

## **New Hinesburg Ambulance Transport Service Frequently Asked Questions**

**Q:** What is the goal of Hinesburg having its own ambulance?

**A:** Our goal is to improve the level of service to residents through continuity of care. By having our own ambulance, the members who arrive first on scene will be the same responders who care for the resident until arrival at the hospital. There is also the benefit of an ambulance being on scene sooner than our current service provided by St. Michaels Fire and Rescue which will allow for a faster transport to the hospital.

**Q:** What are the response times for Hinesburg?

**A:** Hinesburg's average response time for our first responders is 7 minutes from time of dispatch to on scene. Response time can be affected by road and weather conditions.

**Q:** How much will a new ambulance transport service cost above and beyond the existing costs we now pay for first response?

**A:** A new ambulance will be donated to us by a generous benefactor. A new ambulance service will require two full-time employees which will be shared with the Fire Department and it is hoped they will be trained in both fire and rescue. The ambulance service budget for FY22 is \$178,149. Revenues, projected at \$72,389, will offset these costs and the HFD budget will decrease by \$58,209 as the first response line items were added to the ambulance budget. The amount of \$94,870 was added to last year's budget (FY21) in anticipation of a service change. In FY21, the total tax impact of a new Hinesburg-operated service on an average (\$400K) home was estimated to be \$118.80/year or \$35.09 per capita.

**Q:** If the new ambulance transport service budget is not approved, what are the options available?

**A:** The Town could try to pare the budget down more or pursue a neighboring service. However, we would probably lose the ambulance donation. If we need to consider another service, last fall Richmond provided a cost estimate proposal of providing a full-time service for \$45,694 or \$10 per capita which also included the billing revenues going directly to them. They also proposed absorbing the \$12,000 in dispatching costs Hinesburg now pays. While the time of response would be similar to what SMFR provides for ambulance transport in the southwest corner of Hinesburg, the level of service would include a Richmond Rescue paramedic on 60% of the calls and Hinesburg's first responders could continue to be first on the scene in a quicker amount of time. Richmond currently has 5 paramedics, 15 AEMT's, 16 EMTs and 2 EMR's and is a 27/7/365 service.

**Q:** What are the projections for the average number of calls per year?

**A:** For the fiscal year ended June 30, 2020, HFD responded to 446 calls. Of these, our first responders responded to 419. The remaining 25 were mutual aid calls. 335 of the calls were medical and motor vehicle crashes. There were approximately 225-250 transports to the hospital from these calls (50-56%). Our call volume remains somewhat steady with modest increases each year with volumes driven by development and an aging population. Should we see the development which is currently being reviewed move forward, we can expect our calls to increase by 150-200 with the addition of the senior housing and new homes based upon our past history.

**Q:** Where did revenue numbers come from?

**A:** The first-year billing amount of \$72,398 for 10 months is based on actual numbers provided by St Michaels Rescue (SMRS). They do not include transport billings by other agencies who responded when SMRS was unavailable. It was determined using the average of the 2017/2018/2019 SMRS billing for Hinesburg and St George, then discounted by 10%.

**Q:** What is the cost of an ambulance?

**A:** A new ambulance costs approximately \$250,000 with no equipment. Thanks to a generous benefactor, Hinesburg's first ambulance will be donated and will include the self-loading stretcher system.

**Q:** What will be the cost to equip the ambulance?

**A:** The cost of the equipment will be \$32,000 plus \$7,000 for clothing. We have reviewed the list of equipment which is required for an ambulance. Except for a few small items, all the equipment is currently in use on Med 100.

**Q:** What is the life of an ambulance and how would the replacement ambulance be paid for?

A: The replacement schedule for an ambulance is 10 years. There will be \$25,000 in capital funding annually to plan for replacement costs. At the end of 10 years, we would have \$250,000 in capital to purchase a new ambulance. This does not mean the entire \$250,000 would be spent as there are options when it comes to replacement – for example, a new ambulance and box or a new chassis and move the box to the new chassis at an approximate cost that varies between \$75,000 and \$170,000. The replacement method is not a decision that has to be made at this time and will be discussed in 5 to 10 years. At that time there would be research completed and all scenarios and costs considered.

By just purchasing a chassis – a much lower cost option – Hinesburg would have that much more set aside in capital for if/when the entire ambulance – chassis and box – would need to be replaced. Many local agencies use the chassis replacement method. Also, as the impact fee structure is revised, we anticipate apparatus and/or ambulance replacement could be one of the new categories.

Q: What will happen with Med 100?

A: Engine 3 is currently equipped as our backup medical response vehicle for when there is a second call or when Med 100 is out of service. The medical equipment on Engine 3 would be moved to Med 100, which will become our backup medical response vehicle.

Q) We know that we have a benefactor that is purchasing the Town's first ambulance. What is the cost of a second ambulance and when will it be needed?

A) A second ambulance as well as a third full time person will be needed at some point, but not immediately as it will be driven by development and call volume. The second ambulance is merely a backup truck for when the frontline truck is out of service for maintenance. Once we are in service, other services will often loan out their spare if someone is in need which is mutual aid in action.

We were notified by our benefactor that enough funds have been set aside to not only purchase our first ambulance, but to also purchase a second used ambulance for Hinesburg when we are ready. This does **NOT** mean we are going to go out right away and purchase two ambulances. There is no timeline as to when a second ambulance will be purchased.

When the second ambulance is needed, we would look for the best deal and newest used ambulance available so we can get the most time for our purchase, and not have to replace two ambulances at the same time. This would defeat the purpose of having two. We would want to be sure we could extend the life of one of the ambulances, so we are replacing one every five years or so.

Q) Where will the second ambulance be housed?

A) When the time arrives where the second ambulance is needed and if a new station is not yet planned, the backup ambulance would take the place of Med 100 at the station at the corner of 116 and Mechanicsville Road. Med 100 would most likely be sold at that time.

Q) Will we need a new building if we get an ambulance?

A) A new station needs to be planned for in the next five years. The station will be driven by the increased development in town and will not immediately be needed with the addition of an ambulance.

Q) If we do not build a new station, what will be done for overnight accommodations at the current station?

A) The Department realizes that bunk rooms are needed. We are in the process of converting the area where our 1945 Engine was on display to two bunkrooms and a day room. The work is in progress and we expect it to be completed by mid to late January.

Q: How will the ambulance billing work?

A: The billing will be done by a service which specializes in ambulance and medical billing. It will be up to the Selectboard to decide on the company to contract with and to establish a collection policy for the company to follow.

Q: How will ambulance be staffed?

A: We are currently in the process of hiring a daytime Firefighter/AEMT. When the ambulance is in service, we would hire a second EMS person for daytime. This would provide two FT staff persons working 40 hours per week from ?? a.m. to ?? p.m. The night schedule would continue to be staffed by our current members who are paid on a per call basis.

Q: What is the status/qualifications of the ambulance personnel - EMT, AEMT, paramedic? How does this compare to other towns' ambulance service?

A: Hinesburg operates at an Advanced Level of Service. We have 1 Paramedic, 4 AEMT, 12 EMT and 9 EMR. All Department members are certified in CPR. Comparisons to other towns is difficult to obtain and changing all the time.

The other services have a combination of full, per diem and volunteer members which are trained at various levels. Shelburne operates at the ALS level and some communities are at the Medic level. We do not see Hinesburg operating at a Medic level as we do not have the call volume to support a medic service. When our medic responds, the person provides care at an AEMT level.

There is one member currently enrolled in an Emergency Medical Responder (EMR) course; six enrolled in an Emergency Medical Technician (EMT) course; and one nearing completion of the Advanced Emergency Medical Technician (AEMT) course.

Q) What is Hinesburg doing about recruitment of new members?

A) Hinesburg is, as are all departments, always recruiting for new members. Recruitment is by word of mouth and postings to newspapers and on-line. Hinesburg is taking part in an EMT class which started in December. The classroom is online with the practice and labs hands on. The Hinesburg station is one of the practice/test sites, making it convenient for residents who are taking part in the course. We have 5 or 6 new members who have signed on with the Department and are enrolled in the course.

Q) How does Hinesburg retain current members?

A) We work to keep members engaged in the workings of the Department. Some things members are encouraged to do are submit ideas for and plan trainings; being responsible for maintaining adequate levels of EMS supplies; assisting with training of new members.

As previously stated, the Department is in the process of converting the space where our 1945 Engine was on display to a day room and two bunk rooms. This will provide a space for members who live further out in town to stay overnight during an EMS shift, as well as provide a place for per diem persons to cover an overnight shift and weekends.

Q: Other than the one full-time employee, how are personnel paid and is payment based on their qualifications?

A: Our paid per call rates are \$11-\$14/hour and the Fire Chief receives an annual stipend of \$12,000. Training is paid at \$10 per hour. The full-time employees are budgeted at \$50,000 plus \$35,357 for benefits. This would not change for the overnight shifts. The members who are currently on duty with first response, would be the members who respond with the ambulance. During the day, we may have current members who are in town and/or per diem persons to supplement the proposed two full-time positions.