



# 2022 Strategic Plan

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Pettis County Ambulance District  
Strategic Plan

Prepared by

PCAD Executive Strategic Planning Committee members:

PCAD Administrative Staff:

- Eric Dirck, EMS Chief
- Jamie Luebbering, Chief Financial Officer
- Roy Pennington, Assistant Chief
- Lance Dempsey, Battalion Chief

PCAD Board of Directors:

- John Fritz, Treasurer
- Steve Davis, Director

Pettis County Ambulance District  
210 W. 4<sup>th</sup> Street  
Sedalia, MO 65301

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## **PCAD Strategic Plan 2022**

The PCAD Strategic Plan has been developed to outline our district's future goals and objectives over the course of the next several years, and is fundamental to the financial, operational, and clinical goals of the district.

This plan has been adopted with the intent to inform and guide current and future members of the Pettis County Ambulance District's Board of Directors & its administrative staff. Recommendations and action steps are provided throughout the document. An abbreviated summary of these goals and performance objectives is also included.

By adopting this plan, the PCAD Board of Directors declares its resolve to meet the community's EMS needs and expectations by committing to the mission and philosophical duties prescribed in our bylaws.

## 2022 Strategic Plan Implementation Timeline

The PCAD Strategic Planning Committee (“SPC”) is committed to a regular schedule of meetings and status updates to the board of directors. The committee has set an implementation schedule for 2022 to ensure regular communication and commitment to the strategic plan:

- Late February / Early March 2022: EMS Chief provides summary of strategic plan initiatives and goals to the board members.
- Upon board approval / adoption of the plan and any amended district bylaws, partner agencies and interested community stakeholders will be provided a copy, as well as a copy being posted to the pcad.us website.
- June 2022: SPC Quarterly Meetings begin/ Strategic Planning Team meeting will track progress of plans development and objective prioritization
- October 2022: Annual budget development: Strategic plan will be reviewed and prioritized in accordance with budget development and annual planning priorities.
- [BYLAWS / board calendar] In addition to quarterly planning meetings, the committee will meet annually to assess progress, celebrate accomplishments, and ensure ongoing viability and validity of the PCAD Strategic Plan. To help maintain communication about the organization’s progress in meeting its goals to the public, PCAD leadership will provide regular status reports to the PCAD Board of Directors.

### **RECOMMENDATION**

- Bylaws: Adopt a 5-year renewal / review cycle into the bylaws for the Strategic Plan, including an annual review of call volumes to assure proper unit staffing and response times. Planning to start in 2022. “Every 5 years the EMS Chief will present a Strategic Plan to the Board of Directors for adoption / approval”

## Suggested edits to PCAD Bylaws: Article 1.

### **“Mission”**

Current bylaws section 1.3 reads:

*“To promote the efficient delivery of high-performance pre-hospital emergency services and inter-facility transfers that remain responsive to the patients’ medical needs. Our commitment is to the provision of professional and compassionate care while providing excellence in service”*

Suggested change:

“Compassionate care while providing excellence in service”

<or>

“Exceptional care... for every patient... every time”

### **RECOMMENDATION**

- Adopt new and succinct mission statement into the bylaws which clearly defines and promotes our mission and principles.

**New section: “Primary Duty and Philosophy”**

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*We will maintain and promote emergency medical preparedness while promptly responding to requests for emergency care and transportation. We will ensure policies, practices and administrative oversight which provide for responsive and compassionate care to illness or injury by highly trained professional staff utilizing state of the art equipment. We shall embrace sound business and clinical management practices and diligently strive for excellence through ongoing education, oversight, and continuous quality improvement.*

*In effort to accomplish the mission and duty of this organization we hereby inaugurate and empower the Board of Directors of the Pettis County Ambulance District with the authority to promote the furtherance of EMS and public safety in concert with local police, fire, first responders, air ambulance, emergency management and healthcare facilities for the benefit of the public.*

**RECOMMENDATION**

- Adopt into District Bylaws a “Primary Duty and Philosophy” statement which defines the purpose and vision of the District and its board members.

**Bylaws: Adopt 5-year renewal / review cycle into the bylaws for the Strategic Plan**, including an annual review of call volumes to assure proper unit staffing and response times. Planning to start in 2022.

**Add:**

***“Every 5 years the EMS Chief will present a Strategic Plan to the Board of Directors for adoption / approval”***

**Influencing factors**

PCAD is a political subdivision and serves a vitally important and essential service to the city and county. Along with our local hospital, health department, Emergency Management Agency, city and county fire departments, and law enforcement agencies, PCAD makes up a system of Emergency Services rather than merely individual services.

**Service Overview**

In April of 2012, the Pettis County Ambulance District was created when voters overwhelmingly approved a ½ cent sales tax rate to provide emergency response and scheduled ambulance transfers. Historically, numerous private ambulance companies provided EMS services to our community. In October of 2013 PCAD became fully operational, with our base of operations temporarily housed at the Missouri State Fair Fire Department’s station until relocating to downtown Sedalia.

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District Vehicles

Vehicle Replacement

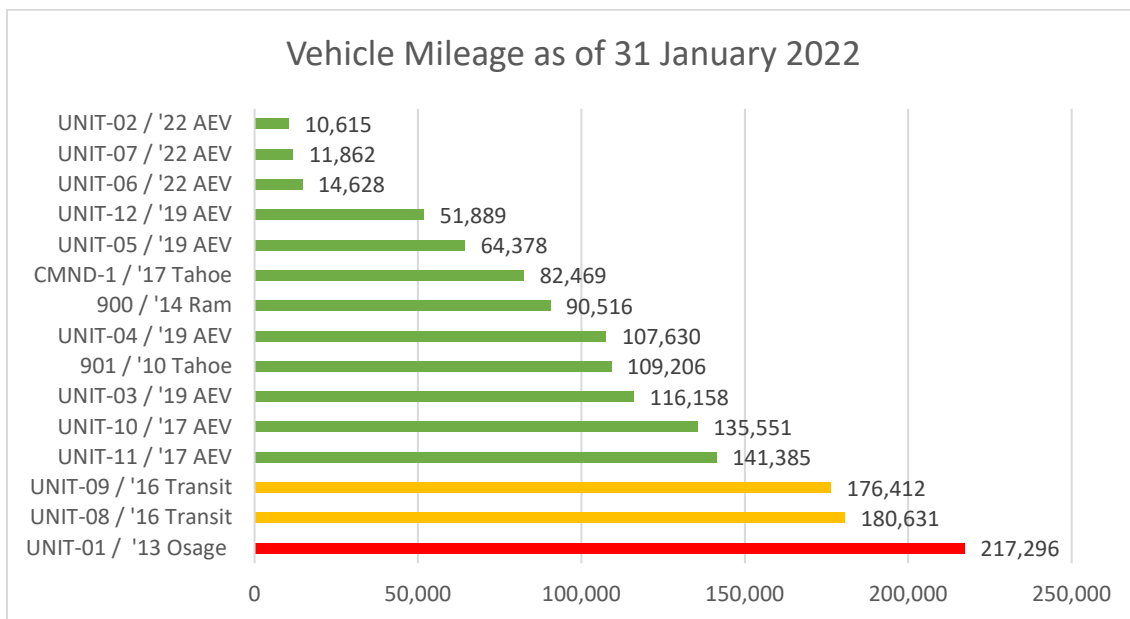
The following chart illustrates each vehicle owned by the district. “Unit” numbers are ambulances; all other vehicles are currently utilized as quick response vehicles for operational command purposes or administrative use.

The green / yellow / red colors represent a triage-type indicator for when replacement units should be ordered. Yellow coded units have surpassed 150K miles. This mileage replacement indicator is an industry standard adopted by PCAD which factors maintenance costs and reliability to determine when the unit’s replacement should be ordered.

Historically, AEV ambulance units were taking 3-4 months once ordered, which adds 15-20K miles to the unit before being replaced. 2020-2021 delays in manufacturing have pushed delivery dates out to one year or more, which emphasizing the importance of ordering replacement units as soon as the 150K threshold is reached.

Per the current Vehicle Replacement Plan (attached), the district will have standardized its entire ambulance fleet by late 2022 or early 2023. This will provide savings to the district as units will be remounted once onto a new chassis, effectively doubling the unit’s years of service available to the district.

Older, units that are not eligible for remount are either sold outright or applied to new unit prices as trade-ins. Units represented by red have >200K miles and are used as reserve units only due to increasing maintenance costs and rapidly decreasing functional reliability.



**RECOMMENDATION:**

- Formally adopt the Equipment Replacement Plan (specifically includes replacement of district vehicles)
- Formally adopt the “Vehicle Replacement Plan” which outlines timeframe and replacement / remount criteria.
  - The attached Vehicle Replacement Plan has been updated to include current vehicle inventory and projected replacement dates.

**Missouri State Fair**

PCAD takes an active role in EMS operations each year at the Missouri State Fair, working with multiple volunteers throughout the state to provide EMS to fairgoers. These operations are vital due to influx of thousands of visitors to Sedalia and surrounding communities every year.

**RECOMMENDATION:**

- Maintain and support operations and joint medical direction at the Missouri State Fair in cooperation with volunteer firefighters, EMS providers, and other 1<sup>st</sup> responders assigned to fairground operations.

**Tax-based vs. Private EMS system models**

PCAD is funded from only two sources: sales tax and EMS billing revenue. Current models for EMS typically rely on sales or property taxes, or a combination of both, along with revenue from medical billing. Prehospital EMS is managed either privately or by hospital organization, although hospital-based models are becoming increasingly less common. In October 2017 [Anthem announced they would begin paying EMS agencies for healthcare common procedure coding system \(HCPCS\) code A0998: Ambulance response and treatment, without transport...](#) details of this facet of EMS reimbursement are still being developed.

Private EMS providers, while common throughout the US, are managed by large corporations which offset reimbursement shortfalls with massive call volumes, contractual fees in some areas, and by spreading loss over multiple agencies. Private ambulance providers were either unwilling or unable to provide adequate service models for the region for either PCAD or the Windsor Ambulance District.

Other factors impacting viability of EMS:

Poor reimbursement rates

General economic inflation

Fuel costs

Recruitment costs / labor competitiveness

Equipment, medication, and supply costs

Administrative requirements



**RECOMMENDATIONS/ Goal / Objective:**

- Formally approve a plan, including a timeline, for bringing billing services in-house to assure compliance and oversight of billing operations.
- Maintain minimum funding of current ½ cent sales tax to assure a viable, mission-ready Ambulance District in accordance with the mission of the district.

Other Area Pre-hospital EMS providers

PCAD is the sole EMS provider in Pettis County and therefore responsible for all emergency pre-hospital care and transportation of the acutely ill or injured who require medical transport as well as all scheduled medically necessary transportation for emergent and routine transfers, e.g. from the hospital to a skilled nursing facility. The District serves a population of approximately 42,000 residents in a geographic area of approximately 550 square miles, not including the Windsor Ambulance District, with whom PCAD currently contracts for EMS services.

Other area EMS providers / adjacent agencies

PCAD maintains mutual aid response agreements with all adjacent agencies, including:

Johnson County Ambulance District

Warsaw-Lincoln Ambulance District

Cole Camp EMS

Sweet Springs Ambulance District

Saline County Ambulance District

Cooper County Ambulance District

Mid-Mo Ambulance District

**Medical 1<sup>st</sup> Responders within Pettis County**

Pettis County currently lacks a robust 1<sup>st</sup> responder network. Inside the city limits, the Sedalia Fire Department responds to motor vehicle accidents and other traumatic injury scenes, as well as providing some assistance to medical calls within the city. SFD does not routinely respond to calls for:

- Lift assistance with no injuries reported
- Falls with no injury reported
- Calls for transport to a medical facility when no life-threatening condition is reported (general types of sickness)
- Staging or stand-by calls related to suicide ideation without an attempt
- Non-Life Threatening (“ALPHA”) determined calls
- Automated medical alarms (pendant alarms) when there is no patient contact

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City vs. Rural Response:

PCAD operates within two distinct systems: city and county. Outside the city of Sedalia there is currently no organized system of medical First Responders. Pettis County Volunteer Fire Department responds to motor vehicle crashes and provides extrication services. Currently they do not respond to medical calls or provide medical care on vehicle accidents or other traumatic injuries where their presence would be greatly beneficial. PCVFD has offered to respond if needed for additional lifting or other help needed, but due to the extended response time this typically deters PCAD crews from requesting such assistance. PCAD provides dedicated medical stand-by for structure fires in the city or county and has a mutually agreed upon scene rehab protocol for firefighters. There is no similar fire response standard for medical or traumatic emergencies that are not MVC or structure fire related.

**RECOMMENDATION:**

It is in the best interest of the district to maintain and eventually help to expand the role of Sedalia Fire's medical First Responder capabilities, and to support any efforts the Pettis County Fire Department in developing and maintaining a network of rural medical First Responders.

- Secure funding resources / grants to develop and train a comprehensive 1<sup>st</sup> Responder network throughout the District; provide for continuing education and recruitment for future responders.

Staffing

As of November 2021, PCAD operates a total of eight ALS units daily: Six 24-hour units serve the PCAD district, and two 24-hour ALS units stationed in Windsor at a facility owned by the Windsor Ambulance District.

Additional Funding: Windsor Ambulance District

In order to maintain a sufficient PRN staff and reduce overtime requirements, seven of the eight units are staffed with full-time employees, while the eighth unit is staffed with part-time, or "PRN" employees. The two Windsor units also provide service to a significant portion of PCAD's southwestern service area and thanks to a Windsor area tax increase this provides PCAD an estimated \$300K in contractual fees. The Windsor contract was negotiated after the Windsor Ambulance District ceased operations following a financial crisis, after which a new WAD board was created and eventually contracted with PCAD to provide EMS to the Windsor district beginning in 2016. Currently the Windsor contract fees are the only supplemental income outside of the billing and sales tax revenue PCAD receives; it is important to note that without this income PCAD would likely be responsible for covering EMS 911 services in the WAD with no supplemental income. PCAD collects all fees for calls ran in the Windsor Ambulance District.

*[Note: In April 2022 WAD will introduce a ballot measure to their voters which aims to increase this amount by implementing a sales tax (and offsetting their current property tax accordingly); if passed this measure would provide an estimated additional \$35-40K to PCAD annually]*



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Call Volume

While initially anticipated to run approximately 3,700 calls annually, in 2021 PCAD had more than doubled this, responding to 7,926 calls. Additionally, Windsor Ambulance District generated an additional 1,227 calls for service, including mutual aid 911 EMS responses and inter-facility transfer requests from Golden Valley Memorial Hospital in Clinton. Total volume for 2021 was 9,153 calls.

Projected Call Volume

Multiple factors have influenced call volume since PCAD began operations in October 2013. Economic growth, the COVID pandemic, local and regional hospital capabilities have all factored into overall call volume. Although these dynamics have affected call volume, it is reasonable to predict the following projections (shown in green) for total call volume:

2017	2018	2019	2020	2021	*2022	*2023	*2024	*2025	*2026
8186	8577	8596	9011	9153	9394	9635	9867	10117	10358
*Based on average increase of 241 calls/year									

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Pettis County Ambulance District					
MULTI-YEAR CALL VOLUME REPORT					
<b>PETTIS 2017 thru 2021</b>	<b>2017</b>	<b>2018</b>	<b>2019</b>	<b>2020</b>	<b>2021</b>
TRANSPORTS	5047	5199	5234	5327	5317
NON-TRANSPORTS	2025	2120	2252	2511	2609
<b>TOTAL CALL VOLUME</b>	<b>7072</b>	<b>7319</b>	<b>7486</b>	<b>7838</b>	<b>7926</b>
<b>TRANSPORTS:</b>					
TRANSFERS	1583	1438	1538	1496	1435
911	3464	3761	3696	3831	3882
<b>TOTAL TRANSPORTS</b>	<b>5047</b>	<b>5199</b>	<b>5234</b>	<b>5327</b>	<b>5317</b>
<b>FLIGHTS (# INCLUDED IN 911 ABOVE)</b>					
	73	36	21	25	19
<b>NON-TRANSPORTS:</b>					
CANCELLED	376	350	401	437	513
INVALID	115	203	226	200	115
REFUSED or NO CARE NEEDED	1473	1493	1531	1788	1886
STAND BY	61	74	94	86	95
<b>TOTAL NON TRANSPORTS</b>	<b>2025</b>	<b>2120</b>	<b>2252</b>	<b>2511</b>	<b>2609</b>
<b>WINDSOR 2021</b>					
TRANSPORTS	820	902	766	754	796
NON-TRANSPORTS	294	356	344	419	431
<b>TOTAL CALL VOLUME</b>	<b>1114</b>	<b>1258</b>	<b>1110</b>	<b>1173</b>	<b>1227</b>
<b>TRANSPORTS:</b>					
TRANSFERS FROM BRHC	39	170	94	99	127
TRANSFERS FROM GVMH	216	87	100	101	101
911	565	645	572	513	568
<b>TOTAL TRANSPORTS</b>	<b>820</b>	<b>902</b>	<b>766</b>	<b>713</b>	<b>796</b>
<b>FLIGHTS (# INCLUDED IN 911 ABOVE)</b>					
	12	7	7	12	4
<b>NON-TRANSPORTS:</b>					
CANCELLED	44	60	54	69	67
INVALID	25	41	48	64	62
REFUSED or NO CARE NEEDED	210	240	222	264	286
STAND BY	15	15	20	22	16
<b>TOTAL NON TRANSPORTS</b>	<b>294</b>	<b>356</b>	<b>344</b>	<b>419</b>	<b>431</b>

**RECOMMENDATIONS:**

- Implement call volume-based criteria into bylaws for staffing of additional units as call volume increases.
- Increase staffing by one 24-hour ALS unit when 3rd ambulance base is constructed in Sedalia; staff additional units as needed.

Station Locations

Station 1 / Central / Headquarters

The district owns property at 210 W. 4<sup>th</sup> Street where 4 ALS units are housed (“Headquarters”), as well as the property at 400 S. Kentucky which houses the PCAD Education Center.

Station 2 / Eastern / 1850 TT Highway, Sedalia

Station 2 was constructed near the intersection of US Highway 50 East and TT highway 2 ¼ miles east of Sedalia. This station houses 2 fully staffed ALS crews.

Station 3 & 4 (TBD)\*

Station 5\*\* / Southwestern Pettis and portions of Henry, Johnson and Benton Counties / 111 W. Jackson, Windsor.

\*Stations #3 and #4 are placeholders for potential future PCAD sub-stations

\*\*Station 5 is a contracted station owned by the Windsor Ambulance District, while

**RECOMMENDATIONS**

- Reduce Response times by:
  - Implementing a response time-based criteria for constructing and staffing satellite stations into the district bylaws.

## **Training**

PCAD currently has a full-time Division Chief of Training who oversees all aspects of employee training, save for some training requirements specific to Executive staff.

### **Educational Goals**

1. Align with higher educational institution
  - a. EMS Educational courses
  - b. Positive working relationships outside of PCAD
  - c. Increased presence in the public
  - d. EMS Academy (EMT course to paramedic course, employed by PCAD)
  - e. Send 2 current PCAD EMT's through paramedic school each year
2. Hire additional part – time staff for education to assist with numerous programs
  - a. EMT / Paramedic
  - b. Outreach Courses
3. EMS “real world” simulation
  - a. Manikins
  - b. Software
  - c. Actual dedicated room set up as the back of an ambulance to train (breakout room)
4. Increase in Field Training Officers per shift
  - a. Ideally 2 paramedics on each shift
  - b. Streamline and run the FTEP as it is intended
  - c. Dedicated time off trucks to train in classroom
5. Implement a successful Community Paramedic Program
  - a. Training and certifying staff
  - b. Community education
    - i. Reduces burden on other providers
    - ii. Reduces unnecessary transports
    - iii. Increases access to primary care
    - iv. Supports mobile integrated healthcare

### **RECOMMENDATION:**

- Consider additional full- or part-time staff educator for teaching EMT courses
- Incorporate innovative techniques and technologies in public education.
- Provide academically accredited EMS education that employs innovative technology.
- Use evaluation of multiple conditions and outcome categories to improve EMS quality.
- Conduct public education that is relevant and meaningful to the community.
- Develop collaborative endeavors between EMS systems and academic institutions.

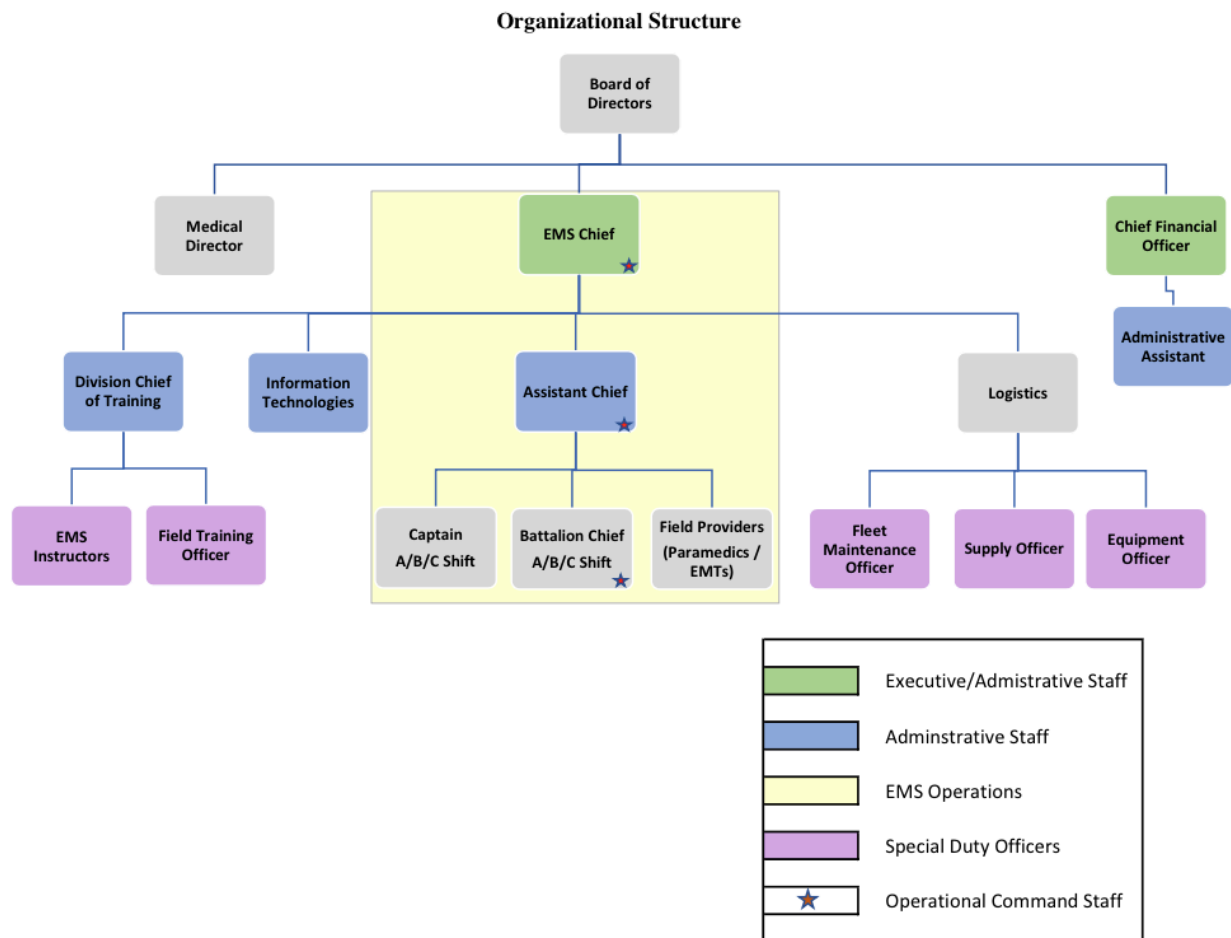
Medical Equipment (see Equipment Replacement Plan)

**RECOMMENDATION:**

- Formally adopt a plan and projected budget for replacement of district medical equipment and vehicles based on manufacturer guidelines.

**Organizational Structure**

PCAD’s command structure has an average span of control of 5-7 staff members.



**Employee Retention**

With increasing call volume and a decrease in state-wide Paramedic availability, there is a significant and continual increase in demand for ALS providers. The district has responded to this by ensuring a quality benefits package, competitive wages and working hours, more PRN positions to cover open shifts, and the addition of four ALS units since October of 2013.

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District Turnover: PCAD 2017 – 2022

	2017	2018	2019	2020	2021	2022
INVOLUNTARY	1	3	2	1	1	
VOLUNTARY	3	5	12	11	5	1
TOTAL	4	8	14	12	6	1
TURNOVER	5.71%	11.43%	20.00%	17.14%	8.57%	1.43%
VOLUNTARY	75%	63%	86%	92%	83%	100%
INVOLUNTARY	25%	38%	14%	8%	17%	0%

## Financial Overview

### Cost of Service:

There are few federal or state subsidies available for EMS. Most agencies rely on billing to offset costs. “Fee-for-transport” is the model primarily used and is based on the reimbursement model for Medicare and Medicaid. Reimbursement for transport has increasingly been insufficient to cover costs, as the price of commodities and staffing continues to increase. The American Ambulance Association estimates EMS reimbursements to be 16-23% below the actual cost of service. This model also ignores the costs of non-transport responses (“no care needed”, patient refusal of care &/or transport, standby events, unfounded responses); and the costs of maintaining capabilities to respond any time. Consequently, most EMS systems are subsidized to various degrees by property and/or sales taxes. With reimbursement rates and other economic factors being somewhat uncertain in our current economy, we feel funding for PCAD should be a major area of concern for our long-term strategic plan.

PCAD relies on patient billing and a half-cent sales tax to offset operating costs. The overall tax subsidy for PCAD is considerably less than other jurisdictions as we do not collect property tax. One-half of one cent is the current maximum allowable tax rate for ambulance districts. Current national reimbursement rates fall well below actual expenses. This and several other factors are critically affecting **sustainability for EMS systems**. To combat this issue, Missouri lawmakers are currently considering legislation which raises the maximum sales tax rate to a full cent.

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PCAD Payer Mix 2021

Payer type	% of total Transports	CASH PER TRIP
Medicare	52%	\$ 521.82
Medicaid	20%	\$ 793.79
Commercial	15%	\$ 766.01
Self-Pay	9%	\$ 44.10
Other Government Payers	4%	\$1,147.51

Growth in revenues appears difficult to predict with changes in Medicare billing processes, procedures and standards. In July of 2020 PCAD changed to EMS MC billing. The chart below identifies departmental expenditures and revenues from 2017-2021.

	2017	2018	2019	2020	2021
<b>REVENUE</b>					
SERVICE FEES	\$ 2,880,594.39	\$ 2,988,024.97	\$ 2,932,871.34	\$ 2,898,066.88	\$ 3,128,704.84
SALES TAX REVENUE	\$ 2,966,889.02	\$ 3,003,663.04	\$ 3,005,910.90	\$ 3,178,005.85	\$ 3,614,495.72
INTEREST INCOME	\$ 10,936.05	\$ 27,187.34	\$ 43,780.00	\$ 13,609.30	\$ 7,755.04
GRANTS	\$ 25,000.00	\$ -	\$ -	\$ -	\$ -
EDUCATION	\$ 800.00	\$ 14,820.50	\$ 1,148.00	\$ 14,164.50	\$ -
COVID RELIEF FUNDING	\$ -	\$ -	\$ -	\$ 1,189,698.25	\$ 119,577.16
OTHER	\$ 25,224.40	\$ 517,667.75	\$ 88,076.72	\$ (1,256.36)	\$ 106,032.75
<b>TOTAL REVENUE</b>	<b>\$ 5,909,443.86</b>	<b>\$ 6,551,363.60</b>	<b>\$ 6,071,786.96</b>	<b>\$ 7,292,288.42</b>	<b>\$ 6,976,565.51</b>
<b>EXPENSES</b>					
AMBULANCE OPERATIONS	\$ 376,328.83	\$ 411,323.96	\$ 359,982.06	\$ 393,965.19	\$ 396,461.81
CAPITAL PURCHASES	\$ 393,173.84	\$ 890,355.01	\$ 539,309.68	\$ 1,211,507.23	\$ 779,726.86
GENERAL & ADMINISTRATIVE	\$ 879,397.60	\$ 900,276.68	\$ 808,277.35	\$ 789,056.76	\$ 832,926.91
PERSONNEL	\$ 3,887,957.34	\$ 3,953,792.04	\$ 3,869,951.64	\$ 4,226,932.11	\$ 4,730,850.15
OTHER	\$ 156,714.89	\$ 16,645.02	\$ -	\$ -	\$ 230,244.46
<b>Grand Total</b>	<b>\$ 5,693,572.50</b>	<b>\$ 6,172,392.71</b>	<b>\$ 5,577,520.73</b>	<b>\$ 6,621,461.29</b>	<b>\$ 6,970,210.19</b>
<b>SURPLUS (DEFICIT)</b>	<b>\$ 215,871.36</b>	<b>\$ 378,970.89</b>	<b>\$ 494,266.23</b>	<b>\$ 670,827.13</b>	<b>\$ 6,355.32</b>

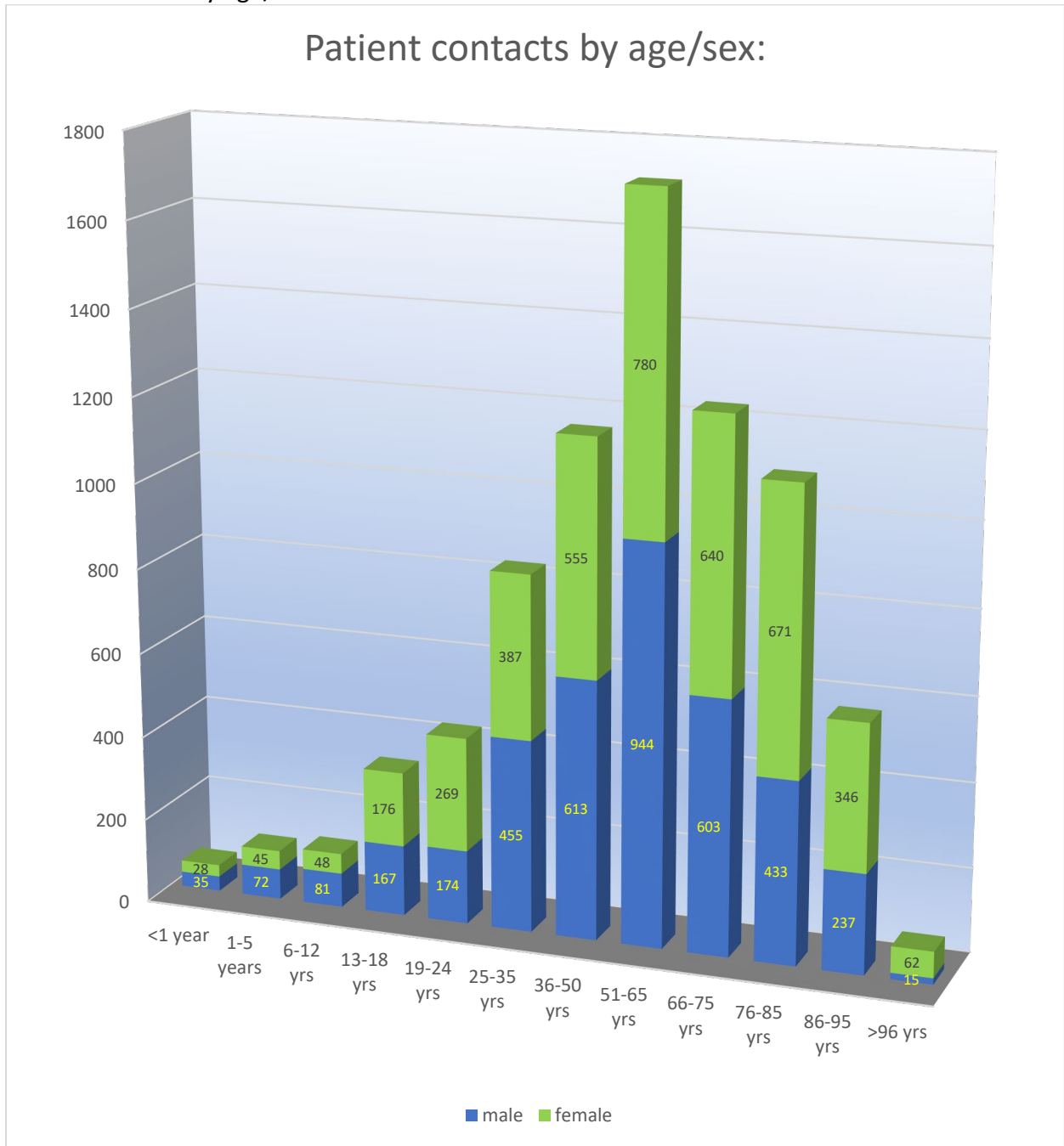


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PETTIS COUNTY AMBULANCE DISTRICT	
BILLING AVERAGES	
2021	
	TOTAL
AMOUNT BILLED	\$ 7,439,791.20
CONTRACTUAL WRITE-OFFS	\$ (2,478,542.02)
NET AMOUNT BILLED	\$ 4,961,249.18
AMOUNTS COLLECTED	\$ 2,532,631.18
COLLECTION PERCENTAGE	34.04%
NET COLLECTION PERCENTAGE	51.05%
INVOICES GENERATED	6068
AVERAGE COLLECTED/TRANSPORT	\$ 417.37
AVERAGE BILLED/TRANSPORT	\$ 1,226.07
AVERAGE COST PER TRANSPORT	\$ 1,094.61
\$ COLLECTED/\$ BILLED	\$ 0.34
<b>COST PER TRANSPORT AFTER REIMBURSEMENT</b>	<b>\$ (677.23)</b>
<b>ANNUAL COST IN EXCESS OF REIMBURSEMENT</b>	<b>\$ (4,109,449.10)</b>
CALL VOLUME	9153
COST/ CALL	\$ 725.67
COST/ CALL AFTER REIMBURSEMENT	\$ (308.30)

### Patient Demographics

Patient contacts by age/sex:



+/- .002%

## Potential Future EMS Initiatives for the District

This list includes many recommendations that could be influenced or implemented by PCAD. Many of these issues are complex and require collaborative efforts by multiple organizations. The list is about future strategic issues that could or should most affect PCAD. Readers are encouraged to read the [EMS Agenda for the Future](#) and the *Implementation Guide*, which are available at no cost from the National Highway Traffic Safety Administration.

- Align the financial incentives of EMS and other health care providers and payers.
- Allocate adequate resources for medical direction.
- Determine the costs and benefits of EMS to the community.
- Develop cooperative relationships with other community health providers and insurers.
- Ensure stable support for EMS infrastructure funding.
- Ensure that EMS information systems serve their purposes.
- Establish communications links for exchanging appropriate patient information.
- Identify and meet community health-related data collection needs.
- Implement and evaluate stress management programs.
- Improve EMS care for patients with special needs.
- Improve prevention-related data collection and sharing by EMS.
- Include research, quality improvement, and management-related topics in EMS education.
- Include the community in EMS evaluation.
- Increase the cultural sensitivity and diversity of the EMS workforce.
- Maintain a prevention-oriented atmosphere in the EMS workplace.
- Maintain up-to-date dispatching and communications standards.
- Participate in community-based prevention efforts.
- Provide an EMS response that is appropriate for the need.
- Reduce EMS providers' risk of liability.

## Vehicle Replacement Plan

To maintain a reliable fleet of vehicles we have implemented a replacement plan seen in the chart below.

Units are expected to gain 3,000 miles per month, which would place them in a five-year cycle to either be replaced or remounted.

Each cycle we should anticipate the replacement of MDT computers and internet hot spots due to age and use. We should anticipate radio replacement every 10 years.

Older units, purchased prior to 2017, and units that are unable to be remounted will be replaced. The estimated cost to replace with a new build ambulance is \$235,000.00

Unit purchased after 2017 will be remounted for cost savings. The estimated cost to remount these units are \$150,000.00

	2022	2023	2024	2025	2026	2027
Car 900 - 2014 Ram 1500 P/U		Replace				
Car 901 - 2010 Chevrolet Tahoe				Replace		
CMD 1 - 2027 Chevrolet Tahoe			Replace			
Unit 1 - 2013 Osage E450	Replace					
Unit 2 - 2022 AEV Ford E450						Remount
Unit 3 - 2019 AEV Ford E450			Remount			
Unit 4 - 2019 AEV Ford E450				Remount		
Unit 5 - 2019 AEV Ford E450				Remount		
Unit 6 - 2022 AEV Ford E450						Remount
Unit 7 - 2022 AEV Ford E450					Remount	
Unit 8 - 2016 Osage Transit 350	Replace					
Unit 9 - 2016 Osage Transit 350		Replace				
Unit 10 - 2017 AEV Ford E450		Remount				
Unit 11 - 2017 AEV Ford E450			Remount			
Unit 12 - 2019 AEV Ford E450					Remount	