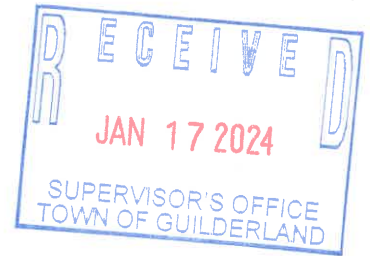




AGENDA ITEM #1



PETER BARBER
SUPERVISOR

DONALD DOYNOW, MD
MEDICAL DIRECTOR

Memorandum

To: Peter Barber, Town Supervisor
From: Jay Tyler, Director of EMS
Date: 01/11/2024
RE: EMS Department Fee Scale

The EMS Department recommends approving the Emergency Medical Services (EMS) 2024 Fee Schedule. The proposed Schedule represents only those increases due to the cost of providing the courses and staff for the services requested.

EMS billing reduces the tax subsidy of EMS for Guilderland residents. In addition, it is necessary to comply with NYS General Municipal Law §122-b (2). While taxes still provide a portion of operational funding, ambulance fees collected from insurance companies mitigate the taxpayer burden.

The rates described in Exhibit A represent the most recent fees for EMS and the proposed 2024 rates and vendor requests. Exhibit B represents fees associated with education and training. Exhibit C represents instructor pay-rates (Non EMS Staff).

Thank you for your consideration and should you have further questions or concerns please do not hesitate to contact me.

EXHIBIT A

EMS Fees

<u>Payment for transport to an area hospital:</u>	<u>Current Rate</u>	<u>2024 Proposed</u>
Basic Life Support:	\$1250.00	No Change
Advanced Life Support 1:	\$1750.00	No Change
Advanced Life Support 2:	\$2500.00	No Change
Loaded Miles:	\$28/mi	No Change
 <u>Paramedic Intercept Services:</u>	 \$600.00	 No Change
Separate contract for DVAC		
 <u>No Transport:</u>		
Basic Life Support	\$250.00	No Change
Advanced Life Support	\$500.00	No Change
Secured Cardiac Arrest	\$1200.00	No Change
Refused Medical Assistance	\$130.00	No Change
MVA Refusal	\$1250.00	No Change
Public Assist	\$ 0.00	No Change
 <u>Vendor Overtime rates:</u>		
BLS Ambulance Rate	\$112.20	→ \$121.00
ALS Ambulance Rate	\$153.30	→ No Change
Paramedic only	\$76.65	→ \$83.30
Supervisor Rate	\$96.66	→ \$100.03
EMT Walk around	\$42.50	→ \$56.75

Hospital Vendor Rates

Vendor rates apply to hospitals for EMS Offload and Delay in accordance with Town Board approved, EMS Policy 200.40 (attached).

Definitions:

Basic Life Support (BLS) – Includes the provision of medically necessary supplies and services and BLS ambulance transportation as defined by the State where you provide the transport. An emergency response is one that, at the time you are called, you respond immediately. A BLS emergency is an immediate emergency response in which you begin as quickly as possible to take the steps necessary to respond to the call.

Advanced Life Support, Level 1 (ALS1) – Includes the provision of medically necessary supplies and services and the provision of an ALS assessment or at least one ALS intervention. An ALS assessment is performed by an ALS crew as part of an

emergency response that is necessary because the beneficiary's reported condition at the time of dispatch indicates only an ALS crew is qualified to perform the assessment. An ALS assessment does not necessarily result in a determination that the beneficiary requires an ALS level of transport. In the case of an appropriately dispatched ALS emergency service, if the ALS crew completes an ALS assessment, the services provided by the ambulance transportation service provider or supplier are covered at the ALS emergency level. This is regardless of whether the beneficiary required ALS intervention services during the transport, provided the ambulance transportation itself was medically reasonable and necessary and all other coverage requirements are met. An ALS intervention must be performed by an emergency medical technician-intermediate (EMT-Intermediate) or a Paramedic in accordance with State and local laws. An ALS1 emergency is an immediate emergency response in which you begin as quickly as possible to take the steps necessary to respond to the call.

Advanced Life Support, Level 2 (ALS2) – Includes the provision of medically necessary supplies and services, involving:

- At least three separate administrations of one or more medications by intravenous push/bolus or by continuous infusion (excluding crystalloid fluids) or
 - At least one of these ALS2 procedures:
 - Manual defibrillation/cardioversion
 - Endotracheal intubation
 - Central venous line
 - Cardiac pacing
 - Chest decompression
 - Surgical airway
 - Intraosseous line

Loaded transport mile. -The total miles traveled from the place where the patient is loaded on board the ambulance to the hospital.

Paramedic Intercept (PI) – When an entity that does not provide the ambulance transport provides ALS services, PI may be required when you can provide only a BLS level of service and the beneficiary requires an ALS level of service (such as electrocardiogram monitoring, chest decompression, or intravenous therapy).

No Transport – Medical care/interventions were delivered or rendered but the patient was not transported to a hospital.

Exhibit B Classes

Courses	2023	2024 Suggested Pricing
American Heart Association (AHA)		
Course Completion Cards Only		
Basic Life Support (BLS)	\$5.00 (+) AHA Current Pricing \$2.60	\$5.00 (+) Current pricing \$3.30
Heartsaver CPR	\$5.00 (+) AHA Current Pricing \$17.00	No Change
ACLS	\$5.00 (+) AHA Current Pricing \$5.95	\$5.00 (+) Current pricing \$6.60
PALS	\$5.00 (+) AHA Current Pricing \$5.95	\$5.00 (+) Current pricing \$6.60
Student Course Fees (AHA)		
Hands Only CPR	Free	Free
Heartsaver CPR	\$70/student (non-affiliated)	No Change
Heartsaver CPR **	\$40.00/student (affiliated)	No Change
* Police, Fire, Library, Town Employees, Youth Sports / Youth Athletics		
Heartsaver First Aid / CPR	\$90.00/ Student	No Change
Basic Life Support (BLS)	\$80.00/ Student (\$60.00 online skills)	\$85.00/ Student (\$65.00 online skills)
ACLS	\$180.00/ Student (\$70.00 online)	\$185.00 (\$75.00 online)
PALS	\$180.00/ Student (\$70.00 online)	\$185.00 (\$75.00 online)
National Association of EMT (NAEMT)		
PHTLS	\$150.00/ Student (+) Book	No change
AMLS	\$150.00/ Student (+) Book	No Change
EVOS	\$100.00/ Student (+) Book	No change
Stop the Bleed		
STB Kits	Current manufacturer pricing	No change
Class (Town Residents)	Free	Free
Class (Non-residents)	Current cost of course and materials	* Vendor Rate for the instructor / Hr
NYS Course Sponsor		
EMT Basic Class (Affiliated)	\$150.00 lab fee (+) Voucher	No Change
EMT Basic (Non-Affiliated)	\$150.00 lab fee (+) 800.00/student	\$150.00 lab fee (+) 950.00
EMT Basic Refresher (Affiliated)	\$150.00 lab fee (+) Voucher	No Change
EMT Basic Refresher (Non-Affiliated)	\$150.00 lab fee (+) 385.00	\$150.00 lab fee (+) \$400.00/ Student
EMR Class (Affiliated)	\$100.00/Lab fee (+) Voucher	No Change
EMR Class (Non-Affiliated)	\$100.00/ Lab Fee & \$250.00/ Student	No Change

Exhibit C Instructors

New York State Course Sponsor (EMT courses)

Non-EMS Staff Instructor Rates:

	<u>Current</u>	<u>2024 Proposed</u>
Certified Instructor Coordinator	\$35/hr	No Change
Specialty Instructor	\$40/hr	
Physician Instructor/provider	\$100/hr	
Certified Lab Instructor	\$25/hr	
Non-certified Lab Instructor	\$20/hr	

American Heart Association/NAEMT

Non-EMS Staff Instructor Rates:

	<u>Current</u>	<u>2024 Proposed</u>
AHA BLS Instructor	\$20/hr	No Change
AHA ACLS/PALS	\$30/hr	
NAEMT	\$30/hr	

Stop the Bleed

Instructor Rate	\$30/hr	No Change
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Town of Guilderland EMS – Policy Statement

Policy Number:	200.40	Approved:	November 15 th , 2022 Town Board
Related Forms and/or policies:	① GEMS MIST Form ② EMTALA Consent ③ UCM Digital Health Virtual ER Policy 200.39	Revised:	June 27 th , 2023
Reference:	EMS Patient Offload and Delay Policy	Reviewed:	



Policy

It is EMS' intent to offload patients immediately upon arrival to the Emergency Department (ED) so that the units are available for their service area and their community. We also understand that upon arrival to the emergency departments the care of the patient is the hospital's responsibility.

There are times that patient offload delays may occur due to:

- Capacity issues in the department/hospital
- Number of EMS units arriving in the department at the same time
- Acuity of patients arriving by EMS or walk-in.

EMS wait time: Actual time from EMS unit entering department to the offload of the patient from the EMS stretcher to a hospital location including waiting room. Under ideal conditions, the expectation is that this will take no more than fifteen minutes (15).

These time parameters apply when the patient is stable. In the event the patient is unstable and the offload time exceeds 15 minutes, the crew will make immediate notification of this offload delay to their respective director/EMS chief/PSAP.

Saturation: There will be times when the demand for Emergency Medical Services (EMS) taxes or exceeds the capacity of the EMS system thereby, creating a crisis. The Town of Guilderland EMS (GEMS) system is determined to have reserves available to handle the next emergency and has developed this plan and its concepts to define different levels of crisis status.

The following is a general view of EMS crisis status and some specific concepts and actions to take when certain levels of crisis are reached within the GEMS system.

Exclusion Criteria:

In all cases, EMS providers shall use sound clinical judgement when contemplating offload options. The following clinical presentations may require active monitoring by a medical professional, however, it is not comprehensive and should not substitute clinical judgement.

- Any patient that you classify as “Critical” or “Emergent” in your Final Acuity.
 - Patients that you initiated IV access and has fluid hung and/or running (can have a saline well/heparin lock).
 - Patients requiring cardiac monitoring.
 - Patients with abnormal vitals (MAP less than 60 mmHg or greater than 110 mmHg)
 - Patients with sustained bradycardia or tachycardia (relative exclusion based on chief complaint and past medical history).
 - Patients with hypoxia spO2 less than 92% on room air.
 - Patients requiring oxygen. (If unable to acquire a hospital supply source)
 - Patients with hypoglycemia (< 60 mg/dl) or hyperglycemia (>400 mg/dl)
 - Pediatric patients without guardian.
 - Patients with altered mental status.
1. Upon arrival at the facility, the EMS crew will notify the charge nurse of the Agency’s saturation level, regardless of whether they are able to offload the patient due to exclusion criteria.
 2. The EMS crew will provide updates to the charge nurse regarding any delay times related to the offload process.
 3. The EMS provider will document the saturation level and delay times in the patient's pre-hospital medical record (ePCR).
 4. The EMS crew will be responsible for notifying the charge nurse of any changes in the patient's condition or vital signs during the delay and offload process.
 5. The EMS provider will communicate with the charge nurse regarding any concerns or questions related to the patient's care.
 6. The EMS crew will follow all GEMS policies and procedures related to patient offload and care.

This policy will ensure that the charge nurse is notified of the agency’s saturation level and any delay times, even if the patient cannot be offloaded due to exclusion criteria. This will help to ensure that the patient receives timely and appropriate care, and that the EMS crew and hospital staff are communicating effectively.

IN SATURATION GREEN: (45 MINUTE MAXIMUM WAIT TIME)

The system is in saturation green when the majority of transport units, personnel, and equipment are available for the next emergency call. Green could also be defined broadly as being within a standard response time in any given area in the system. Standard response time is a statistical and historical average.

*** Does not apply if the patient meets exclusion criteria**

- Upon arrival to the department, the EMS crewmember will meet with the charge RN, EMS triage RN, or RN designated by the hospital to provide a primary triage assessment of the patient. The crew will advise that the Town of Guilderland EMS is in condition green which mandated a 45 minute maximum offload delay time.
- If patient care has not been turned over to the ED staff at 15 minutes from arrival, the crew will notify their respective reporting director/EMS chief/PSAP of “DELAYED OFFLOAD.”
- When 15 minutes have elapsed from time of arrival, the EMS crew will notify the charge RN that they have waited 15 minutes of the 45-minute maximum wait time and the EMS crew will be required to leave at or before 45 minutes.
- If the wait for offload continues to 30 minutes, the EMS crew will again notify the charge RN that they have now waited 30 minutes of the 45-minute maximum wait time and the EMS crew will be required to leave at or before 45 minutes.
- If the wait for offload continues to 45 minutes, the EMS unit may leave the patient in the department and return to service after a written (MIST) report is given to the charge RN, EMS triage RN, or RN designated by the hospital, and the Patient EMTALA Rights and Offload Consent is completed. The EMS crewmember will notify the charge RN that they are leaving and returning to service. It is recommended that the ED charge RN should immediately provide staff a stretcher prior to the EMS staff leaving the department. If a stretcher or location is not provided, the EMS crew will create an offload option, which may include triage chair, triage stretcher, vacant stretcher, wheel chair or foldable cot.

IN SATURATION YELLOW: (30 MINUTE MAXIMUM WAIT TIME)

Saturation yellow occurs when the availability of transport units drop due to an increase in call volume and/or hospital delays, not including units temporarily out-of-service for training. This is when the medical need begins to tax the system, yet things are not critical. Response times have increased to 1½ to twice-normal response time. In rural areas (zone 3) condition yellow is reached fairly rapidly because of the limited resources available. In suburban areas, condition yellow is reached when the only in service unit(s) are posting in Dynamic Deployment positions. If response times are exceeding agency average. In addition, the “call volume” is increasing. During condition yellow, supervisor and administration staff will staff units if available.

*** Does not apply if the patient meets exclusion criteria**

- Upon arrival to the department, the EMS crewmember will meet with the charge RN, EMS triage RN, or RN designated by the hospital to provide a primary triage assessment of the patient. The crew will advise that the Town of Guilderland EMS is in condition yellow which mandated a 30 minute maximum offload delay time.
- If patient care has not been turned over to the ED staff at 15 minutes from arrival, the crew will notify the director/EMS chief/PSAP of “DELAYED OFFLOAD.”
- When 15 minutes have elapsed from time of arrival, the EMS crew will notify the charge RN that they have waited 15 minutes of the 30-minute maximum wait time and the EMS crew will be required to leave at or before 30 minutes.
- If the wait for offload continues to 30 minutes, the EMS unit may leave the patient in the department and return to service after a written (MIST) report is given to the charge RN, EMS triage RN, or RN designated by the hospital, and the Patient EMTALA Rights and Offload Consent is completed. The EMS crewmember will notify the charge RN that they

are leaving and returning to service. It is recommended that the ED charge RN should immediately arrange to provide staff a stretcher prior to the EMS staff leaving the department. If a stretcher or location is not provided, the EMS crew will create an offload option, which may include triage chair, triage stretcher, vacant stretcher, wheel chair or foldable cot.

IN SATURATION RED ALL OFFLOADS WILL BE IMMEDIATE (15 MINUTE MAXIMUM WAIT TIME)

Saturation red is reached when there are no available transport units in the town and/or the ability to provide any reasonable response in a timely manner is severely compromised. Red is a condition that would be considered a severe crisis in the GEMS system.

*** Does not apply if the patient meets exclusion criteria**

- Upon arrival to the department, the EMS crewmember will meet with the charge RN, EMS triage RN, or RN designated by the hospital to provide a primary triage assessment of the patient. The crew will advise that the Town of Guilderland EMS is in condition Red which mandates an immediate offload.
- When 5 minutes have elapsed from time of arrival, the EMS crew will notify the charge RN that they have waited 5 minutes of the 15-minute maximum wait time and the EMS crew will be required to leave at or before 15 minutes.
- If the wait for offload continues to 15 minutes, the EMS unit may leave the patient in the department and return to service after a written (MIST) report is given to the charge RN, EMS triage RN, or RN designated by the hospital, and the Patient EMTALA Rights and Offload Consent is completed. The EMS crewmember will notify the charge RN that they are leaving and returning to service. It is recommended that the ED charge RN should immediately arrange to provide staff a stretcher prior to the EMS staff leaving the department. If a stretcher or location is not provided, the EMS crew will create an offload option, which may include triage chair, triage stretcher, vacant stretcher, wheel chair or foldable cot.

EMS Saturation Crisis Response Plan

The Town of Guilderland EMS E-911 Communications Center continually monitors the GEMS system and would be the first to recognize any changes in the system status. As part of this plan, GEMS units need to be aware of what condition exists at any given time. The communications center will keep units notified through the communication system. As conditions change, GEMS units will have differing responsibilities. It is advised that when a unit takes a patient through the doors of an ED that they take their radio with them so they are aware of any changes while they are inside the walls of the hospital.

GEMS units should notify their respective director/EMS chief/PSAP of “DELAYED OFFLOAD” whenever they have been delayed 15 minutes or greater. Crews are required to notify the communication center immediately after patient care is transferred to hospital personnel and again when they are back in-service.

This plan is intended to be an outline of conditions that define EMS crisis response levels and help provide a template for actions to be taken by GEMS to expedite units back into service. These are subject to change at any given time. The overall most important concept is that this is not a license to "drop off" a patient at a hospital. **With each patient, we must identify when the patient requires active monitoring by a medical professional. In that event, the EMS crew will treat and monitor the patient until they are able to turn them over to the appropriate hospital staff.**

Should the EMS crew have to monitor and/or treat the patient while on hospital premises the EMS provider will accurately log the wait time in the electronic Pre-Hospital Care Report. The hospital will then be invoiced per unit hour at vendor rate in 15-minute increments.

Documentation Standards

Accurate documentation help ensure consent and expectations. It helps to tell the narrative for decisions made, and how you and the hospital staff responded to different situations. Clear and concise e-PCR documentation is critical to providing patients with continuum of care.

The following items shall be documented in the chart activity log:

- Time-Hospital Notification VHF/other
- Time-Advised by Dispatch or EMS Supervisor of Saturation level, list what color.
- Time- Advised of extended wait, if ETA was given or not.
- Time-List patient's acuity level (Critical, Emergent, Lower Acuity, Non-Acute)
- Time/s-Advised charge Nurse that EMS crew will be leaving to return to town.
- Time- The patient was placed.
- Where the patient was placed (bed, chair, town-owned cot or chair).
- Document what condition the patient was in, who the report was given to by name, and if it was written or verbal.
- Document any treatments that you gave to the patient, and the status of IV if initiated, and the administration of medication if given, and copies of EKGs if obtained.

Policy Review

Policy review will be conducted 90 days and thereafter from implementation. The review committee will be comprised of the town attorney, town supervisor, town medical director, and EMS director. Adjustments, modifications, amendments are authorized to meet current conditions as related to offload delays.