
**Report to
The Vermont Legislature**

**Emergency Medical Services Advisory Committee
Report for January 2015**

**In Accordance with Act 155 (2012), Section 39,
*An Act Relating to Miscellaneous Changes to Municipal Government Law,
To Internal Financial Controls, To the Management of Search and Rescue Operations,
and to Emergency Medical Services.***

Submitted to: **House of Representatives**
 Committee on Commerce and Economic Development
 Committee on Human Services

Senate
 Committee on Economic Development, Housing, and General
 Affairs
 Committee on Health and Welfare

Submitted by: **Tracy Dolan, Acting Deputy Commissioner**

Prepared by: **Michael Leyden**

Report Date: **December 11, 2014**



108 Cherry Street, PO Box 70
Burlington, VT 05402
802.863.7341
healthvermont.gov

Table of Contents

Executive Summary.....	3
Introduction	4
EMS Response times by District	7
Conclusion	8

**Emergency Medical Services Advisory Committee
Report for January 2015
Act 155 (2012), Section 39**

December 11, 2014

Executive Summary

The EMS Advisory Committee was formed under authority in Act 155 of 2012. It is tasked with making recommendations on three specific issues and reporting back to the legislature on response times for EMS calls by EMS District. The Committee met four times in the second year and discussed each of the issues at length.

The three issues as listed in the Act and the EMS Advisory Committee (EMSAC) recommendations follow. Please note that Issues 1&3 were addressed in full by the Committee during its first year and were subsequently discussed in the Committee's previous report issued January 1, 2014.

Issue 1: Whether Vermont EMS districts should be consolidated such as along the geographic lines used by the four public safety districts established under 20 V.S.A. § 5. EMSAC recommendation: The Committee unanimously recommends against consolidation of the Vermont EMS Districts.

Issue 2: Whether every Vermont municipality should be required to have in effect an emergency medical services plan providing for timely and competent emergency responses. EMSAC recommendation: the Committee recommends that no Vermont municipality be required to have in effect an emergency medical services plan providing for timely and competent emergency responses

Issue 3: Whether the state should establish directives addressing when an agency can respond to a nonemergency request for transportation of a patient if doing so will leave the service area unattended or unable to respond to an emergency call in a timely fashion. EMSAC recommendation: The EMS Advisory Committee unanimously agrees that current statute and rule are sufficient and do not require expansion.

Also included in the report are response time data for EMS agencies aggregated by EMS District for the period of January 1, 2014 through November 4, 2014.

Emergency Medical Services Advisory Committee Report

December 11, 2014

Introduction

The EMS Advisory Committee was formed under authority in Act 155 of 2012. It is tasked with making recommendations on three specific issues and reporting back to the legislature on response times for EMS calls by EMS District by January 1st of 2014, 2015, and 2016. The Committee met four times in the second year and discussed each of the issues at length.

The EMS Advisory Committee is composed of membership across many of the EMS stakeholder groups across Vermont. The membership was defined in Act 155 of 2012 and follows:

The advisory committee shall be chaired by the commissioner or his or her designee and shall include the following 14 other members:

- (1) four representatives of EMS districts. The representatives shall be selected by the EMS districts in four regions of the state. Those four regions shall correspond with the geographic lines used by the public safety districts pursuant to 20 V.S.A. § 5. For purposes of this subdivision, an EMS district located in more than one public safety district shall be deemed to be located in the public safety district in which it serves the greatest number of people;
- (2) a representative from the Vermont Ambulance Association, or designee;
- (3) a representative from the initiative for rural emergency medical services program at the University of Vermont, or designee;
- (4) a representative from the Professional Firefighters of Vermont, or designee;
- (5) a representative from the Vermont Career Fire Chiefs Association, or designee;
- (6) a representative from the Vermont State Firefighters' Association, or designee;
- (7) an emergency department director of a Vermont hospital appointed by the Vermont Association of Emergency Department Directors, or designee;
- (8) an emergency department nurse manager of a Vermont hospital appointed by the Vermont Association of Emergency Department Nurse Managers, or designee;
- (9) a representative from the Vermont State Firefighters' Association who serves on a first response or FAST squad;

- (10) a representative from the Vermont Association of Hospitals and Health Systems, or designee; and
- (11) a local government member not affiliated with emergency medical services, firefighter services, or hospital services, appointed by the Vermont League of Cities and Towns.

Responses to the three questions posed by Act 155 and the EMS Advisory Committee recommendations follow. Please note that Issues 1&3 were addressed in full by the Committee during its first year and were subsequently discussed in the Committee's previous report issued January 1, 2014.

Issue 1: Whether Vermont EMS districts should be consolidated such as along the geographic lines used by the four public safety districts established under 20 V.S.A. § 5;.

EMSAC recommendation: The Committee recommends unanimously against consolidation of the Vermont EMS Districts. See previous report issued January 1, 2014 for the rationale for this recommendation.

Issue 2: Whether every Vermont municipality should be required to have in effect an emergency medical services plan providing for timely and competent emergency responses; and"

EMSAC recommendation: the Committee recommends that no Vermont municipality be required to have in effect an emergency medical services plan providing for timely and competent emergency responses. The Committee offers the following reasons:

- Vermont statutes do not mandate that municipal governments provide any public safety services. The decision as to whether to provide law enforcement, fire suppression or emergency medical services, by whom such services are provided and the degree of municipal involvement in the governance and funding of such services is made by local voters at Town Meeting.

- For those municipal governments that have chosen to play a role in the provision of law enforcement and/or fire suppression services, there is no state mandate to have in effect any plan providing for timely and competent responses.
- Municipal government is in a distinctly minority position as the actual provider of emergency medical services; instead communities rely on 180 ambulance and emergency responder service entities including non-profit ambulance, rescue and FAST squads, independent fire departments, hospitals, colleges, businesses and ski areas among others. It is not known how many municipalities formally contract with an EMS service entity to provide services to the municipality.
- Many of these service providers do not wish for any more municipal direction of or involvement in their entities or the services that they provide.
- Many times, municipal governments' only relationship with emergency medical service providers is to place requests for the appropriation of funds on the Town Meeting ballot or in the town budget as they do for many other service agencies in the community. They do not prepare plans for any of these agencies.
- There appears to be little purpose served for municipal governments to prepare such plans - what would the plan say other than which entities were currently serving the community, which the Department of Health already knows?
- Given the limited purpose of and no visible reward for making such an effort, the fact that municipal officials are already tasked with many obligations determined by their constituents as well as many un- and under-funded mandates from the state and national governments would result in poor levels of compliance with such a new mandate. The current example of low compliance (reportedly 25 percent) with the state mandate for every municipality to have submitted a local emergency operations plan bears this out even with the recent experience of Tropical Storm Irene and some actual state incentives for compliance.

Issue 3: Whether the state should establish directives addressing when an agency can respond to a nonemergency request for transportation of a patient if doing so will leave the service area unattended or unable to respond to an emergency call in a timely fashion.

EMSAC recommendation: The EMS Advisory Committee unanimously agrees that current statute and rule are sufficient and do not require expansion. See previous report issued January 1, 2014 for the rationale for this recommendation.

EMS Response times by District

The definition of response time as a time interval between two events varies among jurisdictions. Table 1 below presents two different average response times for each of Vermont's 13 EMS Districts. The average response times by district were derived from EMS patient encounter data submitted to the Vermont EMS SIREN reporting system by 84 out of 87 ambulance agencies, during the time period January 1, 2014 November 4, 2014. (Data from 3 ambulance agencies was excluded because those agencies do not primarily respond to 911-based requests for service.) The technological issues which prevented nearly 10 agencies from reporting data to the SIREN system in 2013 have been resolved, thus we have a more complete dataset from which the response time data were extracted.

Column A represents the time interval from an ambulance service being notified of a call by dispatch until the first unit from the agency arrives on the scene. This includes the time it may take for personnel to respond to the ambulance station and begin the actual response in those agencies that do not maintain crews at the station, as is the case with many of the volunteer agencies. These time intervals may not reflect the first EMS personnel to arrive on the scene because agencies licensed as a First Response Services, i.e. those without an ambulance, are not required to report data into the SIREN system. Of the 178 licensed agencies, 91 are licensed as First Response Services (one is an air ambulance based in New Hampshire).

Column B represents the time interval from an ambulance service being notified of a call by dispatch until the first unit from the agency begins to travel towards the scene of the call. As with Column A, this includes the time it may take for personnel to respond to the ambulance station to

begin the response in those agencies that do not maintain crews at the station. i.e. volunteer agencies. These data also do not include those agencies licensed as First Response Services.

The response time data for 2014 are more complete and accurate than the version published in 2014's initial report.

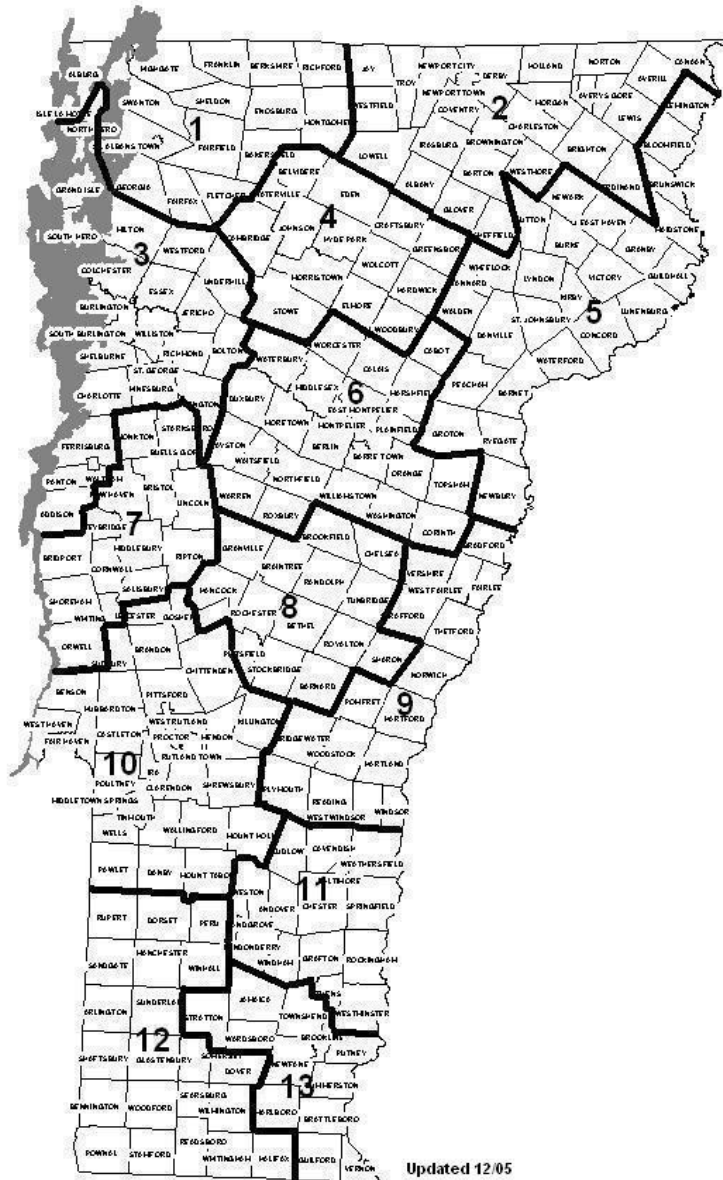
Table 1: EMS Response Times in VT: 1/1/14 to 11/4/14

District	<i>Column A</i> Average Response Time Unit notified to On-scene time interval Minutes:Seconds	<i>Column B</i> Average Response Time Unit notified to En Route time interval Minutes:Seconds
1	05:42	02:42
2	07:48	05:30
3	05:48	01:48
4	10:36	08:18
5	09:00	03:24
6	07:18	04:12
7	07:48	03:36
8	10:30	02:18
9	14:00	03:24
10	08:06	02:12
11	10:24	03:54
12	07:24	03:12
13	09:00	02:30

Conclusion

In response to questions posed in Act 155, Section 39, this report recommends that EMS districts should not be consolidated, and that the current EMS statute and associated rules adequately address the issue of service area coverage. Regarding the question of whether municipalities should be required to have EMS plans, the EMSAC recommends against any such requirement.

Vermont EMS Districts



Updated 12/05