



STURGIS-MEADE COUNTY AMBULANCE SERVICE



Photo Credit: Social Media Post from Mass Casualty Drill (July 2017)

2017 ANNUAL REPORT

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RESPONSE AREA

The Ambulance Service serves the residents of south-western and central Meade County, including the City Sturgis as well as communities in western Meade County. We also serve the residents in eastern Lawrence County, including lower Boulder Canyon and Vanocker Canyon. We also serve Butte County to the Vale turn-off on Highway 79.

The response area includes the I-90 corridor between exits 40 and 28, east to the Belle Fourche River and north on Highway 79 to the Vale cut-off. This is a response area of approximately 642 square miles, primarily in Meade County. We provide service to approximately 10,100 people. After a discrepancy was discovered in the response area map used by Meade County Dispatch, the various ambulance services who provide immediate response and intercept response in Meade County met to formally review the response areas as they understood them. Then, in December 2017, the Meade County Commission ratified the response areas of those ambulance services to ensure Dispatch had the most accurate and up-to-date maps.

We are required by State law to respond when dispatched. When called, we must respond. This sometimes means that we are the primary ambulance in central Meade County if the Enning Ambulance or the Faith Ambulance cannot respond.

The Ambulance Service also takes intercepts from the communities of Newell, Faith, Eagle Butte, and Enning as required by existing Memorandums of Understanding for Advanced Life Support (ALS) care. These intercepts provide ALS service to another 5,830 people.

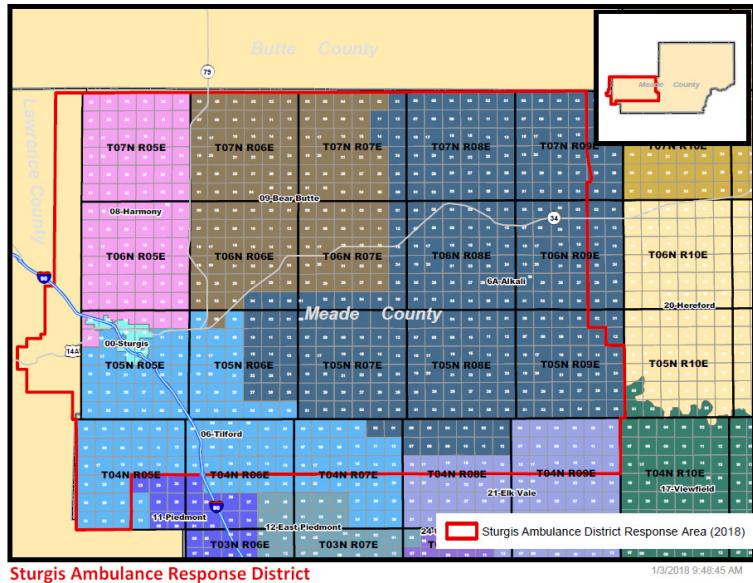
The Ambulance Service also serves the Fort Meade Veterans' Hospital and Sturgis Regional Hospital by transporting patients to and from other medical facilities in the Hills for medically necessary procedures and care.

In 2017, the Ambulance Service continued to provide periodic response to the Lead - Deadwood communities when the Regional Emergency and Ambulance facility is unable to respond. We are called when Spearfish Ambulance Service is unable to pick up the call for service. As such, we support mainly through inter-facility transfers; however, we occasionally are called for a 9-1-1 emergency response.

We also serve the community by making medically required transports from the Fort Meade VA facility to other VA facilities (i.e. in Denver, Colorado or Billings, Montana). We also do medically necessary ground transports from the Regional Health System to Rochester, Minnesota for treatment at the Mayo Clinic.

In addition, the Service provides transport for the Meade County Jail facility. Inmates suffering from various conditions are transported by Ambulance Service to local hospitals.

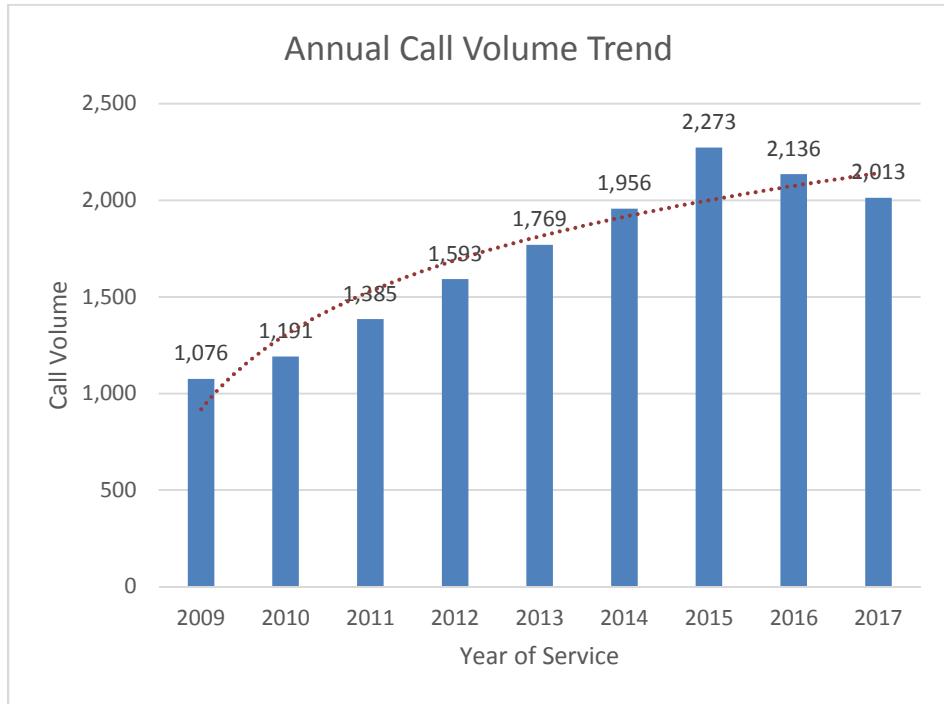
Lastly, the Ambulance Service also transports individuals for committals to State medical facilities.



ANNUAL CALL VOLUME

The Ambulance Service was dispatched out for 2,013 calls in 2017. This is the Service's third highest year for call volume. This was a decrease of 5.8% versus 2016 as well as a 12.9% decrease from the recent high call volume in 2015. However, 2015 was the year that the City of Sturgis hosted the 75th Sturgis® Motorcycle Rally™ and that corresponded to record attendance and subsequently higher Rally volume for our Ambulance Service. Additionally, in 2016, the CAT scan imaging machine at Ft. Meade required repairs and was out of service for approximately 3 weeks. As such, any imaging required by the Ft. Meade facility was contracted out to Sturgis Regional Hospital. Most of those patients were transported between facilities in an ambulance. This resulted in about 100 unexpected calls for service in 2016. In comparison to 2014, our 2017 trended upward and call volume saw an increase of 2.8%.

Year	Total Calls	Increase versus Prior Year	Call Volume Ranking
2009	1,076	-	
2010	1,191	9.66%	
2011	1,385	14.01%	
2012	1,593	15.02%	
2013	1,769	11.05%	
2014	1,956	10.57%	
2015	2,273	16.21%	1
2016	2,136	-6.0% (v 2015) +9.25% (v 2014)	2
2017	2,013	-5.8% (v 2016) +2.8% (v 2014)	3



We continue to use the ImageTrend EMS Service Bridge for reporting. ImageTrend provides detailed analytics about our call volume. However, ImageTrend upgraded its data platform in 2017. Therefore, all run data prior to July 1, 2017 is housed in ImageTrend. After July 1, 2017, the data is housed in the ImageTrend Elite platform.

The majority of our calls are a Dispatched 911 Emergency request for service where we are responding to a scene (not a medical facility).

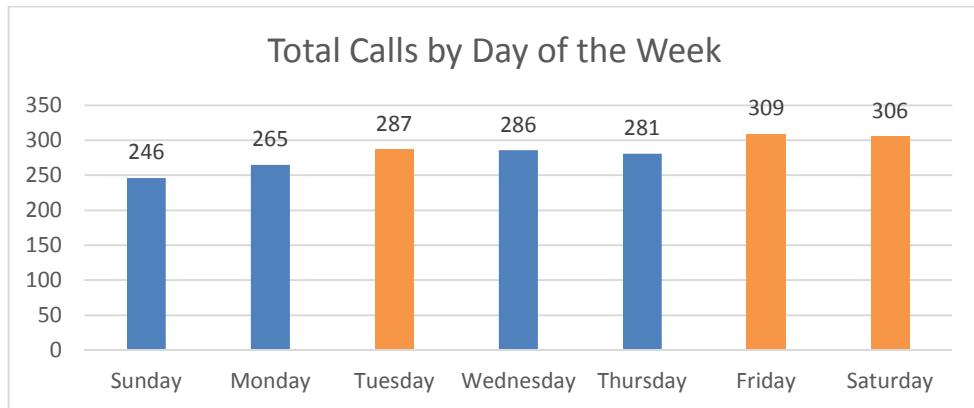
Response Request	# of Times	% of Times
ALS Ground Transport	1555	77.25%
BLS Ground Transport	321	15.95%
Non-Transport Rescue (Refusals)	110	5.46%
Other/Cancellations	27	1.34%

62% of the calls in 2017 originated in Sturgis. Of this, 20.1% originated at the hospital (i.e. transfer requests). The Meade County Jail facility was 4.6% of these calls. As such, regular, 911 dispatched calls consist of 37.3% of the Service's 2017 call volume. The Fort Meade VA facility originates 16% of the 2017 call volume. Other non-City, non-VA calls represent 22% of the call volume.

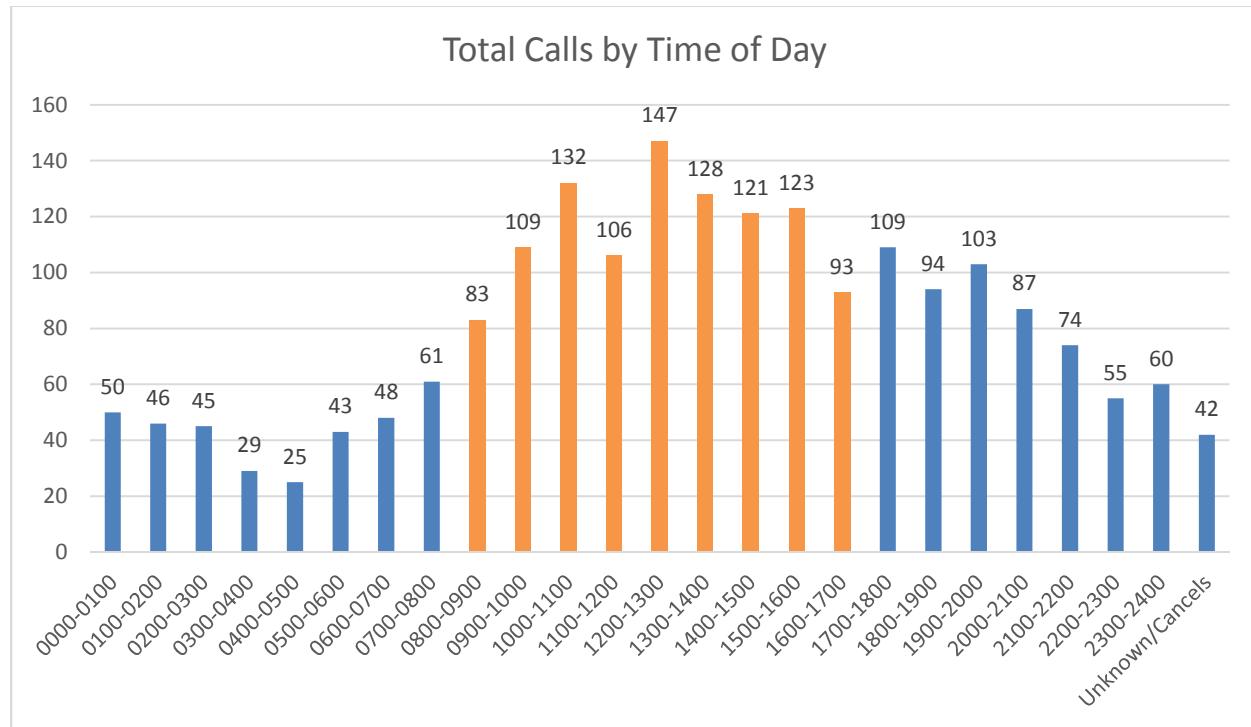
Of the 2,013 calls for service that the Ambulance Service received this year, 27 (1.34%) were cancelled en route. An additional 110 patients refused care once we were on scene and no treatment was provided (5.46%).

The Ambulance Service is busy throughout the week. There is no pattern to our call volume or frequency based on the days of the week. In 2017, our call volume was highest on Fridays (309 calls), second highest on Saturdays (306 calls) and third highest on Tuesdays (287 calls). In 2016, our call

volume was highest on Fridays, second highest on Mondays and third highest on Tuesdays. In 2015, our call volume was highest on Thursdays, Fridays and Saturdays.



We are also busier during the daytime hours, with 51.76% occurring between 8am and 5pm. 62.59% of our calls start between 6am and 6pm. This corresponds to scheduled transfers which occur more frequently during business hours when the Travel Office (at the VA) is open and when beds become available due to patient discharges within the Regional Health System.



It is also important to note that the average duration of call is 1 hour, 27 minutes from the time the call is received in Dispatch until the time that the dispatched ambulance is back in the station and ready for another call.

In the EMS field, minutes literally make the difference between life and death of a patient. The Ambulance Service is proud of our response time.

- 83.35% of the time our crews are en route to a dispatched call in less than 3 minutes.
- On average, a crew is en route within 1 minute, 59 seconds of dispatched call.
- It takes us, on average, another 8 minutes, 54 seconds to arrive on scene. This time is function of distance to the call as well as weather conditions. In a handful of instances, lack of clear directions or the inability to locate the scene has caused a delay.
- We spent an average of 21 minutes, 17 seconds on scene in 2017.

The average distance to scene is 6 miles. All Ambulances dispatch from the Fire/Ambulance Hall at 1901 Ball Park Road, unless they are serving in a stand-by capacity for an event or function (i.e. rodeo).

77.25% of our calls (1,555) were Advanced Life Support requiring transport to a medical facility (ALS). ALS calls require invasive procedures (such as an IV) on the patient. ALS calls often involve administration of medication(s). Due to this higher degree and precision of care, a Paramedic is required to be on an ALS crew and to provide those treatments. As such, ALS calls are billed at a higher rate than a Basic Life Support (BLS) call.

The average patient age was again 62 years in 2017.

STAFFING

In 2017, we staffed the Ambulance Service with two daytime shifts. The daytime shift is scheduled from 6am to 6pm and a second daytime shift is scheduled from 8am to 4pm to assist with transfer. There is one scheduled overnight crew that scheduled from 6pm to 6am.

In mid-2014, we had implemented a third daytime crew from 10am to 10pm; however due to the staffing costs and reimbursement rates, that third daytime shift was eliminated in 2016. In 2017, we used on-shift staff to assist with med-pass obligations at the jail for a minimum of three times a day. We use existing billing staff, on-shift staff, and/or the Ambulance Director to provide those services.

For the overnight shift, we continue to try to schedule a stand-by crew which is available in the event that the primary crew is called out. In order to ensure night and stand-by coverage, the Service has minor incentive plans in place to garner interest from personnel to volunteer for stand-by shifts.

In 2017, the Ambulance Service consists of a staff of 44 employees with skills ranging from EMT-Basics to Critical Care Paramedics. Several employees are dually licensed as nurses and/or certified as flight Paramedics. All staff are employees – we do not have any “volunteer” employees nor are any contracted for service. (We do not hire additional staff for Rally.)

Of these employees, there are 1 full time Critical Care Paramedics, 2 half time Critical Care Paramedics, 7 half time Paramedics, 1 half time EMT-I99/Biller, 1 full-time EMT-I85, and 1 half time EMT-B/Biller and 1 half-time EMT-B. Tom Price, a half-time Critical Care Paramedic, fills the Ambulance Supervisor role that was re-instated in 2016 to assist with quality assurance and report review. The Service also has a part-time Mechanic.

The Service is honored to have 6 active members of the National Guard employed with us. 4 of these Guard members were on active deployment in 2017.

EMRs (Emergency Medical Responders) must have 80 hours of classroom training, have 10 hours of ride-time, and pass an exam. EMT-Basics must complete 120 hours of classroom training, 10 patient contacts, and pass written and practical exams. They must also complete field training with the Ambulance Service on our protocols, etc. and demonstrate competence in 143 areas. The EMT-Intermediate designation is a grandfathered certification level and has been superseded by the EMT-Advanced level. However, EMT-Is can maintain that certification level. EMT-Advanced (the national designation which replaced the EMT-I) must complete 120 additional hours of classroom training (versus EMT-Basics), 32 patient contacts, and complete field training with the Service. (The Advanced certification allows for administration of some drugs (no narcotics) in comparison to the Intermediate certification.) Paramedics must complete an additional 2 years of classroom training (they often receive an Associates' Degree), 300 hours of ride-alongs, and pass written and practical exams. They too must complete a comprehensive field training with the Service demonstrating competence with 143 skills. Critical Care Paramedics must take an additional 80 hours of training and pass a comprehensive exam.

These employees cover 12 and 24 hour shifts as primary crew members. They also come in to serve on standby crews and/or to take transfers between medical facilities. They also respond to major emergencies (i.e. vehicle accident on the Interstate) to support scheduled crews. The community relies heavily on the expertise and dedication of our full-time and part-time employees.

Staffing remains a significant challenge for the Ambulance Service. In addition to smaller services (like Hot Springs and Keystone), we compete as an employer with the ground transport ambulance services of Rapid City Fire Department (a municipal fire/ambulance service), Lead-Deadwood Ambulance (a subsidiary of Regional Health), and Spearfish Ambulance (a non-profit service). These services all provide benefits to full-time employees. As an employer, we also compete with the air transport services, Marc Air and Life Flight, for qualified staff.

As such, we share part-time employees of all certification levels with Rapid Fire, Spearfish Ambulance, Keystone Ambulance, and both air transport services. While we are appreciative of our part-time employees who pick up shift with us on our days off, it does provide significant scheduling challenges as well as limits the availability of employees during crisis situations and for standby status.

However, the recruitment of certified Paramedics is a serious problem in the State and especially West River. Western Dakota Tech's Paramedic program continues to struggle and unfortunately, this program is not currently a viable pipeline of qualified entry level Paramedics for the West River region. We also must ensure that our wages and benefits remain competitive so we do not train and subsequently lose staff members to Rapid City Fire or other larger services.

MEDICAL DIRECTION

The Ambulance Service was under the medical direction of Dr. Michael Hogue through December 31, 2017. Dr. Hogue served as Medical Director since 2012. Dr. Hogue is a board certified family physician who was affiliated with Sturgis Regional Hospital and the Rapid City Regional medical system. Dr. Hogue

took an active role as Medical Director and regularly met and trained with staff. He reviewed the emergency medical protocols regularly to insure compliance with local, state and federal mandates as well as best medical practices. The City was extremely pleased to have Dr. Hogue serve in his capacity of Medical Director for the Ambulance Service. His role as Medical Director was solidified through a contract for professional services with the City of Sturgis. The City and Dr. Hogue renewed that contract at the end of 2016. Dr. Hogue took another position with the Regional Health system and is no longer able to serve as our Medical Director. (Dr. Derrick Kuntz stepped into the role on January 1, 2018.)

The Ambulance Service is led by Shawn Fischer, Ambulance Director. She assumed leadership of the Service in 2012 as the Director. She is a Critical Care Paramedic with certifications for pediatric care (PALS), Advanced Life Support (ALS), and PEPP. Director Fischer has 25 years of emergency medicine experience and is also an LPN (nursing). Director Fischer is a Certified Ambulance Coder (CAC) as well as the Service's "Certified Compliance Officer" (CCO), a designation that allows the Ambulance Service to meet Medicare billing standards. (Director Fischer is also a certified firefighter and a member of the Sturgis Volunteer Fire Department.)

FACILITY

We are co-located with the Sturgis Volunteer Fire Department at 1901 Ball Park Road. We utilize the two southern bays for deployment of the ambulances. The north-eastern most bay is a wash bay which we also utilize.



The facility is secured after hours with an access controlled door lock system on the three primary access doors. We also have 24-7 closed circuit cameras recording in both the building as well as in the garage bays.

The facility has 6 sleeping quarters available for on-duty crew as well as shower facilities for both genders. There is also a small lounge area as well as a fully service domestic-style kitchen.

The Director as well as the Fire Chief have a private office. The certified billing staffers utilize a shared space and also serve as Reception for the building. On-staff EMS crew and the Ambulance Supervisor share the Ops Room. This space doubles as space for mailboxes, copier, timeclock, radios, etc. The Fire Department has a small office for training and report writing.

The large training room is used by Fire and Ambulance both for monthly meetings, training, etc. Both the City and County use the room for annual MSHA refresher training and other safety trainings provided through Safety Benefits, Inc. The City also hosts other meetings and trainings in the space.

In 2016, the City of Sturgis paid to pave a new parking lot to the south of the existing lot. With the use of the Fire Hall for training purposes as well as the parking that is required by the 24-7 staffing, there was no room for emergency responders (especially volunteer fire fighters) to park when a call was received. The engineering and the construction costs for the paving project were \$94,382.30. Brosz Engineering completed the engineering. A & L Contractors was selected for the construction in accordance with State bid laws. The project was started and completed in 2016. This Project was initially funded by the City's Capital Improvement (212) fund and some Rally Sponsorship funding. In 2017, the Mayor's Ride made a donation to the City to reimburse the Capital Improvement Fund for a small portion of this cost. This donation is not reflected in the financial information below.



EQUIPMENT

Ambulance Fleet

The Service has 6 ambulances that are in service and used regularly.

Year	Make/Model	2014 Mileage	2015 Mileage	2016 Mileage	2017 Mileage	Book Value, 2017 Audit
2003	Ford Med Tec II (van) (S2)	89,393	91,566	92,045	93,425	\$0
2003	Ford Med Tec II (van) (S3)	86,872	91,043	94,510	97,120	\$0
2017	Ford Med Tec III (S1)	-	-	-	4,633	Not calc'd
2010	Chev Med Tec III (S4)	180,531	213,974	247,876	265,989	\$14,290
2012	Ford Wheeled Coach 4X4 (S5)	20,694	23,268	25,359	28,430	\$80,368
2013	Chevy Wheeled Coach (S6)	72,787	122,609	166,833	197,661	\$82,924

We remounted S1 this year for a total cost of \$110,617.20, using Arrow Manufacturing. We had begun exploring this option in late 2016. By remounting, we could use the existing "box" and put it on a new chassis. The "boxes" see the least wear and tear and are perfectly serviceable. (The "box" is the back patient compartment.) The engine, drive train, chassis, etc. is then brand new once the remount is completed. (Unfortunately, you can only remount a box 2 times.) When S1 was taken in, it had

152,060 miles and was not operational. Arrow took possession in May and returned it to us in late September.



S1 is now the primary rig out. It is our newest ambulance, having been remounted in late 2017. This was funded with significant fundraising efforts by the Ambulance staff as well as matching funds from the City of Sturgis. (*See the section “Fundraising” for more details about these efforts.*) Prior to the remount, S1 had significant and undiagnosed electrical problems. When the vehicle was turned on and running, it shut down suddenly and without prior warning. Unfortunately, there was no pattern to the power failure (i.e. running under load, etc.). Given its unreliability, the vehicle was decommissioned until repairs can be completed. It had 152,060 miles when it was decommissioned.

Until we replaced S1, S6 was our primary rig and S6 is now our second rig out. S6 remains unreliable as it has almost 200,000 miles on it. It has only been service for 4 1/2 years as we took possession of the S6 ambulance in July 2013. This vehicle is a candidate for remounting; however, given current funding challenges, we are unable to do so.

S4 has more than 265,000 miles. While the engine appears to be sound, S4’s rear-end is failing. In late 2016, our Mechanic identified that the right leaf spring’s rear bushing is worn. But given the repair challenges, both sets need replacement at the same time. To fix it requires dropping the rear end, removing the springs and replacing the worn parts. The challenge with the repair is that the ambulance cab covers the main spring shackle bolt, so the cab would have to be lifted or a hole bored into it to remove the bolt. We estimate a minimum of 2 to 3 days labor plus parts (\$12k-\$13k for repairs), but that is only a rough estimate. We were unable to complete these repairs in 2017 due to financial considerations as well as fleet considerations. With S1 inoperable until September 2017, we relied on S4 as a back-up.

S5 is our four-wheel drive coach. Ideally, S5 is our 4th rig out as we do not want to drive that unless the weather conditions warrant in order to save wear and tear. Additionally, with the stiffer more rugged suspension and chassis to handle the 4WD functionality, the ride is rougher for the patient and crew. However, when S6 is out for standard repairs and S4 being unreliable, we may have to begin running S5 as our 2nd rig out much more frequently.



Finally, S3 and S2 are the two van-style ambulances (Type 2) in our fleet. While they are functional, they are also not as stable on the road. Additionally, there are concerns in regards to patient care and crew

safety – there are limits to the on-board capabilities: space is limited – EMS staff cannot fully stand up forcing them to provide patient care in crouched position. For example, when treating a patient in an altered mental state, the space constraints provide little “escape” for the crew member when a patient physically lashes out. Type 2 ambulances are ideal for transportation as opposed to emergency response. However, given the level of care that Sturgis Regional Hospital is able to provide, we often transport stable yet medically challenged patients on to Rapid City Regional Hospital where patient care en route is vigorous and in need of more space.

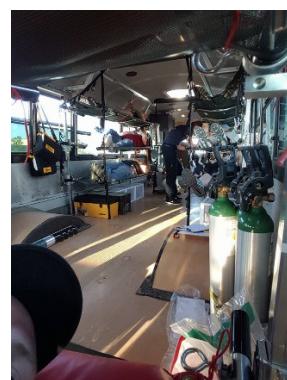
For the annual Rally, the Ambulance Service needs to have 6 ambulances available for response. During 2017 Rally, the Service did not lease any ambulances. However, given that S1 was in for a remount, we did borrow an ambulance from the Newel Ambulance Service.

Regarding other updates to our existing fleet, we continue to monitor functionality of the vehicles with cost to replace with cost to maintain. However, the cost to remount or to purchase a new vehicle, remains extremely high. As an example, in 2016, Rapid City Fire bid out an ambulance and the successful bid was approximately \$149,000, with a base bid of approximately \$128,000. As Rapid City's add-on requests and needs are different than what our service would require, we anticipated that a similar ambulance, new, for the Sturgis-Meade County Ambulance Service would cost approximately \$135,000.



The Ambulance Service also has a 2016 Yamaha YCX700E with the Search & Rescue package that was purchased in 2016 with an Homeland Security Grant. The ATV seats 6 emergency responders and the ATV's bed is modified to secure a patient cot and an EMS provider. The ATV also has the option for installation of tracks to allow response in winter conditions.

In 2017, the Ambulance Service received an Ambu-bus kit from the State of South Dakota. The City purchased a 1996 International bus from Harlow's Bus Company and we have deployed the ambu-bus kit in that vehicle. The ambu-bus kit will allow us to transport 16 patients (12 on cots and 4 in a seated position). We utilized the bus during the mock trauma event in July. (*Right hand photo was taken from a picture posted by one of the “victims” during the Mass Casualty Drill. It shows the ambu-bus equipped for use.*)



The Ambulance Service also utilizes two Command vehicles that were surplussed from our Police fleet at the end of their useful patrol life.

We have also explored the alternative of an “intercept vehicle” or “sprinter” versus a full ambulance. This smaller body vehicle is more fuel efficient but still provides a “box” like patient compartment. However, for the incremental cost difference, we could purchase a new Type III box ambulance, which is what we need.

Major On Board Equipment



The Service has three LUCAS™ Chest Compression System machines that we received in 2014, at no cost, through funding from The Leona M. and Harry B. Helmsley Charitable Trust. The value of these machines is approximately \$30,000 each. These machines maintain a steady supply of oxygen to the heart and brain and avoid neurological damage for those patients in sudden cardiac arrest. Performing manual chest compressions (CPR) of high quality is both difficult and tiring, and impossible in certain situations. Additionally, the quality varies depending on who provides CPR and can deteriorate quickly after only a few minutes. LUCAS Machines automate the CPR compressions and reduce the risk of fatigue and injury to staff members. Having this machine on the ambulance frees up crew members to provide other needed critical care, without requiring a 3rd staff member.



The Ambulance Service now has an automated ventilator, which is a machine that supports breathing. For patients on an inter-facility transfers which requires breathing support, we can now use our ventilator. Other times, we are sometimes able to borrow a ventilator from the transferring facility. If the crew is transporting a patient and does not have access to a ventilator, staff just manually ventilates (“bags”)

the patient. While manually ventilating a patient does not compromise patient care, it is physically exhausting for the provider and requires a third crew member on the transfer in order to maintain the proper breathing support. Therefore, we were very pleased to be able to acquire an automated ventilator. We successfully petitioned the State



Board of Osteopath to use this and the service is now fully licensed to use this life-saving equipment on our patients.



The Ambulance Service has 4 Stryker automated cots. All four cots were purchased through partial grant opportunities with the SDML Work Comp Fund. These power cots are deployed in our 4 “box-style” ambulances. (The vans, which are used much less frequently, are equipped with non-power cots.) The grant is offered by the SDML Work Comp Fund as they have seen a reduction in back injuries and strains in ambulance services that deploy a power cot. Unfortunately, even with this equipment, the Ambulance Service still had 2 back injuries reported. Fortunately, they were minor injuries that did not result in significant lost time.

Unfortunately, the Ambulance Service does not have any power stair cots to assist with lifting patients down stairs. We hope to be able to purchase one in the next few years. We do have cots with "skids" which allow us to slide the cot down the stairs, reducing the lift factor.



A challenge that we are facing in 2018-2020 is replacement of all Service radios (both hand-held and mounted radios). In the 1990s radios communications began to migrate from analog to digital, allowing for greater functionality (i.e. GPS, etc.). The goal of P25's communication standards is to ensure interoperability. Motorola has been notified the State that the backbone for the current State Radio system is being discontinued (making maintenance, etc. more difficult) and that they recommend the system be upgraded.

The goal nationally is to have all radio equipment P25 become compliant. At such time that the State Radio is upgraded, the radios (both handheld and in the ambulance) will be obsolete and not allow us to communicate with any other agency, including law enforcement. We estimate that this cost will be \$124,000 for our Ambulance Service to upgrade all handheld radios. We estimate another \$58,500 to upgrade the radios in all the vehicles. Given our financial situation and that our fleet, we are taking proactive steps to evaluate grant options and possibilities so that we can have external funding assistance for this serious upcoming, mid-term need. In Q1 2018, we applied for a Homeland Security Grant to upgrade our handheld radios in anticipation of this pending system upgrade. We hope to be successful in upgrading half of our handheld radios through this grant. Similarly, in applying for a national FEMA equipment grant in Q1 2018, radios consistently came up as a common grant request item in the grant forums staff attended.

Mobile ER/Triage Unit

Several years ago, the State of South Dakota purchased a mobile ER / triage unit for deployment in Rapid City through the Regional Health system. In 2017, Regional Health returned the mobile ER to the State, who contacted the Ambulance Service about having the unit staged in Sturgis. The mobile ER / triage unit includes all the equipment necessary to set up an ER/triage tent at the scene of a mass casualty event. It can also be deployed at Sturgis Regional Hospital in the event their indoor facilities are overburdened. The mobile ER / triage unit includes the tent structure, 12 cots, a HVAC unit, a portable generator, lighting, etc. This tent and auxiliary equipment is transported in an enclosed trailer and the portable generator is on a trailer as well. Both trailers are stored at the Sturgis Fire Hall. This unit greatly increases our ability to meet mass causality and large scale events. We are very appreciative that the State contacted us about staging the equipment in our community.



In 2017, we used the mobile ER / triage unit in the mass casualty training event that was held in July. Off-duty doctors and nursing staff from Sturgis Regional Hospital set up a mobile ER using the unit. For more information on this training simulation, please see “Training” on page X.

FUNDRAISING

In order to address the funding challenges that the Ambulance Service faces with regards to equipment upgrades, the staff began hosting numerous fundraisers throughout 2017. The primary one was a 2017 calendar with an accompanying drawing for a firearm. In 2016, the Service raised (gross of expenses) \$18,600 and in 2017, they raised \$49,849.81, for a gross 2 year total of \$68,449.81. Staff has worked very hard on these efforts and the community has been very supportive of the fundraising events. It has also been an opportunity to educate community members on the ambulance. The proceeds from these fundraising efforts went to help pay for the remount of S1. (As the fundraising efforts did not meet the total cost for the remount, the City paid the balance (\$60,767.39.)

FINANCIALS

2017 Year End Unaudited Financials

Year-end Cash Balance as of December 31, 2017: **(\$676,448)**

Net Accounts Receivable as of December 31, 2017: **\$339,517**

Gross Accounts Receivable: **\$1,098,422**

We estimate that \$758,904.80 is uncollectable.

2017 Revenue: **\$953,956**

*Of this total revenue, we received \$70,000 from our contract with Meade County Jail.
This is revenue from ambulance services provided.*

Total Operating Expenditures 2017: <i>(Excluding capital expenditures and depreciation)</i>	\$1,047,779
Transfer Out:	\$0.00
<i>The City provides general administrative overhead (i.e. payroll, legal support, etc.) through its General Fund as well as provides funding for the annual payment on the Fire/Ambulance Hall. In 2017, the total cost for administration was \$85,700. The total cost for the building was \$34,596.</i>	
Depreciation:	\$95,716
Total Capital Expenditures 2017:	\$100,617 (<i>2017 remount of \$1</i>)
<i>This included \$37,653.63 in net fundraising as well as the \$62,963.57 contributed by the City. The City portion is included in the above Operating Expenditures amount.</i>	

Note: These numbers are unaudited as the City's annual audit for 2017 will not be complete until July 2018.

Funding is a challenge for all ambulance services in the state of South Dakota, especially those solely dependent on reimbursement rates (billing). We are fortunate that the City has provided the money to keep the Service functioning. In 2016, the State completed a sustainability audit for all services and it found that many are likely not sustainable in the long run. Even with our cash flow problems and the City's significant role in financially sustaining the Service, the Ambulance Service was actually ranked as one of the more viable services.

In the specific case of this Ambulance Service, we have been requiring to transfer money from the Water Fund of the City of Sturgis to balance at year end, as required by State law. In 2017, this amount will be approximately \$156,787. As was explained in several public meetings both with the entire County Commission as well as with the general public, this financial situation is unsustainable in the long term. Further, there is a tax equity concern that the property tax-paying residents of the City of Sturgis are significantly subsidizing the service costs for the county residents who also rely on the Ambulance Service. As such, the City continues conversations to discuss solutions with the Meade County Commission. We have also had conversations with numerous concerned residents who live within the response

In 2017, the Ambulance Service did not provide a cost of living adjustment to its employees due to the ongoing financial situation of the Service. The staff have forgone this increase for several years now.

Billing Responsibilities

In 2017, billing continued to be handled internally by Department staff.

All three of our Billers, plus our Ambulance Director, are Certified Ambulance Coders through NAAC (National Academy of Ambulance Coding) and handle all billing responsibilities for the Ambulance Service.

Reimbursement Challenges

It is important to note that industry wide, 40 to 60% of accounts receivable for ambulance services are considered uncollectable. The City of Sturgis estimates approximately a 44% uncollectable rate. This

percentage is based on our historical revenue and the Ft. Meade (federal) revenue stream. Payments on an invoice are not 100% due to contractual agreements with private insurers, state law (Medicaid), and federal law (Medicare). So, while the Service bills the full rate which adequately covers the cost to provide the emergency medical service, the actual payments we received are far lower than the billed rate. Our billed rates fully cover the costs associated with providing the staffing, equipment, supplies, medications, and vehicle used to respond appropriately to a call for service. When we do not receive our billed rates, we do not fully cover our costs. (*Unfortunately, this situation is normal in all medical services and is a challenge faced by all providers, not just the Ambulance Service.*) A smaller percentage of uncollectable is due to non-payment by the patient, in cases where there is no insurance/Medicare/Medicaid coverage or they do not pay their co-pay or deductible. We send those accounts to collections prior to writing them off.

In early summer 2016, we contracted with AAA Collections out of Sioux Falls to handle collection on delinquent accounts. AAA Collections was selected because they specialize in medical collections.

We continue to struggle with reimbursement rates from private insurance and Medicare. But, Medicaid reimbursement rates are terrible.

Level of Care Call Type	Our Charge	Private Insurance	% Paid	Medicare	% Paid	Medicaid	% Paid
Basic Life Support Non Emergency	\$625	\$360	57.60%	\$526.44	35.98%	\$98.56	15.77%
Basic Life Support Emergency	\$725	\$576	79.45%	\$626.44	49.63%	\$98.56	13.59%
Advanced Life Support Non-Emergency	\$750	\$432	57.60%	\$530.02	35.98%	\$219.98	29.33%
Advanced Life Support Emergency	\$850	\$684	80.47%	\$630.02	50.27%	\$219.98	25.88%
Advanced Life Support 2	\$1,050	\$990	94.29%	\$830.02	58.90%	\$219.98	20.95%
Specialty Care Transport	\$1,500	\$1169	77.93%	\$1,280.02	48.73%	\$219.98	14.67%
Mileage (All Calls)	\$13/mile	\$12/mile	92.31%	\$10.12/mile	55.62%	\$2.88/mile	22.15%

On December 31, 2017, the Medicare increase “extension” expired. This temporary legislation from several years ago increased Medicare ambulance payments 3% in rural areas like Sturgis and western Meade County. Although the payment rates for Medicare are not 100%, every little bit helps. (*Fortunately, this temporary legislation was made permanent in January 2018.*)

Medicaid Reimbursement Challenges

Again, the City used the 2018 Legislative Session to begin to educate our legislators about the challenges we face with Medicaid billing.

Medicare is the federal program for elderly and disabled persons. **Medicaid** is the State's program for low income individuals, families and children. (CHIP is the children's program.) Medicaid is managed by the State's Department of Social Services and SD Administrative Rules of Chapter 16:16 govern Medicaid's covered services and Chapter 16:16:25:03 governs the rates of payment for ground ambulance services.

Most seriously, in recent years, the State's Medicaid reimbursements have dropped drastically and are not sufficient to sustain an ambulance service. In many instances, the rate of reimbursement does not fully cover the fuel and personnel costs utilized to treat and transport the patient. This continued lack of funding results in reduced expenditures by the Ambulance Service (i.e. on equipment or new ambulances). This trend will result in significantly reduced emergency medical services to the State's residents, especially rural residents. In early 2017, we are beginning to see this locally (specifically Faith and even Piedmont, which is supported by an ambulance district).

And, not only does Medicaid pay at a significantly lower percentage, it does not pay more for a higher level of service provided. This, in conjunction with a shortage of Paramedics Statewide, will force ambulance services to become Basic Life Support only services (with EMTs only and no Paramedics). While a BLS Service can result in a reduction in patient care for advanced life calls, it is definitely much more effective than no service at all as BLS provider can and do save lives with their skills and knowledge. But due to both poor reimbursement rates and lack of ALS providers, the Faith Ambulance Service began the process of converting from an ALS to a primarily BLS service in March 2017.

Unfortunately, this conversation about Medicaid funding challenges with our legislators is one that was not resolved and will continue in the 2018 session.

Fortunately, the Governor dropped his initiative to request that the Legislature expand Medicaid eligibility as part of the 2017 legislative session. Increasing Medicaid and Medicare eligible persons will only increase the percentage of Ambulance Service patients whose care is reimbursed at a non-sustainable rate.

Our average patient age is 62 years of age. Patients over the age of 65 are eligible for Medicare. This means, on average, our patients used private insurance, Medicaid, or nothing for medical insurance coverage. The average payment by Medicaid for a covered patient continues to be significantly below the cost to transport that patient. While private insurance is also below the cost, private insurance pays considerably more. Those patients who do not have insurance at all often do not have the financial means to pay their invoice in full.

By law, an ambulance service must respond and provide care, unless the patient refuses. Ability to pay is not a consideration in providing care. All patients receive competent, professional emergency medical care when they call for service.

Meade County Jail Write-offs

Meade County is responsible to provide medical care to all inmates in their custody. This includes if they are transported for a medical emergency.

While the Ambulance Service can bill an inmate's private insurance for these services, due to their status as an inmate, the ability to charge insurance coverage and/or the inmate is limited by law, both federal and state. For example, Medicare and Medicaid do not cover medical expenses to incarcerated individuals, even if they are covered by the government plans in their private lives. This contrasts to the fact that we can bill private insurance (i.e. Blue Cross Blue Shield) for services rendered to inmates.

Therefore, in the cases where the inmate has government or no insurance coverage, Meade County is responsible for the expense as the Ambulance Service are not allowed to bill the inmate by State law.

However, although there is no formal written agreement in place, the Ambulance Service provides emergency transport service to the Meade County Jail free of charge as a long-standing courtesy.

In early 2017, the Sturgis City Council wrote-off the amount of \$30,240.96 for emergency medical transports from the Meade County Jail in 2015 and 2016. In 2017, we incurred \$12,763 in calls for service. These invoices will be written off at the conclusion of the 2017 audit.

Other Write-offs

The Ambulance Service also regularly financially writes off the following accounts, in accordance with existing policy:

- Death of patient
- Patient's declaration of bankruptcy
- Patient is incarcerated and all private pay billing options have been exhausted, leaving Meade County Jail as the "Current Payer". (*Under our current relationship with Meade County Jail, we do not bill the jail for emergency medical services rendered.*)
- Statute of limitations on billing to Medicare, Medicaid, and/or private insurance has lapsed
- Discretionary write-off due to internal appeal process
- Accounts declared "Uncollectible" by AAA Collections
- Accounts that have aged beyond 4 years (per our internal audit controls)

The status of "written off" does not mean that on-going collection efforts are not attempted.

Financial Controls & Documentation

The Ambulance Service is subject to the Purchasing Policy of the City of Sturgis. All expenditures are ultimately approved by the Sturgis City Council. The Ambulance Service is also part of the City's audit processes, which are conducted by the independent audit firm, Ketel Thorstensen. The City's audit did not identify any findings or concerns with the financial documentation and reporting of the Ambulance Service in 2016.

The Ambulance Service uses Image Trend products for both its case reporting (Field Bridge) and billing software platforms (Billing Bridge). Both are cloud hosted and fully integrated with each other. We moved to the product suite in the middle of 2015.

In late 2016 and throughout 2017, the Ambulance Service began to create a comprehensive billing procedures and policies manual. The goal is to provide more timely billing statements and also to provide more timely financial reports to the City Council.

The Finance Office now develops a monthly Profit & Loss statement for Council review.

MEDICAL SERVICES CONTRACT FOR MEADE COUNTY JAIL

In 2015, the Ambulance Service contracted with the Meade County Jail to provide non-emergent medical services. This replaced the full-time County nurse position that was vacant at the time. The

Medical Director for the jail is Dr. Michael Preys, MD. The Jail Medical Services contract was renewed by Meade County Sheriff's Office several times in 2016 and again for the 2017 calendar year. The services provided by the Ambulance Service at the jail facility include conducting intake appointments, passing medications, and assessing general health of inmates daily. Staff also coordinates patient appointments with external providers, verifies prescriptions with prior facility/provider, orders supplies and medications and contacts pharmacies to obtain and fill prescriptions. Additionally, the Ambulance Director, in her capacity as a registered LPN, consults with the Jail's Medical Director as well as external providers and prior facilities regarding inmate health and medication conditions.

We are able to provide these services by utilizing already scheduled staff members (usually billing staffers) who are not on an emergency call or transfer.

Given the limitations regionally of mental health services for the general population, we have seen an increase in the time required to provide non-emergent medical services at the Meade County Jail. Some mental health prescriptions require dosages to be administered every 2 hours.

Staff continues to have conversation with the Jail Supervisor and jail staff about how best to manage and triage inmate requests for medical services. In many situations, the inmate is seeking attention and/or medical intervention for a non-emergent situation. The Ambulance Director fields calls nightly from the overnight jail staff seeking guidance on how to best handle an inmate situation. In 2018, we are considering an educational course to assist jail staff in more accurately triaging inmates for true medical situations that require nursing and/or EMS intervention.

These efforts are also a cost savings for both City and County taxpayers. Through the contract, we are able to save the Meade County Jail money on admission to the local Emergency Room. The Ambulance Service saves since we do not incur the costs of transporting an inmate, which are provided free of service to the Meade County Jail. However, unfortunately, we have not seen a decrease in call volume to the jail over the last few years.

The contract as originally proposed was based on a \$50,000 per year contracted amount. However, after monitoring the time commitment required to adequately care for the inmates, the Ambulance Service realized that the costs incurred were significantly under funded by the contracted amount. The Ambulance Service estimated that the cost was closer to \$83,598 per year with approximately \$70,000 being the time in the jail facility. The other \$13,600 was the coordinative overhead required to coordinate medications, care and routine and follow-up appointments. Therefore in 2017, the contracted amount was increased to \$70,000. The Ambulance Service continues to monitor the contract to ensure that the compensation is fair for the services rendered.

Generally speaking, this contract is a positive example of collaborative efforts between the City and County in its public safety services. This partnership allows for better patient care for the inmates as well as improved emergency response, in case of a 9-1-1 incident.

The Jail Services Contract is under the oversight of the Board of Nursing and is only possible due to the unique skillset of our Ambulance Director, who is also a licensed LPN. Staff who distribution medication and work with the jail services contract have taken a 20 hour online training through the Board of Nursing.

The Meade County Sheriff has been very complementary of the Ambulance Service and this contractual arrangement. He has also commended the Ambulance Director for all that she has done to make this contract a success.

TRAINING

Certified EMTs are required to perform 96 hours of continuing education every two years. The Ambulance Service hosts the training necessary for our EMTs to retain their certification by using staff Paramedics and local resources to provide the training in house. EMTs from Enning, Whitewood, Belle Fourche, and Newell have attended this training in the past in order to keep their certifications. We have also provided trainings via Go-To-Meeting to these locations for crew members that cannot attend in person.

In 2017, the refresher and recertification requirements for the State were changed requiring more specific training criteria and topics be met every two year cycle. (*As such in January and February 2018, the Ambulance Service provided extensive refresher training opportunities to staff and surrounding services to ensure that everyone was able to re-certify.*)

In 2017, the Ambulance Director and her staff continued to provide EMT continuing education training to the Newell Ambulance Service in order to help them keep their certifications current. This benefits our Ambulance Service by having trained EMS in the Newell response area. We provide intercept service to Newell but do not want to service as that area's primary EMS responder.¹

The Service also believes in providing employees with the opportunity to enhance their skills within their service designation as well as to increase level of provider service.

In 2017, the Ambulance Service also hosted two EMT-Basic course for interested persons. The spring course saw 8 students completing the course. As of December 31st, the second course was approximately 50% complete. The class (6 students) will be testing out in late March 2018.

The EMT class serves as workforce development of local, certified first responders as we often hired graduates on a part-time basis.

Additionally, the Ambulance Service provides ride-along opportunities for Paramedic and EMT students from Western Dakota Tech as well as from our own in-house training programs. The Ambulance Service continues to have the positive reputation as one of the better places to do ride-alongs due to the professionalism of the staff and the number of calls. Further, students are extremely likely to have a patient contact during a 12 hour shift. We appreciate the opportunity to mentor new professionals to EMS.

¹In March 2017, the Ambulance Service also provided training services to the Faith Ambulance Service on an unexpected, emergency basis and included training for basic CPR certification and HIPAA. Staff also provided driver training. This was also done with the motivation that our Ambulance Service cannot serve as Faith's primary EMS responder.

Ambulance Director Shawn Fischer serves as the Compliancy Officer for the Ambulance Service. We added a second Compliancy Officer in 2017 (Paramedic Halli Schulz). For a nominal fee, we began assisting Newell, Faith and Belle Fourche to ensure they were compliant. In this capacity (required by the State Department of Health), they ensure that all staff persons have the required training to keep their certifications current and active. They also ensure that the provider is working within the scope of their practice for the Ambulance Service.

In late 2017, staff began to develop a Cadet Program to create a pipeline of students interested in pursuing a career in emergency medicine. That program will be rolled out in 2018 in cooperation with the local non-profit, Sturgis PAL.

In addition to these training opportunities, the Ambulance Service offers a monthly CPR certification/recertification course. These classes are open to the public at no charge beyond the cost of the CPR certification card. These are often attended by parents or day care providers. It has been shown that starting CPR before the arrival of EMS increases a person's chance of survival. The more members of the general public that are CPR trained the better!

In 2017, the Service trained 193 people on CPR. We also trained an additional 285 people on "Hands Only CPR". Staff has also provided CPR training to local school districts to comply with the state law that graduating students must know basic CPR. We provided this service to Sturgis Brown High School and Newell High School as well.

The Service also hosted a Pediatric Life Support refresher in December, re-certifying 3 students. We also provided 2 Advanced Cardiac Life Support refresher classes in 2017, re-certifying 4 students. We are frequently contacted by local providers (nursing and clinicians as well as EMS) looking for recertification hours. We are planning to expand this revenue stream in 2018.

New in 2017 was the coordination and implementation of a multi-agency mock casualty event. This event happened on July 11th and involved representatives from Sturgis Ambulance Service, Sturgis Police Department, Sturgis Volunteer Fire Department, City of Sturgis, South Dakota Highway Patrol, LifeFlight, Rapid City Fire/Ambulance, Spearfish Ambulance, Belle Fourche Ambulance, Newell Ambulance, Faith Ambulance, Enning (Rural Meade) Ambulance, Lead/Deadwood Ambulance, Piedmont Ambulance, Whitewood Fire, Summerset Police, Ft Meade Fire Department, Ft Meade Medical Center, South Dakota DCI, Sturgis Regional Hospital, Rapid City Regional Hospital, Vale Fire Department, Zylstra Towing, SD Emergency Management, Meade County Emergency Management, Kinkades Funeral Chapel, BH Funeral Home of Sturgis and others. The scenario involved a bus accident. The simulation required more than 40 volunteers moulaged to appear as "victims". The Sturgis community embraced the opportunity and from the response on social media, had a wonderful time participating and watching public safety agencies from across the region in action. The response from all participating agencies was gratitude to Sturgis Ambulance for organizing this and a hope that it would happen again.



INSURANCE / LIABILITY

The Service maintains comprehensive liability insurance covering all aspects of operations and administration of the Ambulance Service. Meade County is listed as an additional insured. This also covers Dr. Hogue in his capacity as Medical Director. This policy also covers the Jail Administrative Services contract.

OUTREACH

The Ambulance Service is also very active with outreach to the Sturgis and Meade County communities. The Ambulance Service does keep up a Facebook page: <https://www.facebook.com/SturgisAmbulance>

The City of Sturgis continues to use the CodeRed Emergency Notification System, which allows us to communicate in major incident involving EMS (i.e. mass casualty car accidents, etc.).

The Ambulance Service also hosted two blood drives in 2017 (one in March and another as part of EMS Week in May).

While the CPR classes are training, they are also a component of our outreach initiatives.

With Council approval, the Ambulance Service provided emergency medical services at the PRCA Rodeo, the High School Rodeo, the BAM Festival, the Tatanka 100 races, the Super Moto Race, and the ½ Mile Races at the Sturgis Fairgrounds during the Rally.

EMS Week

Our largest outreach efforts are centered on the National EMS Week events which happen in May each year. This is a national effort and agencies across the United States dedicate this week especially to outreach initiatives. The 2017 national theme was *EMS Strong*.

As part of National EMS Week in May 2017, the Ambulance Service hosted station tours for elementary school children and had more than 600 students through the facility. These tours provide a safe and educational format in which children can meet the professionals who care for their families in a time of emergency. They taught children how to make good 9-1-1 calls. Kids met our emergency providers and saw the inside of an ambulance. Making children familiar with EMS helps everyone involved in an emergency situation.

On Monday of EMS Week, the Ambulance Service hosted a well-attended public open house, which showcased not only the capabilities of our EMS service, but also showcased the BLM Drug Dog, SD Poison Control, Sturgis Police Department, Meade County Emergency Management, and Smokey the Bear with SD Wildland. A total of 28 vendors and providers participated, which was the most exhibitors we have ever had! Approximately 400 people attended the Open House. The public also got to see the high tech equipment that is used by our Ambulance Service to provide 24-7 ALS support to our

community and surrounding response area of more than 500 square miles. They had demonstrations of the LUCAS™ machines as well as tours of the ambulance rigs. We also had our ATV unit on display.

Lifeflight also landed in a the parking lot near the Ambulance Hall. This company continues to be an active partner with the Ambulance Service in providing critical emergent care to residents who live in more rural areas. As the ground ambulance, we provide the on-the-ground care to a critical patient until the intercept with Lifeflight can happen. These calls where Lifeflight can provide better patient care occur several times a year, but most often during the Rally period. Lifeflight is based out of the Rapid City Airport.

In 2017, we again offered community members the chance to buy an EMS Week t-shirt and “turn Sturgis blue”, showing their support for our emergency responders. Several businesses also decorated their front doors showing their support.

As part of EMS Week, the Ambulance Service hosted numerous community outreach events in honor of EMS Week, including basic health screenings, community blood drive, 5k/10k run and walk as well as an interagency softball game. A new outreach event this year was the CPR Parking lot party held at Lynn's. With bounce houses to attract families, we taught adults and older youth how to do Hands Only CPR. In fact, the entire week, over 600 people learned Hands Only CPR!



The 5k/10k run this year was again a ‘rainbow run’ where participants were doused with colored baking soda as they completed the course. Around 60 people participated and had a blast. Participants ranged in age from infants to the elderly. Once the kids completed the race, they had fun throwing the powder at the adults who were completing the course.



Community Outreach

In 2017, several staff members went to the Special Olympics Polar Plunge event in Spearfish to support the Sturgis Police Department.

We provided meals to homebound residents as part of the Community Thanksgiving dinner.

We also sponsored a float in the annual Black Hills Energy Sturgis Parade of Lights in addition to having ambulances participate in the parade. Following the parade we partnered with the Sturgis Area Chamber of Commerce to host hot chocolate and snacks.

Several of our crew also participated in the 5k run in memory of a local child who died from pediatric cancer.



High School Outreach

The Ambulance Service in conjunction with the Sturgis Police Department, SD Highway Patrol, Life Flight, and Sturgis Volunteer Fire Department participated in the Choices Simulation on Tuesday night, November 7th and Wednesday, November 8th. This is the 6th year we have partnered with the Meade 46-1 School District and many other organizations and agencies in this annual simulation, which helps teach freshmen how bad decisions can permanently affect their lives.



Another seatbelt educational outreach program that the Ambulance Service assisted with took place in November 2017. Employees from the Ambulance Service, along with the Sturgis Police Department, Sturgis Volunteer Fire Department, National Guard and High School representatives, checked seat belts at the High School as part of this seatbelt awareness campaign.

Legislative Outreach

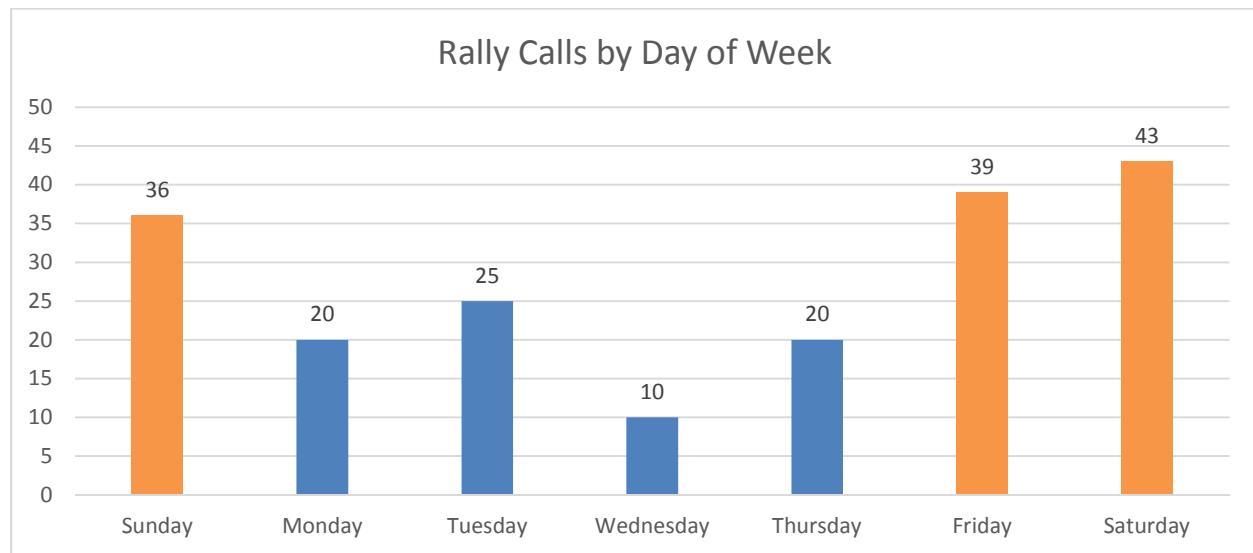
In 2017, our Director participated in EMS Day at the Capitol. This is an opportunity to speak with the Governor and his staff and bring awareness regarding challenges facing EMS statewide and within our region.

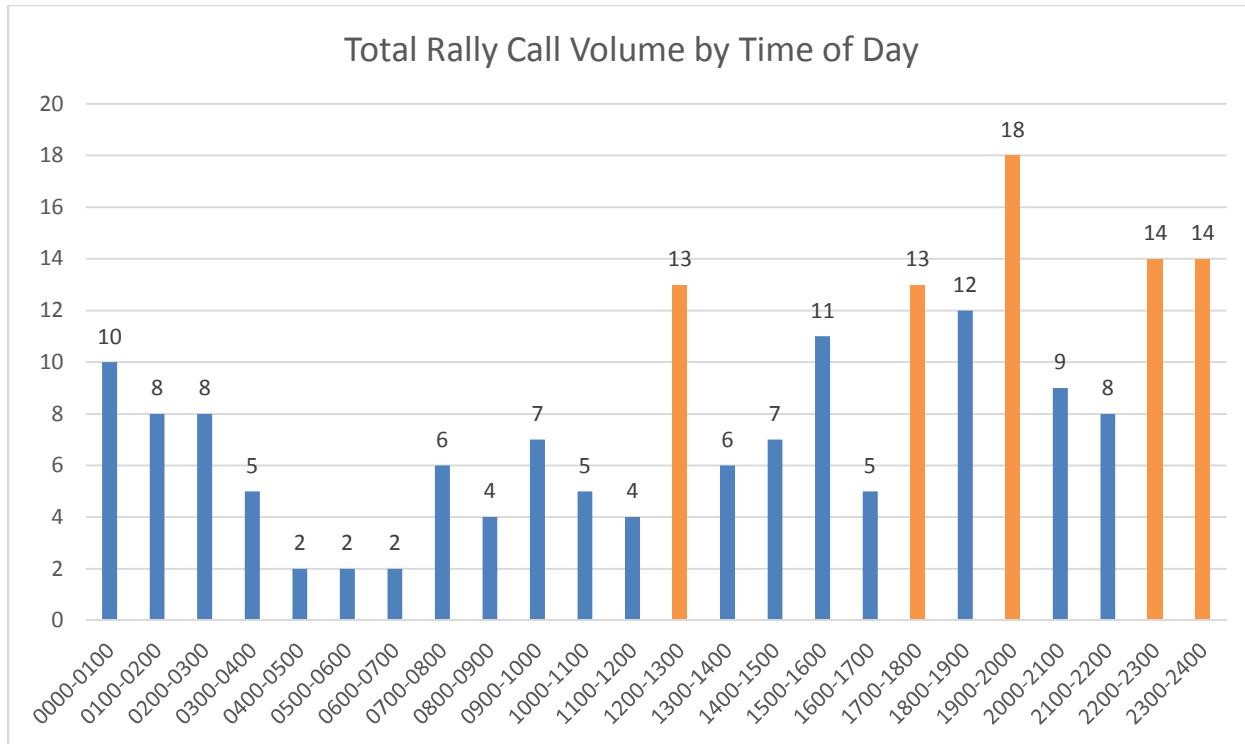
77TH STURGIS® MOTORCYCLE RALLY™

The annual anniversary of the Sturgis® Motorcycle Rally™ compounds the many unique challenges that the Ambulance Service faces regarding staffing, increased call volume, rural response area, and increased congestion due to the short-term population increase.

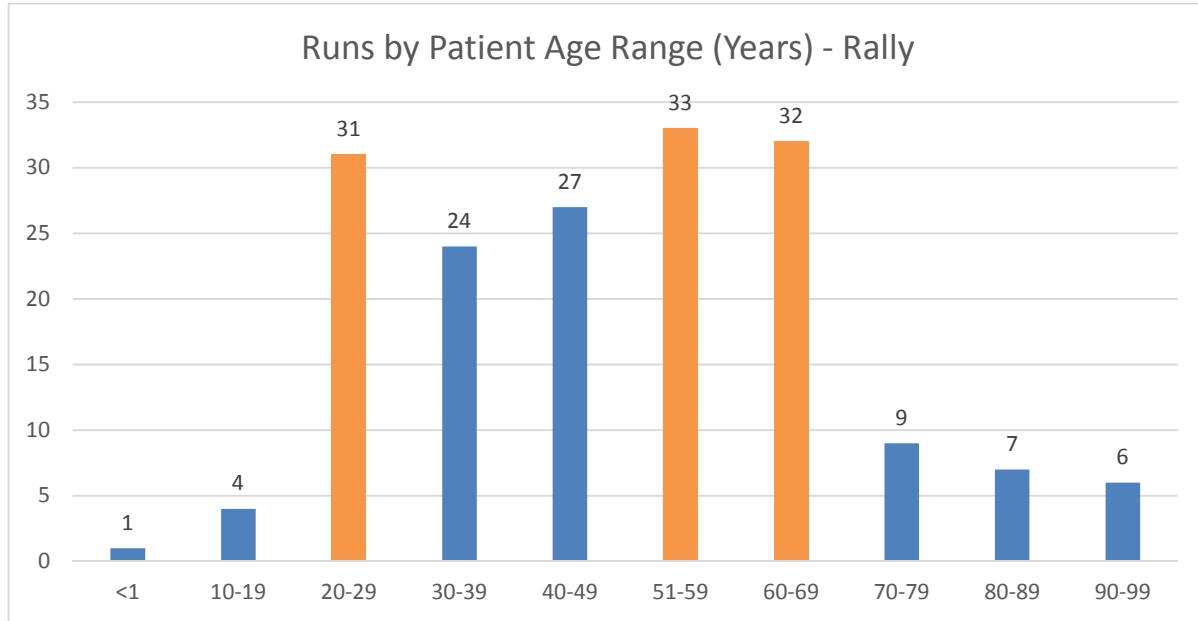
In 2017, the Ambulance Service again staged an ambulance east of Sturgis during the Sturgis® Motorcycle Rally™ in an effort to decrease response time. (This practice was started in 2013.) We also provided support to the Buffalo Chip in the form of backboards in order to ensure better patient care and faster transfer when our crews arrived on scene. The Buffalo Chip also agreed to run under the Ambulance Service's medical protocols and Medical Director for the same reasons.

Taking into consideration that the Rally data actually includes 2 Thursdays, 2 Fridays, 2 Saturdays and 2 Sundays, the busiest day was likely Tuesday.





During the 76th Rally, of the 220 calls that we were dispatched for, 27 resulted in cancelations, not patient found, etc. 82.9% of our actual calls were treated and transported by EMS. 102 calls (52.84%) were ALS Ground Transport.



On behalf of the State EMS Office, Director Fischer again reached out to all the local campgrounds to ensure any EMS staff they brought on were properly licensed and certified with the State of South Dakota.

The American Red Cross began putting up a First Aid Station several years ago (2013). They are typically stationed at the Sturgis Community Center. They provide water and first aid to visitors. They would also check blood pressure, etc. This service reduced pressure on the EMS system as well as Sturgis Regional hospital and its urgent care as these patients could be treated for minor symptoms (i.e. minor dehydration) before the symptoms become more severe and require more serious medical intervention. These volunteers also triaged visitors and could direct them to urgent care clinics in Spearfish or Rapid City, if appropriate. However, in 2017, due to a funding issue, the Red Cross was unable to coordinate and staff the first aid station. Due to its importance to the EMS system, the Ambulance Service recruited volunteers and provided lodging and meals at the station for the volunteers. The State provided all the first aid supplies at no cost to the Service.

INTERAGENCY PARTNERSHIPS

The Ambulance Service is dispatched by Meade County Sheriff Office. The Director is part of the Dispatch Users Board that formally meets semi-regularly with the Sheriff and the Dispatch supervisor to discuss any challenges that may arise with the dispatching of 911 calls.

The Ambulance Service has continued to work diligently in the past year to maintain and foster relationships with other agencies, including Sturgis Police Department, Meade County Sheriff's Office, Sturgis Volunteer Fire Department, Fort Meade VA Hospital, Rapid City Fire, Spearfish Ambulance Service, the Regional Hospital System, Enning (Rural Meade) Ambulance, Newell Ambulance, and other smaller services. Rapid Fire has implemented an in house Paramedic training program. Director Fischer sits on the Board of Directors that is advising on the development and maintenance of that program.

Sturgis Regional Hospital has a Level 4 Trauma rating with the State. Our partnership with the hospital is vitally important to keeping this level of certification. As such, the Director meets monthly with hospital staff to review all trauma cases that were treated at Sturgis Regional Hospital. In 2017, the Ambulance Director worked with Sturgis Regional Hospital and South Dakota Trauma (under SD Department of Health) on its redetermination as a Level 4 trauma center as they were certified for another three years.

During 2017, the Sturgis Regional Hospital was in the middle of its multi-million dollar expansion of its facility on Junction Avenue in Sturgis. This expansion was completed in early 2018. In 2017, the Ambulance Service worked closely with local Regional staff to ensure that any routing changes resulting from the construction zone were adequately communicated to EMS staff well in advance. We do not anticipate any change to the demand by Sturgis Regional for transfer support as a result of the expansion and incorporation of the clinic onto the hospital campus.

We also participated in the initial training and activation of Ft. Meade's new stroke treatment center in late 2017. This participation involved assisting with staff training, participating in simulations, and other efforts to ensure that the Ft. Meade providers recognize a patient experiencing stroke symptoms and

alerting the stroke protocols properly. This can include transporting via EMS to Rapid City for higher level of care beyond the scope of the stroke treatment center at Ft. Meade.

Director Fischer is the Secretary for the South Dakota Ambulance Association. This organization was formed to help all ambulance services on the challenges that all ambulance services face in South Dakota.

Additionally, the Director sits on the South Dakota Ambulance Directors' Board. This 6 member board meets every other month and represents all ambulance services (public and private) in the State.

The Ambulance Director continues to sit on the Stakeholders group that is advising the State on the transition of EMS from the Department of Public Safety to the Department of Health. This is a positive statewide organizational transition and we are honored to have a seat at the table as this transition is put into motion. They meet quarterly.

Finally, the Ambulance Service works closely with the Meade 46-1 School District and supports their mission. In addition to the Freshman Choices Simulation, each year the Ambulance Service participates in the Career Fair at Sturgis Brown High School and an ambulance is also present at high school football games and wrestling matches.

The State migrated to the new Image Trend platform for all ambulance services this year. (We had been using this same platform since 2015 and also upgraded to Image Trend Elite. Our Ambulance Director was designated one of the West River "Super Trainers" for all the Ambulance Services in the region.

AWARDS & RECOGNITION

The Ambulance Service was recognized at the State level for its professionalism, dedication, and community outreach.

The Ambulance Service was the first service to be awarded the Pediatric Readiness Certificate by the organization South Dakota EMS for Children. This organization is part of a national initiative designed to reduce child and youth disability and death due to severe illness and injuries. It is affiliated with USD and its medical school.

Ambulance Director Shawn Fischer and EMT Dylan Siscoe won the Trauma Wars competition in 2017 at the annual State EMS Conference.

UPCOMING FOR 2018

The City of Sturgis began having serious conversations with the Meade County Commission as well as residents in the Ambulance Service's response area in late 2017 regarding the serious financial situation of the Service. The Meade County Commission recommended establishing an Ambulance District to

provide a dedicated revenue stream for the service. A series of public meetings as well as a petition drive took place in January 2018. As of the drafting of this annual report, conversations are on-going but no final solution has been found.

The Ambulance Service is also preparing for the 78th Sturgis® Motorcycle Rally™. Estimates are that the Rally's attendance will be above where it was last year. The Ambulance staff is very involved in those conversations and planning meetings.

The Ambulance Services are still awaiting a final decision by the State regarding the future of a "Community Paramedic" program in South Dakota. This type program encourages hospital and clinics to make use of paramedics to make home checkups and thereby reduce the need for patients to revisit hospitals and clinics. Rapid Fire was successfully able to petition the Board of Osteopath for an 'exception' allowing them to begin to implement a Community Paramedic program in their response area. Community Paramedics do require additional training and certifications as they have additional scope of practice. (For example, they can do wound care.)

The Sturgis community is continuing to experience a growth in housing development, which corresponds to an increase in population. In 2018, the City anticipates more than 50 housing units to be constructed. This population growth (along with an increase in traffic) will increase 9-1-1 emergent calls for service.

In 2018, we anticipate we will continue to be working with the smaller Ambulance Services located in Meade County to ensure their sustainability and viability. This is a grave concern for our Ambulance Service as sustainable BLS services in rural portions of our county are necessary to provide timely emergency response and care.

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