



## APPLICATION FORM

All applications must include the following information. Separate applications must be submitted for each eligible program. **Deadline: June 2, 2017.** Please include this application form with electronic entry.

### PROGRAM INFORMATION

County: King & Queen County, Virginia

Program Title: Rural Emergency Medical Services Program

Program Category: Criminal Justice & Public Safety

### CONTACT INFORMATION

Name: Greg Hunter

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### SIGNATURE OF COUNTY ADMINISTRATOR OR CHIEF ADMINISTRATIVE OFFICER

Name: Thomas J. Swartzwelder by Greg Hunter

Title: County Administrator / Emergency Services

Signature: 



## *King and Queen County*

*Founded 1691 in Virginia*

P.O. Box 177 • King and Queen Courthouse, Virginia 23085

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### **Virginia Association of Counties 2017 Achievement Award**

Locality/Department: King and Queen County Emergency Services

Program Title: Rural Emergency Medical Services Program

Program Category: Criminal Justice & Public Safety

#### **Program Overview**

King and Queen County is served by three independent volunteer Emergency Medical Services agencies. Like many communities, the volunteer workforce has provided a considerable benefit to the community over the past 30 years. However, with changes in the national and local economy over the past 5 years, King and Queen County also faced the impact of declining volunteerism while facing increased demands for EMS service. King and Queen County deployed a model to integrate career and volunteer staff in a cost effective manner in a rural community setting.

#### **Problem/Issue**

King and Queen County consists of a population of approximately 6,900 residents covering 316 square miles, in a 70 mile long and 16 mile wide narrow geography that poses a significant challenge for maintaining and developing an EMS system that can meet response times and be cost effective. Beyond normal calls for medical service, the area includes major transportation corridors creating additional unique transportation hazards on both the upper and lower end of the county for US Route 360 and VA Route 33. Summer tourism also provides seasonal local increases in population creating increased request for service during the spring, summer and fall months.

The county identified three objectives for emergency medical service delivery- maintain the solvency of the volunteer EMS agencies as best possible, improve response times for services, and develop a cost effective and efficient EMS delivery system.

#### **Funding & Staffing**

In 2013, King and Queen County began the Department of Emergency Services to address an increasing need of daytime support for the volunteer EMS agencies. Response times were long and historical mutual aid from neighboring counties was declining as they faced similar issues.

To solve this issue, the county deployed two advanced life support providers in response cars to augment the volunteer system during the daytime in an attempt to address the certified provider staffing shortage. Rather than utilizing existing volunteer stations, an independent analysis was conducted for coverage needs and staff were strategically located in county owned office space physically located between existing EMS agency locations. This allowed equipment and county personnel to fill gaps in service delivery, improve response time and offer greater flexibility based on call for services.

Additionally, the county utilized Virginia Rescue Squad Assistance funds to augment the EMS system and improve the historical system to a standardized delivery system. Using grant funding, the county's 911 PSAP was the first small locality (single dispatcher on duty) in the region to procure and deploy Emergency Medical Dispatch which provides pre-arrival instructions to people experiencing medical emergencies, delivered by trained and certified dispatchers. Funding also provided for the purchase of a county owned ambulance to be located in the center of the county. The county seat of government, the county high school, and county courts system were without immediately available EMS service despite being one of the highest population centers of the county during the daytime business hours. Additionally this vehicle was purchased to support all of the volunteer agencies. Grant funds were used to purchase (7) Philips MRX 12 lead cardiac monitor/defibrillators, (15) Philips AEDs, and 5 Physio Control Lucas-2 automatic chest compression (CPR) devices that were deployed countywide among EMS agencies and Sheriff's Deputies. This centralized procurement created a standardized cardiac care equipment system, which also helped cut costs when procuring supplies and in the routine maintenance of the devices. In addition, a centralized Tele-Medicine server was acquired that enables EMS providers of all levels in the field to perform field transmission of 12 lead EKG strips directly to the hospital, ultimately reducing the time to treatment.

## **Results of Program**

Small localities face significant struggles in addressing EMS service delivery. The loss of volunteers to economic stressors being key, the county deployed a system designed to attempt to maintain the integrity and value of the volunteers and integrate "paid" staff into the system while minimizing potential conflict experienced in other jurisdictions.

The relationships of the county staff and volunteer staff were embraced by both entities as a partnership. This saved the county hundreds of thousands of dollars in facility and equipment investments, and allowed the volunteers to receive augmented staff yet maintain their independence. Fiscally, the cost to deploy three staffed ALS stations of daytime EMS staffed crews to cover the topography of the county was estimated at approximately \$750,000. The model deployed was implemented for approximately \$160,000 resulting in estimated a \$590,000 in annual savings for the past 3 years.

Response times were improved from over 50 minutes to approximately 20 minutes from the time of a 911 call to the arrival of a provider on the scene of the incident. By utilizing the response car approach, the volunteer agency remained able to assemble a crew and respond an ambulance, however patient care was initiated sooner by the career staff. This results in better patient care and service delivery to our citizens.

Equipment savings of approximately \$10,000 annually among agencies were realized in most part due to standardized purchasing. Previously, 4 different models of monitors were in place.

This required agencies to purchase different service contracts and supplies, often in duplication. Central purchasing and standard equipment use allows expiration dates on medical equipment to be managed more efficiently from less busy units to busier units and realize savings in bulk purchase. This management is handled by the county staff, saving volunteers the administrative duties and allowing them to focus on answering the 911 call for service. This has resulted in maintaining current volunteers in the system.