



SENECA COUNTY

Emergency Services



August 2021 Seneca County EMS – We are better together

The EMS meeting on August 5th, 2021 held by the Seneca County Commissioners was an encouraging glimpse into the future of a true, sustainable, forward-thinking EMS system that will carry us into the future to achieve a high-quality, professional EMS system in Seneca County

Knowing who our partners will be in this endeavor is tantamount to the success of system development. We have been undergoing system development, research, and data collection for more than a decade. Our 2017 EMS Assessment that was provided by the Rural Critical Access Grant through the state of Ohio pointed out the points of performance and best practices for a successful EMS system. We have studied surrounding counties that have successfully achieved a stable, operational, and sustainable EMS system, and have learned a great deal about what our next moves should be.

Future Performance and Growth:

We must continue to grow to have adequate personnel available for the EMS mission. It is time to move forward with a full-time system of pay for the EMS personnel. This is due to the increased call volume across the county and the steady decline in volunteers due to the increased complexity of maintaining certification, increasing standards of care, and the enormous time commitment to maintaining professional certifications.

Seneca County EMS recommends that we proceed as follows with the EMS evolution and development: **The formation of ONE county-wide joint ambulance district including all townships and villages within Seneca County.**

This would include Venice, Reed, Bloom, Scipio, Thompson, Adams, Pleasant, Liberty, Jackson, Hopewell, Loudon, Big Spring, Seneca, Eden, and the villages of Attica, Republic, Bloomville, Bettsville, New Riegel, Green Springs, and all unincorporated villages that lie within the townships.

The joint ambulance district would be required to form from existing JADs by combining the existing districts and accepting the townships/villages not currently incorporated in a JAD. The next logical step would be to research the necessary millage to account for the manpower and operational costs necessary to staff Three or four Full-Time Advanced Life Support ambulances placed strategically throughout the county. An estimated property tax millage for this endeavor would be approximately 3.0 mills to generate about \$2.7 million across 14 townships and six villages within the system. This estimation will need to be validated by the Seneca County Auditor's Office.

Seneca County would provide approximately \$800,000 in revenue and retain the Full-Time Echo unit as the EMS Field Supervisor for the County EMS system. The Countywide Joint Ambulance District would contract with the county to provide the \$2.7 million in funding for the necessary revenue to staff ALS ambulances with one Paramedic and one EMT Basic/Advanced, 24 hours a day, 7 days a week, 365 days per year.

The logical operational locations for the full-time ambulances would be 1 Full Time Squad one the west side of the county with a second ambulance housed in the same station as a ready to go volunteer/part-paid/on-call ambulance. 1 Full Time

Ken Majors RN, NRP, Emergency Services Director
Dani Gebauer, EMT-P Emergency Services Administrator
126 Hopewell Ave. Tiffin, Ohio 44883
Office: 419-447-0266 ■ Fax: 419-448-5064



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squad on the East side of the county with a second ambulance (as above). 1 Full Time ambulance in the Northern side of the County as a single full-time unit. The district could retain 2 Volunteer Ambulances with 1 being on the East side and 1 being stationed on west. The 2 volunteer ambulances could be staffed with volunteer, on-call-, or call-in paid personnel as needed.

The Full-Time staff would be augmented with volunteer (either compensated or true volunteer) personnel at each location for as long as they choose to operate, thereby not eliminating anyone from having the opportunity to volunteer their EMS talents to the mission. This EMS system would also require many Part-Time EMS personnel to assist in staffing the EMS units during times of surge, vacation, sick leave, injury, or other unforeseen circumstances.

This EMS system would be a drastic change from what we currently operate under and would cost a considerable amount. An estimated \$3.2 million budget would be required to operate a 4 FT & 2 Volunteer EMS unit system. The estimated revenue of this model would not exceed \$500k in EMS billing and other receipts.

According to an analysis of performance-based modeling and EMS run data, the northwestern corner of Seneca County can be effectively covered by the EMS unit placed centrally on the Western side of the county with an average response time of 10-12 minutes. The southeastern corner encompassing Scipio/ Reed/Bloom/Venice townships can be adequately covered by an EMS unit that is centrally located on the Eastern side of the county with similar response times. Having a second squad at the same station maximizes the use of volunteers and call- in personnel when needed. Keeping 2 additional volunteer units (1 east/1west) will allow for volunteer staffing on both sides of the county for as long as volunteer EMS personnel are available.

Regaining the Northern half of the county and placing a full time EMS unit in Northern Seneca County will allow for a smooth transition of operations and maximize our effectiveness East and West from the centerline of the County.

This model will require a shift in vision and operational focus due to the need to move EMS units to centralized areas to cover during surge periods or times when a unit is out of service due to maintenance or extended scene times. The experience and tactical knowledge of experienced Echo Unit paramedic supervisors will be necessary to shift personnel as needed during those times.

Operational Direction & Control

The operational direction and control of the Seneca County EMS system would be the responsibility of the Seneca County Board of Commissioners through the County Emergency Services Director.

The only commitment that the Joint Ambulance District would have to this project would be financial support for operational costs countywide.

This is a major change in the way that we operate EMS today. The Joint Ambulance District, consisting of the townships and villages, would enter into a contract with Seneca County EMS to provide EMS service to the entire county (minus both cities and Clinton and Eden townships')

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The county having direction and control includes the Human Resources responsibility of hiring, management, and payroll of 24 full-time EMS providers, 10 part-time EMS providers and an unknown number of volunteer EMS personnel to staff the EMS units in the 2 volunteer stations as needed. This is a large endeavor that would tax our current administrative staff and would be difficult to manage without professional Human Resources consultation. Another benefit of this program is that it would create 24 full-time jobs in Seneca County.

Getting to this structure of governance will bring the full administrative power of the county government and resources to bear to better deal with all of the administrative, legal, and financial complexities of running a system of this magnitude.

The township and village elected officials would have no responsibility for the day-to-day operations of the EMS system. Their involvement would be limited strictly to financial support. The Joint Ambulance District Board, consisting of one elected official from each township, village or municipality should meet monthly to discuss needs, wants or other issues with EMS leadership. The board should also include members of the community, business leaders, public health officials, physicians and civic leaders that have a vested interest in EMS and the mission to protect lives and preventable deaths within Seneca County.

Dispatching & Communications

Dispatching an ambulance to the scene of a 911 response would not change dramatically. Seneca County would maintain the primary 911 PSAP at the Seneca County Sheriff's Office.

Radio communication would remain as it currently is operated and would support Fire/EMS communications operations throughout the county.

The major changes to dispatch and communication would be where the ambulances are located, which would require training for the dispatchers to understand the scope and purpose of where to send which ambulance, and when to shift EMS units to cover areas during times of surge, or heavy call volumes.

Expanding the use of the communications package "IamResponding" by the dispatchers and all EMS personnel will aid in the communications necessary to be more effective county-wide and potentially decrease our cost of having multiple agencies decreased to one unified contract. In essence, all EMS personnel will be aware of where all EMS units in the county are, and if they are busy, out of service or available to respond.

The dispatchers need to know where the EMS units are, know that they are all available, and that they are in service and ready to respond. Whether that is a Full Time, Paid unit or a fully staffed and ready to go volunteer/part-paid/on-call is not important. What is important to a dispatcher at the time of the 911 call is Who to send, and Where are they located.

Station Locations & Staffing

The logical locations for the three or four full-time EMS stations would be located at geographically central locations in the East, North, and West side of the county.

Ideally, we would build new EMS stations in these areas to more centrally locate them geographically to optimize response times.

Purposefully built EMS stations could be simple structures that would house two ambulances and four people with office space, living quarters and secure storage for medical supplies. This could be as simple as a pole building type structure, similar to the fire stations, or more elaborate construction if the cost was not an issue.

Realistically, we will be housed within the fire stations where the ambulances currently sit, however it will require a moderate amount of upgrading and "home improvement" to the fire stations that currently house an EMS unit.

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Currently, the volunteer fire stations are quite capable of housing an ambulance and equipment, but personnel living in them 24/7 is quite another matter.

Building stations is the ideal situation so that we could customize our response areas geographically and meet all necessary building codes and fire codes for residential structures.

Cost to the townships and villages will also need to be accounted for because once we move to a full-time system, they will certainly need to charge us for living in their buildings. Additional costs of furnishing, utilities, appliances and assorted living necessities will also need to be budgeted.

Each station location would have a shift supervisor per crew, and an overall station commander (senior-most person at the station) that would oversee maintenance and upkeep of the facility daily. The crews would work on housekeeping, lawn maintenance, daily maintenance and would always keep the station ready for visitation from the public.

Staffing would be one Paramedic and one Basic EMT per crew, and advanced EMTs could also be included to help bolster our ALS capabilities. Our minimum crew configuration would be 2 EMT-Basics with the Echo paramedic response ensuring ALS capabilities on all EMS runs.

Keeping volunteers running at all bases would be beneficial to fill our ranks of paid employees. With primarily volunteer staffing at 2 of our 4 EMS locations throughout the county and utilizing paid staffing to supplement the volunteer staffing demands as needed to always ensure 2 squads in service on both sides of the county.

The equipment in these 4 locations exists currently, and we would continue with a total of 7 ambulances.

This plan allows for us to have 2 ambulances at each East and West station, 1 in the North, and 1 ambulance at each of our volunteer stations on the East and West side of the County. This would ensure that all of our vehicles are deployed to geographic locations in our response area to allow for all EMS personnel to have access when necessary.

The career path for EMS would deepen, and we could become self-sustaining in the future. Personnel turnover is a constant struggle in EMS due to people furthering their education to move into careers in nursing, medicine or other endeavors that satisfy their thirst for knowledge and service.

Having a full-time EMS system feeds the medical industry and provides an excellent career path for young medical professionals.

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