

SafeTechSolutions

Final Report

ASSESSMENT OF EMERGENCY MEDICAL SERVICES IN CAMPBELL COUNTY, WYOMING

June 2016



Contact: Aaron Reinert, Partner

29251 Potassium Street NW • Isanti, MN 55040 | Tel 651.248.4239

aaron@safetechsolutions.us • www.safetechsolutions.us

Table of Contents

	Executive Summary	3
I.	Introduction & Assessment Methodology	8
II.	Overview of Campbell County	9
III.	Overview of EMS System in Campbell County	13
IV.	Description of Campbell County Health EMS	17
V.	Key Observations	23
VI.	Recommendations	31

Executive Summary

SafeTech Solutions spent three months in 2016 studying the EMS system in Campbell County, Wyoming. This study included a site visit, approximately 20 interviews with key stakeholders, extensive research about Campbell County and its EMS system, thorough analysis of Wyoming Ambulance Trip Reporting System data, and in-depth scrutiny of financial and operational data for Campbell County Health EMS.

Based on its findings, SafeTech Solutions recommends that Campbell County Health and Campbell County Health EMS:

1. Ensure Campbell County is served by high quality of out-of-hospital emergency medical services that remain strong and unthreatened by the ups and downs of the local economy by:

- Keeping EMS within the hospital district (i.e. hospital-based EMS is more efficient, clinically connected and keeps the door open for more healthcare integration).
- Prioritizing EMS within Campbell County Health's system-wide strategic visioning and planning.
- Telling a powerful story about EMS that sells EMS to the community as an essential public service worthy of full funding during bust as well as boom times.
- Accepting that the EMS department operates at the intersection of health care and public safety and, consequently, may have operational and cultural elements/needs/practices that are distinct from those common within a hospital.
- Creating a clear vision and strategic plan for the EMS department that includes the following elements:
 - A dedicated departmental visioning and planning process that is unhurried and regularly revisited;
 - A description of the level, quantity and quality of services needed, wanted and fundable within the county; and
 - Attention to leadership, management/supervision, succession planning, departmental culture, efficiency, workforce development and growth.
- Addressing current leadership, operational and engagement issues in a manner that positions Campbell County Health EMS to be a "best EMS place to work" in the Wyoming market.
- Exploring the expansion of EMS integration into healthcare by identifying needs and opportunities to use EMS personnel and their skills in the provision of healthcare throughout the county.

2. Develop an EMS leadership team and department structure designed to realize a clear vision for EMS by:

- Updating the job description for the departmental director with key performance measures that match the vision and needs of Campbell County Health and the EMS department.
- Ensuring the right person is in the role of leader.
- Expecting the EMS director to truly be a leader, as well as a manager.
- Empowering EMS department leaders and holding them accountable for key performance measures.
- Prioritizing leadership development and succession planning within the EMS department.
- Ensuring the EMS department's leadership team is regularly exposed to other EMS systems and industry best practices through national education, conferences and networking.

3. Strengthen financial performance of Campbell County Health EMS by:

- Understanding the EMS department's current financial performance, including departmental revenues within the hospital system.
- Understanding overall departmental expenses, including labor expenses, unit hour cost, and the full expenses associated with covering special events.
- Maximizing revenues from all business segments (911 response and transport, interfacility transfers, event coverage and education).
- Creating a realistic and appropriate wage and pay structure that acknowledges what employees need to earn annually and limits wage and hour liabilities.
- Acknowledging the true annual income of EMS staff and creating a system that meets income needs and reduces overtime.
- Ensuring efficient vehicle practices.

4. Structure EMS operations to support long-term success by:

- Developing a resource deployment strategy that reasonably addresses call volume and community needs.

Three 24-hour units (two in Gillette and one in Wright) could meet the current call volume with excess capacity. For additional efficiency, consider a deployment strategy of one 24-hour unit in Gillette, one 24-hour unit in Wright, and a transfer vehicle in Gillette staffed from 7 AM to 7 PM and “on call” from 7 PM to 7 AM.

- Identifying staffing needs and hiring an appropriate number of employees.
- Developing an efficient, safe and humane employee schedule.

An ideal scheduling pattern would be a 36-hour work week for full-time employees, with full-time staff working one 24-hour shift a week and one 12-hour shift a week. All shift lengths would be 12 hours, with allowance for putting two together into a 24-hour shift. This schedule would reduce the need to have as many PRN staff and the complicated system of A poll, B poll, C poll and per diems associated with each. While such scheduling might add expenses in the short run, it will reduce the need for PRN staff and create a long-term sustainable operation that truly reflects labor costs.

- Prioritizing interfacility transfers and structuring resource deployment to capture transfers.

Data suggests that there is the possibility of one interfacility transfer per day. Using the resource deployment model described above, a third unit should be able to handle long distance transfers without impacting 911 response. Assuming a transfer could take between 5 and 16 hours round-trip, that still leave excess hours of unit availability for the system.

- Tracking and managing use of air medical resources. By doing so, Campbell County Health EMS will better understand when and why air medical transport is called and used in the county.

5. Create a high engagement “best EMS place to work” culture characterized by:

- Ensuring the leadership team is capable, empowered and emotionally intelligent.
- Eliminating internal organizational drama.
- Updating job descriptions and performance expectations, and providing appropriate feedback to employees.
- Ensuring wage, overtime and scheduling is fair and perceived by employees to be fair.
- Quickly dealing with poor performance.

- Regularly monitoring employee engagement through informal feedback and surveying.

These recommendations are based on the following key observations.

1. Campbell County Health EMS is a vital element of the healthcare system in Campbell County.

Demographics, geography, climate, distances, and the limits of local medical specialties create an important need for EMS in Campbell County.

2. Campbell County Health EMS faces major challenges associated with the current downturn in the local economy, its position within the hospital district, departmental leadership and potential competition in the EMS marketplace.

2a. A significant and unprecedented downturn in the local economy will have an impact on both the hospital district and the EMS department.

2b. Campbell County Health EMS does not have a clear guiding vision for its future and an accompanying strategic plan.

2c. Campbell County Health EMS lacks proactive leadership.

2d. Campbell County Fire Department is interested in becoming a provider of EMS response and transport.

3. Campbell County Health EMS is sustainable, providing that resources are appropriately managed and leveraged efficiently.

3a. Campbell County Health EMS is sustainable.

3b. Campbell County Health EMS is a valuable and important asset to Campbell County Health.

3c. EMS patient billing rates appear to be appropriate, however, insufficient data about EMS collection rates and patient transport revenue make it difficult to track EMS revenue within the hospital system.

3d. Executive leadership within Campbell County Health is progressive and concerned about the future of EMS.

4. The level of clinical care delivered by Campbell County Health EMS is high, and community perceptions are positive, but the quality of care delivered is uneven.

4a. The clinical care provided by Campbell County Health EMS matches best practices in rural areas around the nation, and clinical protocols are progressive.

4b. Campbell County Health EMS has a positive reputation within the community.

4c. The EMS medical director, hospital staff and EMS personnel report that the clinical quality of care provided is generally good, but inconsistent.

5. As operating today, Campbell County Health EMS is not efficient and not fully meeting the needs of the hospital/medical community.

5a. The financial performance of the EMS department is difficult to track because it is integrated within the larger Campbell County Health system.

5b. Campbell County Health EMS resources are not deployed efficiently.

5c. The current 96-on/24-off call schedule results in excessive and costly overtime.

5d. On-call practices may be creating a potential wage/hour infraction.

5e. Campbell County Health EMS appears to be prioritizing special event coverage in a manner that fails to contribute sufficiently to the department's bottom line and jeopardizes other departmental services.

5f. Campbell County Health EMS is not meeting the need for reliable and prompt interfacility transfers to and from the local hospital.

6. The culture at Campbell County Health EMS inhibits high employee engagement.

6a. Employee engagement is low, and the department culture is characterized by ongoing drama.

6b. Inadequate crew quarters in both Gillette and Wright may be impacting engagement and operational flexibility.

I. Introduction & Assessment Methodology

Like many rural counties in America, Campbell County, Wyoming, faces growing challenges in meeting its out-of-hospital emergency medical care needs.

The awareness of these challenges and the desire to overcome them led Campbell County Health EMS to file an application with the Wyoming Office of EMS and Trauma for grant money to fund an assessment of the EMS system in Campbell County. SafeTech Solutions, LLP, was contracted to conduct the assessment. SafeTech Solutions is an EMS consulting firm with extensive expertise evaluating EMS organizations and assisting in the development of rural ambulance services and systems. SafeTech Solutions has worked with rural Wyoming EMS agencies through its EMS Leadership Academy and previous assessments in Sweetwater, Fremont, Sublette and Carbon Counties.

The goals of the Campbell County assessment project are to:

- Evaluate the sustainability, reliability and long-term survivability of EMS in the county, including the current structure and operations of Campbell County Health EMS;
- Validate system components that are working well; and
- Make recommendations for change and improvement as needed.

The assessment focused on local needs, current operations, system design and available supporting resources with an eye on sustainability. The scope of the assessment was limited and was not an audit of operations, finances or clinical performance. Air medical service was not part of the assessment.

Methodology

SafeTech Solutions' assessment team used a process of inquiry and investigation that capitalizes on the firm's extensive understanding of rural EMS systems. Its principals gathered quantitative and qualitative data through research, site visits, interviews and community meetings. SafeTech Solutions consultants visited Campbell County to review documents and data, conduct interviews and assess operations. In addition to evaluating the ambulance organization (organizational structure, leadership and operations), SafeTech Solutions paid special attention to the social, economic, demographic, cultural and political issues in Campbell County, carefully analyzing data and making its recommendations based on industry best practices, as well as what is practical and doable in Campbell County. Recommendations were presented to key stakeholders in July.

This report summarizes the findings, key observations and recommendations for the EMS system in Campbell County.

II. Overview of Campbell County

Campbell County is in northeastern Wyoming and part of the Powder River Basin, which stretches from the crest of the Bighorn Mountains to the western Black Hills. The county is 4,761 square miles or roughly 3 million acres, most of which is covered in grassland on the surface and extensive sub-bituminous coal deposits below. The climate is semi-arid with an average of 15.75 inches of precipitation a year. Its population is estimated at 49,220, making it among the top five most populous counties in the state.¹

Campbell County is bisected horizontally by Interstate 90, which is the major east-west route in and out of the city of Gillette and across the northeastern part of the state. State Highway 59 travels north-south, passing through Wright in the south, Gillette mid-county, and Spotted Horse in the north. News reports suggest that traffic is heavy on the state highway, due in part to energy sector activity in recent years.²

The county seat is in Gillette, Campbell County's only city. Incorporated in 1892, Gillette was founded after the railroad arrived, bringing with it an influx of farmers, ranchers and townspeople. Today, it is known as the Energy Capital of the Nation and has a population of 31,971.³ About 1,800 Campbell County residents live in the Town of Wright, which is essentially a company town for employees and families of Arch Coal and Peabody Energy, while the remaining 15,000 county residents live in the unincorporated communities of Antelope Valley-Crestview, Sleepy Hollow, Recluse, Rozet and Weston.



Economy

With 30 percent of the nation's coal produced in area surface mines, Campbell County has long been a major supplier of the nation's coal.⁴ Coal has been mined underground in the county since 1909.⁵ In 1923, the Wyodak Company began developing surface coal operations, producing more than 33,000 tons of coal within two years. Wyodak is the

¹ US Census Bureau estimate.

² *Casper Star-Tribune*, Nov. 29, 2014; *Billings Gazette*, Dec. 8, 2014

³ US Census Bureau estimate.

⁴ ccgov.net (official website of Campbell County government)

⁵ wyohistory.com

oldest continually operated surface coal mine in the United States.⁶

Campbell County's coal is low in sulfur compared to coal mined in the eastern United States. For that reason, since 1990 when the Clean Air Act was amended to require electric utilities to reduce sulfur emissions from their coal-fired power plants, Campbell County's low-sulfur coal enjoyed distinct advantage in the national market.⁷



Campbell County's prosperity has been fueled by oil as well as coal. The first commercial discovery of oil in Campbell County was in 1948. Oil strikes in the Dead Horse Field on the Johnson-Campbell County line in the 1950s, in Belle Creek north of Gillette in 1955, and in Hi-Lite in 1967 created a long-term economic boom. Between 1960 and 1970, the county's population more than doubled, from 5,861 to 12,957. Most of this growth occurred in or near Gillette from 1965 to 1970. Coal and oil development in Campbell County nearly doubled the county population again between 1970 and 1980, from 12,957 to 24,367.⁸ Demographics also changed, with 11 percent of the population employed in mineral extraction in 1960 compared to 27.5 percent 10 years later. In 1970, the county's unemployment rate was 2.6 percent, one of the lowest in Wyoming.⁹

Growth and prosperity continued well into this decade. According to the State of Wyoming, Office of Administration and Information Economic Analysis Division, Campbell County led the state in total sales and use tax collections for FY 2015 at \$222.4 million or 19.9 percent of the state total.¹⁰ At the same time, population increased 4.7 percent from the April 2010 census through July 1, 2014.¹¹ Thirteen of the top 20 coal producers in Wyoming in 2011 operated in Campbell County, producing a combined total of more than 426 million tons of coal while employing 6,098 workers.¹²

Recent fluctuations in the energy market have taken their toll on Campbell County's economy. While its assessed valuation for the current fiscal year (2015-2016) was the

⁶ wyodak.com

⁷ Wyohistory.org

⁸ ibid.

⁹ ibid.

¹⁰ ccgov.net.

¹¹ ibid.

¹² wyohistory.org

highest on record at \$6.028 billion, county officials stated in their most recent annual report that, “The energy sector has been hard hit with declining commodity prices and increasing federal regulatory oversight. The next few years may prove to be more challenging.”¹³

Indeed, in the November 2015 labor report from the Wyoming Department of Workforce Services and Research Services, Campbell County lost 920 jobs in 12 months, and unemployment increased by one-half of one percent during the same time period (3.5% to 4.0% November 2014 to 2015).

“The economic indicators propelled by the energy industry are in a state of uncertainty,” county officials wrote. “With the increase in assessed valuation, the overall county budget grew by nearly fifteen percent from \$148.2 to \$170.2 million. The change was almost entirely in the area of capital construction, and specifically in facility development. We anticipate coal production and price to decline moderately while the valuation of oil and gas will change significantly. Therefore, we are presently projecting a twenty percent (20%) reduction in assessed valuation for the coming fiscal year.”¹⁴

The January 2016 bankruptcy filing by Arch Coal and the April 2016 bankruptcy filing by Peabody Energy are further indication of hard times ahead.

People

Campbell County has a very young population, many of whom have been attracted to the area by energy sector jobs. The 2015 Wyoming County Profiles reports that of the approximately 49,000 county residents, nearly 60 percent are between the ages of 25 and 64. Twenty-eight percent are under the age of 18, and only seven percent are over the age of 65. Ninety-five percent are Caucasian, with fewer than eight percent of Latino heritage. Most have a high school degree and some level of college; however, only 18 percent report earning a college degree or higher. Median income for full-time male workers is \$66,759, some \$13,000 more than the state average. Median household income is \$79,488, more than \$20,000 above than the state average.

Healthcare in Campbell County

University of Wisconsin Population Health Institute and the Robert Wood Johnson Foundation each year publish health rankings that shed light on the health and wellness of resident populations by county throughout the United States. The annual County Health Rankings measure vital health factors, including high school graduation rates, obesity, smoking, unemployment, access to healthy foods, the quality of air and water, income, and teen births in nearly every county in America. Experts compile the rankings using county-level measures from a variety of national data sources.

¹³ 2015 Annual Campbell County Report

¹⁴ *ibid.*

The *2015 County Health Rankings* report suggests that the health of Campbell County residents is average for the state. Campbell County ranks 11th of 23 counties in the state for health outcomes, and 16th of 23 for health factors. At 34 percent, adult obesity is slightly higher than the state average of 27 percent. Alcohol-impaired driving deaths, STDs and teen births exceed the state average.

Campbell County residents meet their healthcare needs at Campbell County Health and its 90-bed, acute care, community hospital (formerly known as Campbell County Memorial Hospital). The hospital is supplemented by Campbell County Medical Group, which operates from several locations, as well as Pioneer Manor long-term care center and Powder River Surgery Center.

III. Overview of EMS System in Campbell County

Emergency medical care in Campbell County includes a 911 emergency medical call system, emergency medical dispatch, first response, ground ambulance, air medical transport, medical oversight and quality assurance, and a 90-bed acute care, community receiving hospital. The system works through the coordinated efforts of a variety of agencies that includes Campbell County Sheriff's Department, Gillette Police Department, Campbell County Fire Department, various energy industry first-response teams, and Campbell County Health EMS, a county-wide ambulance service.

Campbell County Sheriff's Office Communication Center reports that it receives more than 3,000 EMS-related requests for service in Campbell County per year.

EMS Incidents by Year	
Year	EMS Incidents
2010	2,951
2011	3,233
2012	3,409
2013	3,395
2014	3,297
2015	3,313

Source: Campbell County Sheriff's Office Communication Center

Campbell County Health EMS reports that in 2015 it responded to 3,110 calls in Gillette and 301 calls in Wright, transferred 35 patients out-of-county (interfacility transfers), and transported 225 patients from the Campbell County Health hospital to fixed-wing medical aircraft at Gillette-Campbell County airport, suggesting a total annual call volume of approximately 3,700.

Of the 3,000-plus annual EMS incidents, most occur in the Gillette area. Some 300 are reported in Wright. Of particular note are 911 calls to Highways 59, 387 and 450, all of which are busy with coal and gas/uranium/oil field traffic. Campbell County Health EMS reports that many transports originate in the energy fields "as a result of medical conditions of the workforce on sites there." A 911 response to the energy fields typically takes a unit out of service for upwards of three hours.

Communications & Dispatch

Requests for emergency medical response come into both the Sheriff's Department Communications Center and the Gillette Police Department simultaneously. EMS calls are directed to and resources are dispatched by the Sheriff's Department Communications Center using Medical Priority Dispatching and ProQA protocols. Campbell County Health EMS pays \$50,000 annually to the Sheriff's Department for the provision of dispatch services.

Campbell County uses both analog and digital two-way radio systems. The state digital trunked WYOLINK system is in place. EMS, first responders and public safety report that radio and cell phone reception throughout the county is generally adequate, with a few areas where there is poor or no service. Communication with medical control physicians is facilitated by the Sheriff's Department Communications Center.

Campbell County Health EMS receives notification from the Communications Center through a pager system. EMS staff also uses web-based phone apps IamResponding and When2Work to track responders' locations, provide secure access to employee work schedules, and enable call notifications via email and text messaging.

First Response & Co-Response

First response in Campbell County is provided by Campbell County Sheriff's Department, Gillette Police Department, Campbell County Fire Department and energy industry company first-response teams.

Campbell County Sheriff's Department provides law enforcement services throughout the county with main headquarters in Gillette and a substation in Wright. The department provides first response services and operates a detention center and communications center. Patrol cars are equipped with basic first aid equipment and AEDs.

Gillette Police Department provides law enforcement and first response in the City of Gillette. Police patrol cars are equipped with basic first aid equipment and AEDs.

Campbell County Fire Department is a combined county/city Joint Powers Board made up of the City of Gillette, the Town of Wright, and Campbell County. The department is combination-staffed with 29 career and more than 150 volunteer firefighters. It provides fire, rescue, EMS first response, and hazardous materials response with more than 80 fire apparatus and support vehicles based in 12 stations. Paid and volunteer staff includes both EMTs and paramedics. The central headquarters station in Gillette is staffed with career firefighters 24 hours per day. The remainder of the stations are staffed with local volunteers. Campbell County Fire Department responds to all extrication and rescue situations and provides additional manpower, when available, to assist EMS crews on an as-needed basis.

There are an unknown number of energy company first-responders in Campbell County who are hired, trained and overseen in-house. These responders operate independently of the county EMS system, providing varying levels of care. They are not regulated by the State of Wyoming, and were not part of this assessment.

Campbell County Health EMS, law enforcement and fire first responders report having positive and collaborative working relationships without significant issues.

911 Response & Medical Transport

Campbell County Health EMS provides 911 ambulance response and transport throughout the county. Campbell County Health EMS maintains two ambulance stations, one in Gillette and one in Wright, and uses a fixed-station deployment model. EMS services are provided throughout the county without a formal contract with the county or local municipalities.

The Campbell County Health EMS station in Gillette staffs an ALS ambulance 24/7. A second ALS ambulance is staffed from 8 AM to 8 PM, with an additional crew scheduled as “on call” that responds to the station when the second ambulance is in service. After 8 PM, the Gillette station operates with a single ALS unit and a second crew “on call” from home. The department seeks to maintain ALS-capable crews on at least the first two-out ambulances in Gillette.

The Wright station staffs an ALS crew 7 days a week from 7 AM to 7 PM. After 7 PM, a crew is “on call” from home and is expected to respond to the station within 10 minutes of being paged. When an ALS unit is not available in Wright, a Gillette crew provides intercept, as needed. A 911 response in Wright typically takes the unit out of service for three hours; however, Gillette units rarely move to a midway point to provide optimal geographic coverage (dynamic deployment).

Campbell County Health EMS frequently staffs additional units to provide coverage for special events, such as rodeos, motorcycle and auto races, athletic events, school events and public gatherings. Informants report that it is not uncommon for Campbell County Health EMS to staff an additional three units when providing special event coverage. Generally, these units are not available for 911 response or interfacility transfers while providing special event coverage.

Campbell County Health EMS reports fractile response times of 8:59 minutes 90 percent of the time for responses in the city of Gillette. SafeTech Solutions was unable to verify this claim. Response times in the remainder of the county vary extensively due to distance, weather and staffing resources.

While rarely used, mutual aid is available to Campbell County from Moorcroft (28 miles to Gillette), Buffalo (71 miles to Gillette), Newcastle (72 miles to Wright), and Douglas (76 miles to Gillette).

Typically, 911 patients are transported to Campbell County Health, which is designated as an Area Trauma Hospital (Level 3) by the state of Wyoming Department of Public Health Emergency Services. Campbell County Health has a 24/7 cardiac cath lab; however, other medical specialties are available only on a limited basis.

When patients need a higher level of specialized care, they are transferred to out-of-county hospitals in Casper (Level 2), Salt Lake City or Denver (Level 1), primarily by air medical services. Patients also may be transferred to facilities in Sheridan, Rapid City, Douglas or Cheyenne.

Air Medical Service

Air medical services in Campbell County are provided by a variety of vendors. Guardian Flight Wyoming has a fixed-wing aircraft based in Gillette that is staffed 24 hours a day with a paramedic, nurse and pilot. Medical helicopter services are provided by Air Methods and Sheridan Memorial Hospital (operating as Wyoming Life Flight) from Sheridan, Wyoming. Air Methods helicopters from Casper and Rapid City also respond to Campbell County. Guardian Flight occasionally stations a medical helicopter in Gillette during special events.

While SafeTech Solutions was unable to identify exact numbers of air medical flights from Campbell County, the state EMS database (WATRS) suggests that this number is greater than 200 annually.

EMS Education

EMS education in Campbell County is largely provided by Campbell County Health EMS. CPR, first aid, first response and EMT training all are provided locally. The department sponsors and coordinates a large, annual, multi-day educational event call EMS University that provides continuing medical education and networking for regional EMS providers and first responders. The program historically has attracted 450 to 500 attendees (many from the local energy industry); however, attendance fell in 2016 due to the economic slowdown. There is no paramedic training program in Campbell County.

EMS System Oversight & Planning

There is no formal entity charged with overall EMS system oversight and planning in Campbell County. System coordination is done informally, mainly through the collaboration of various organizations involved in emergency response. Emergency planning is coordinated through Campbell County Emergency Management Agency through its Local Emergency Planning Committee made up of EMS and first responders, law enforcement, hospital employees, and a variety of other entities.

IV. Description of Campbell County Health EMS

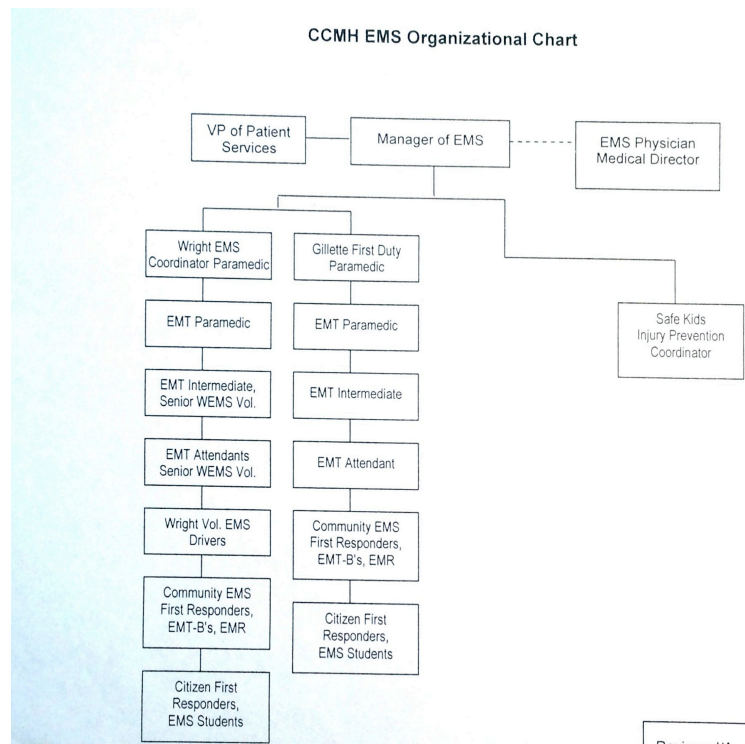
Organizational Ownership & Structure

Campbell County Health EMS is a department of Campbell County Health. Campbell County Health is the business name used by Campbell County Hospital District, a special taxing district overseen by a Board of Trustees who are elected by the public. In addition to running the EMS service, Campbell County Health operates:

- A 90-bed acute care, community hospital,
- A collection of medical clinics providing 20 medical specialties, with approximately 80 physicians, physician assistants and nurse practitioners,
- Rehabilitation and hospice services,
- A long-term care center, and
- A same-day surgery center.

The director of Campbell County Health EMS is hired by and reports to Campbell County Health's Vice President of Patient Services and has a dotted line reporting function to the EMS medical director.

The Campbell County Health EMS organizational chart shows the following leader/manager roles: Director (in some documents referred to as Manager of EMS); Wright EMS Coordinator Paramedic; Gillette First Duty Paramedic; and Safe Kids Injury Prevention Coordinator. There is a specific job description for the EMS director, but not for the other positions.



Workforce

Campbell County Health EMS maintains a workforce of 42 employees, including the director. Fourteen of these employees are full-time; the remainder are PRN (as needed) employees. Certification levels are as follows:

- 16 EMT Paramedics
- 4 EMT-Intermediates
- 22 EMT Basics

Several employees also are registered nurses.

Full-time employees are scheduled first. The remainder of the schedule is filled with PRN staff. Some of the PRN staff report consistently working full-time hours as well as overtime. Many of the PRN staff work outside Campbell County Health EMS, in the energy industry, public safety, healthcare and/or other EMS agencies. Six full-time employees do not live in Gillette.

At the Gillette station, personnel are scheduled for 24- or 12-hour shifts, and work a 48- or 36-hour week. Some personnel work up to 96 at a time. At the Wright station, crews are scheduled for 12-hour, in-station duty during the day and 12-hour, on-call status at home during the night. The regular Wright staff typically works 96 hours in a row broken up into 12 hours at the station and 12 on-call for four days.

Employees are paid regular hourly wages when on duty. Full-time employees receive a benefit package from Campbell County Health that is described by employees as “adequate.” Employees with PRN status are paid a differential for not receiving benefits. Employees are paid a stipend to be available or “on call” of \$2.50 per hour for regular on-call and \$4.50 per hour for what is termed “crucial call.”

Hourly Starting Wages for EMS Personnel

Level	Minimum	Midpoint	Maximum
EMT-Basic	\$12.56	\$16.32	\$20.09
EMT-Intermediate	\$14.56	\$18.92	\$23.29
Paramedic	\$20.15	\$26.19	\$32.24

Campbell County Health EMS reports having specific criteria-based job performance standards developed for each position. These standards are intended to guide the assessment of behavior, basic job skills, knowledge, professional responsibilities, and adherence to Campbell County Health’s values of service, quality, people and business. Employees are assessed annually in formal employee evaluations.

New EMS employees must complete an orientation to the organization and department and must pass one- and six-month performance evaluations. Campbell County Health has an employee performance improvement process (non-discipline) and a specific discipline process.

Employees are provided a \$150 per year uniform allowance to cover all uniforms, including the basic uniform and outerwear.

Campbell County Health EMS has created a description of its desired departmental culture. Campbell County Health conducts an annual employee engagement survey and encourages engagement rounding by leaders and managers.

Safetech Solutions was unable to ascertain EMS turnover rates; however, turnover is reported to be low. Local unemployment has risen significantly in the past 12 months, impacting some PRN employees who are looking for additional hours. The recruitment of paramedics is a challenge, particularly in Wright, where there are now only six employees living in town, and no overnight sleep or crew quarters for out-of-town staff.

Facilities, Vehicles & Equipment

Campbell County Health EMS is headquartered in a Campbell County Health-owned building on the campus of the hospital in Gillette. The building has a multi-bay garage, office space, crew quarters, sleep quarters and a training area. There is limited room for department administration and on-duty crews. Employees expressed concerns about the need for additional sleep rooms in Gillette.

The Wright station is housed in a multi-use public safety building that does not have crew or sleeping quarters. A remodel of this building is expected to be completed this fall. Campbell County Health EMS uses the space without paying rent, and currently reimburses the Town of Wright for one-third of the monthly water and electricity bills.

Campbell County Health EMS has a fleet of seven vehicles that range in age from 1 to 13 years, including:

- 2015 Ford F450 Horton FWD ambulance
- 2010 Ford F450 Lifeline 4WD ambulance
- 2009 Ford F450 Lifeline 2WD ambulance
- 2009 Ford F450 Lifeline 4WD ambulance
- 2008 Ford F450 Lifeline 4 WD ambulance
- 2003 Ford E450 Lifeline 2WD ambulance
- 2003 Ford E450 Lifeline 2WD ambulance

Vehicles are in acceptable condition, and collectively, the fleet puts on about 100,000 miles per year.

Campbell County EMS has appropriate medical equipment for the services provided.

Medical Oversight & Quality Assurance

Medical direction at Campbell County Health EMS is overseen by a physician medical director provided by Campbell County Health. The medical director has a clear and up-to-date job description in which he is responsible for “all medical aspects of the coordination, monitoring, and implementation of Campbell County Health’s emergency medical services policies, procedures, research and education activities.” Protocols are up-to-date, reflect clinical best practices in similar EMS agencies and allow field providers wide latitude in providing advanced medical care without calling for orders.

Internal quality practices include staff review of patient care reports to ensure protocol compliance for all low volume/high risk procedures, cardiac arrests, trauma activations, STEMI alerts, altered mental status, seizures and abdominal complaints. The following clinical performance measures are tracked as part of the EMS department’s dashboard:

- Suspected stroke patients with documented FSBS (glucose)
- Suspected stroke patients transported
- Pre-hospital notifications of incoming suspected stroke patients
- Events in which vital signs are obtained prior to administration of benzodiazepine/narcotics
- Benzodiazepine/narcotic administrations
- Events in which vital signs are obtained after administration of benzodiazepine/narcotics
- Patients receiving benzodiazepine per established protocols
- Chest pain transports using established protocols
- Chest pain transports

The medical director reviews high acuity patient care reports for clinical quality and appropriate decision-making and care.

Attempts are made to schedule paramedics in a manner that ensures that everyone has an appropriate opportunity to use his/her medical skills. Airway skills are maintained with the help of hospital anesthesiologists and ED physicians. EMS staff participates in monthly continuing education and is involved in trauma committee case reviews. Staff is paid to attend ACLS, PALS, AMLS, PHTLS and PEPP courses.

EMS, along with the hospital emergency department, conducts phone surveys of patients to assess patient satisfaction. EMS specifically asks about appearance, professionalism, concern and sense of urgency shown to the patient.

Finance & Funding

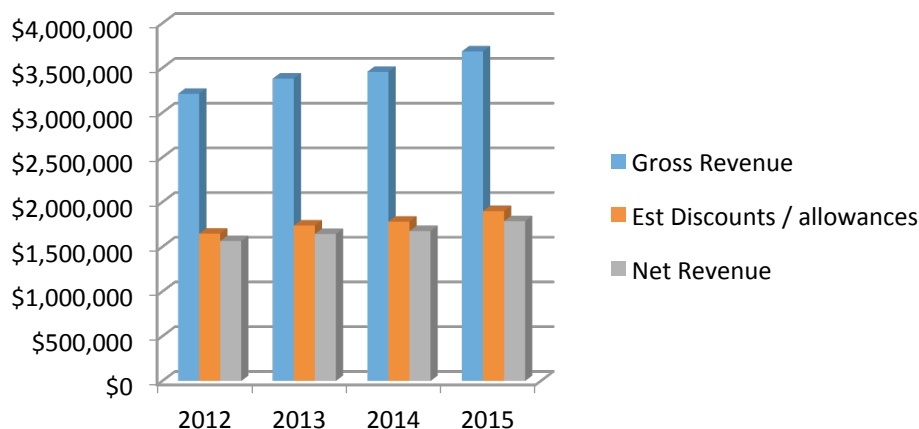
As a department of Campbell County Health, Campbell County Health EMS’ financial picture is wrapped up with the health system’s annual budget of \$162,287,265.

Revenue generated by the EMS department derives from two sources: Billable patient transports and stand-by services at local events. Annual gross revenue for FY 2015 from patient transports is reported to be \$3,650,958. This amount does not include discounts and allowances. Revenue from stand-by services totaled \$33,641. Standby rates are \$110 for the first hour and \$85/hour after that.

Based on these figures, total revenue for FY 2015 appears to be \$3,684,599; however, the EMS department budget does not include discounts and allowances. Rather, discounts and allowances are factored into gross revenue at the organizational level. Without this specific financial information, it is difficult to determine the long-term financial viability of Campbell County Health EMS.

SafeTech Solutions considered that EMS revenues from patient transports reflect a mix of payers (32 percent Medicare, 36 percent private insurance, 10 percent Medicaid, 16 percent self-pay, 1.5 percent workman's comp and misc.). A payer mix of 52 percent private payers and 48 percent governmental payers typically results in discounts and allowances of 48 percent. Using this data, SafeTech Solutions calculates that net revenue collected by the EMS department in FY 2015 is actually \$1,768,100 $[(\$3,650,958 \times .48) + \$33,641]$, not \$3,684,599, as reported. Year-by-year, EMS department gross revenue vs. net revenue is as follows:

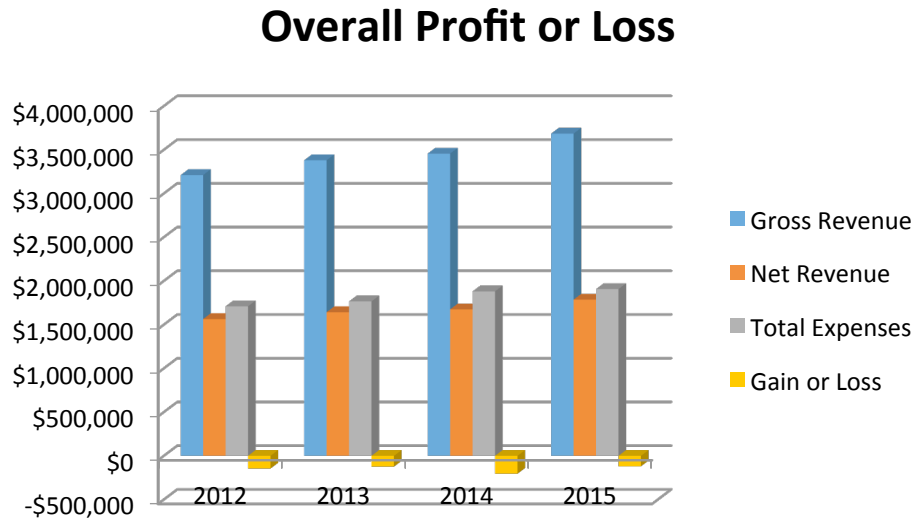
Gross vs. Net Revenue



Patient billing is done in-house by Campbell County Health. EMS staff enters base rates (BLS non-emergency, BLS emergency, ALS1 non or emergency, ALS2) and miles transported into the hospital billing system. Campbell County Health Patient Accounting Department completes claims, codes, and maintains collections.

The annual operating budget for the EMS department for FY 2015 was \$1,906,410. Over the past five years, gross revenue has risen by 7 percent while departmental

expenses have risen by a modest 3.6 percent when considered over a four-year period. These factors are significant, as they demonstrate a reasonable and managed approach to matching growth in expenses with growth in revenue. Nevertheless, as shown in the chart below, net revenues are not keeping up with expenses.



V. Key Observations

1. Campbell County Health EMS is a vital element of the healthcare system in Campbell County.

Demographics, geography, climate, distances, and the limits of local medical specialties create an important need for EMS in Campbell County. Residents, medical staff, government officials, and business leaders all view EMS as a vital service in Campbell County that is essential to safety and quality of life. One county resident described EMS as “our life line.”

2. Campbell County Health EMS faces major challenges associated with the current downturn in the local economy, its position within the hospital district, departmental leadership and potential competition in the EMS marketplace.

2a. A significant and unprecedented downturn in the local economy will have an impact on both the hospital district and the EMS department.

Informants describe simultaneous declines in coal, oil and gas markets as the perfect storm. A local business owner said, “We’ve been through ups and downs, but nothing like this. We’ve always had coal to fall back on. Now that’s going away.”

The downturn is resulting in significant job losses. In May 2016, the Wyoming Department of Workforce Services reported that Campbell County had an unemployment rate of eight percent, the highest in the state.¹⁵ State Sen. Michale Von Flatern said he expects Gillette will lose 10 percent of its population.¹⁶ Local city and county officials told SafeTech Solutions that they expect it will take five years for Campbell County to adjust to less dependence on energy as the primary driver of economy.

As a result of changes in the local economy, Campbell County Health is expecting significant declines in the revenues from both reimbursement and the taxing district. It has charged all departments to reduce their budgets by 10 percent this year and to expect more reductions in future years.

2b. Campbell County Health EMS does not have a clear guiding vision for its future and an accompanying strategic plan.

Campbell County Health EMS does not have a clear picture of its future. Rather, the department’s focus is on managing the crisis *du jour*. The department is characterized by stagnation, reactivity and internal conflict. The staff does not have a sense of where the department is headed. There is no rallying or compelling story being told about the future. Without a vision, there is no guidance for how to make decisions about leadership, internal

¹⁵ <http://www.sheridanmedia.com/news/wyoming-news87104>

¹⁶ <http://www.scientificamerican.com/article/can-wyoming-s-biggest-coal-town-create-a-new-future/>

cultural, services provided and adapting to economic changes.

Campbell County Health EMS faces many challenges, including how it will effectively and efficiently provide services, how it will effectively compete for financial resources and workers, how to best serve the needs of Campbell County residents, businesses and Campbell County Health, and how it will adapt to the changing economic climate. The absence of a vision and plan threatens the department's long-term sustainability.

2c. Campbell County Health EMS lacks proactive leadership.

Campbell County Health EMS is managed to meet daily operations, but lacks proactive leadership. This lack of leadership shows up in the absence of departmental goals, no chain of command, departmental inefficiency, a chaotic culture, internal conflict, little accountability, uneven clinical quality, and a failure to meet the hospital's need for interfacility transfer services. While acknowledging these issues, the current EMS director is unable or unwilling to make change.

The department's organizational chart suggests that several managers are involved in the management of EMS, but in practice, staff sees the EMS director functioning as a solo leader. At least six staff members describe the department's biggest challenge as a lack of leadership. The medical director's greatest concerns about the department center around its lack of leadership. Hospital staff also express concerns about the EMS department leader's failure to address inter-departmental problems.

SafeTech Solutions believes that leadership is a critical issue for Campbell County Health EMS. Leadership is key to the success of any organization. A study of more than 17,000 healthcare leaders in 44 states found that there is a strong correlation between an organization's focus on leadership and how its scores on the Hospital Consumer Assessment of Healthcare Providers and Systems (HCAHPS) Survey. The focus on leadership includes not tolerating low performers, consistent leadership, effective leadership training, and effective leadership evaluation systems.¹⁷

2d. Campbell County Fire Department is interested in becoming a provider of EMS response and transport.

As fire prevention improves, fire departments across the United States have become increasingly interested in becoming providers of out-of-hospital EMS. In 2007, the International Association of Fire Fighters declared in a white paper that "the U.S. fire service is the most ideal prehospital 9-1-1 emergency response agency."¹⁸

Campbell County has a large combination-staffed fire department. Its current chief has a

¹⁷ Dunn, L. (2012). "Six characteristics of high performing healthcare organizations." *Becker's Hospital Review*. Retrieved from http://www.beckershospitalreview.com/hospital-management-administration/6-characteristics-of-high-performing-healthcare-organizations.html?goback=.gde_35964_member_150979820

¹⁸ <https://www.iaff.org/tech/pdf/fb%20ems%20whitepaper%20final%20july%205%202007%20.pdf>

background in EMS and has expressed interest in the fire department becoming a provider of EMS transportation in Campbell County. With full-time staffing in Gillette, 12 fire stations and more than 100 volunteers across the county, the fire department is well positioned to take on this role.

SafeTech Solutions believes that the current healthcare-based EMS model in which EMS is part of a healthcare organization and system is the best model for the county, now and in the future. EMS, especially in rural areas, is more allied with healthcare than with public safety. Ideally, EMS should be part of a continuum of care, and being part of a healthcare system enhances that continuum. There also is a movement in the EMS industry to use EMS resources to expand the reach of primary care and public health. Being part of a healthcare system positions Campbell County Health EMS to explore this opportunity.

While Campbell County Health EMS cannot prohibit Campbell County Fire Department from entering the EMS market, SafeTech Solutions believes that it is unlikely that the fire department will enter the market as long as Campbell County Health EMS is strong and meets local needs. However, if Campbell County Health EMS does not seek to fully meet local EMS needs, including the provision of a robust interfacility transfer business, it opens itself up to competition.

3. Campbell County Health EMS is sustainable, providing that resources are appropriately managed and leveraged efficiently.

3a. Campbell County Health EMS is sustainable.

Given its current call volume, revenues and position within a taxing district, Campbell County Health EMS is sustainable providing that it addresses issues around efficiency, leadership, culture and delivering the services needed by Campbell County Health and the local medical community.

SafeTech Solutions has found that long-term EMS sustainability is predicated on:

- A forward-looking vision and plan,
- Budget practices that fully account for all costs,
- Efficient resource deployment and use,
- Efficient, safe and humane staff scheduling,
- Limiting overtime,
- A means to subsidize 911 business (interfacility transfers or other revenues),
- Capable and engaged leadership (not just management), and
- A compelling work culture that attracts a quality workforce.

3b. Campbell County Health EMS is a valuable and important asset to Campbell County Health.

Out-of-hospital EMS is an important element of a healthcare system. EMS funnels patients into the system and is one of the most visible marketing tools that a healthcare system can have, especially in rural areas. As rural healthcare becomes more integrated, EMS provides

a means of reaching out to patients in ways far beyond emergency response and transport. Within the context of community paramedics and community healthcare, EMS has the potential for assisting healthcare systems in containing costs.

It appears from limited data that Campbell County Health EMS provides a financial benefit to Campbell County Health by bringing in significant revenue from patient transports. However, without accounting for discounts and allowances, it is difficult to know the true financial contribution Campbell County Health EMS makes to the greater organization.

3c. EMS patient billing rates appear to be appropriate; however, insufficient data about EMS collection rates and patient transport revenue make it difficult to track EMS revenue within the hospital system.

Campbell County Health EMS billing rates are within but on the low end compared to national averages.

Billing Levels	Current Rates	National Averages
Mileage	\$35/ mile	\$30 - \$40
ALS non-emergency	\$662.00	
ALS emergency	\$1,048.00	\$2,500 - \$3,500
BLS non-emergency	\$687.50	
BLS emergency	\$1,168.50	\$1,000 - \$2,000
ALS2 emergency	\$2,102.00	\$3,000 - \$4,000
ALS1 scheduled	\$1,294.00	
ALS1 emergency	\$1,784.00	
Specialized Critical Transport (SCT)	\$2,424.00	\$3,500 - \$4,500

Because EMS patient billing is integrated into the larger Campbell County Health billing system, and because of contracts with payers that discount and bundle payments, it is difficult to track the exact financial performance of the EMS department.

3d. Executive leadership within Campbell County Health is progressive and concerned about the future of EMS.

The executive team of Campbell County Health is progressive and forward-thinking. The organization seeks to incorporate healthcare best practices throughout its healthcare system and to be seen as a leading healthcare system in Wyoming. The organization recently completed a large expansion of its physical plant and seeks to ensure that Campbell County Health remains strong despite the current economic downturn.

The executive team sees this assessment as an opportunity to strengthen and improve EMS within the county. Specifically, the executive team is interested in:

- An outsiders' view of the quality and efficiency of the EMS department,
- Whether EMS in the county is best served by being part of Campbell County

- Health,
- How it might improve the EMS department, and
- How to better align EMS goals with the goals of Campbell County Health.

During this assessment, the executive team has expressed a deep interest in learning and has taken actions on issues brought to their attention.

4. The level of clinical care delivered by Campbell County Health EMS is high, and community perceptions are positive, but the quality of care delivered is uneven.

4a. The clinical care provided by Campbell County Health EMS matches best practices in rural areas around the nation, and clinical protocols are progressive.

SafeTech Solutions found no deficiencies in the level and breadth of clinical care provided by Campbell County Health EMS. Advanced life support is provided on first-out units, and clinical protocols are up-to-date and reflect current clinical practice. Units are appropriately staffed, and the EMS medical director is qualified, prepared and engaged.

4b. Campbell County Health EMS has a positive reputation within the community.

Throughout the county, Campbell County Health EMS has a positive reputation for providing an acceptable quality of service. Local residents report having a high regard for the EMS providers and the work they do. The department is well known for providing stand-by services at special events. The department has high customer satisfaction scores within Campbell County Health's customer service surveying.

4c. The EMS medical director, hospital staff and EMS personnel report that the clinical quality of care provided is generally good, but inconsistent.

Informants among hospital and medical staff report that paramedics and EMTs generally provide an acceptable level of clinical care. Some informants expressed concern about the EMS department's practices in evaluating and dealing with low clinical performance or protocol violations. Specifically, the medical director and some members of the hospital and EMS staff expressed concerns about a perception that ensuring a high quality of clinical performance and protocol compliance is not a departmental priority.

The EMS department does not have a departmental quality coordinator or a clear strategy for dealing with quality issues. The medical director reports having an ongoing struggle with the department director about clinical quality issues, the performance of two EMS providers, and how quality issues are handled within the department. The depth of this issue is difficult to assess. While the department tracks some clinical measures such as stroke care, chest pain care and the administration of benzodiazepine and narcotics, it is difficult to evaluate the overall clinical performance of the department and individuals.

5. As operating today, Campbell County Health EMS is not efficient and not fully meeting the needs of the hospital/medical community.

5a. The financial performance of the EMS department is difficult to track because it is integrated within the larger Campbell County Health system.

The EMS department's budget and financial statement do not include net revenue (an accounting for the department's revenue after deductions of discounts and allowances). Without this information, it is difficult, if not impossible, to know if the EMS department is generating or losing revenue. It also is difficult to consider and plan for operational, clinical, and staff changes and their impact on the department's financial viability, sustainability and long-term reliability without a clear understanding of past financial performance.

5b. Campbell County Health EMS resources are not deployed efficiently.

Campbell County Health EMS currently has a mismatch between deployed resources and call volume. It staffs four ambulance units 24/7 (both on duty and on call) to cover a call volume of 3,700 annual requests for service. This translates into 2.5 calls per unit per day. In accounting for time-on-task (including distances, geography and a typical three-hour time-on-task for the Wright-based unit), units are idle 12 hours or more each day. This is not efficient.

Adding to the inefficiency is the practice of calling in personnel to staff another unit each time a unit responds to a call. This practice means the department is adding expenses every time it generates revenue.

Considering best practices in other similar EMS systems, it is reasonable to assume that two units (stationed in Gillette and Wright) could adequately handle a call volume of 3,700 calls using a dynamic deployment model (moving units to provide optimal coverage of geographic area when other units are on calls). In this model, each unit would handle an average of five calls per day, which would significantly reduce expenses.

5c. The current 96-on/24-off call schedule results in excessive and costly overtime.

Current scheduling practices have staff work 96 hours on and 24 hours off. For full-time staff in Gillette, this schedule results in 416 hours of overtime each year per employee. This schedule also means any additional work such as filling in on a sick call, attending training or filling in for a transfer immediately results in overtime. For full-time staff in Wright, this schedule results in 208 hours of overtime per full-time employee. Some employees report annual compensation of \$100,000 or more due to overtime wages.

5d. On-call practices may be creating a potential wage/hour infraction.

Because Campbell County EMS has not created clear descriptions for what it means to be "on-call" or on "crucial call," the current on-call structure may violate (or at least be subject to a complaint about) labor laws on "waiting to work" and "working to wait."

5e. Campbell County Health EMS appears to be prioritizing special event coverage in a

manner that fails to contribute sufficiently to the department's bottom line and jeopardizes other departmental services.

Campbell County Health EMS provides ambulance coverage for rodeos, motocross, stock car races, roller derbies, martial arts, mud bogs, the county fair, school athletic events, motor coach rallies, monster truck events and equestrian events. Frequently, multiple events occur simultaneously, severely depleting the EMS staffing pool. Special event coverage limits the department's ability to provide interfacility transfers.

The EMS department reports \$33,641 of income from special event coverage. It is unclear whether revenue exceeds expenses for providing this service. However, forgoing interfacility transfers that may generate \$3,000 to \$5,000 in revenue per call to cover a \$500 event is unhealthy for the department's financial performance.

5f. Campbell County Health EMS is not meeting the need for reliable and prompt interfacility transfers to and from the local hospital.

Campbell County Health EMS does not provide reliable interfacility transfer services. As a matter of practice, it does not use on-duty units for interfacility transfers out of the county. Instead, it attempts to call in on-call crews, but it will decline transfer requests if crews are not available or are unwilling to take transfer. When Campbell County Health EMS declines a transfer, it is given to an air medical service or another ground ambulance service from out of the county.

The current director explains this strategy as emerging from a need to ensure resources are available for 911 response and special event coverage, and that crews are not expected to drive long distances when working long shifts.

Medical and hospital staff expressed concern and exasperation at the EMS department's refusal to provide reliable interfacility transport services. Medical staff told of patients with minor medical problems regularly being flown to other facilities at great cost to the healthcare system and patients. Hospital staff told of calling for an ambulance from Moorcroft (30 miles) to transfer patients.

Local residents report knowing of friends and family members who have received large air medical bills (one said to be \$60,000) for air medical transport that was not necessary.

6. The culture at Campbell County Health EMS inhibits high employee engagement.

6a. Employee engagement is low, and the department culture is characterized by ongoing drama.

In Campbell County Health's 2015 annual employee engagement survey,¹⁹ the EMS department ranked low in its percentage of "employees' actively engaged." Participation in

¹⁹ Campbell County Health uses the Press Ganey/Avatar Solution's Healthcare Employee Engagement Survey

the survey was low, and may not fully reflect the lack of engagement within the department. In interviews with staff, SafeTech Solutions found the staff's confidence in the department and leadership very low.

Engagement is being impacted by unresolved departmental conflict. Both internal and external informants describe a departmental culture with excessive drama around how the staff treats each other, bullying, an absence of accountability for poor behavior, conflict between full-time and PRN staff, and a perception of favoritism by the current EMS director. Several informants describe the organizational culture as "a frat house" in which "anything goes" and there are no consequences for bad behavior.

Departmental staff report confusion about the ongoing involvement of a former EMS department employee who, during the site visit, appeared to serve as an assistant to the current EMS director.

Adding to employee engagement issues is an apparent disconnect between hospital culture and EMS culture. Some hospital staff believe that EMS staff should work in the emergency department when not on calls, while some EMS staff perceive that the unique needs of EMS around uniforms, scheduling and downtime is not respected by hospital staff or Campbell County Health executive leadership.

The current EMS director acknowledges the presence of these issues. Informants describe him as a good listener but say that he is averse to addressing conflict, and unable to host difficult conversations and hold people accountable.

Poor employee engagement and a tense departmental culture appear to be long-standing issues. An EMS departmental planning document titled "Status of Campbell County Memorial Hospital's Emergency Medical Services System" dated November 1, 2013, lists the top problem facing Campbell County EMS as "personnel conflict," with "lack of a manner to address and fix these issues." The document further describes the need for supervisor positions and cites one of the department's negatives as "dangerous personnel that are a legal liability and significant patient risk."

6b. Inadequate crew quarters in both Gillette and Wright may be impacting engagement and operational flexibility.

Crew quarters and sleep rooms in Gillette are reported to provide inadequate privacy and comfort. SafeTech Solutions found the facilities in Gillette to be crowded, and inadequate to house multiple crews and administration offices.

The public safety facility in Wright does not have private crew quarters or sleep rooms and is inadequate for overnight staffing. This facility is being remodeled, however, SafeTech Solutions was not able to ascertain if the remodel would address the operational needs of housing crews in Wright 24 hours/day.

VI. Recommendations

1. Ensure Campbell County is served by high quality of out-of-hospital emergency medical services that remain strong and unthreatened by the ups and downs of the local economy by:

- Keeping EMS within the hospital district (i.e. hospital-based EMS is more efficient, clinically connected and keeps the door open for more healthcare integration).
- Prioritizing EMS within Campbell County Health's system wide strategic visioning and planning.
- Telling a powerful story about EMS that sells EMS to the community as an essential public service worthy of full funding during bust as well as boom times.
- Accepting that the EMS department operates at the intersection of health care and public safety and, consequently, may have operational and cultural elements/needs/practices that are distinct from those common within a hospital.
- Creating a clear vision and strategic plan for the EMS department that includes the following elements:
 - A dedicated departmental visioning and planning process that is unhurried and regularly revisited;
 - A description of the level, quantity and quality of services needed, wanted and fundable within the county; and
 - Attention to leadership, management/supervision, succession planning, departmental culture, efficiency, workforce development and growth.
- Addressing current leadership, operational and engagement issues in a manner that positions Campbell County Health EMS to be a "best EMS place to work" in the Wyoming market.
- Exploring the expansion of EMS integration into healthcare by identifying needs and opportunities to use EMS personnel and their skills in the provision of healthcare throughout the county.

2. Develop an EMS leadership team and department structure designed to realize a clear vision for EMS by:

- Updating the job description for the departmental director with key performance measures that match the vision and needs of Campbell County Health and the EMS department.
- Ensuring the right person is in the role of leader.

- Expecting the EMS director to truly be a leader, as well as a manager.
- Empowering EMS department leaders and holding them accountable for key performance measures.
- Prioritizing leadership development and succession planning within the EMS department.
- Ensuring the EMS department's leadership team is regularly exposed to other EMS systems and industry best practices through national education, conferences and networking.

3. Strengthen financial performance of Campbell County Health EMS by:

- Understanding the EMS department's current financial performance, including departmental revenues within the hospital system.
- Understanding overall departmental expenses, including labor expenses, unit hour cost, and the full expenses associated with covering special events.
- Maximizing revenues from all business segments (911 response and transport, interfacility transfers, event coverage and education).
- Creating a realistic and appropriate wage and pay structure that acknowledges what employees need to earn annually and limits wage and hour liabilities.
- Acknowledging the true annual income of EMS staff and creating a system that meets income needs and reduces overtime.
- Ensuring efficient vehicle practices.

4. Structure EMS operations to support long-term success by:

- Developing a resource deployment strategy that reasonably addresses call volume and community needs.

Three 24-hour units (two in Gillette and one in Wright) could meet the current call volume with excess capacity. For additional efficiency, consider a deployment strategy of one 24-hour unit in Gillette, one 24-hour unit in Wright, and a transfer vehicle in Gillette staffed from 7 AM to 7 PM and "on call" from 7 PM to 7 AM.

- Identifying staffing needs and hiring an appropriate number of employees.
- Developing an efficient, safe and humane employee schedule.

An ideal scheduling pattern would be a 36-hour work week for full-time employees, with full-time staff working one 24-hour shift a week and one 12-hour shift a week. All shift lengths would be 12 hours, with allowance for putting two together into a 24-hour shift. This schedule would reduce the need to have as many PRN staff and the complicated system of A poll, B poll, C poll and per diems associated with each. While such scheduling might add expenses in the short run, it will reduce the need for PRN staff and create a long-term sustainable operation that truly reflects labor costs.

- Prioritizing interfacility transfers and structuring resource deployment to capture transfers.

Data suggests that there is the possibility of one interfacility transfer per day. Using the resource deployment model described above, a third unit should be able to handle long distance transfers without impacting 911 response. Assuming a transfer could take between 5 and 16 hours round-trip, that still leave excess hours of unit availability for the system.

- Tracking and managing use of air medical resources. By doing so, Campbell County Health EMS will better understand when and why air medical transport is called and used in the county.

5. Create a high engagement “best EMS place to work” culture characterized by:

- Ensuring the leadership team is capable, empowered and emotionally intelligent.
- Eliminating internal organizational drama.
- Updating job descriptions and performance expectations, and providing appropriate feedback to employees.
- Ensuring wage, overtime and scheduling is fair and perceived by employees to be fair.
- Quickly dealing with poor performance.
- Regularly monitoring employee engagement through informal feedback and surveying.