Evaluation and Recommendations

Saunders County Health Services

Patient Transportation

Wingrove Consulting

Buffalo, Minnesota

December 2006

Table of Contents

Executive Summary 5

Background 5

Description of the Current EMS System 6

Integration of Health Services 6

EMS Research 6

Legislation and Regulation 6

System Finance 6

Human Resources 7

Medical Oversight 7

Education Systems 7

Public Education 8

Prevention 8

Public Access 8

Communication System 8

Clinical Care and Transportation Decision/Resources 9

Information Systems 9

Evaluation 9

Patient Transfer Needs 9

Ashland Care Center 10

Liberty House 10

Saunders House 10

South Haven 10

Saunders County Health Services Hospital 10

Current Transportation Options 11

Van/Wheelchair Service 11

Busy Wheels 11

Handy Van 11

Transfer Ambulance Services 12

Heartland Ambulance 12

Midwest Medical 12

Omaha Ambulance/American Ambulance 12

Rural/Metro 12

Helicopters 12

Previous Transportation Option 13

Other Issues of Significance 13

Population & Growth 13

Transportation 14

Recommendations 14

Recommendation: SCHS Should Operate a Hospital-based Ambulance 15

Option 1: Internal SCHS Operation 16

Option 2: Partner with Saunders County 16

Option 3: Partner with WFD 16

Option 4: Contract with a Private Provider 16

Option 5: Partner with the Falls City CAH 17

Option 6: Partner with the David City CAH 17

Recommendation: SCHS and Saunders County Should Explore Partnerships for Non-Ambulance Transports 18

Option 1: Explore Consolidation of the SNF Operated Units 18

Option 2: Seek an Outside Vendor 18

Other Recommendations 18

Strategic Planning is Necessary 18

WFD's Public Education Needs Direction 19

Engage Public Health 19

Attachments 20

Attachment A: Sample EMT Job Description 21

Attachment B: Sample Paramedic Job Description 28

Attachment C: Saunders County Health Services Sample Ambulance Budget 35

Evaluation and Recommendations

Saunders County Health Services

Patient Transportation

Executive Summary

There are a number of issues that affect patient transport to and from Saunders County Health Services (SCHS). Issues that do not currently exist will emerge when the hospital moves to its new facility. While the existing EMS system is meeting today's needs, it must begin planning for its inevitable future evolution. Population growth in the area will dictate a need for the EMS system to adapt and it is currently neither prepared nor planning. As the area grows, the need for 9-1-1 ALS in the community will become evident.

The EMS system in Saunders County should be highly integrated with the public health system. Patient-centered strategic EMS planning should become a priority of the county and the Mutual Aid Association. It should involve physicians, specialists, SCHS and Three Rivers Public Health Department (Three Rivers). SCHS should be a formal partner in the Nebraska Trauma System. Tiered dispatching, including simultaneous ALS ground dispatch (where available and appropriate) and automatic helicopter launching should be implemented by the Saunders County Dispatch Center.

SCHS is perfectly positioned to build on the past while simultaneously preparing for the future. In order to better meet the current patient transport needs, SCHS should operate an ambulance at the hospital while taking advantage of current federal reimbursement policies that will subsidize the service as it grows. Meeting the needs of the patient transfer is equally important to an accessible emergency ambulance service. SCHS has immediate need for timely advanced life support (ALS) transfer ambulance.

The SCHS administration and board should be commended for taking this first step in strategic planning to better meet the needs of the patients in Saunders County.

Background

SCHS is a critical access hospital located in Wahoo, NE. SCHS contracted with Wingrove Consulting to evaluate the patient transfer needs to and from the hospital, and to present options for meeting those needs. The needs assessment was conducted through interviews of key informants. This report summarizes the key informant responses. We used the key informant responses and our personal experiences to determine the options presented.

Description of the Current EMS System

This section is organized around the 14 EMS system components outlined in the Rural & Frontier EMS Agenda for the Future[1].

Integration of Health Services

The Wahoo Fire Department (WFD) rescue squad has written mutual aid agreements with the adjoining fire and rescue squads. Mutual aid usually is triggered and becomes necessary on holidays, during the middle of the night and during severe weather. The EMS agencies in the county are not otherwise engaged in providing any additional ancillary health services to the residents other than the traditional medical transport service.

EMS Research

Research is currently not a priority of the Saunders County EMS system nor is there any demonstrated local need.

Legislation and Regulation

Ambulance services and personnel in Nebraska are regulated by the state's Health and Human Services System, Regulation and Licensure, Credentialing Section (HHSS). HHSS issues licenses to ambulance services and credentials first responders, emergency medical technicians (EMTs), EMT-Intermediates (EMT-Is) and EMT-Paramedics (EMT-Ps). HHSS maintains a data collection system that is compliant with the National EMS Information System (NEMSIS), called the electronic Nebraska Ambulance and Rescue Service Information System (eNARSIS).

There is a functional Mutual Aid Association in Saunders County. The association is made up of the 14 fire departments serving the county and was created by county ordinance. They work primarily on communications interoperability issues, training, recruitment/retention issues and sharing best practices. They are a 501(c)(3) corporation that is funded primarily by grants. The association has developed a standardized mutual aid agreement (MOU) that is used by all the fire departments and the rescue squads. Mutual aid in Saunders County is automatic, based on these pre-arranged agreements.

System Finance

There are 13 fire districts, each operating first responder units. 10 of the fire districts operate rescue squads. Because of this and other factors, the fire district boundaries are not an exact match of the rescue squad service areas. Each of the rescue squads is fire-based, except for Ashland, which is a free-standing non-profit ambulance service. The fire districts have taxing authority, but the cities provide at least 80% of the rescue squad funding. Each fire district has

---

[1] National Rural Health Association (2005, November). *Recruitment and Retention of a Quality Workforce in Rural Areas: Number 13 – Emergency Medical Services*. Retrieved November 29, 2006 from National Rural Health Association: http://www.nrharural.org/advocacy/sub/issuepapers/Workforce12EMS.pdf.

an elected board; the board members have 3 or 4 year terms. In addition, the fire departments and rescue squads regularly conduct fundraising programs.

Human Resources

Recruitment and retention are common issues for all of the fire departments in Saunders County as it is for WFD.

Ambulance service is provided in Wahoo by the WFD rescue squad. Established prior to World War II, WFD operates a Nebraska licensed basic life support (BLS) service with 3 ambulances. Rescue squad personnel are assigned shifts from 11pm to 6am. Four to five EMTs are assigned call during this time. From 6am to 11pm EMTs respond based on an all-call system – everyone's pagers go off at the same time and those that are available respond.

WFD is dependent on volunteers, and particularly dependent on the use of EMT volunteers that are full time city utility workers. During the daytime hours 3 or 4 EMTs usually respond to the pager. They report that it is getting increasing difficult to find employers willing to let employees respond to emergencies during business hours. When they can attract younger members to the department, the younger members eventually go to work for full-time services. WFD only transports to the hospital closest to the incident. Transfers from the hospital or clinics are provided by private ambulance companies.

There are 15 active rescue squad staff and a total of 40 members in WFD. The fire department members elect the chief and other officers. The fire chief appoints assistant chiefs and the rescue captain. WFD has a legislatively created rural fire district. WFD reports annually to both the city of Wahoo and the fire district. The City and District both financially support the fire department. Call volume is increasing, with 90% of WFDs aggregate responses involving rescue squad work.

Medical Oversight

Dr. Leo Meduna is the medical director of WFD, and as a lifelong resident of Saunders County he has an understanding of the local issues. A WFD staff member reviews each rescue squad run and any run reports with questions are forwarded to Dr. Meduna for review. There are no formal scheduled quality improvement meetings with the hospital staff.

Education Systems

Initial EMT training is provided by authorized training entities approved by HHSS. Agencies in Lincoln, Omaha and Elkhorn can be contacted to come in to Saunders County and present the certified training program in the local area. Continuing medical education is also available both locally and through regional training programs. Local programs can be presented, and paid for through the HHSS, at the request of the either the hospital or local EMS providers. In addition to small local training programs, a local medical education conference can be requested with funding from HHSS funds, if approved. HHSS maintains a video tape library for use by licensed ambulance services.

Public Education

WFD conducts a school fire protection program, which is usually done in the spring. They also conduct fire prevention week activities including the distribution of smoke alarms to the needy and information to "safety proof" the home and worksite. There are no EMS public education campaigns, even though 90% of WFD's work is in EMS.

Prevention

Three Rivers is operated by Saunders, Dodge and Washington counties. Their primary activities include child vaccinations and bioterrorism. They have 13 staff, and their 11 member board is made up of 1 county supervisor from each county (3), 2 citizens from each county (6), 1 physician (1), and 1 dentist (1). EMS fits into their bioterrorism planning, particularly in the area of alternative site planning. In 2003, they conducted a public assessment of the health status in each county. As a public health agency, they are concerned with the three functions of assessment, assurance and policy development.

Public Access

The sole emergency communications system in the county is managed by Saunders County. The 911 Public Safety Answering Point (PSAP) is operated at the Sheriff's office. Dispatchers work 8 hour shifts and there are two dispatchers on duty from 6pm to 8am. WFD is dispatched by the Saunders County Sheriff's office and transports 300-350 residents and visitors annually. In the whole of the county there are approximately 500 rescue squad dispatches each year.

Three phone companies feed the PSAP. Sometimes calls are routed by the phone companies to the wrong PSAP. The 9-1-1 dispatchers are county employees. 9-1-1 telephone lines are recorded and the recordings are kept indefinitely. Paper log sheets are kept for 5 years.

Communication System

The rescue squad dispatching function at Saunders County is sporadic. There is no standardized method for answering the calls and providing information to the public or to the responding agencies. There is no computerized system for the dispatch of emergencies, other than the enhanced 9-1-1 telephone system, which provides the dispatcher with the number and address of the telephone making the call (this information is not available on cell phone calls). This system, known as ANI/ALI (automatic number identification/automatic location information) does contain information that alerts the dispatcher which rescue squad service to send, which reduces response times.

All calls are dispatched identically, regardless of the agency sent. In some areas of the county, the dispatcher will ask the caller which hospital they wish to be transported to, and dispatch the rescue squad that primarily serves that hospital. The dispatcher keeps the caller on phone while simultaneously paging the rescue squad service. Law enforcement officers go to rescue squad calls as first responders if they are in the area. In Saunders County, an ambulance is dispatched approximately once a day.

While in training, dispatchers receive a consistent two-day training program from the Nebraska State Patrol in providing pre-arrival instructions. During on-the-job training they use a paper form to record information from emergency callers. After training is completed the dispatchers use what they have learned to gather as much pertinent information as they can, and then provide medical advice based on their training.

There are no systems in place to assure the public receives consistent pre-arrival information, nor is there any quality improvement/quality assurance of the instructions that are provided. Even though emergency medical dispatch cards are available to the dispatchers, there is no process in place to assure they are consistently used.

Clinical Care and Transportation Decision/Resources

Other than Yutan, which operates a part-time ALS ambulance service, the service level provided in Saunders County is BLS. The emergency room at SCHS does not have a dedicated nurse; the nurse(s) float to all areas of the facility.

One helicopter program operating out of Omaha, LifeNet, is placed on standby by the dispatcher based on standardized criteria supplied by the helicopter service. StarCare in Lincoln is similarly placed on standby in critical situations closer to Lincoln. In this system, the helicopters prepare to respond, but do not actually become airborne until someone on the scene confirms they are necessary. For cases when a helicopter is needed at SCHS, there is no helipad at the current facility. The helicopter responds to the base ball field and meets the WFD rescue squad crew.

Information Systems

WFD reports electronically to the eNARSIS data collection system. eNARSIS is operated by HHSS. WFD staff complete paper forms and then enter via the internet.

Evaluation

There is no formal EMS system evaluation process. Strategic planning does not occur, outside of the MOUs for mutual aid. Health care in the county is driven by SCHS. The EMS system could be enhanced by county-wide strategic planning of health care, including EMS. There is a model under development in Colorado that could be a building block to start this process.

As the dominate employer and health care provider in the county, SCHS must be included as a partner in planning and providing EMS care. As a public health function, EMS must also be a full and engaged public health partner with Three Rivers.

Patient Transfer Needs

SCHS is one component of the medical system in Saunders County. There are patient transfer needs of other medical facilities in the area – some of those needs are to deliver patients to SCHS and some for transport to other medical facilities. We will describe the issues for each medical facility in the county, followed by SCHS.

Ashland Care Center

Ashland Care Center (ACC) is a skilled nursing facility located in Ashland, 25 miles from SCHS, which operates 96 beds. ACC uses Midwest Ambulance for their non-emergency transports approximately 15 times a year. ACC owns two vans, both of which are outfitted to accommodate wheelchairs. They are driven by a Certified Nursing Aid (CNA) and are usually limited to service from 8am to 4pm, Monday through Friday.

The Ashland ambulance service is used for emergencies approximately once each month. Gretna is occasionally used for paramedic intercepts. The transports are divided between Omaha and Lincoln with no transports to speak of going to SCHS. There is no taxi service in Ashland, and helicopters are generally not used.

Liberty House

Liberty House is a 35 bed mental care facility located 1-1/2 blocks from the current SCHS hospital. Residents of Liberty House are currently able to walk to medical services at SCHS, but will have transportation needs when the new hospital is completed.

Saunders House

Saunders House is an assisted living facility with 39 units. They currently have 36 individuals in 34 apartments. They share a van with other corporate facilities located in Fremont and Blair, and they have a van the same 2 days each week. The van is used for medical appointments, shopping and outings and has a wheelchair lift.

Some of the residents at Saunders House have their own vehicles and others are dependent on the facility or public transportation. Wheelchair-bound residents are particularly problematic for the facility. Sometimes those clients transfer to a regular seat in the van, and sometimes a staff member's personal car is used.

South Haven

South Haven is a skilled nursing facility (SNF) in Wahoo. They have 76 beds with an average census of 66. They are unique in that they operate a secure dementia unit. They have an SUV with a ramp that can accommodate 1 wheelchair plus ambulatory clients, and a van which accommodates 2 wheelchairs and 10 ambulatory clients. Sometimes their two vehicles cannot keep up with the demand for service.

Several South Haven employees are trained drivers, completing training provided by the Vetter Corporation. Their drivers have very basic medical training; they can control bleeding but are not trained in CPR. The WFD rescue squad service does their local transports and Heartland Ambulance transports 1-2 clients per month to Lincoln, Omaha or Fremont.

Saunders County Health Services Hospital

The Saunders county board appoints the board members of SCHS. The county of Saunders pays debt service for SCHS at a rate of 0.01057 mills. SCHS is the only hospital in Saunders County.

Omaha, Lincoln, Fremont and David City are the next closest hospitals in the area. Trauma patients are transported to Omaha trauma centers, and burn and cardiac patients are transported to Lincoln hospitals.

Approximately once per day a patient has need for transport to SCHS, primarily for cardiac or pulmonary rehab with some needing physical therapy. SCHS operates a van for transporting its connected skilled nursing facility residents to and from their appointments and for other needs. Most of these involve wound care, swallow tests, ultrasound & echo, and also include home to physical therapy and discharges. Approximately 1-2 patients per week need a wheelchair transport, the rest are ambulatory.

SCHS nurses frequently get called to move people that arrive by car to their physical therapy appointments. The pharmacy has needs to get drugs from Fremont or Lincoln about once per month and they use maintenance staff for this task. There are about 150-160 emergency room visits per month. From January through August there were 122 ambulance transfers from the emergency room, which aggregates to 163 on an annual basis. There are approximately 52 inpatients transfers per year. This is a total of 215 ambulance runs, with an estimated 50% each going to Omaha and Lincoln.

Physician preference dictates which ALS ambulance service is used to transfer patients; sometimes a nurse or respiratory therapist is needed. Response time of the various services is a major factor in the physician's decision, but destination is not. The helicopter service in Omaha isn't capable of coming by ground, except for neonatal transfers. The helicopter service in Lincoln will come by ground vehicle in cases of bad weather.

A new SCHS hospital is under construction. The new facility will have a helipad which will decrease the burden of WFD as they will no longer have to transport the helicopter crews from and to the ball field. SCHS staff estimates the new facility will increase the number of transfers by 10%. The location of the new facility will cause rescue squads coming from the north or east drive through town to get to the new emergency room.

Current Transportation Options

Van/Wheelchair Service

Busy Wheels

Busy Wheels is an ambulatory-only, curb to curb service operated by the local senior center. The operation's budget is supplemented by county and federal funding.

Handy Van

Handy Van is a county van service with 2 vans operated by volunteers. They have scheduled days in which they go to Omaha or Lincoln. When the vans are on these trips, they are

unavailable to serve the rest of the community. Handy Van is operated with 50% federal, 25% state and 25% county funds.

Transfer Ambulance Services

Heartland Ambulance

Heartland Ambulance is an advanced life support service located 21 miles from Wahoo in Fremont. They have four ambulances, one scheduled 24 hours a day and the rest available by pager. They can staff up to three ambulances at a time; half of their employees work part time. Their average response time to Wahoo is 30 minutes. They transfer patients from the clinic across the street to the emergency room. Their dispatchers do a good job asking about patient care needs and matching the unit sent to those needs. 65% of their interfacility business is located in Wahoo and Blair. For critical care trips, they have nurses and respiratory therapists on staff. Training for these professionals is provided in house. They provide additional training to their paramedics that is beyond that contained within the paramedic national standard curriculum. Heartland's medical director is Dr. Brocker in Fremont. Two thirds of their transports go to Lincoln and one third to Omaha. They transported 65 patients from SCHS last year. Heartland is dispatched by Rural/Metro and is a Rural/Metro subcontractor to provide wheelchair & van service in the area.

Midwest Medical

Midwest Medical is based in Columbus, with sub-stations in Lincoln, Fremont, Grand Island, North Platte, Lexington and Omaha. They operate 10 ambulances, all of which are ALS level and have critical care capability. They also operate 8 wheelchair vans. They have a centralized dispatch for all their locations, with EMT trained dispatchers and toll-free telephone access.

Omaha Ambulance/American Ambulance

Omaha Ambulance/American Ambulance is a 3rd generation family business operating BLS, ALS, wheelchair, ambulatory care, and bariatric units in Omaha. They have the VA contract, primarily transporting veterans to Des Moines, Minneapolis and Chicago. They have 9 ambulances and 15 wheelchair vans. Omaha Ambulance provides the ground transport for LifeNet/Children's Hospital neonatal transfers.

Rural/Metro

Rural/Metro is a national ambulance company. Nebraska is part of their Omaha, Hastings, and Sioux Falls region. They were the second ALS service licensed in Nebraska and have operated in the area for 31 years. They provide all ALS staffing and operate a substantial wheelchair service based in Omaha. They have 22 vehicles in Omaha – 8 ambulances and 14 wheelchair vans. Their experience with SCHS is 65% wheel chair calls and 35% ambulance transfers.

Helicopters

Helicopters are used to transport patients directly from scene for critical trauma. For transfers, LifeNet in Omaha is usually used. There were 29 flights out of SCHS in 2005. Most patients are

transferred to the Omaha trauma center. Helicopters, whether coming from Omaha or Lincoln, have an average 20 minute helicopter response time to SCHS.

Previous Transportation Option

Until 2005 there was an ambulance based at SCHS which was owned and operated by Saunders County. While the county owned the ambulance, it was stored in the hospital's garage and the hospital performed maintenance. The ambulance was used for inter-facility transports and was operated using paid volunteers. It completed approximately 125 trips per year.

The ambulance at SCHS was a separate budget line in the Saunders County budget. The county compensated the part time staff and used an outside billing agency to process claims. The nurses working on the ambulance expressed concerns about liability protection. Due to problems staffing the unit the county decided to end the program. The county's license to operate ambulance service will expire December 31, 2006.

Other Issues of Significance

Population & Growth

In the last 5 or 10 years, Saunders County has been very progressive regarding growth, especially in regards to economic development. They are building an ethanol plant and investing in road development. They have also issued bonds to support building the new health care campus and are building a 144 unit jail in Wahoo. The US Census Bureau (Census) reports that Saunders County had a population of 19,830 in 2000, estimates 20,458 in 2005 and 23,729 in 2020.

Census reports that Wahoo had a population of 3,942 in 2000 and estimates 2005 population at 4,063. The Wahoo Chamber of Commerce has estimated that the city may have a population of 8,000 by 2020. *This is a doubling in population in less than 15 years.*

Saunders county's location between the Omaha and Lincoln metropolitan areas and the current growth of the metro areas suggests the county and Wahoo will see substantial growth over the next couple of decades. The provision of quality health care is a prime ingredient in attracting new jobs to the area.

The growth in the area is outside the current city limits with multiple new subdivisions planned or in process. Fringe areas are subject to a state law that requires city zoning regulations are used for development within one mile of the city limits and provides for easy annexation, but no city taxes are collected until annexation actually occurs. There is a belief among local officials that healthy and sustained growth can and should occur and they are committed to maintain quality of life amenities; such as good schools, libraries, medical care and a pool.

Wahoo is located 20 miles from Fremont, 23 miles from Omaha and 25 miles from Lincoln. SCHS is the largest employer in the county, has a stable workforce and provides a broad range of good

paying jobs. The new SCHS campus will position the city and county well in meeting the health care needs of current and future residents.

Ashland is the other community in the county that is poised for significant growth because of its proximity to Lincoln and Omaha. According to the US Census Bureau, Ashland had a population of 2,262 in 2000, with an estimated 2,493 in 2005. There are a number of transportation improvements occurring there, including widening Highway 66 and making Highway 6 a four lane road for several miles.

Transportation

There is a Wahoo city bypass planned for 2012, provided adequate state and federal funds are available. Highway 77 will become an expressway with four lanes for 2-3 miles. Other projects will create expressways to Omaha. The new SCHS campus is positioned next to the new expressway, positioning it well for the current and projected growth. Until the construction is completed, rescue squads will have to come all the way through town when transporting from the north.

Recommendations

While the current EMS and patient transport system are functioning today, each has issues that will magnify as the population in the area changes. Each system is fragile either from recruitment and retention issues with EMS or inefficiency and demand for patient transports. While today's needs are being met, city and county officials and planners must pay attention now and begin planning for the inevitable future needs due to expected substantial growth.

WFD is not unique in its struggle with recruitment and retention of volunteer rescue squad staff. Rural communities across America struggle with these issues. While the federal government is currently sponsoring an EMS workforce research project, the results are still a couple years away and it is unlikely the results will do little more than describe the problem and offer some best practices. Solving the recruitment and retention problems in Wahoo will not occur in Washington, DC.

The history and resolution of these issues within volunteer EMS agencies in other locations is the best predictor of success or failure in the Wahoo area. Nationally, volunteer rescue squad services go through a logical transition process as populations increase. Typically, they will first hire a full-time manager. The next step is to address the issues that volume presents with local employers no longer being able to bear the burden of releasing employees to respond. They do this by hiring full-time staff to cover the normal working hours of the community Monday through Friday, while still relying on volunteers at night and on weekends. Along the way, where permitted by law, they will increase the care provided from the basic to the paramedic level during the times covered by full-time staff. Eventually communities will transition to full time paramedic coverage.

How communities transition through these processes varies by their local circumstances. As they take each step, policy makers breathe a brief sigh of relief, because they hope the first step will solve the problem long term, but it inevitably doesn't. Planning for the next transition should commence immediately when each step occurs.

Recommendation: SCHS Should Operate a Hospital-based Ambulance

SCHS is perfectly positioned to build on the past while simultaneously preparing for the future. In order to better meet the current patient transport needs, SCHS should operate an ambulance at the hospital while taking advantage of current federal reimbursement policies that will subsidize the service as it grows. Paramedics should be used for staffing the ambulance instead of nurses. Providing service in this manner will position the community for its future transition while meeting existing hospital needs.

SCHS is designated as a Critical Access Hospital by the state of Nebraska. The CAH designation allows it to receive cost + 1% reimbursement from Medicare for all of its services, except ambulance. In order to receive cost-based ambulance reimbursement through the CAH program, the next closest ambulance service would have to be 35 miles or more away. While Medicare is not the only payer reimbursing SCHS, it is the major one.

There is not enough transfer volume to support a free-standing ALS ambulance service in Wahoo. However, under this model the paramedics could be based at the emergency room of the hospital. Within their scope of practice, they could assist nursing and other hospital staff. By organizing paramedics in this way, most of the staffing costs when ambulance runs are not occurring would be recouped by cost-based hospital payments from Medicare and other insurers. When on the ambulance, staffing costs would be reimbursed under the Medicare ambulance fee schedule and through payments from other insurers and individuals.

Because of the limited transfer volume available at SCHS, there is no other way than using the cost-based hospital reimbursement during non-ambulance time to structure a financially sustaining ambulance transfer service in Wahoo. In addition to the other economic development in the area, once the new jail is in operation, it will have both emergency and non-emergency ambulance needs. This model would also reduce the strain on the WFD rescue squad personnel, while at the same time boost economic development by creating new jobs.

Our key stakeholder interviews suggest that this change would be welcomed by WFD and medical professionals at the hospital. Dr. Meduna indicated interest in expanding his medical direction role to include a hospital-based paramedic service. Nurses suggested that while still operating under their scope of practice, paramedics could be trained to assist nurses with such tasks as orderly functions, starting intravenous lines, administering some medications, applying cervical collars, scrubbing wounds, taking vital signs & histories, computer work, intubation, lifting & moving, and stocking. While performing this work (not being in the ambulance) staff

would be reported by the hospital on its Medicare cost report. While doing ambulance work, the staff would be supported through ambulance reimbursement.

In order to provide this model, SCHS would have to apply for a new license at the ALS level. The county's BLS license expires at the end of this year.

This model is already working in areas of Nebraska and other parts of the country. In Nebraska it is working in Fall City, Holdrege, Auburn and Sidney.

There are a number of options available to organizing a service in this manner so SCHS does not have to start from scratch. There are opportunities to collaborate with one of the public or private services currently providing transfer service to SCHS or to partner with one of the hospitals already in this model. Each option has advantages and disadvantages.

Option 1: Internal SCHS Operation

This option would require SCHS to employ their own staff and provide benefits, human resources support and management. It would involve hiring an experienced paramedic manager, preferably one experienced in hospital-operated ambulance services – the pool of which is limited.

Option 2: Partner with Saunders County

This option would re-establish the model that stopped operating in 1995, but would require a new license at the ALS level. It could be modified; the county could simply provide a vehicle (or bond for its purchase), or the county could employ the staff and the hospital could reimburse them. We did not assess the county's interest in this option.

Option 3: Partner with WFD

This option could function similarly to the option involving a partnership with the county. An advantage to this option would be continued utilization of volunteer EMTs which would significantly reduce staffing costs. We did not assess WFD's interest in this option.

Option 4: Contract with a Private Provider

During our interviews, Heartland, Omaha/American and Midwest Medical all expressed a desire to contract with SCHS to provide staffing, management and oversight of a system. Rural/Metro was non-committal, expressing the need to evaluate a business plan first. Midwest Medical also expressed interest in exploring an option whereby they would locate one of their units in Wahoo.

This option provides a number of opportunities to the facility. A turn-key operation could begin within a short time-line, someone else is responsible for filling shifts and assuring an adequate workforce, protocols and policies would be adopting from the contracted agency and then modified locally only when absolutely necessary, and there would be an existing pool of seasoned staff. If the partnership involving rotating paramedics through Wahoo, which has been successful in other rural locales, the paramedics serving SCHS would be provided with the ability to maintain a high degree of skill competence. We are not in a position to recommend one

company versus another; all three seem similarly competent and are in good standing with HHSS.

None of these services is accredited by the Commission on Accreditation of Ambulance Services (CAAS) or the Commission on the Accreditation of Medical Transport Systems (CAMTS).

Option 5: Partner with the Falls City CAH

The CAHs in Falls City and Auburn have an existing partnership model that has proven successful in their part of the state. An advantage to partnering with Falls City is that it has an existing relationship with Auburn to provide their service and is experienced in these relationships.

Falls City started their operation in 2004 with 3 full time medics working in ER and 3 EMTs on call. One major benefit they have seen is using the paramedics to assist in their operating room. They provide a 5 minute response from 5am to 9pm and a 20 minute response from 9pm to 5am. In September 2006 they started their second unit in Auburn, and now have 6 paramedics. There is currently a working agreement between the two hospitals and they are considering forming a separate subsidiary. The paramedics and EMTs are all employees of CMC-Falls City. Auburn reimburses Falls City for time the ambulance staff is working in their facility. They are on pace to complete 680 trips this year.

The manager of the Falls City program expressed interest in a partnership with SCHS to provide this service. They are interested in exploring the feasibility whereby they could provide management services for SCHS and also exploring the feasibility of expanding their program to actually place an ambulance at the facility; expanding their model as they did with Auburn.

We believe that Falls City would be very open to provide technical assistance to start an operation at SCHS, whether or not they were a partner. Technical support from Falls City would be a distinct advantage as SCHS could take advantage of lessons already learned and avoid some potential pitfalls along the way.

Falls City is not accredited by CAAS or CAMTS. Falls City does not do any 9-1-1 ambulance work.

Option 6: Partner with the David City CAH

Like Falls City, the CAH in David City operates a transfer service. Their service is provided in collaboration with the local rescue squad. An advantage to partnering with David City is that it operates much like the ambulance previously based at SCHS.

David City started their model in the 1980s and uses an EMT/nurse team. They perform about 100 trips per year, most going to Lincoln. Due to geography, a partnership with David City to replicate the Falls City model would likely serve SCHS and its patients more efficiently.

David City is not accredited by the CAAS or CAMTS. David City does not do any 9-1-1 ambulance work.

Recommendation: SCHS and Saunders County Should Explore Partnerships for Non-Ambulance Transports

Everyone knowledgeable that we interviewed from policy makers to providers agrees that senior transportation in Saunders County is a major problem. The public and privately operated non-emergency transport units operated by the various assisted living and skilled nursing facilities in Saunders County are over-taxed. Once the hospital moves, Liberty House residents will have transport needs that do not exist today because they are mostly escorted and walk to the hospital. Once the new jail is in operation, it will have transport needs.

There are inherent inefficiencies in this system because nothing is coordinated. Capacity could be enhanced through coordination, but we believe given the necessity and demand for service in the county, the residents would be better served by consolidation.

This option could be accomplished a number of ways. Options may be limited by the regulation of the Nebraska Public Service Commission (PSC), however.

Option 1: Explore Consolidation of the SNF Operated Units

Saunders House and SCHS both operate vans to transport residents to and from appointments and for social functions. SCHS should inquire of the Vetter Corporation if they are interested in combining their services into one that operates with dedicated staff. This would add efficiency to the system by transporting residents from both facilities to Omaha or Lincoln instead of ending up with both units out of town at the same time at the same place. This option may have PSC limitations.

Option 2: Seek an Outside Vendor

Some of the private vendors expressed interest in contracting with one or more medical facilities or the county to provide this service. Heartland currently operates vans under contract with Rural/Metro, under Rural/Metro's statewide PSC designation, which could eliminate issues with the PSC, if Rural/Metro were cooperative in extending their relationship with Heartland. We believe a relationship with other vendors would require PSC review. Under this option, all of the existing transportation services would be consolidated, increasing capacity.

Other Recommendations

Strategic Planning is Necessary

Patient-centered strategic planning for medical resources (EMS and SCHS) is necessary in Saunders County. At a minimum, it should occur annually and be led by, or at least include Three Rivers and county commissioners. Immediate strategic planning objectives should include the establishment of simultaneous BLS/ALS dispatch to emergency rescue calls, where it is available and appropriate. It should also include the establishment of protocols for the county dispatch center for the automatic launching of helicopters in critical trauma situations.

WFD's Public Education Needs Direction

WFD's public education programs should be geared toward their customers. There should be a direct link between ambulance and fire volume and the types of public education provided. Currently, no public education is provided to 90% of the customers, while 100% of the education is provided to 10% of the customers. EMS related public education should be designed and conducted jointly by WFD, SCHS and Three Rivers.

Engage Public Health

While not in the scope of our contract, we feel compelled to express another observation. Currently, the EMS system in Saunders County is completely disconnected from Three Rivers. An EMS system is an integral provider of public health functions and must be part of bio-surveillance and pandemic support planning. The county should take ownership of this issue, modifying its contract with Three Rivers, if necessary, to assure that the EMS system becomes more integrated and a real participant in public health functions. Likewise, the Three Rivers board of directors should recognize this deficiency and take the steps necessary to assure all emergency public health providers (including SCHS) have defined roles and functions in their system.

The SCHS administration and board should be commended for taking this first step in strategic planning to better meet the needs of the patients in Saunders County.

Attachments

Attachment A: Sample EMT Job Description

DEPARTMENT Ambulance

POSITION: EMT Basic/IV Technician

FLSA STATUS: Non-exempt DATE:_____ APPROVED BY: _____

I. ESSENTIAL REQUIREMENTS OF WORK (Minimum qualifications necessary to function at full productivity).

A. EDUCATION AND TRAINING:

1. High School diploma or equivalent.
2. Current Nebraska HHSS EMT-B certification and National Registry EMT – B or EMT – I certification.
3. Must possess and maintain a valid state driver's license
4. Driver's motor vehicle record must meet requirements set forth in Employee Handbook and insurability of auto insurance provider.
5. American Heart Basic Life Support

B. PREFERED EXPERIENCE:

1. Minimum of six months EMT experience in an ALS or BLS service.
2. AHA BLS Instructor.
3. BTLS

C. JOB KNOWLEDGE (Specific):

Working knowledge of EMT skills, ability to maintain an effective working relationship with patients, public, peers and supervisory personnel. Ability to communicate ideas, explanations, and recommendation clearly, both

orally and in writing. Writing and spelling skills appropriate for completion of patient care reports and other required forms. Computer data entry

II. SPECIAL KNOWLEDGE, SKILLS, AND ABILITIES:

A. Excellent written and oral communication skills.

B. Ability to work independently with little direct supervision using time management skills.

C. Competency with Microsoft products, NARSIS, and other windows and web based application.

D. Works well under pressure

E. Excellent customer service skills

III. JOB RELATIONSHIPS:

A. Reports to: xxxx

B. Interactions: Emergency Services, nursing and support staff. Police and Sheriff's Departments, Rescue Squads and other emergency response personnel members of the public and ambulance staff.

IV. HOURS OF WORK: Must be able to work a variety of hours or shifts as assigned. Fulltime personnel commonly work a rotating schedule of 36 hours one week and 48 hours a second week. Available for call backs during mass casualty involving personnel shortages.

V. DRESS CODE: Per approved service dress code. Facial hair which would interfere with sealing of a mask is not permitted.

VI. BUDGET: None

VII. CLIENTELE DIRECTLY AFFECTED BY JOB: Patients in Service Area, Emergency Department personnel, other public safety personnel, area ambulance services, and general public.

VIII. PHYSICAL DEMANDS OF THE JOB: Sustained physical effort, standing, sitting, stooping, squatting, kneeling, lifting, pushing, pulling and climbing. Must be able to perform the following essential functions of the job and have the ability to lift without assistance a minimum of 100 pounds.

A. Lift and carry medical equipment as necessary to deliver emergency care to patients.

B. Lift and carry ill and/or injured patients as well as pushing and pulling of stretcher.

C. Climbing stairs or terrain in order to access patients, and to remove them from location found.

IX. PHYSICAL ENVIRONMENT OF THE JOB: Working conditions include being indoors or outdoors anytime of the day and in any kind of weather with frequent exposure to disagreeable elements and danger and noise. The setting may be in bright daylight, indoor lighting or no lighting at all. Temperature ranges may include very hot to very cold. It may be noisy and fumes may be present from equipment or machines.

X. EQUIPMENT OR MACHINES USED ON THE JOB:

A. Motor vehicles / Ambulances

B. Communication Devices / Portable radios, cellular telephones

C. Fax machine

D. Desktop and mobile computers

E. Patient care equipment

1. IV Pumps
2. Cardiac Monitors / Defibrillators
3. Pulse Oximeter
4. Compressed gasses / Oxygen
5. Portable suction unit

XI. MENTAL DEMANDS OF THE JOB:

A. JUDGEMENT AND INITIATIVE: Requires continuous mental effort for decision making and problem solving in patient care situations. Ability to work under pressure.

B. INDEPENDENT ACTION: Need to perform at independent level within parameters of established policies and procedures. Accepts responsibility for timely completion of work tasks and projects as assigned by the leadership team.

C. EFFECT OF ERROR: High understanding of potential liability concerns for patient care errors, and Quality Control process.

D. CONTACT WITH OTHERS: Ability to interact with the public and co-workers under circumstances which require the application of specific knowledge, tact, diplomacy and sound judgment.

XII. PRINCIPAL JOB RESPONSIBILITIES, TASKS, AND AUTHORITIES:

A. RESPONSIBILITY: Patient Care Activities:

To provide state of the art patient care through basic life support in the prehospital 911 and interfacility environment

PRIORITY: A % OF TIME: 100%

TASKS: As outlined in Medical Guidelines, employee handbook and organizational policy and procedures

AUTHORITIES: Medical Guidelines and Employee Handbook

B. RESPONSIBILITY: Leadership

PRIORITY: A % OF TIME: 100%

TASKS:

1. Provide direction and assistance to any crew member or public safety personnel as needed.

2. Provide BLS assessment to patient's determined to be in need of BLS level of care and transport

3. Assist the incident commander at scene responses and provide direction in the areas of patient care expertise.

4. If necessary, act as EMS incident commander at scene as needed or in absence of on scene supervisor.

AUTHORITIES: Medical Guidelines and EMS Incident Response Plan

C. RESPONSIBILITY: Safety (in and around the vehicle)

PRIORITY: A % OF TIME: 100%

TASKS:

1. Load, unload and transport patient with the assistance of other transport personnel

    a. Using proper bending/lifting techniques to safely transfer patients with a weight up to and sometimes exceeding 200 pounds (distributed weight) in and out of the vehicle.

    b. Provide safety briefing to fellow crew members, hospital team and non-medical team passengers prior to transport. (When indicated, the safety of the referring facility and scene personnel).

2. Monitor and direct “ride along” participants.

3. Identify and respond to safety issues in a timely manner.

4. Operate vehicles within a manner consistent with organizations policies including Drive Cam.

D. RESPONSIBILITY: Vehicle Readiness

PRIORITY: A % OF TIME: 100%

TASKS:

1. Monitor equipment for proper function

2. Report malfunctioning equipment in a timely manner.

3. Restock supplies as needed including checking of out dates of medications and daily narcotic checks

4. Clean vehicles and ambulance vehicle areas

5. Complete assigned duties

E. RESPONSIBILITY: Customer Service

PRIORITY: A % OF TIME: 100%

TASKS:

1. Interacts appropriately with internal customers, i.e. coworkers within departments.

2. Interacts appropriately with external customers, i.e. patients, families, medical staff, vendors.

F. RESPONSIBILITY: Patient Privacy

PRIORITY: A % OF TIME: 100%

TASKS: Listed below, not all inclusive

1. The incumbent is expected to protect the privacy of all patient information in accordance with the Company's privacy policies, procedures, and practices, as required by federal and Nebraska law, and in accordance with general principles of professionalism as a health care provider. Failure to comply with the Company's policies and procedures on patient privacy may result in disciplinary action up to and including termination of employment or of membership or association with the hospital.

2. The incumbent may access protected health information and other patient information only to the extent that is necessary to complete your job duties. The incumbent may only share such information with those who have a need to know specific patient information you have in your possession to complete their job responsibilities related to treatment, payment or other company operations.

3. The incumbent is encouraged and expected to report, without the threat of retaliation, any concerns regarding the Company's policies and procedures on patient privacy and any observed practices in violation of that policy to the designated Privacy Officer.

4. The incumbent is expected to actively participate in Company privacy training and is required to communicate privacy policy information to coworkers, students, patients and others in accordance with Company policy.

F. RESPONSIBILITY: Assigned tasks

PRIORITY: B % OF TIME: 100%

TASKS: Listed below, not all inclusive

1. Provide community education training and public relations.

2. Maintain documentation and other paper work assignments.

3. Provide quality improvement input in order to continuously improve key processes identified.

4. Provide standby coverage at various high risk activities in our Primary Services Area.

5. Perform other duties and functions as assigned by the Leadership team

Disclaimer

The information provided in this description has been designed to indicate the general nature and level of work performed by incumbents within this job. It is not designed to be interpreted, as a comprehensive inventory of all duties, responsibilities, qualifications and working conditions required of employees, assigned to this job. Management has sole discretion to add or modify duties of the job and to designate other functions as essential at any time. This job description is not an employment agreement or contract.

Employee acceptance: _____ Date _____

Attachment B: Sample Paramedic Job Description

DEPARTMENT Ambulance

POSITION: Paramedic

FLSA STATUS: Non-exempt DATE:_____ APPROVED BY: _____

XIII. ESSENTIAL REQUIREMENTS OF WORK (Minimum qualifications necessary to function at full productivity).

A. EDUCATION AND TRAINING:

1. High School diploma or equivalent.
2. Current Nebraska HHSS EMT-P certification and National Registry EMT - P certification.
3. Must possess and maintain a valid state driver's license.
4. Driver's motor vehicle record must meet requirements set forth in Employee Handbook and insurability of auto insurance provider.
5. American Heart Association (AHA) Advanced Cardiac Life Support
6. American Heart Basic Life Support

B. PREFERED EXPERIENCE:

1. Minimum of six months paramedic experience in an ALS service.
2. AHA BLS Instructor.
3. BTLS or PHTLS.
4. PALS or PEPP.

C. JOB KNOWLEDGE (Specific):

Working knowledge of Paramedic skills, ability to maintain an effective working relationship with patients, public, peers and supervisory personnel. Ability to communicate ideas, explanations, and recommendation clearly, both orally and in writing. Writing and spelling skills appropriate for completion of patient care reports and other required forms. Computer data entry

XIV. SPECIAL KNOWLEDGE, SKILLS, AND ABILITIES:

A. Excellent written and oral communication skills.

B. Ability to work independently with little direct supervision using time management skills.

C. Competency with Microsoft products, NARSIS, and other windows and web based application.

D. Works well under pressure

E. Excellent customer service skills

XV. JOB RELATIONSHIPS:

A. Reports to: xxx

B. Interactions: Emergency Services, nursing and support staff. Police and Sheriff's Departments, Rescue Squads and other emergency response personnel members of the public and other ambulance staff.

XVI. HOURS OF WORK: Must be able to work a variety of hours or shifts as assigned. Fulltime personnel commonly work a rotating schedule of 36 hours one week and 48 hours a second week. Available for call backs during mass casualty involving personnel shortages.

XVII. DRESS CODE: Per approved service dress code. Facial hair which would interfere with sealing of a mask is not permitted.

XVIII. BUDGET: None

XIX. CLIENTELE DIRECTLY AFFECTED BY JOB: Patients in Service Area, Emergency Department personnel, other public safety personnel, area ambulance services, and general public.

XX. PHYSICAL DEMANDS OF THE JOB: Sustained physical effort, standing, sitting, stooping, squatting, kneeling, lifting, pushing, pulling and climbing. Must be able to perform the following essential functions of the job and have the ability to lift without assistance a minimum of 100 pounds.

A. Lift and carry medical equipment as necessary to deliver emergency care to patients.

B. Lift and carry ill and/or injured patients as well as pushing and pulling of stretcher.

C. Climbing stairs or terrain in order to access patients, and to remove them from location found.

XXI. PHYSICAL ENVIRONMENT OF THE JOB: Working conditions include being indoors or outdoors anytime of the day and in any kind of weather with frequent exposure to disagreeable elements and danger and noise. The setting may be in bright daylight, indoor lighting or no lighting at all. Temperature ranges may include very hot to very cold. It may be noisy and fumes may be present from equipment or machines.

XXII. EQUIPMENT OR MACHINES USED ON THE JOB:

A. Motor vehicles / Ambulances

B. Communication Devices / Portable radios, cellular telephones

C. Fax machine

D. Desktop and mobile computers

E. Patient care equipment

1. IV Pumps
2. Cardiac Monitors / Defibrillators
3. Pulse Oximeter
4. Compressed gasses / Oxygen / Nitrous
5. EZ IO device
6. Portable suction unit

XXIII. MENTAL DEMANDS OF THE JOB:

A. JUDGEMENT AND INITIATIVE: Requires continuous mental effort for decision making and problem solving in patient care situations. Ability to work under pressure.

B. INDEPENDENT ACTION: Need to perform at independent level within parameters of established policies and procedures. Accepts responsibility for timely completion of work tasks and projects as assigned by the leadership team.

C. EFFECT OF ERROR: High understanding of potential liability concerns for patient care errors, and Quality Control process.

D. CONTACT WITH OTHERS: Ability to interact with the public and co-workers under circumstances which require the application of specific knowledge, tact, diplomacy and sound judgment.

XXIV. PRINCIPAL JOB RESPONSIBILITIES, TASKS, AND AUTHORITIES:

A. RESPONSIBILITY: Patient Care Activities:

To provide state of the art patient care through basic and advanced life support in the prehospital 911 and interfacility environment

PRIORITY: A % OF TIME: 100%

TASKS: As outlined in Medical Guidelines, employee handbook and organizational policy and procedures

AUTHORITIES: Medical Guidelines and Employee Handbook

B. RESPONSIBILITY: Leadership

PRIORITY: A % OF TIME: 100%

TASKS:

1. Provide direction and assistance to any crew member or public safety personnel as needed.

2. Provide ALS assessment to every patient to determine ALS or BLS level of transport

3. Assist the incident commander at scene responses and provide direction in the areas of patient care expertise.

4. If necessary, act as EMS incident commander at scene as needed or in absence of on scene supervisor.

AUTHORITIES: Medical Guidelines and EMS Incident Response Plan

C. RESPONSIBILITY: Safety (in and around the vehicle)

PRIORITY: A % OF TIME: 100%

TASKS:

1. Load, unload and transport patient with the assistance of other transport personnel

   a. Using proper bending/lifting techniques to safely transfer patients with a weight up to and sometimes exceeding 200 pounds (distributed weight) in and out of the vehicle.

   b. Provide safety briefing to fellow crew members, hospital team and non-medical team passengers prior to transport. (When indicated, the safety of the referring facility and scene personnel).

2. Monitor and direct “ride along” participants.

3. Identify and respond to safety issues in a timely manner.

4. Operate vehicles within a manner consistent with organizations policies including Drive Cam.

D. RESPONSIBILITY: Vehicle Readiness

PRIORITY: A % OF TIME: 100%

TASKS:

1. Monitor equipment for proper function

2. Report malfunctioning equipment in a timely manner.

3. Restock supplies as needed including checking of out dates of medications and daily narcotic checks

4. Clean vehicles and ambulance vehicle areas

5. Complete assigned duties

E. RESPONSIBILITY: Customer Service

PRIORITY: A % OF TIME: 100%

TASKS:

1. Interacts appropriately with internal customers, i.e. coworkers within departments.

2. Interacts appropriately with external customers, i.e. patients, families, medical staff, vendors.

F. RESPONSIBILITY: Patient Privacy

PRIORITY: A % OF TIME: 100%

TASKS: Listed below, not all inclusive

1. The incumbent is expected to protect the privacy of all patient information in accordance with the Company's privacy policies, procedures, and practices, as required by federal and Nebraska law, and in accordance with general principles of professionalism as a health care provider. Failure to comply with the Company's policies and procedures on patient privacy may result in disciplinary action up to and including termination of employment or of membership or association with the hospital.

2. The incumbent may access protected health information and other patient information only to the extent that is necessary to complete your job duties. The incumbent may only share such information with those who have a need to know specific patient information you have in your possession to complete their job responsibilities related to treatment, payment or other company operations.

3. The incumbent is encouraged and expected to report, without the threat of retaliation, any concerns regarding the Company's policies and procedures on patient privacy and any observed practices in violation of that policy to the designated Privacy Officer.

4. The incumbent is expected to actively participate in Company privacy training and is required to communicate privacy policy information to coworkers, students, patients and others in accordance with Company policy.

F. RESPONSIBILITY: Assigned tasks

PRIORITY: B % OF TIME: 100%

TASKS: Listed below, not all inclusive

1. Provide community education training and public relations.

2. Maintain documentation and other paper work assignments.

3. Provide quality improvement input in order to continuously improve key processes identified.

4. Provide standby coverage at various high risk activities in our Primary Services Area.

5. Perform other duties and functions as assigned by the Leadership team

Disclaimer

The information provided in this description has been designed to indicate the general nature and level of work performed by incumbents within this job. It is not designed to be interpreted, as a comprehensive inventory of all duties, responsibilities, qualifications and working conditions required of employees, assigned to this job. Management has sole discretion to add or modify duties of the job and to designate other functions as essential at any time. This job description is not an employment agreement or contract.

Employee acceptance: _____ Date _____

Attachment C: Saunders County Health Services Sample Ambulance Budget

		Budget
Patient Care		
6101	Salaries-Patient Care	$ 175,200
6102	Benefits-Patient Care	$ 52,560
6103	Medical Supplies-Patient Care	$ 10,000
6104	Gases (oxygen)-Patient Care	$ 1,000
6105	Drugs-Patient Care	$ 1,000
6108	Equipment Repair-Patient Care	$ 1,000
6109	Minor Equipment-Patient Care	$ 1,000
6110	Training-Patient Care	$ 8,000
6111	Books & Periodicals-Patient Care	$ 100
6113	Uniforms	$ 3,000
Dispatch		
6214	Radio Maintenance	$ 3,000
6216	Cell Phones	$ 960
6217	Pagers	$ 1,080
Administration		
6301	Administration Salaries	$ 41,600
6302	Administration Benefits	$ 12,480
6303	Office Supplies	$ 1,200
6308	Office Repair & Maintenance	$ 1,000
6309	Office Minor Equipment	$ 3,000

6312	Travel & Entertainment	$	3,000
6313	Administration Telephone	$	720
6323	General Liability Insurance	$	1,000
6324	Professional Liability Insurance	$	1,000
6325	Umbrella Coverage	$	1,000
6343	Collection Agency Fees	$	500
6350	Dues & Memberships	$	1,000
6353	Food	$	500
6360	Printing & Publication	$	500
6361	Advertising	$	500
Building			
6508	Building Maintenance	$	1,000
6570	Building Rent	$	1,800
6576	Property Insurance	$	1,000
Vehicles			
6681	Vehicle Gas & Oil	$	3,000
6682	Vehicle Repairs	$	2,500
6683	Vehicle Depreciation	$	15,000
	Total Budget	**$**	**351,200**