ALLEGANY COUNTY
EMERGENCY MEDICAL SERVICES
SWOT TASK FORCE

FINAL REPORT
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Allegany County EMS SWOT Report

Background

The Allegany County Emergency Medical Services (EMS) System is composed of 13 companies. Eight of these services are combination volunteer fire/EMS, 4 are independent volunteer ambulance services, and 1 is a public service (City of Cumberland Fire Department). In addition, emergency first response assistance is provided by 15 of the county's volunteer fire departments, which provide initial patient care, but do not have patient transport capabilities.

In 2004 the Region I EMS Advisory Council presented a report to the Allegany County Commissioners outlining the status of the County's EMS System. It noted that the services were facing increased delayed calls, extreme pressure on the advanced life support (ALS) system due to a declining number of paramedics, and an overall decline in basic life support (BLS) and ALS active membership available to provide daytime ambulance coverage.

To address the difficulties facing the system, the Region I EMS Advisory Council recommended that the Commissioners request from the Maryland Institute for Emergency Medical Services Systems (MIEMSS) a Strengths, Weaknesses, Opportunities, and Threats (SWOT) Analysis of the county's system, along with short- and long-range recommendations on ways to strengthen the county's EMS system.

In early January 2005, the Allegany County Commissioners made such a request to Dr. Richard Alcorta, State EMS Medical Director at MIEMSS, specifically expressing their interest to have a SWOT conducted, along with the development of a consensus report from the EMS community that would outline short- and long-ranges actions.

The SWOT Process

On March 9, 2005, Dr. Alcorta convened the Allegany County SWOT Task Force at Cresaptown Volunteer Fire Department (VFD). Its membership was inclusive of fire/EMS, the traditional health community, Regional EMS leadership, educational institutions, and support public safety agencies. At the initial meeting the group established its vision and mission:

- **Vision**: *To provide the highest quality prehospital emergency medical care possible to every resident and visitor of Allegany County, Maryland.*
- **Mission**: *The Task Force will participate in an ongoing, scientifically based, planning process that will result in an EMS System that is accountable, adequately financed, properly staffed, and delivers quality prehospital emergency care.*

To conduct business in an orderly fashion, certain ground rules were established. These included:

- Meetings are inclusive and represent clear participation by all members.
- All conversations remain in the meeting place.
- A two-thirds quorum is required for meetings.
- There will be only one voting member from each agency; secondary members are allowed to vote if a primary member is absent and has briefed the secondary member about all issues.
- Either the primary or secondary member must vote on the final product.
- Majority rules on all votes.
- Final report will require 75% to pass.

The membership of the SWOT Task Force consisted of a voting and an alternate individual from each of the following:

- Baltimore Pike VFD –did not attend
- Barton Hose Company - attended 2 meetings
- Bedford Road VFD
- Bowling Green VFD
- Bowman's Addition VFD - attended 2 meetings
- City of Cumberland FD
- Clarysville VFD - did not attend
- Corriganville VFD
- Cresaptown VFD
- District 16 VFD
- Eastern Garrett VFD
- Ellerslie VFD/Ambulance
- Flintstone VFD
- Frostburg Area Ambulance Service
- Frostburg VFD - attended 2 meetings
- Georges Creek Ambulance Service
- Goodwill VFD
- LaVale VFD
- LaVale Rescue Squad
- Luke Fire VFD
- McCoole VFD
- Midland VFD - did not attend
- Mt. Savage VFD
- Oldtown VFD
- Orleans VFD - attended 2 meetings
- Potomac VFD - attended 1 meeting (*advised that the TriTowns' representative was also their rep)*
- Rawlings VFD
- Shaft VFD - did not attend

- TriTowns EMS
- Valley Ambulance
- Western Maryland Health System
- Allegany Emergency Management
- Regional and Jurisdictional Medical Director
- Allegany County Health Department
- Prehospital Care Coordinator for Region I
- Allegany/Garrett Fire/Rescue Association
- Region I EMS Advisory Council
- MSP Medevac
- Emergency Services Training Center
- Allegany Fire Rescue Board

Subsequent to their request for the SWOT Analysis, the Allegany County Commissioners requested that the Task Force address three goals:

1. To reduce the occurrences of failed and delayed responses and provide a support system to the Allegany County EMS companies that will result in the improved treatment to those needing emergency medical care.
2. To enhance the delivery of advanced life support in Allegany County by providing a stable mechanism for the delivery of the ALS service to customers in need.
3. To produce a long-range plan that respects the importance of volunteers in the future Allegany County EMS system.

SWOT Analysis of Allegany County EMS

Beginning on March 9, 2005 the Task Force systematically applied focused discussion on the critical issues raised by the Commissioners' targeted goals. These issues were categorized into system strengths, weaknesses, opportunities, and threats and then applied to the goal areas. Appendix 1 gives a complete summary of these discussions.

Beginning with the July 6, 2005 meeting and continuing through the July 18, August 3, and August 24 meetings, the group addressed scheduling issues and completed a process analysis for an EMS call. The analysis broke down the EMS calls in time sequences and researched the actual times based on the Electronic Maryland Ambulance Information System (EMAIS) data. During these meetings, a nominative group process was utilized to identify how current time sequences could be improved.

On September 21 and continuing on October 24, November 28, 2005 and on January 9 and February 6, 2006, the Task Force dealt with operational upgrades, unit placement, and EMS/Fire management structure issues.

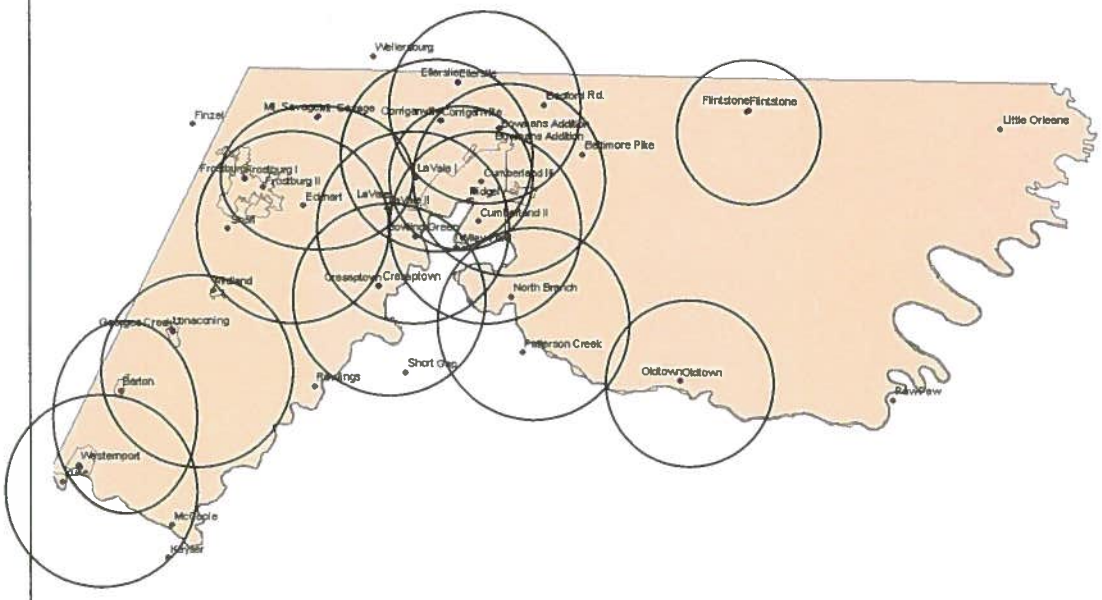
The Task Force took advantage of Maryland EMS operational experts, hearing from Mr. Kevin Gillespie, EMS Director from Caroline County, and Rick Himes from the Frederick County EMS on November 4, 2005.

SWOT Recommendations by Goal

Goal 1 - To reduce the occurrences of failed and delayed responses and provide a support system to the Allegany County EMS companies that will result in the improved treatment to those needing emergency medical care.

Successful EMS requires swift response to emergency calls. In light of this, the number one (1) Goal of the SWOT addressed the reduction of failed and delayed responses to emergency calls and the development of a support system to the county's EMS companies that would result in improved care for those who need emergency medical assistance. The Task Force began their consideration of recommendations on this goal by establishing the current ambulance placement (Exhibit 1).

Exhibit 1 (Circle = Dense population and the Most frequent call areas)



A process analysis of the county's EMS calls based on time measurement criteria was completed. The time variables displayed are the annual averages for priority 1 (life threatening) and priority 2 (urgent) calls in Allegany County for 2005 per the Electronic Maryland Ambulance Information System (EMAIS). It should be noted these times do not include ambulance calls where the primary service was unable to respond.

Table 1 provides the time sequences for all EMS companies in the county. Table 2 displays the county statistics less the City of Cumberland, which is the only service employing 100% paid personnel.

Table 1 – All Allegany County Calls

Time Sequence for EMS Call	Priority 1 (min.)	Priority 2 (min.)
911 Notified - Unit Notified	0.2153	0.2295
Unit Notified - Unit Respond	3.0179	3.2047
Unit Respond - Arrive Scene	5.0665	5.1198
Arrive Scene - Arrive Patient Side	0.7668	0.8425
Arrive Scene - Depart Scene	15.6409	15.0497
Depart Scene - Arrive Hospital	11.4556	12.8197
Arrive Hospital - Go In Service	32.4404	23.0689
In Service - Arrive Station	18.3235	19.6202
911 Notified - Go In Service (Total time for call)	64.3171	55.5466

Table 2 – Allegany County Calls Less the City of Cumberland

Time Sequence for EMS Call	Priority 1 (min.)	Priority 2 (min.)
911 Notified - Unit Notified	0.1266	0.1194
Unit Notified - Unit Respond	4.4675	4.6453
Unit Respond - Arrive Scene	5.5840	5.7723
Arrive Scene - Arrive Patient Side	0.5911	0.8762
Arrive Scene - Depart Scene	16.5324	14.2531
Depart Scene - Arrive Hospital	15.3482	17.776
Arrive Hospital - Go In Service	34.2340	28.8012
In Service - Arrive Station	18.0945	18.624
911 Notified - Go In Service (Total time for call)	67.1848	63.3137

The SWOT recommendations to address this goal are summarized under the general themes of: **Manpower** (improved utilization of existing personnel and augmentation to current resources with paid personnel); **Operational** (structural changes to the EMS delivery system which will result in increased efficiencies); **Communications** (operational and infrastructure upgrades); and **General** recommendations that will result in better EMS response times.

1. To address the **Manpower** issues, the following are recommended:
    - **a.** Renewed efforts at volunteer recruitment activities
    - **b.** Establish countywide minimum requirements for all qualified EMS responders.
    - **c.** Scheduled Crews
        - i. Provide training to EMS companies on efficient methods to schedule crews (short term).
        - ii. Establish a scheduling process whereby:
            1. EMS units would notify dispatch on a weekly basis when crews are available. (Crew availability is defined as

scheduled personnel being able to place ambulance in-service within the dispatch time criteria.)

2. When a first-due crew is not available, a dual alert with mutual aid services would occur.

iii. Company Bylaws will be changed to allow providers from all companies to run with one another.

iv. Obtain software to allow for countywide scheduling and sharing of personnel.

v. Hire a county-paid scheduler with competitive salary and benefits. (The recommended county salary would be - Base 10 = $33,000.)

d. It was recommended that as a short-term goal individual ambulance services would establish a compensation for commitment program to serve as an incentive for volunteers to respond to calls (e.g., $20 per run, etc.).

e. Request monies from the Commissioners to augment scheduled providers in critical localities in critical times (see Goal 2: Manpower).

i. To eliminate providers jumping from one company to another, it was recommended that there be a standard salary scale for personnel in the county (long-term goal).

2. To address the **Operational** issues for reducing delayed and no response calls, the following are recommended:

a. Establish a goal that 80% of ALS and BLS calls will have "*dispatch to on scene*" time of 12 minutes.

b. Maintain the current county delay/no response dispatch policy which is >4 minutes = delay and > 6 minutes = no response.

c. Dispatch the nearest ALS staffed ambulance if ALS is required and the first "due" company does not have ALS personnel on duty.

i. The nearest unit to respond will hand off care to the first-due unit to transport when they arrive.

ii. Once a patient is loaded in an ambulance, that unit will do the patient transport.

iii. In all cases the ALS provider initiating care will remain with the patient unless he/she can turn care over to another ALS provider.

d. Establish a first responder policy whereby a first response unit staffed with Maryland Certified First Responders will be dispatched for medical/trauma calls if an ambulance is not available.

e. Establish policies for ambulance drivers whereby:

i. Non-EMS certified drivers will only respond with the ambulance when they are assured of a rendezvous with a certified EMTB or ALS provider prior to arrival at the scene of the incident, or if the EMTB or ALS provider is already on the scene.

ii. Driver credentials will be a minimum of EVOC, CPR, Hazmat Awareness, NIMS (federal government required to receive federal funds).

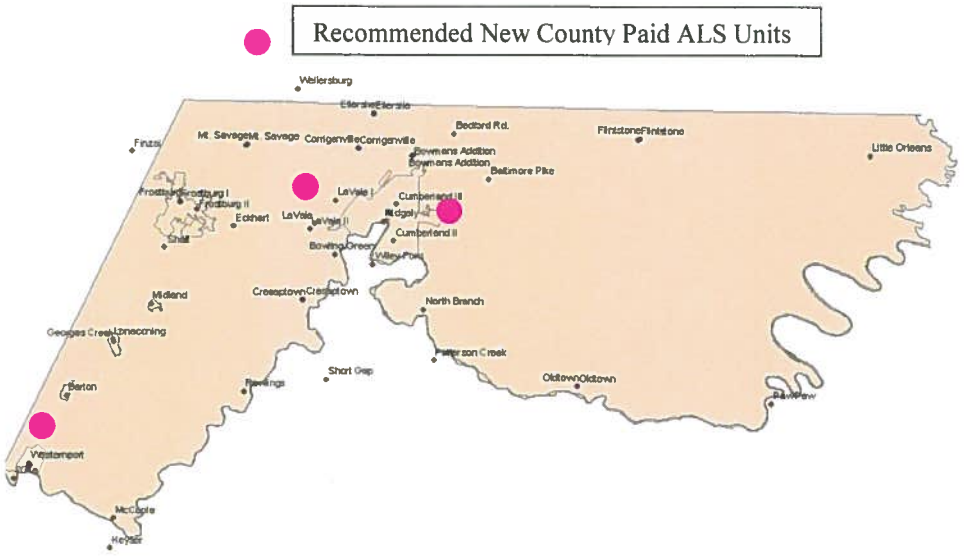
iii. A long-term goal for ambulance drivers will be that all are Maryland Certified First Responder, plus the credentials listed in Goal 1, 2. e. ii.

3. To address the **Communications** issues for reducing delayed and no response calls, the following are recommended:
    a. Obtain a new fire/EMS/alerting radio system (implementation is in process) and expand use of UHF portable coverage.
    b. Purchase unit routing software for the Emergency Communication CAD System (cost is $25,000).
    c. Establish a countywide standardized dispatch policy.
    d. Pursue with the Maryland Emergency Numbers Board the option to use 911 trust monies for improved dispatch equipment.
    e. Use Homeland Security monies and other grant funds to address equipment needs to assist with improved dispatch.
    f. Assign additional frequencies to the county's communication system for "provider to unit" response availability.
    g. Establish dedicated company channels so EMS responders who are not in-house can start an ambulance en route while arranging a rendezvous at the scene or en route to the scene.
    h. Place GPS units in all ambulances so they can automatically communicate their location to the 911 dispatch center (long-term).
    i. Establish a series of known and standardized communication techniques for improved dispatch and unit response.
    j. Utilize private sector frequencies for non-EMS communications.
4. To address the **General** issues for reducing delayed and no response calls, the following are recommended:
    a. Develop a process for countywide purchase of vehicles, insurance, workman's compensation, etc.
    b. Consider the development of a Public Service Announcement to educate the public to move to the right when emergency vehicles approach.
    c. Explore expansion of the OPTICON system for countywide use.
    d. Improve house numbering through the:
        i. Enforcement of county ordinance requiring house numbering.
        ii. Encouragement of fire/EMS volunteers to go out into the community door-to-door offering to place signs (high visibility locaters) at a nominal cost to occupant/owner.
    e. Allow for use of emergency lights on private vehicles.

Goal 2 - To enhance the delivery of advanced life support in Allegany County by providing a stable mechanism for the delivery of the ALS service to customers in need.

The SWOT recommendations to address this goal are summarized under the general themes of: **Manpower** (improved utilization of existing personnel and augmentation to current resources with paid personnel); **Operational** (structural changes to the EMS delivery system which will result in increased efficiencies); and **General** recommendations that will result in improved delivery of advance life support.

1. To address the **Manpower** issues, the following items are recommended:
   - **a.** Consolidate all volunteer ALS resources so they can work together to establish an ALS chase car system, ambulance, or both.
   - **b.** If "Goal 2.1.a" is not feasible, station county units in existing companies.
     - i. The first step in the implementation process would be to hire personnel and utilize equipment in existing ALS companies.
     - ii. Develop a Memorandum of Understanding to govern the relationship between the county and the host company.
   - **c.** The ALS Ambulance locations, in priority order (selection based on call volume, ALS coverage and staffing issues, geographic considerations, population density), would be:
     - i. LaVale area
     - ii. Georges Creek Area (specific location at TriTowns Ambulance)
     - iii. Willow Brook Road



d. Scheduling of paid personnel in Phase 1 would provide Monday through Friday, 6 a.m. - 6 p.m., crews (ALS provider, BLS driver) for two units.
e. An ALS Chief will be hired to oversee the county-funded ALS operations.
f. Crews would be county paid and operate out of existing companies.
g. Staffing requirements would call for 4.2 FTE per unit for shifts which would be 6 a.m. – 6 p.m. Monday through Friday.
h. Paid positions should be full-time with competitive benefits at the rate of
    1. ALS Chief - Base 11 = $38,000 - $40,000.
    2. ALS Providers - Base 9 = $32,000.
    3. BLS Provider - Base 8 = $28,000.
i. Paid individuals would maintain membership with volunteer companies if allowable under Federal Labor Standards Administration rules.
j. Phase 2 would call for county-paid crews and county-owned vehicles and equipment and expansion of third ambulance unit for eastern Allegany County.

2. To address the **Operational** issues for improved ALS coverage, the following are recommended:
a. Establish a countywide uniform drug box access process.
b. Continue use of the Emergency Medical Dispatch (EMD) Program with the inclusion of "call prioritization."
c. Draft policies and procedures to govern paid/volunteer dispatch, allowing for volunteer units to have priority over the in house paid crews for call response.
d. Establish a quality assurance program to include:
    i. An expanded Emergency Medical Dispatch quality assurance (QA) process to ensure that there is an appropriate utilization of resources.
    ii. A county medical review committee (MRC) (required by MIEMSS and is in COMAR) be organized to:
        1. Review all priority 1 ambulance runsheets.
        2. Conduct the functions presently handled by the Region I Medical Review Committee.
    iii. QA policies be established at the base station level (this has been implemented by all three Regional hospitals during the SWOT process).
    iv. Real-time quality assurance review and feedback be made available to EMS caregivers through:
        1. Taped reviews of communication between EMS provider and the physician giving medical consultation.
        2. Off-line reviews between EMS provider and the physician giving medical consultation.
    v. A standardized skills review process be established at the county level for ALS care to ensure quality of care (e.g., case reviews, informal call review at hospital, QA/QI ride-along).
    vi. A feedback process to be developed for calls to the providers from physicians and the Jurisdictional Medical Director.

e. A Quality Improvement methodology be developed and implemented to monitor operational standard (ALS coverage, delayed/no response, etc.) to provide regular analysis of system performance.
f. The operation of the Quality Assurance and Quality Improvement implementation will be the responsibility of the ALS Chief.

3. To address the **General** issues for improved ALS coverage, the following are recommended:
   a. The establishment of a county EMS fund to be used for system operations.
   b. Monies for the EMS funds to come from
      i. County government
      ii. Fees for services by county-paid EMS personnel.
   c. Fees for services provided by county-paid EMS personnel to be based on:
      i. Any company upgrading another would get 25% of collected monies.
      ii. If a call/transport is managed completely by the volunteer of a county company, the county company would receive all of the monies collected.
   d. The county EMS companies use a single billing company and negotiate a single contract.

Goal 3 - To produce a long-range plan that respects the importance of volunteers in the future Allegany County EMS system.

The SWOT recommendations to address this goal are summarized under the general themes of: **Manpower** (improved utilization of existing personnel and augmentation to current resources with paid personnel) and **Operational**.

1. To address the **Manpower** issues, the following items are recommended:
   a. Renewed efforts at volunteer recruitment activities
   b. Establish a Length of Service Awards Program (LOSAP) for volunteer fire/EMS (see Appendix 3).
2. To address the **Operational** issues for the establishment of a long-range plan, the following are recommended:
   a. The ongoing reorganization effort of the Allegany County Fire Rescue Board shall embrace the qualities outlined in Appendix 4.
   b. Move to a countywide billing system.

ALLEGANY COUNTY
EMERGENCY MEDICAL SERVICES

APPENDIX 1 - SWOT ANALYSIS OF ALLEGANY COUNTY EMS

Appendix 1 - Allegany SWOT Analysis by Goal

The initial meetings of the SWOT Task Force (March 9, 2005, March 28, April 18, May 9, and June1) consisted of focused discussion on the critical issues as raised by the Commissioners' targeted goals. These issues were categorized into system strengths, weaknesses, opportunities, and threats. Appendix 1 gives a complete summary of these discussions.

1. Universal

Strengths

A. Manpower
   1. Dedicated Providers
   2. Longevity
   3. Centrally located training facility
   4. Generational follow-up

B. Operations
   1. Active and long-standing Medical Advisory Committee
   2. Good Medical Director – actively involved
   3. State tax incentive for volunteers
   4. Participatory
   5. Fire and EMS work well together
   6. Training and education (MFRI, Garrett College)
   7. Centrally located training facility
   8. Paid City Career
   9. State-funded Aviation and local MSP
   10. All ambulances meet VAIP
   11. Broad-based participation of Fire and EMS in Assoc (except for 3 companies)
   12. Prehospital Care Coordinator
   13. County General Funds for Fire and EMS under Code Home Rule
   14. Funding
       a. County formula based
       b. 508
       c. Tip-boards/paper-gaming
       d. Subscriptions
       e. Grants – funds equipment
       f. Ambulance billing
       g. Good donation pool
       h. State low-interest revolving loan fund
       i. Tuition reimbursement
       j. County grants manager
       k. Appalachian Regional Commission (ARC)
   15. MIEMSS support from Regional Office
   16. Good working relationship with law enforcement

17. Strong Maryland EMS System
18. Local heart center
19. Local commercial ambulance state-licensed

C. General
1. Vested community interest
2. Vested interest on part of WMHS
3. Participation with public health
4. Good working relationship with 911 Center
5. Relatively short distance to hospital – geography
6. Community support and recognition
7. Accessible and supportive elected officials
8. Good media working relationship – newspaper
9. Stable population
10. High-speed Internet Capability

Weaknesses

A. Manpower
1. Limited pool of potential providers – out migration of young people
2. Provider bad attitude
3. No workmen's compensation countywide
4. Risky occupation
5. Time consuming
6. High dropout/failure rate in classes
7. Non-MFRI classes are not advertised adequately

B. Operations
1. Modular educational opportunities
2. Non-standardized policy for departments – i.e., first responder is company driven
3. Need fire/EMS coordinator paid full-time
4. No countywide training coordinated to address public safety
5. EMT-B of today is not as prepared and relies too much on calling for ALS backup
6. Medical Advisory Committee lacks authority
7. Prehospital Care Coord. is a shared position with WMHS resulting in less than 100% dedication to field EMS
8. City resources being taxed by out-of-city calls
9. Inadequate funding
10. No grants coordinator for fire/EMS
11. Local medevac MSP not 24 hours
12. Lack of participation on the Medical Advisory Committee
13. Changing hospital destination determination
14. Programmatic information exchange between companies, personnel, county
15. Region I EMS Advisory Council has no authority
16. No mutual aid across state borders
17. No written county-to-county mutual aid
18. Friction between Fire Board and EMS

19. Out-of-state companies running into county with different protocols and training
20. Bad attitude by some doctors in Emergency Departments
21. Lengthy law enforcement response on out-of-state calls
22. Variability about police response
23. Non-hospital-based medical responses burdening the system

C. Communications
   1. Still some companies not using DSL
   2. Cost of high-speed internet access

D. General
   1. Resistance to change
   2. Geography/terrain—distance to hospital
   3. Attitude of nurses
   4. Grants info dissemination
   5. One EMS company not billing
   6. One media service which does not like City

Opportunities

A. Manpower
   1. Inject EMS training into high-school vo-tech program
   2. Customer-tailored training
   3. Apply training programs toward degree
   4. Approach businesses to establish a policy supporting the release of volunteers to respond to emergencies
   5. Establish workmen's comp for all which is county-funded

B. Operations
   1. Improve cooperation between fire/EMS companies - EMT-Bs on fire apparatus to ride on ambulance when there are manpower shortages
   2. Develop countywide policies for walk-on EMS/police at the scene to address county, region, and state providers
   3. Encourage networking among individual company officers
   4. Find single-source funding for FTE for Pre-Hospital Care Coordinator who is dedicated only to EMS in Allegany County
   5. Reduce paperwork/data/administrative requirements
   6. Establish formalized mutual aid written agreements countywide
   7. Educate hospital staff reference Yellow Alerts
   8. Assure there is a standard policy for hospital-based resources for patient destination
   9. Upgrade BLS company to ALS (in process)
   10. Look at MSP utilization
   11. Get formal county-to-county mutual aid written agreements with Fire/Rescue Board as lead agency
   12. Improve relationship between Fire/Rescue Board and EMS services
   13. Billing
   14. Separate sales tax potential

15. Encourage ride-along for doctors and nurses

C. Communications
   1. Uniformity of alert of county frequency and dispatches
   2. Improve customer service attitude of dispatchers

D. General
   1. Educate the public on how to us 911 appropriately (avoid taxi runs; educate nursing homes, doctors offices, prisons, etc.)
   2. Educate public on how to respond to Emergency Vehicles

Threats

A. Manpower
   1. Mandated training and exercises with no funding source
   2. Aging EMS population - no new blood
   3. Other close counties pay providers – valuable manpower leaves area
   4. Loss of providers due to hospital unprofessional conduct

B. Operations
   1. Lack/Decrease in funding
   2. Company infighting
   3. Change (resistance to) focus of EMS from just daily but also catastrophic
   4. Isolationism between individual companies
   5. Growing inappropriate use of the EMS system
   6. By establishing a standard time, there is a potential for skewed representation

C. General
   1. Population growth without concomitant growth in EMS
   2. Final product/report short- and long-range term
   3. Societal changes and the loss and ability to attract volunteers, i.e. two-household income families
   4. Litigation
   5. Higher expectations by the public which drive higher educational standards and therefore the loss of personnel
   6. Communicable diseases with increased occupational threats
   7. Economic/job opportunity changes in community
   8. Aging of the population resulting in increasing calls (while experiencing decreasing volunteers)
   9. County tax put in place will have negative impact on community-based tax
   10. Rumor and misinformation derailing the process
   11. Public apathy
   12. Price of businesses going up
   13. 501C3 being unfairly treated by the tax man in Maryland – having to pay taxes on monies raised
   14. 508 funding formally is not viewed as equitable for companies running small number of calls

15. In contrast to the above, fire companies are not billing, so 508 is ok the way it is

2. Reduce the occurrences of failed/delayed responses and provide a support system to reduce the impact of failed/delayed responses on the customer.

Strengths

A. Operation
   1. Countywide mutual aid
   2. City back-up County and vice versa (good cooperation)
   3. Volunteer company has paid daytime coverage (FAAS)

B. Communication
   1. Dual dispatching (First Responder/ambulance –sometimes)
   2. 911 Dispatchers give pre-arrival instructions

Weaknesses

A. Manpower
   1. Lack of daytime ALS/BLS coverage
   2. No scheduled staffing
   3. 25% of providers doing 75% of work
   4. Volunteer companies do not always have coverage ALS/BLS - may need paid providers (lack of financial resources)
   5. Shrinking pool of volunteer providers (volunteer or paid)

B. Operations
   1. EMS taxi runs – system abuse
   2. Cannot guarantee rapid EMS response 24-7-365
   3. Paperwork
      a. Redundancy
      b. Amount
   4. Over-prioritization of patient dispatch erring on side of ALS
   5. Nursing home calling 911 too frequently
   6. Only one ambulance contracted for Medicaid/Medicare billing
   7. Several companies must provide coverage out of state, out of county

C. Communications
   1. Current 911 dispatch protocols need to be revised – i.e., requirement to call same company which has just scratched
   2. Too rigid adherence to dispatch policy - dispatchers need more latitude
   3. Pre-arrival EMD is not provided consistently
   4. Negative dispatcher attitude - contributing factor is poor radio system

D. General
   1. Long transfer time to hospital in some areas

Opportunities

A. Manpower

1. Reinvigoration for recruitment and retention at Regional level and potentiality of developing a tool to measure effectiveness
2. Incentive reimbursement to providers for long transports
3. Provide remediation for students entering training
4. Potential payment policy at the squad level to pay students for classes taken on core curriculum
5. Establish company level screening tool for EMT-B application

B. Operations
1. Put policies into place that establish a roster system for BLS/ALS
2. Decrease total response time
3. Attempt to break priority 3 frequent flyer/taxi mentality
4. Establish dispatch policy to address the cascade of 1, 2, 3 ambulances responding
5. Non-selective response by EMS providers - if dispatched you go
6. Increase out-of-City (Cumberland) capabilities
7. Utilize City or LaVale to hire personnel to support volunteer in a cooperative fashion if a funding source can be identified

C. Communications
1. Revamp dispatch process to be more patient friendly and reduce inter-department conflict
2. Get new radio towers and improved system
3. Review current dispatch categories and consider modification to dispatch criteria
4. Pre-arrival - assure APCO compliance is consistently used by all dispatchers
5. Update APCO cards to reduce number of unnecessary ALS calls
6. Potential use of paging system for essential EMS communication alerts

Threats

1. Deterioration of relations between EMS and fire services

3. Enhance the delivery of advanced life support in Allegany County by providing a stable mechanism for delivery of ALS service to customers in need.

Strengths

A. Operations
1. Countywide mutual aid
2. City back-up County and vice versa (good cooperation)
3. Volunteer company has paid daytime coverage (FAAS)
4. Good medical direction from hospital ER 70% of the time
5. Designated trauma center
6. Countywide ALS Intercept billing agreement (written)

B. Communications
1. Dual dispatching (First Responder/ambulance –sometimes)
2. 911 Dispatchers give pre-arrival instructions

C. Equipment
    1. Relatively good equipment

Weaknesses

A. Manpower
    1. Lack of daytime ALS/BLS coverage
    2. No scheduled staffing
    3. 25% of providers doing 75% of work
    4. Vol. companies do not always have coverage ALS/BLS - may need paid providers (lack of financial resources)
    5. Shrinking pool of volunteer providers (volunteer or paid)
    6. Direct cost (to student) for ALS recert
    7. ALS recert requirements

B. Operations
    1. EMS taxi runs – system abuse
    2. Cannot guarantee rapid EMS response 24-7-365
    3. Paperwork
        a) Redundancy
        b) Amount
    4. Several companies must provide coverage out of state, out of county
    5. One BLS company that needs to be upgraded
    6. Need for IV program for BLS
    7. Lack of Medical direction 30% of the time

C. Communications
    1. Radio dead areas
    2. Over-prioritization of patient dispatch erring on side of ALS
    3. Revise current 911 dispatch protocols – i.e., requirement to call same company which has just scratched.
    4. Too rigid adherence to dispatch policy - dispatchers need more latitude
    5. Pre-arrival EMD is not provided consistently
    6. Negative dispatcher attitude - contributing factor is poor radio system

D. General
    1. Long transfer time to hospital

Opportunities

A. Manpower
    1. Reinvigoration for recruitment and retention at Regional level and develop a tool to measure effectiveness
    2. Incentive reimbursement to providers for long transports
    3. Provide remediation for students entering training
    4. Potential payment policy at the squad level to pay students for classes taken on core curriculum
    5. County pay/reimburse ALS con-education - contractual relationship with students to complete course
    6. Upgrade nurses EMT-Bs to CRT-I/EMTP Bridge

B. Operations
    1. Put policies into place that establish a roster system for BLS/ALS
    2. Non-selective response by EMS providers - if dispatched you go
    3. Increase out-of-City (Cumberland) capabilities
    4. Utilize City or LaVale to hire personnel to support volunteer in a cooperative fashion if a funding source can be identified
    5. Apply through Medical Director for IV Tech program
C. Communications
    1. Revamp dispatch process to be more patient friendly and reduce inter-department conflict
    2. Get new radio towers and improved system
    3. Review current dispatch categories and consider modification of APCO cards - and do QI review
    4. Pre-arrival - assure APCO compliance is consistently used by all dispatchers.
    5. Update APCO cards to reduce number of unnecessary ALS calls
    6. Establish dispatch policy to address the cascade of 1,2,3 ambulances responding
    7. Potential use of paging system for essential EMS communication alerts

Threats

4. To produce a long range plan that respects the importance of volunteers in the future EMS system in Allegany County.

Strengths

A. Manpower
    1. Largely Volunteer
B. Operations
    1. Region I EMS Advisory Council and functional sub-committees
    2. Fire and Rescue Association currently good leadership (operational personnel in leadership roles)
    3. Countywide ALS Intercept billing agreement (written)
    4. Some have taxing district funding base
    5. Remarkable fund-raising capability (fire and EMS)
C. Equipment
    1. Relatively good equipment

Weaknesses

A. Operations
    1. Lack of taxing district
    2. Taxing district may prevent public donations
    3. Not 100% participation in Firemen's Association
B. General
    1. Appalachian Regional Commission (ARC) grant process highly competitive
    2. Poorly educated community ref. EMS capabilities

a. Role
b. Function
c. Expectations

3. Commissioners weak on understanding EMS system

Opportunities

A. Manpower
1. Improve EMS/providers' attitude and morale
2. Better prepare EMT-Bs within classes for improved anatomy, terminology, etc.
3. Utilize MFRI hours more efficiently
4. County and company orientation that addresses shortfalls on a periodic basis - using credentialed instructors

B. Operations
1. Hospital triage for patients brought in by ambulances (to reduce taxi runs)
2. Attempt to break priority 3 frequent flyer/taxi mentality
3. Educate providers to do things in-route vs. care on scene
4. Full-time county EMS representative
5. Educate nurses to modify attitude toward EMS
6. Develop accurate contact lists at the company level for sharing information
7. Regional Education Coordinator
8. Policy to update information distribution list on an annual basis
9. Region I Office to update distribution list for all agencies - MFRI, 911, GC, etc.
10. Utilize Fire Association Web page for improved communications
11. Develop an email policy whereby emails are read regularly by key persons in each department
12. Expand authority of Fire/EMS Board beyond current limitations (underway)
13. Establish standardized countywide accountability for coverage by provider for ALS/BLS
14. Improve interdepartmental education
15. Establish and make uniform taxing district
16. Establish standardized authority for Medical Advisory Committee
17. Delineate existing authorities
18. Establish EMS medical authority
19. Look at current EMS deployments
20. Establish a policy for nursing home issues to go through Medical Advisory Committee
21. One hundred percent participation in Firemen's Association (MSFA)
22. Amendment to the local Assoc. bylaws to allow for paid companies to become voting members
23. Establish policy to resolve EMS issues through Emergency Services Board

24. Long-term goal to establish a grant-funded full-time fire/EMS coordinator

C. Communications
    1. Mobile internet connection for EMAIS
    2. Capitalize on existing high-speed broadband internet services

D. General
    1. Local tax relief
    2. Survey public about their understanding of EMS role, responsibility, function
    3. Educate Commissioners on EMS system
    4. Educate community on need for funding sources and why there is a need (taxes)

Threats

A. Operations
    1. Deterioration of relations between EMS and fire services
    2. City/paid is going to take over the volunteers
    3. Paid service taking over volunteers
    4. Companies lose their autonomy
    5. Even with increased revenues collected by EMS, money may be shunted to the fire side
    6. No financial accountability

B. General
    1. SWOT does not generate an acceptable plan and an alternate process could generate a system that no one likes
    2. Inability to come to consensus on SWOT outcomes/recommendations
    3. SWOT recommendations will be met with resistance
    4. Higher public expectation on EMS
    5. SWOT plan falls on deaf ears of Commissioners
    6. Growing uninsured rate

ALLEGANY COUNTY
EMERGENCY MEDICAL SERVICES

APPENDIX 2 - Job Descriptions

EMERGENCY MEDICAL SERVICES (EMS) SCHEDULER
ADVANCED LIFE SUPPORT (ALS) CHIEF
ADVANCED LIFE SUPPORT PROVIDERS
BASIC LIFE SUPPORT PROVIDERS

ALLEGANY COUNTY
EMERGENCY SERVICES

JOB DESCRIPTION

TITLE: EMERGENCY MEDICAL SERVICES (EMS) SCHEDULER

I. GENERAL RESPONSIBILITIES:

This position is responsible for scheduling emergency medical services providers for Allegany County rescue services. He/she oversees the scheduling of both paid and volunteer providers and may be required to fill in as a provider when needed. In addition, this position will provide administrative staff support for the Emergency Services Board.

II. REPORTING TO THIS POSITION:

None

III. POSITION REPORTS TO:

Director of Emergency Services and Communications

IV. RESPONSIBILITIES: (Illustrative Only)

1. Coordinates and schedules EMS providers for Allegany County.
2. Establishes and maintains liaisons with all EMS companies in the county and region and with related outside agencies.
3. Compiles routine performance reports for the Emergency Services Board.
4. Performs clerical duties for the Emergency Services Board as determined by the Director of Emergency Management. These duties may include typing, filing, maintenance of records, duplicating, etc.
5. Assists in budget preparation and tracking of expenditures.
6. Processes requests for office supplies.
7. Maintains appropriate files.
8. Provides EMS coverage when needed.
9. Performs other related duties as assigned.

V. QUALIFICATIONS, SKILLS AND KNOWLEDGE:

NREMT-I or NREMT-P licensure; be an active member, in good standing, of a Maryland company designated by the Region I EMS Advisory Council to provide Advanced Life Support or a Commercial Ambulance Service approved by the

MIEMSS Commercial Ambulance Division; extensive knowledge of EMS practices and procedures; knowledge of supervisory practices to include managing volunteers; ability to develop and effectively maintain weekly EMS coverage schedule; working knowledge of office terminology and techniques to include word processing skills; excellent written and oral communication skills; ability to work well with others; confidentiality; courteous; tactful; neat appearance; secretarial skills.

2/7/06 jet

ALLEGANY COUNTY
EMERGENCY SERVICES

JOB DESCRIPTION

TITLE: ADVANCED LIFE SUPPORT (ALS) CHIEF

I. GENERAL RESPONSIBILITIES:

This position is responsible for hiring, training, supervising and directing paid emergency medical services providers for Allegany County rescue services. He/she monitors the quality assurance program, the quality improvement program oversees the daily activities of staff, establishes organizational goals, develops and manages operational budget, serves on the Emergency Services Board and may be required to fill in as a provider when needed.

II. REPORTING TO THIS POSITION:

Emergency Medical Services Scheduler
Paid EMS Providers

III. POSITION REPORTS TO:

Director of Emergency Services and Communications

IV. RESPONSIBILITIES: (Illustrative Only)

1. Hires, trains, directs and supervises paid EMS providers for Allegany County.
2. Assists in the development and implementation of EMS policies and procedures for the County.
3. Identifies and develops short- and long-term goals for EMS operations.
4. Develops and manages operational budget to include staff, supplies and equipment.
5. Evaluates performance of assigned personnel and provides feedback/counseling for continuous improvement.
6. Takes a lead role in the Quality Assurance process.
7. Serves on Emergency Services Board.
8. Establishes and maintains liaisons with all rescue services in the county and region and related outside agencies.
9. Serves as a mentor for both paid and volunteer providers.
10. Compiles routine performance reports for the Emergency Services Board.
11. Provides EMS coverage when needed.

12. Performs other related duties as assigned.

V. QUALIFICATIONS, SKILLS AND KNOWLEDGE:

Minimum of four years experience in management and supervision; leadership skills; budget development; NREMT-I or NREMT-P licensure; be an active member, in good standing, of a Maryland company designated by the Region I EMS Advisory Council to provide Advanced Life Support or a Commercial Ambulance Service approved by the MIEMSS Commercial Ambulance Division; extensive knowledge of EMS practices and procedures; knowledge of the Maryland Medical Protocols for Emergency Medical Services Providers; knowledge and experience of the issues currently impacting the prehospital care provider; excellent written and oral communication skills; ability to work well with others; confidentiality.

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ALLEGANY COUNTY
EMERGENCY SERVICES

JOB DESCRIPTION

TITLE: ADVANCED LIFE SUPPORT (ALS) PROVIDER

I. GENERAL RESPONSIBILITIES:

This position is responsible for providing basic and advanced life support emergency medical services to ill or injured persons. Additional responsibilities include driving an ambulance; communicating with the dispatch center, patients, family members and health care professionals; conducting public educational programs on first aid and safety; and conducting administrative and maintenance functions.

II. REPORTING TO THIS POSITION:

None

III. POSITION REPORTS TO:

Advanced Life Support Chief

IV. RESPONSIBILITIES: (Illustrative Only)

1) Provides basic and advanced life support emergency medical treatment to ill or injured persons in the pre-hospital setting.

2) Identifies patient treatment needs through adequate assessment and provides appropriate care in accordance with basic and advanced life support standards and Maryland protocol.

3) Administers appropriate medications in accordance with approved protocols.

4) Prioritizes patients based on presenting medical condition.

5) Transfers patients in a safe and protected manner.

6) Provides patient report to appropriate hospital staff.

7) Drives the ambulance in a safe and secure manner, utilizing emergency warning systems and observing traffic regulations.

8) Performs housekeeping duties with the ambulance vehicles and stations.

9) Inspects vehicle and equipment for defects and cleanliness.

10) Completes required patient and administrative documentation.

11) Participates in continuing education activities and maintains EMT-I or EMT-P Maryland Certification.

12) Assists with orientation of new staff and participates in peer review.

13) Performs other related duties as assigned.

V. QUALIFICATIONS, SKILLS AND KNOWLEDGE:

Maryland EMT-I or EMT-P licensure; be an active member, in good standing, of a Maryland company designated by the Region I EMS Advisory Council to provide Advanced Life Support or a Commercial Ambulance Service approved by the MIEMSS Commercial Ambulance Division; extensive knowledge of EMS practices and procedures; knowledge of the Maryland Medical Protocols for Emergency Medical Services Providers; ability to perform BLS and ALS skills in accordance with behavioral objectives in the DOT/EMT Paramedic & Health Professionals Curriculum; ability to lift, carry and balance a minimum of 125 pounds (250 with assistance); map reading skills; excellent written and oral communication skills; ability to work well with others; confidentiality.
2/21/06 jet

ALLEGANY COUNTY
EMERGENCY SERVICES

JOB DESCRIPTION

TITLE: BASIC LIFE SUPPORT (BLS) PROVIDER

I. GENERAL RESPONSIBILITIES:

This position is responsible for providing basic life support emergency medical services to ill or injured persons. Additional responsibilities include driving an ambulance; communicating with the dispatch center, patients, family members and health care professionals; conducting public educational programs on first aid and safety; and administrative and maintenance functions.

II. REPORTING TO THIS POSITION:

None

III. POSITION REPORTS TO:

Advanced Life Support Chief

IV. RESPONSIBILITIES: (Illustrative Only)

14) Provides basic support emergency medical treatment to ill or injured persons in the prehospital setting.

15) Identifies patient treatment needs through adequate assessment and provides appropriate care in accordance with basic and advanced life support standards and Maryland protocol.

16) Prioritizes patients based on presenting medical condition.

17) Transfers patients in a safe and protected manner.

18) Provides patient report to appropriate hospital staff.

19) Drives the ambulance in a safe and secure manner, utilizing emergency warning systems and observing traffic regulations.

20) Performs housekeeping duties with the ambulance vehicles and stations.

21) Inspects vehicle and equipment for defects and cleanliness.

22) Completes required patient and administrative documentation.

23) Participates in continuing education activities and maintains Maryland EMTB certification.

24) Assists with orientation of new staff and participates in peer review.

25) Performs other related duties as assigned.

V. QUALIFICATIONS, SKILLS AND KNOWLEDGE:

Maryland Certified EMTB; be an active member, in good standing, of a Maryland company designated by the Region I EMS Advisory Council to provide Basic Life Support or a Commercial Ambulance Service approved by the MIEMSS Commercial Ambulance Division; extensive knowledge of EMS practices and procedures; knowledge of the Maryland Medical Protocols for Emergency Medical Services Providers; ability to perform BLS skills in accordance with behavioral objectives in the DOT/EMT Basic & Health Professionals Curriculum; ability to lift, carry and balance a minimum of 125 pounds (250 with assistance); map reading skills; excellent written and oral communication skills; ability to work well with others; confidentiality.

2/21/06 jet

ALLEGANY COUNTY
EMERGENCY MEDICAL SERVICES

APPENDIX 3 - Length of Service Awards Program - (LOSAP)

APPENDIX 3 - Length of Service Awards Program (LOSAP)

The Allegany County EMS SWOT Task Force strongly recommends the establishment of a Length of Service Awards Program (LOSAP). The Task Force recognizes that attracting and retaining quality, volunteer, emergency service personnel is the most critical problem facing the county. If sufficient volunteers are not recruited, the unattractive alternative is to continually reduce or replace them with paid personnel at a very high cost to the taxpayers. The unacceptable alternative is a reduction in personnel resulting in a greater potential for loss of life and destruction of property.

LOSAP is a retirement program for qualified active volunteer members of the Allegany County EMS and/or fire companies that benefits:

- the county—as an inexpensive and effective way to preserve the volunteer system
- the volunteer EMS/fire service—by providing various incentives that develop truly professional personnel through required active participation
- the volunteers—by receiving a lifetime monthly income after many years of loyal service, or financial aid for their families in the event of premature death or disability

The SWOT Task Force feels that LOSAP will help the Allegany County volunteer EMS/fire community by:

- providing an additional inducement for an individual to volunteer
- encouraging inactive volunteers to become more involved so as to be LOSAP eligible
- keeping volunteers in the system longer so full benefits can be received at retirement.

Funding a LOSAP will require the County to establish an annuity fund that will provide retirement, disability, and death benefits for eligible volunteers. The amount required will vary on the many options which would have to be considered in establishing the program. Variables include:

- plan effective date
- entitlement age
- monthly benefit formula
- pre-entitlement death benefit
- vesting
- certain funding parameters

For exact costs of an Allegany County LOSAP, an examination of all these alternative benefits and eligibility criteria would need to be decided upon and program proposals solicited from the private sector (unless the County would choose to implement a pay-

as-you-go program funded with General Funds). For purposes of planning, the SWOT Task Force utilized information on a LOSAP proposal that was recently established in Kent County* (290 volunteers). The cost to the Kent County government is $198,393 the first year, and $151,206 for the next 20 years. Because the number of volunteers in Allegany County is significantly higher (508), it can be anticipated that the cost would increase by approximately 41%, or $280,000 for the first year and $215,000 each year after the initial amortization period (assuming conditions do not change).

These monies will provide for an annuity fund that will result in a benefits package that allows for:

- When an eligible member dies before reaching entitlement age, according to this proposal, the named beneficiary will receive the greater of $25,000 (the face amount of life insurance provided by the plan), or the present value of the member's earned benefit. This lump-sum benefit is payable upon death from any cause. It is not limited to an emergency duty. This applies to all members age 65 and younger (without evidence of insurability) as well as those members over age 65 who qualify for life insurance. Non-insured members will receive the value of their earned benefit payable in the manner established by the plan sponsor.
- When a member becomes totally and permanently disabled from any cause before reaching entitlement age, a cash lump-sum benefit is immediately paid from the plan. This amount is based on the discounted present value of his earned benefit and not the monthly benefit to which he is entitled at his entitlement age. In addition, the member's death benefit continues for life.
- When an eligible volunteer reaches the entitlement age, members are entitled to a monthly income from the plan payable for life, with 120 payments guaranteed. The benefit formula in this proposal is:
  - $6.00 per month for each year of past service (service before the plan begins) to a maximum of 5 years.
  - $6.00 per month for each year of future service (service after the plan begins).
  - $150.00 maximum monthly benefit (25 total years of service).

In Kent County, benefits are earned by volunteers for each year of active service they provide the community. This benefit becomes vested (guaranteed) after a period of years. The vesting schedule shown below illustrates that a member is 100% vested after 5 years of service.

Years of Service Including Past Service	Earned Benefit	Vested Percentage	Benefit Payable
1	$6.00	0	$0.00
2	$12.00	0	$0.00
3	$18.00	0	$0.00
4	$24.00	0	$0.00

5	$30.00	100	$30.00
6	$36.00	100	$36.00
7	$42.00	100	$42.00
8	$48.00	100	$48.00
9	$54.00	100	$54.00
10	$60.00	100	$60.00
20	$120.00	100	$120.00
25	$150.00	100	$150.00

To determine eligibility, Kent County emergency services personnel need to accumulate 50 points in a year to be credited with a year of service. Points can be earned for training, drills, sleep-in, or stand-by, election to appointed positions, attendance at meetings and, most importantly, participation in department responses.

*Mr. Michael Moore of the Dukes-Moore Insurance of Chestertown, Maryland, and agent for VFIS LOSAP, provided all information on the Kent County LOSAP.

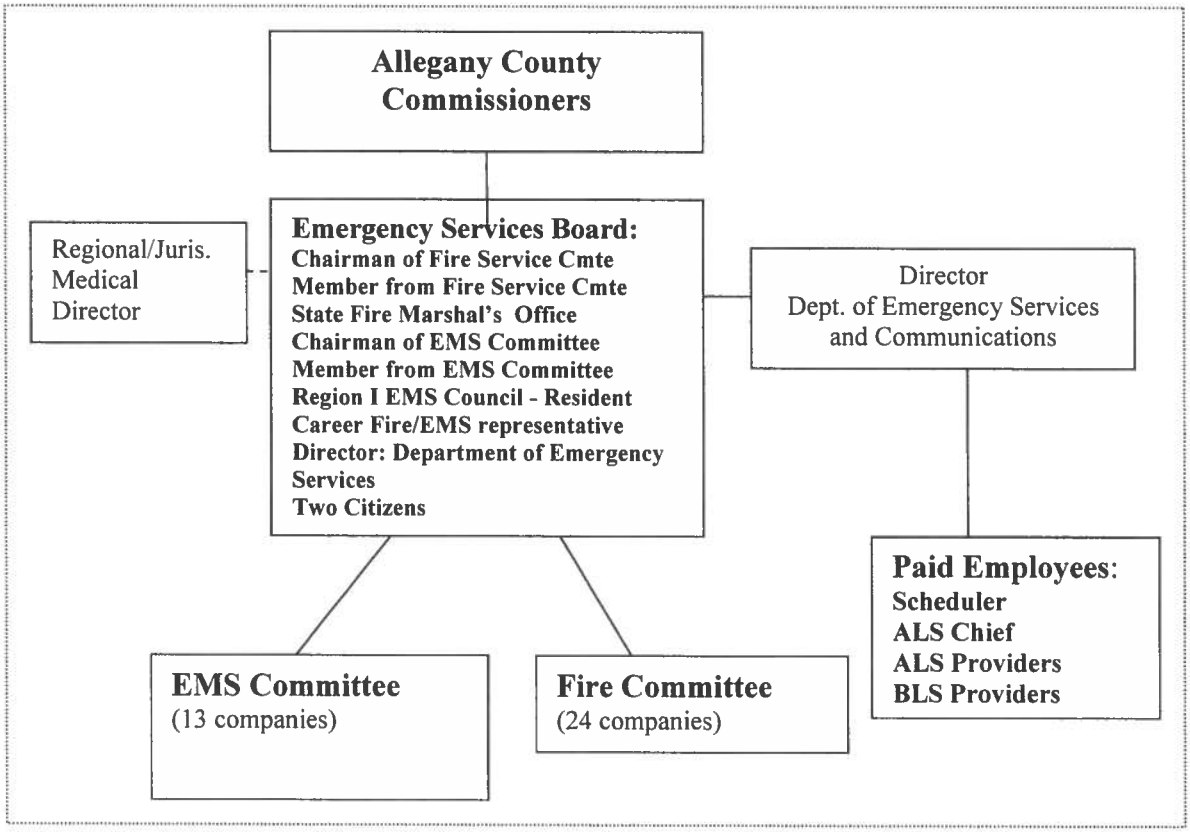
ALLEGANY COUNTY
EMERGENCY MEDICAL SERVICES

APPENDIX 4 - Allegany County Emergency Services Board

Appendix 4 – Allegany County Emergency Services Board

It is recommended that the newly constituted Allegany County Fire Rescue Board will:

3. Have a membership that is composed of:
    a. Director of Emergency Management
    b. Chairman of the Fire Service Committee
    c. Member at Large from the Fire Service Committee
    d. Chairman of the EMS Committee
    e. Member at Large from the EMS Committee
    f. State Fire Marshal's Office
    g. Region I EMS Advisory Committee – Allegany County Resident
    h. Career Fire/EMS Company
    i. 2 Citizens
4. Have delegated authority from the Allegany County Commissioners to:
    a. Develop standards and policy for fire and EMS based on recommendations from the Fire and EMS Committees.
    b. Implement said policies and standards in a reasonable time frame.
    c. Enforce standards through the appropriate Fire and EMS Committees.
    d. Provide financial management for county-administered funds.
5. When significant expenditures are required to meet new standards, said standards will be financially supported by county government.
6. The Emergency Services Board shall evaluate the Fire/ EMS System annually.
7. Make recommendation to the Commissioners regarding updates and improvements to the system. These recommendations may include, but would not be limited to, staffing, priority dispatch, billing, evaluation of system's progress, and the delivery of EMS countywide.
8. The Emergency Service Board organizational structure and planned structure for addition of paid EMS provider shall be as follows:


Allegany County Commissioners
Regional/Juris. Medical Director
Emergency Services Board:
Chairman of Fire Service Cmte
Member from Fire Service Cmte
State Fire Marshal's Office
Chairman of EMS Committee
Member from EMS Committee
Region I EMS Council - Resident
Career Fire/EMS representative
Director: Department of Emergency Services
Two Citizens
Director
Dept. of Emergency Services and Communications
Paid Employees:
Scheduler
ALS Chief
ALS Providers
BLS Providers
EMS Committee
(13 companies)
Fire Committee
(24 companies)

ALLEGANY COUNTY
EMERGENCY MEDICAL SERVICES

APPENDIX 5 - Proposed Budget for SWOT Implementation

Appendix 5 - Proposed Budget for SWOT Implementation

To implement the recommended actions, the Allegany County SWOT Task Force estimates the cost items listed below will be required. Per the phase-in of the various recommendations, annual expenses will vary. This budget does not contain the costs associated with the monies needed for communications equipment or anticipated revenues when county EMS providers are hired.

		Quantity	Unit Cost	Total Cost
Personnel				
Scheduler (Grade 10)	Base	1	$30,377.00	$30,377.00
	Fringe*	1	$10,632.00	$10,632.00
ALS Chief (Grade 11)	Base	1	$33,302.00	$33,302.00
	Fringe*	1	$11,656.00	$11,656.00
EMT-I/EMT-P (Grade 9)	Base	8	$27,708.00	$221,728.00
	Fringe*	8	$9,698.00	$77,648.00
EMT- B (Grade 8)	Base	8	$25,273.00	$202,248.00
	Fringe*	8	$8,846.00	$70,832.00
Travel/Training				
Scheduler Travel		3000	$0.44	$1,100.00
ALS Chief		5000	$0.44	$2,200.00
Other Staff		2500	$0.44	$1,100.00
Staff Development				$4,000.00
Communications				
Telephone				$1,200.00
Internet				$400.00
Postage				$1,200.00
Equipment				
Office Furniture				$1,500.00
IT Equipment				$3,500.00
Establish LOSAP				
20 year Amortization Plan**				$280,000.00
Total Expenses* **				**$954,623.00**

* Based on 35% Fringe
**$215,000 required for subsequent years
***Allegany 911 Upgrades Not Included

We the undersigned have reviewed and endorse the recommendations as put forth in the attached 2006 Allegany County EMS SWOT Task Force Report:

Rep/Organization:	Signature	Date Signed
Deb Helmstetter Bedford Road VFD	Debbee Helmstetter	5-2-06
Lance Adams Bowling Green VFD	Lance G. Adams	5-3-06
William Herbaugh City of Cumberland Fire Dept	Willa S. Herbaugh	5-2-06
Gary Carpenter Corriganville VFD	Gary Carpenter	5/3/06
Steve Kesner Cresaptown VFD	Steven J Kesner	4/26/06
Thomas Hamilton District 16 VFD	Thomas Hamilton	5/02/06
Matt Briskey Eastern Garrett VFD	Matthew E Briskey	5-3-06
Scott Williams Ellerslie VFD/Amb	E. Scott Williams	4-21-06
Allen Ruby Flintstone VFD	Allen Ruby Jr	5-5-06
Ed Douglas Frostburg Area Amb	Ed Douglas	5-4-06
Jim Dawson Georges Creek Amb	James W. Dawson, Sr	4-26-2006
Clarence Broadwater Goodwill VFD	Clarence Broadwater	5-4-06
Steve Ellsworth LaVale VFD	Steven K Ellsworth	4-28-06
Gary Kamauf LaVale Rescue Squad	Gary Kamauf	5-2-06
Tim Dayton Luke Fire Dept	Tim Dayton	5/2/06
Chuck ~~Pierce~~ Pearle	Chuck Pearle	5/1/06

Rep/Organization:	Signature	Date Signed
Elwood Lashley, Jr. Mt. Savage VFD		5-5-06
Angie Crabtree Oldtown VFD	Angela Crabtree	5-2-06
Dennis Steiding Potomac VFD	Dennis Steiding	4-24-06
Carol A. McKenzie Rawlings VFD	Carol A. McKenzie	5/5/06
Dennis Steiding Tri-Towns EMS	Dennis Steiding	4-24-06
John Hershberger Valley Medical Transport		5/2/06
Chuck Barrick WMHS	C.H. Barrick	5-2-06
Richard DeVore Allegany Emergency Management		4-24-06
William May MD Reg/Juris Medical Director		4/20/06
Fred Tola Allegany County Health Dept.	Fred Tola	4/20/06
Bill Hardy Pre-Hospital Care Coordinator	Bill Hardy	5/5/06
HB Martz Maryland State Police - Medevac	H.B. Martz	5/1/06
Jean Tressler Emergency Services Training Center	Jean Tressler	4/20/06
Richard DeVore Allegany County Fire & Rescue Board		4-24-06