collaboration Benefits. In addition to the goodwill and cooperative effort established between the City of Eau Claire and surrounding municipalities, clearly the real benefit is to the citizens of the entire area who require emergency medical support. This collaborative effort is another avenue for open communication and demonstrates a willingness to work with our neighbors, which may allow for future ventures beneficial to all parties involved.

A major benefit is the solid relationships that were built, bringing the area medical community and emergency responders together to support field medical care for the citizens in the area. The benefit of continued dialogue and cooperation has resulted in a higher level of patient care, while providing an efficient delivery model that will save lives.

One such example was an operational change to allow the reading of cardiac patients' EKGs in the field by the Fire & Rescue paramedics while then sending the readings electronically to the hospitals. This allows hospital medical personnel to interpret the results instantly and to have their specialized team ready for the patient when the patient arrives at the hospital, leading to improved patient outcome and elevated save rates. Both local hospitals worked cooperatively to determine the recommended equipment and jointly purchased the

hospital connection equipment required. Funding for the actual transmitting EKG/defibrillators was provided through a donation from a local philanthropist.

Taking a leadership role, the City management team has developed two working groups to assist in the coordination of this regional effort. The first is an area EMS provider alliance that is comprised of representation from area ambulance services in adjoining counties, with the goal of coordinating response districts to minimize response times to the patients and standardize care and procedures across the area. The second is an area EMS consumer group that is made up of representatives from each of the municipalities served by Eau Claire Fire Rescue, the goal of which is to build strong relationships with the political bodies, while developing a communications link to the municipalities regarding service delivery.

The Regional EMS program requires that Eau Claire Fire and Rescue respond to nearly 150 calls per month outside the corporate limits of the City of Eau Claire, within the response areas of the other 11 participating communities. This represents an estimated 28 to 30 percent annual increase in the number of responses made by the Department. Further, the Department has been able to stabilize effective and measureable response times to the areas of the other municipalities. A major benefit is integrating the capacity of City emergency response systems to provide timely 24/7 response to adjacent areas while decreasing average response times to outlying areas. Analysis of the data indicates improvements in the response times from 20 to 60 percent.

Challenges Overcome. Many individuals and groups worked for well over a year, but are currently seeing the benefits of the EMS shared-service agreements with our neighbors. These agreements are leading to other greater benefits for the City and the other participating parties. In summary, we were able to effect new long-term contracts with three medical giants in

our community, while bringing together two cities, one village and several towns to work under one set of rules via the agreements. The City was also successful in obtaining the support of the labor union to go along with this monumental change.

Although the process periodically faced setbacks, the groups were able to progress by working through trust issues with surrounding neighbors, contract concerns, labor challenges and the media/public perception of the massive change. A few of the challenges included the following:

1. Working through existing labor agreements and internal labor requirements while developing relationships with area volunteer responders;
2. Developing the EMS service agreements while working through the traditional city and town conflicts. In fact, we successfully negotiated the EMS agreements with the area townships while several of these same towns filed suit against the City questioning the legality of the City's adopted Comprehensive Plan.
3. Addressing how the funding of the five-year proposal could reimburse the City for its expenses while minimizing the expense to the townships (which, in the past, had not paid outright for EMS services) by seeking and utilizing the financial support of area medical providers.
4. Working through the State of Wisconsin EMS Board service requirements in order to make the program a recognized system of regional emergency medical services.
5. Developing the internal work processes and organizing and providing internal and regional EMS training, in addition to realigning City resources, personnel, facilities, and apparatus, to properly provide the enhanced services.

The success of the program led to measurable efficiencies, clear cost savings, and improved service delivery to the citizens we serve. Currently, the State of Wisconsin is looking at using this deployment model as a template for other jurisdictions. By entering this process with definite transparency with our partners, buy-in was realized, allowing for solid relationships and effective local government for our communities.