# Innovative Solutions for Emergency Medical Service Delivery

Shawyn Patterson-Howard
Mayor
City of Mount Vernon

Chris Bradbury, ICMA-CM
Village Administer
Village of Rye Brook
ryebrookny.gov/ems

John D. Goodwin, ICMA-CM,
City Manager
City of Canandaigua

NYCOM Feb. 3, 2025

**IS THERE AN EMS CRISIS?**

- In past 10 years, 237 EMS services in NYS have closed, merged, or taken over (May 2023 NBC report).
- Over 30 volunteer agencies closed in NYS during/after COVID.
- 58% of NYS agencies reported a decline in certif responders affected covering calls and shifts.
- 17% drop in certified EMS practitioners from 2019 to 2022.
- "EMS Deserts" forming in mostly rural areas (25 mi from nearest ambulance).
- 51 of 62 counties in NYS (83%) have an "EMS Desert'.

**February, 2023 –NYS EMS Sustainability Technical Advisory Group (SEMSCO):**
"The New York State EMS system has markedly deteriorated over the past several years due to declining volunteerism, lack of public funding to cover costs of readiness, inadequate staffing, rising costs, insufficient insurance reimbursement, rising call volumes, a lack of performance standards, poor understanding of the EMS system by elected officials and the public, NYS home rule, and lack of transparency and accountability for EMS agencies."

**Also:**
Recruitment and retention issues; lowest paid among emergency services; long hospital wait times; less resources; not considered an essential service in NYS.

**TODAY'S PROGRAM DESCRIPTION:**

Challenge: how to structure our agencies for optimal success.

Today's Program Overview:

- *EMS Organizational Model Study:* Recommended actions & future success. *(*PCRRB EMS agency & 3 municipalities)
- Nurse Navigation Program: Triaging 911 calls. (Canandaigua)
- EMT Training Program at MVHS. (Mt. Vernon)

**Background: Port Chester-Rye-Rye Brook EMS:**

***Service Area (today's pop):***

| | | |
|---|---|---|
| *Port Chester* | *31,693 pop* | *2.33 sq mi* |
| *Rye City* | *16,592 pop* | *5.85 sq mi* |
| *Rye Brook* | *10,047 pop* | *3.43 sq mi* |
| | *58,332 pop* | *11.61 sq mi* |

**Prior to 1994**: NFP (vol & pd) & Private Contract with agency.

**Fitch & Assoc Study.**

Result: 1994 IMA: PCRRB Volunteer EMS (Vol./Pd. NFP 24/7 ALS/paramedic service)
EMS NFP Board: Checks and balances on finances; estab. salaries & benes; equipment
EMS Committee: Accountability through performance standards (i.e. Pr 1 under 8:59)
Muni share: 75% equal; 25% based on population

**2019: Formal name change to PCRRB EMS**

**Active EMSC Committee:**

Municipal leaders from PC, Rye, RB
Qtrly review of response times & targets by priority type; review finances, types & # of calls, insurance recovery, staffing levels, mutual aid in/out, hospital choices, etc.
Estab. service levels and approve budget.

**Widely considered best value in budget (to a fault?)**

**PCRRB Post-COVID: Problems "Erupt":**

Staff Retention
Burnout of dedicated supervisors/employees
Mental Health & family impacts
Not treated as essential like p & f
Compensation & subpar pension & health coverage
Low pay = multiple jobs (less pride in "home" EMS)
"Best value" approach backfires.
Mutual aid to others a major issue county-wide

***2021 Experience "Post"-COVID:***

Tried to increase pay – matched by other agencies.
Improved benefits to assist recruitment (esp. health insurance)
Other: EMS awareness, Proposed Legislation, NYS Comptroller's change to allow NFP to join NYSHIP
Staff Retention an issue everywhere. Competing for same limited pool.
Biggest issues voiced: Feeling valued, multiple jobs due to low pay/benefits and lack of retirement.
NFP Corporate Bd of Directors Not Active like EMSC

***Led to.. 2021-22 EMS Organizational Model Study – Is the current NFP Model still the best for us?***

***2021-22 EMS Organizational Model Study:***

*Objectives:*
•Examine advantages/disadvantages of the *current* and *alternative* organizational models/structures.
•Roadmap for the future to address short-term and long-term considerations regarding administration, operations, and financial changes/opportunities.

*Ideal Outcome:*
Maintaining or improving the current level of service delivery while maintaining a cost-efficient agency with a long-term competitive compensation model for its career EMS professionals.

***Timeline:***
- RFP July 2021.
- Firm Selected and started Dec 2021 ($64,500/5-6 months)
- June 2022 Study completed by Public Consulting Group (PCG)

*Side Note: Long-time EMS Administrator announced retirement during study in 2022.*

***2022 EMS Organizational Model Study Expectations & Outcomes:***

*EMS is at a crossroads in NYS & across nation.*

*Lower reimbursement; lack of local support and/or understanding of crisis;*
*low compensation; not considered essential in NYS*

*PCG Methodology:*

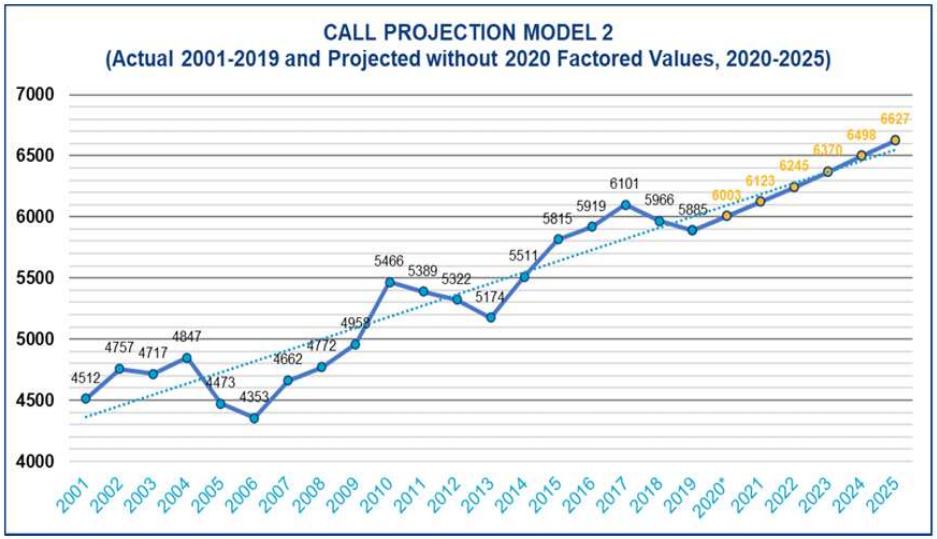
*interviews of local and county officials, EMS leaders, & EMS staff (survey);*
*data collection, research, literature review;*
*on-site observations;*
*comparisons between our EMS Agency and others.*

*Study Outcome Goals:*

*(1) assessing different organizational models to determine best fit for the future;*
*(2) identifying recruitment and retention opportunities for the Agency's success.*

*Westchester County:*
*1M+ Population over 430 sq miles - **41 EMS Agencies***
***23 indep/NFP**; 7 muni, 6 fire, 4 commercial, 1 VA hosp*
*Massive fragmentation hinders system cooperation*
*West Co. 60 Control manages mutual aid calls*
*Westchester Co dispatches for some EMS agencies*

*Westchester County EMS **Advisory** Boards:*
*Westchester County EMS Advisory Board*
*Westchester Regional EMS Council (WREMSCO)*
*NY Regional Emergency Medical Advis. Council (REMAC)*



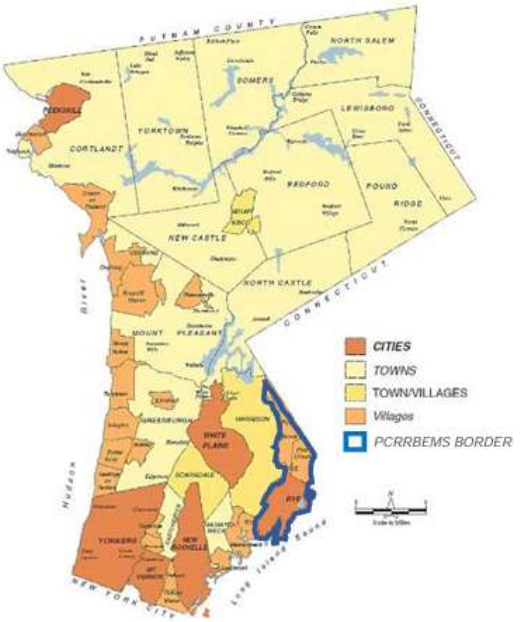



*Figure 3.3: Westchester County Municipality Map* [10]

*PCRRB EMS Agency Quick Facts:*
*$2.8M+ Budget*
*Revenue: 63% insurance, 28% munic, 9% other*
*6,496 EMS calls in 2024*
*Low mutual aid in/high mutual aid out*
*Priority 1 Response Time: Under 8:59 (4:53 in 2024)*
*2 ALS ambulances staffed 24/7 (Paramedic & EMT)*
*1 addtl daytime ambulance*
*1 supervisor per shift only when staffing permits*
*PCRRB EMS dispatched by local police depts (not EMD's)*

| COUNTY | STATE | 2020 POPULATION | TOTAL AMBULANCE SERVICES | MUNICIPAL | FIRE DEPT. | COMMERCIAL | INDEPENDENT | OTHER | POP. per AGENCY |
|---|---|---|---|---|---|---|---|---|---|
| Putnam | NY | 98,532 | 11 | 1 | 6 | 0 | 4 | 0 | 8,957 |
| Rockland | NY | 326,225 | 16 | 1 | 1 | 1 | 13 | 0 | 20,389 |
| Orange | NY | 385,234 | 22 | 0 | 0 | 2 | 19 | 1 | 17,511 |
| Erie | NY | 917,241 | 52 | 5 | 36 | 3 | 8 | 0 | 17,693 |
| Westchester | NY | 1,004,457 | 41 | 7 | 6 | 4 | 23 | 1 | 24,499 |
| Nassau | NY | 1,351,334 | 71 | 18 | 42 | 2 | 6 | 3 | 19,033 |
| Bronx | NY | 1,401,142 | 9 | 0 | 0 | 6 | 1 | 2 | 155,682 |
| Suffolk | NY | 1,474,273 | 101 | 31 | 36 | 5 | 25 | 4 | 14,597 |

***Table 3.2 – Local and Comparable New York County Ambulance Service Model Types and Population Representation [citations in text]***

| COUNTY | STATE | 2020 POPULATION | TOTAL AMBULANCE SERVICES | MUNICIPAL | FIRE DEPT. | COMMERCIAL | INDEPENDENT | OTHER | POP. per AGENCY |
|---|---|---|---|---|---|---|---|---|---|
| Denton | TX | 906,614 | 17 | 2 | 12 | 1 | 2 | 0 | 53,330 |
| Pierce | WA | 921,130 | 26 | 1 | 20 | 2 | 2 | 1 | 35,428 |
| Milwaukee | WI | 939,489 | 18 | 0 | 12 | 4 | 2 | 0 | 52,194 |
| Pinellas | FL | 959,107 | 1 | 1 | 0 | 0 | 0 | 0 | 959,107 |
| Westchester | NY | 1,004,457 | 41 | 7 | 6 | 4 | 23 | 1 | 24,499 |
| Fresno | CA | 1,008,654 | 6 | 0 | 4 | 1 | 1 | 0 | 168,109 |
| Collin | TX | 1,064,465 | 13 | 0 | 11 | 2 | 0 | 0 | 81,882 |

*CITATIONS: Denton County, TX [22] – Pierce County, WA [23] – Milwaukee County, WI [24] – Pinellas County, FL [25] – Fresno County, CA [26] – Collin County, TX [22]*

***Table 3.3 – National Comparable County Ambulance Service Model Types and Population Representation [citations in text]***

*PCRRB EMS Employee Survey Feedback:*

- *59-60% work **multiple EMS jobs** to make a living*
- *50% work **over 60 hours** per week.*
- *78% feel **pay is inadequate** for position*
- *93% said **increasing pay would encourage retention***
- *89% said they would stay in EMS is compensation was the same as **police, fire, healthcare***
- *Over 60% of PT said **benefit levels** would prevent them from becoming FT at agency*
- *Over 60% of FT said **if benefits were improved** they would likely stay at agency.*
- *Satisfaction Level: **6.4 out of 10***
- ***Equipment and reputation excellent.***
- ***Facility** needs improvement*
- ***Dispatching frustrating**- esp. 3 police station radios all day (no "mental downtime")*
- ***Supervising roles confusing** (supervisors often on calls)*

## *PCRRBEMS is a Non-Profit (Independent) Organization*

Private corporation that contracts with the Municipalities to provide 9-1-1 EMS/ambulance services. The Agency financially operates from transport billing revenues and contracted (supplemental) municipal contributions.

**ADVANTAGES:** 501(c)(3) status; autonomy/separation from municipal government limitations.
**DISADVANTAGES:** Employees cannot receive municipal employee benefits (health/medical, retirement/pension); agency cannot receive ambulance supplemental payment program revenues from Medicaid.

## Private, For-Profit (Commercial)

Private company that operates like any other private business, contracting with municipalities to provide services.
**ADVANTAGES:** Limited restrictions toward vendor relations; no profit limitations; autonomy/separation from municipal government limitations
**DISADVANTAGES:** Limited supplemental funding opportunities

## Municipal

Municipal government-operated agency that can be civil service governed (owned/operated by a municipality) or special taxing district governed. Local tax support and/or contracts for service from other nearby municipalities fund the agency.

**ADVANTAGES:** Employees receive municipal benefits (health/medical, retirement/pension); additional grant funding and supplemental payment program opportunities for revenue recovery; stable source of agency funding

**DISADVANTAGES:** Stringent procurement and vendor relations processes; "local control" sentiments can jeopardize consolidated service efforts in some models; higher post-employment benefit costs

## Fire-Based (Fire Department)

Municipal government agency where EMS is tied into fire department operations and budgeting process.
**ADVANTAGES:** Stable tax support; municipal employee benefits; different working hour regulations; all-hazards competency approach
**DISADVANTAGES:** Poses a significant cultural, job requirement, and certification/credential challenge from the current model

## *NO SERVICE*

***Providing or contracting for emergency medical services is not a legal requirement in New York – yet – because EMS is not legislatively considered as an "essential service."***

***While it is legal to do away with ambulance service contracting and funding within the Municipalities completely, this avenue is NOT a RECOMMENDED course to follow.***

## *Other Models*

*Other organizational models exist within New York such as industrial, collegiate, and hospital-based, but are not fitting or appropriate for the Municipalities or for PCRRBEMS to consider for future operations.*

**PRIMARY RECOMMENDATION**

## Special Taxing District

*Transitioning toward a municipal model that is formed as a consolidated special taxing district between the Municipalities – and even expanded into other nearby communities – is the recommended course of action for PCRRBEMS. Doing this will provide for an independent governance and funding source model for the Agency to operate within, all while affording the partnering Municipalities the equal representation that they appreciate. This model will also be the most advantageous for its employees, while also presenting future opportunities for the agency to take advantage of potential ambulance supplemental payment program revenue recovery benefits.*

**SECONDARY RECOMMENDATION**

## Non-Profit (Independent) *Current Model*

*If a municipal/3rd service, special taxing district model is not pursued (or successful), it is recommended that PCRRBEMS stay on its current course as a private, non-profit corporation that contracts with the Municipalities to provide its services. Additionally, maintaining this type of model allows for an easier transition of other private, non-profit corporations to consolidate into the Agency to develop a more robust entity that promotes internal growth and an economy-of-scale modeling that provides for more efficient operations and service delivery (as an expanded, consolidated special taxing district would also provide – just without the independent governance structure and municipal benefits that would be afforded to the employees).*

**8 KEY RECOMMENDATIONS FOR PCRRB EMS:**

HIGH PRIORITY – SHORT-TERM: Increase pay & benefits substantially - Comparable to P & F.

HIGH PRIORITY – SHORT-TERM: Hire a business manager or use municipalities to manage parts of its non-clinical functions (financing/budgeting, HR, procurement, IT, and payroll).

MED PRIORITY – SHORT-TERM: Establish a FT manager-level EMS position assigned to planning and logistics functions like training, quality assurance, data management, and supply chain management.

HIGH PRIORITY – SHORT-TERM, 1-YEAR: Transition 9-1-1 dispatching to Co rather than police who do not have EMD.

HIGH PRIORITY – SHORT-TERM, 1-YEAR: Estab. larger, consolidated, tax-funded special taxing district in southern Westchester County under a re-branded name.

MED PRIORITY – SHORT-TERM 1-YEAR: Reconstruct Board with a more community-representative model.

MED PRIORITY – SHORT-TERM, 1-YEAR: EMS agencies & Co to establish a local mutual aid response system and plan.

LOW PRIORITY – LONG-TERM, 3-YEARS: Reexamine shared service & consolidation of fire & police – including 9-1-1 call-taking and police dispatching services promoting tri-Municipal or regional efforts.

**Other Study Recommendations:**

Operational/Administrative:

*Recruitment & Retention Improvements:*

- Recruitment Efforts (recruiting efforts; social media; web site, ride-alongs, HS program, internships, etc)
- Salaries & wages (compare to police/fire/health)
- Improve benefits & promote them (health insur; 401k). Add tuition reimbursement.

Organizational Chart & Staffing:

- Estab. clearly defined roles of supervisors.
- Create a career path with "job share" management responsibilities.

Operational:

- Search for more regional, consolidated & shared services (lessen fragmentation, competitiveness, creates growth)
- Improve data management, esp. dispatching data.
- Centralize dispatching services through county
- Branding, marketing, & outreach (change name, more social media and online presence)
- Org Chart & staffing – at a min, remove supervisors as regular staffing ambulances; consider admin/bus position.

**Addtl Study Recommendations:**

**Organizational Model Recommendations:**

Current organizational model is not root cause of the problem.
Problem is the entire regional EMS system, esp. with simply too many EMS agencies.
Shared services, consolidation, & mergers needed.
Addressing problems & symptoms will result in same predicament in years to come (uncertainty/at-risk).
Goal would be for agency to cover population between $100,000 and $150,000 over 35+/- sq mi
Re-brand, market & outreach (i.e. "Sound Shore" to allow for expansion)
Administration-Operations Balance, perhaps with business manager or muni support (payroll, purchasing, etc.)

**Recommended Model 1 – Special Taxing District**

Stable tax-based funding source
Open model approach for consolidation ("Sound Shore Ambulance District").
Potentially capitalizing on future ambulance supplemental payment program revenue recovery opportunities
Maintain equal municipal representation for governance/oversight
Problem: Cities & Villages cannot form taxing districts – only towns can.

**Recommended Model 1A – Non-Profit (Current Model)**

Agency & munis need to discuss financial support to implement study recommendations.
Agency & munis need to discuss openness to consolidate with neighbors ("Sound Shore EMS").

***STEPS TAKEN TO DATE:***

*EMSC & Agency brought in retired Village Manager as a resource (during study):*
- Assist with transition of EMS Administrator and outline all tasks & responsibilities
- Meet with prior & new EMS Director and staff
- Review budget & staffing levels
- Help prepare multi-year capital budget
- Make recommendations on all of above.

Agency & all 3 Municipalities Buy-in:
- Agreed to multi-year pay plan (using police/fire as a guide).
- Changed health insurance plan and contribution levels.
- Multi-Year service improvement plan to add supervisors and coverage.
- Added and defined roles of supervisors to relieve work of EMS Administrator
- Added office asst position to help EMS Administrator
- Expanded social media and online presence.
- Established HS Explorer Post.
- Expand community training opportunities (AED, CPR, Heartsaver First Aid, Wilderness First Aid)
- Working with county and state officials to support legislation (essential service, flex to add districts)
- Working with county on mutual aid issues (& County added ambulances for mutual aid)
- Outreached to neighboring municipality to expand/merge.
- Meetings with county about future dispatching.

## ***Other EMS Trends:***

- 2025 Gov. Hochul budget: EMS as essential & req. counties to ensure coverage; also mapping of EMS coverage areas/gaps.
- 2025: Again Proposing legislation EMS as essential; allow cities & villages to form taxing districts, etc. (NYCOM priority)
- 2024: Approved NYS Legislation: bill Medicaid & insur for treat at-home (diabetic, insulin, oxygen), transp to non-hospitals. Also store and provide patients with blood transfusions en route to hospital.

- Increase in Mobile Integrated Healthcare & community paramedicine… *community-based health care in which paramedics work outside their normal emergency response and transport roles.*

- EMS filling healthcare gaps through clinical innovations (vaccines, overdoses, mental health collaboration)

- Technology & data driving improved patient outcomes. Ex: Predictive analytics for resource allocation & demand forecasting; real-time patient data sharing; drone-assisted EMS for deployment of equip., search & rescue

- Longs wait at hospitals –sometimes hours –leads to coverage problems (volunteer & paid). Reducing unnecessary emerg dept visits through at-home care or alternative destinations (walk-in centers).

- Tiered response levels: EMT's, paramedics, nurses.

- Callers being referred directly to non-emergency care by nurse triage programs

- Half of New York Counties picking up some EMS service or helping with mutual aid.