



STURGIS AMBULANCE SERVICE



Photo Credit: City Staff, Mass Casualty Drill (October 2018)

2018 ANNUAL REPORT

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NOTE REGARDING THIS REPORT

Effective in late 2018, the Sturgis-Meade County Ambulance Service became a wholly owned municipal ambulance service, the Sturgis Ambulance Service, when the Meade County Commission cancelled the existing joint services agreement that had governed operations for many years. As part of the dissolution of contract, Meade County made a payment to the City and the City retained sole ownership of all equipment and vehicles. This most recent contract was signed in 2013.

As such, the City is no longer required by contract to provide a detailed Annual Report to Meade County. The City does not normally provide an annual report for each municipal department or enterprise fund. Rather, the City incorporates all information into a City Annual Report mailed to all water accounts in the first quarter of the year. The Ambulance Service was covered in that document.

However, given the recent community interest in the Ambulance Service and the on-going funding challenges that the Service still faces, the City has drafted this document, the 2018 Annual Report. Therefore, this 2018 report utilizes the same format of past annual reports and describes the financial status of the Ambulance Service, the calls responded to, the maintenance of the equipment, the annual audit of the Ambulance Service and outreach/training initiatives. It is unknown at this time whether this document will continue to be drafted in future years.

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. This response area was last adjusted in December 2017.

The Service utilizes the Meade County Dispatch Center. The Center dispatches the Ambulance Service within this previously described response area. We are required by State law to respond when dispatched. When called, we must respond. This sometimes means that we have served as 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.

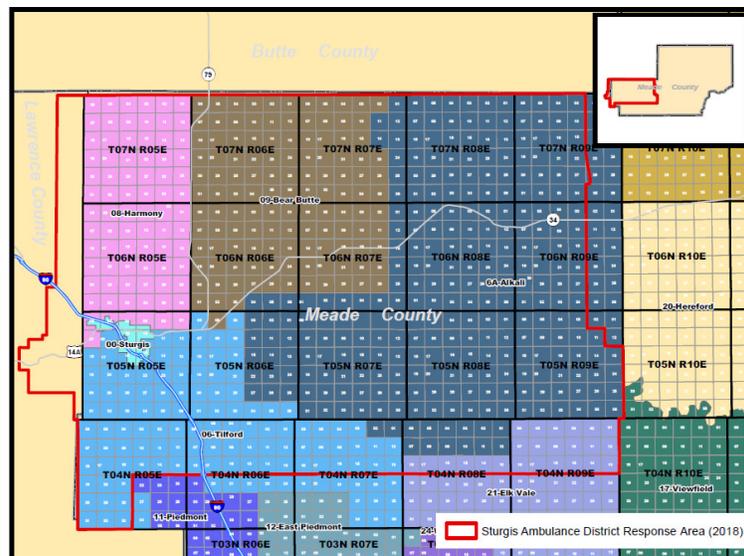
The Ambulance Service also serves the Fort Meade Veterans' Hospital and Sturgis Regional Hospital by transporting patients to and from other medical facilities in the Hills for medically necessary procedures and care.

In 2018, 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.



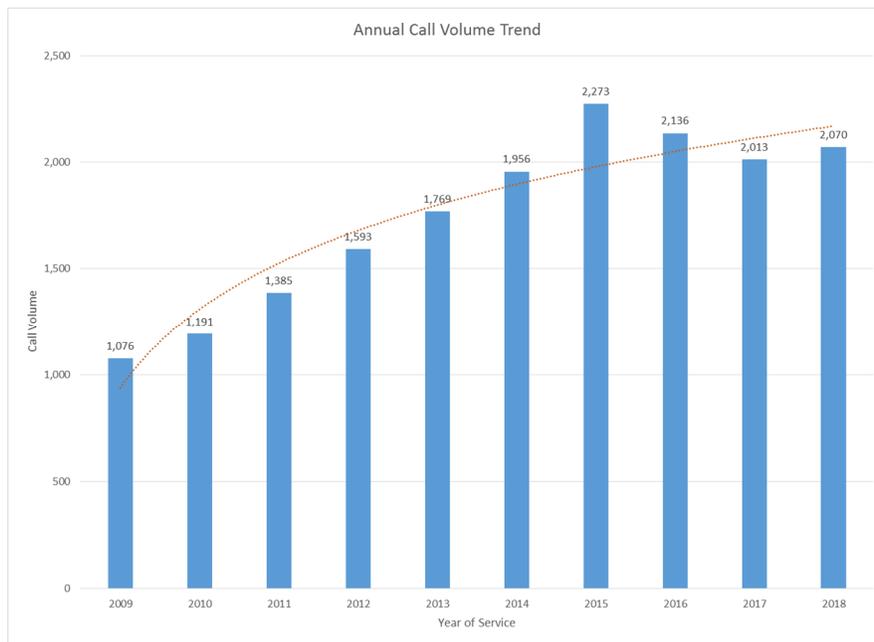
Response area, last revised December 2017

ANNUAL CALL VOLUME

The Ambulance Service was dispatched out for 2,070 calls in 2018. 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%	2
2017	2,013	-5.8%	
2018	2,070	+3.8%	3



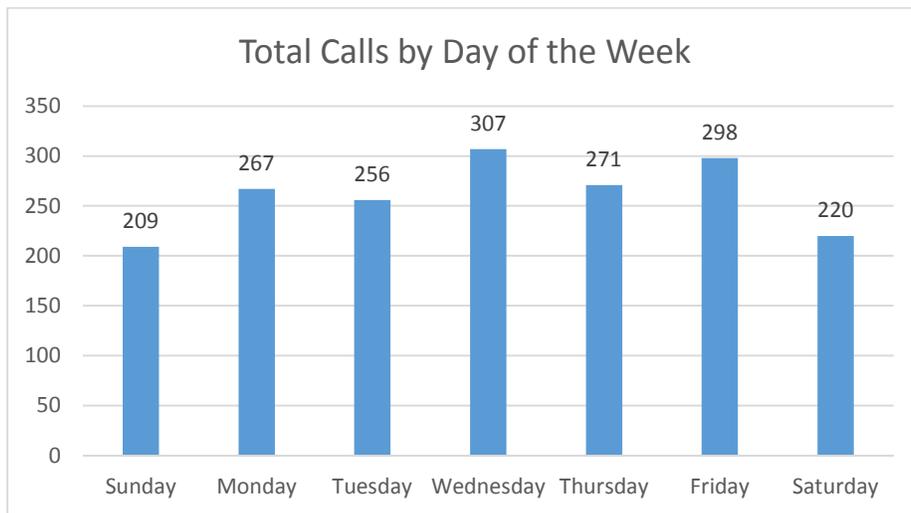
We continue to use the ImageTrend EMS Service Bridge for reporting. ImageTrend provides detailed analytics about our call volume. ImageTrend upgraded its data platform in 2017. Therefore, all run data prior to July 1, 2017 is housed in ImageTrend. After July 1, 2017, the data is housed in the ImageTrend Elite platform. All of 2018 data was 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) (83.37%).

Of the 2,070 calls for service that the Ambulance Service received this year, 342 (12.0%) were cancelled en route, standbys, no patient found, etc. where there was no patient contact / no primary impression recorded. An additional 391 calls were dispatched and resulted in either refusal of care by the patient once we were on scene and/or once treated the patient refused transport (18.9%). If a patient refuses to transport, these calls are all non-billable contacts.

72.87% of the calls in 2018 originated in Sturgis. Of this, 19.97% originated at Sturgis Regional Hospital (i.e. transfer requests). Another 15.64% originated at Fort Meade VA or Hot Springs VA. The Meade County Jail facility was approximately 2% of our calls.

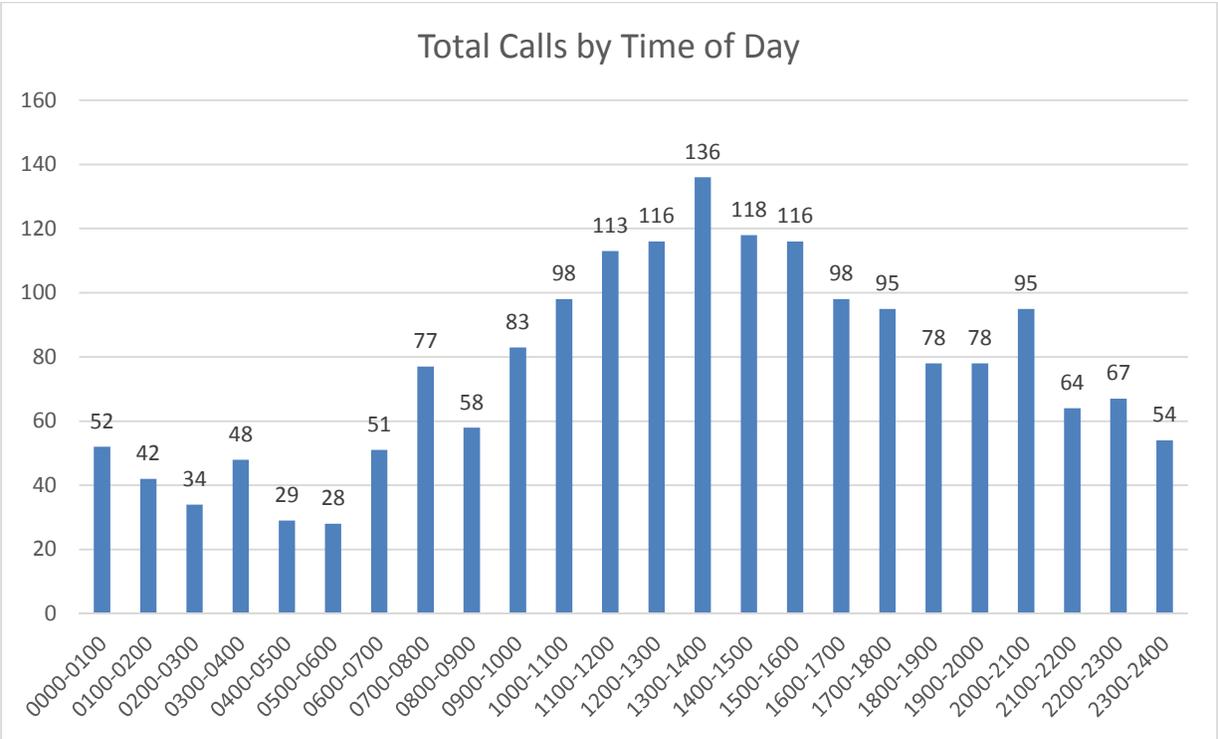
The Ambulance Service is busy throughout the week. There is no pattern to our call volume or frequency based on the days of the week. In 2018, our call volume was highest on Wednesdays.



It is interesting to look back at call volume by day of the week and see the variability by year:

YEAR	DAY WITH HIGHEST CALL VOLUME	DAY WITH 2 ND HIGHEST CALL VOLUME	DAY WITH 3 RD HIGHEST CALL VOLUME
2018	Wednesday	Friday	Monday
2017	Friday	Saturday	Tuesday
2016	Friday	Monday	Tuesday
2015	Thursday	Friday	Saturday

We are also busier during the daytime hours, with 45.22% occurring between 8am and 5pm. 55.99% 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. However, it's interesting that we had more night/evening calls (between 6pm and 6am) in 2018 than in 2017.



It is also important to note that the average duration of call is 1 hour, 31.68 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.

The average mileage required to transport of patient from scene to the receiving facility is 23.89 miles.

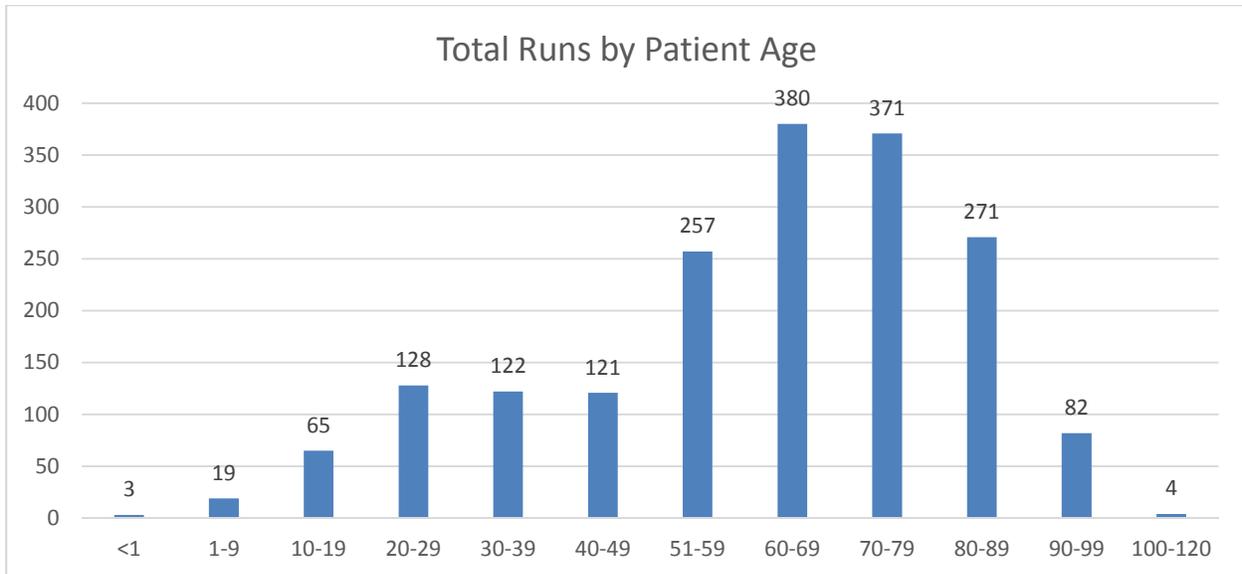
In the EMS field, minutes literally make the difference between life and death of a patient. The Ambulance Service is proud of our response time.

- 71% 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 2.98 minutes of the dispatched call.
- It takes us, on average, another 11.21 minutes 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 19.97 minutes on scene in 2018.

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).

84.19% of our calls (1,539) 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.

Patients continue to trend elderly for our community.



STAFFING

In 2018, 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 transfers. 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 began to use on-shift staff to handle 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 as well as additional standby services when the first and second daytime crews are responding to calls.

For the overnight shift, we continue to try to schedule a stand-by crew which is available and called in should the primary crew be 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 2018, the Ambulance Service consisted of a staff of approximately 40 employees with skills ranging from EMT-Basics to Critical Care Paramedics. Our roster varies as we have several part-time employees, whose availability can fluctuate. Several employees are dually licensed as nurses and/or certified as flight Paramedics. We also have a few employees who are certified “drivers” that can provide additional support. All staff are employees – we do not have any “volunteer” employees nor are any contracted for service. (Further, we do not hire additional staff for Rally.)

Of these employees, there are 1 full time Critical Care Paramedic/LPN, 2 half time Critical Care Paramedics, 2 full-time Paramedics, 1 half-time Paramedic, 1 half time EMT-I99/Biller, 1 full-time EMT-I85, and 1 half-time EMT-B. Additionally, 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 was honored to have 7 active members of the National Guard employed with us in 2018. We were thankful that all 4 of our deployed Guard members returned safely from their active deployment in 2018.

Drivers must have training in HIPAA, proper lifting, and body substance isolation (BSI). They must also complete an emergency vehicle operator course (EVOC) and be CPR certified.

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.

In 2018, we reviewed and updated our new hire orientation process to better ensure consistency across trainers and more accurately validate skills prior to releasing new hired medical personnel to run as a full crew member. While the fundamentals of the program did not change, the orientation program now has better documentation and check-off processes as well as timeframes to ensure completion. Modeled on a law enforcement field training program, we launched the updated program formally in January 2019. (Employees on orientation continue to work as the third person on a crew until released.)

Employees cover 12 and 24 hour shifts as primary crew members. They also come in to serve on standby crews and/or to voluntarily take transfers between medical facilities (especially long haul transfers). 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 very appreciative of our part-time employees who pick up shift with us on their days off, reliance on part-time staffing does provide significant scheduling challenges as well as can limit the availability of employees during crisis situations

and for standby status. Similarly, we have many employees who live outside the City (and even the response area). This adds to scheduling challenges as well as immediate emergency response.

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.

As a service, we do provide training opportunities for those who wish to become certified EMT-Basics through an in-house training program. This ensures that we have a pipeline of Basic Life Support candidates. We are unable to conduct a Paramedic training program, in house, due to certification and accreditation requirements. *(See Training section for more information.)*



We must recognize that 2018 ended with extreme heartbreak when the Sturgis Volunteer Fire Department lost one of its own during a tragic accident on September 7, 2018. SVFD Assistant Chief David Fischer was on scene of a house fire when he was killed. Dave was also an EMT-Basic with the Ambulance Service and is the husband of our Ambulance Director. This senseless tragedy has weighed terribly on the Ambulance Service, the SVFD, and the wider Sturgis community. Dave's contribution and dedication to our community is immeasurable and he is greatly missed.

MEDICAL DIRECTION

The Ambulance Service was under the medical direction of Dr. Derrick Kuntz (January – May 2018) and Dr. Natalie Tymkowych (June – December 2018). Dr. Michael Hogue was the prior Medical Director (2012-2017). Both Dr. Kuntz and Dr. Tymkowych are board certified family physician affiliated with Sturgis Regional Hospital and the Rapid City Regional medical system. The role as Medical Director is solidified through a contract for professional services with the City of Sturgis. In May 2018, Dr. Kuntz took another position with the Regional Health system and was no longer able to serve as our Medical Director. Dr. Natalie Tymkowych stepped into the role on June 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. We also store an ATV unit with trailer in a northern bay. The ATV unit is used to respond on the variety of terrain that is impassable with traditional 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 SVFD Fire Chief) have private offices. The certified billing staffers utilize a shared space that also serves as Reception for the building. On-staff EMS crew utilize 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. In 2018, we converted part of the training / storage space into office space for the Ambulance Supervisor as well as for jail contract.

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. In 2018, the Mayor's Ride again made a donation to reimburse the Capital Improvement Fund. 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	2018 Mileage	Book Value, 2017 Audit
2003	Ford Med Tec II (van) (S2)	89,393	91,566	92,045	93,425	94,033	\$0
2003	Ford Med Tec II (van) (S3)	86,872	91,043	94,510	97,120	99,832	\$0
2017	Ford Med Tec III (S1)	-	-	-	4,633	40,241	Not calc'd
2010	Chev Med Tec III (S4)	180,531	213,974	247,876	265,989	271,933	\$14,290
2012	Ford Wheeled Coach 4X4 (S5)	20,694	23,268	25,359	28,430	32,190	\$80,368
2013	Chevy Wheeled Coach (S6)	72,787	122,609	166,833	197,661	231,855	\$82,924

In late 2017 the City paid to remount S1 for a total cost of \$110,617.20, using Arrow Manufacturing. We had begun exploring this option in late 2016. By remounting, we used 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 brand new once the remount is completed. (Unfortunately, you can only remount a box 2 times.) When S1 was remounted, it had 152,060 miles and was not operational. Arrow took possession in May 2017 and returned it to us in late September 2017. As you can see, we put almost 36,000 miles on S1 in 2018.



S1 remount 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. In 2018, we put 34,000 miles on it. It has only been service for 5 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 just under 272,000 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 again unable to complete these repairs in 2018 due to financial considerations as well as fleet considerations.

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 aged and unreliable, we may have to begin running S5 as our 3rd 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 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. Additionally, 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 at the care giver. Type 2 ambulances can be more 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. In those situations, S3 and S2 are not ideal. However, we continue to keep them in our fleet as they are often deployed during the Rally.

For the annual Rally, the Ambulance Service needs to have 6 ambulances available for response. During 2018 Rally, the Service did not lease any ambulances.

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 a recent 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. We fully anticipate that costs to replace or remount have increased since that time period. In 2020, the City is hoping to budget \$100,000 to remount S4; however the 2020 budget will not be finalized until September 2019.

The Ambulance Service also has a 2016 Yamaha YCX700E with the Search & Rescue package that was purchased in 2016 with a 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. On average, we use the ATV 5-6 times a year. While primarily used for stand-by response at an event (Supermoto Races, Jackpine Gypsies, Full Throttle, etc.), we also use it as a primary response vehicle on rugged terrain calls. In 2018, it was deployed with a fire at Bear Butte State Park as well as a grass fire near Pleasant Valley. We have also used it in the past for search, rescue and recovery efforts.



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. In 2018, the State of South Dakota gave us a grant of almost \$15,000 to purchase supplies and additional equipment for the ambu-bus. As part of the grant, staff was also able to repaint the bus this summer, covering the school bus yellow and ensuring it looks more like an ambulance.



The Ambulance Service continues to utilize two Command vehicles that were surplus from our Police fleet at the end of their useful patrol life.

Critical On Board Equipment

Each Ambulance is deployed with a LifePak 15 unit. These units are used to monitor vital signs (oxygen, pulse rate, blood pressure, etc.) as well as provide real-time cardiac monitoring, alerting caregivers to changes. They are also an external cardiac defibrillator (AED) device, providing lifesaving electric shock to the heart in certain cardiac emergencies. Our LifePak units are all at least 9 years old, with one being an even older style than the others. A new LifePak unit would be estimated at a cost, brand-new, of \$35,000 to \$37,000.



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.



In 2018, we contracted with Physio-Control to provide annual servicing of the LifePaks and LUCAS machines. This is designed to extend the life of these life-saving devices. It also ensures that we have the most up-to-date software package. As part of the service, they replace batteries and other essential components at no additional charge.



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. In the past, 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 Osteopathy 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, in 2018, the Ambulance Service still had several lifting related injuries reported. Fortunately, they were minor injuries that did not result in 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.



An on-going 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. 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 received a Homeland Security Grant to upgrade our handheld radios in anticipation of this pending system upgrade. With this award of

\$44,022, we were successful in upgrading about half of our handheld radios through this grant. We hope to be able to purchase additional handheld radios in the future. However, currently our financial situation does not permit this.

We further anticipate another \$45,000 will be required to upgrade the radios in all the primary ambulance vehicles. We have been awarded, through the 2019 Homeland Security grant process, \$25,000 towards replacing vehicle mounted radios in our primary ambulances.

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 are 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.





We did not deploy the mobile ER / triage unit in 2018 for training purposes (like we did in 2017). However, we did use it during the annual Sturgis Motorcycle Rally to house the First Aid Tent at the Community Center facility.

FUNDRAISING

In order to address the funding challenges that the Ambulance Service faces with regards to equipment upgrades, the staff continued to host numerous fundraisers throughout 2018. The primary one was a 2018 calendar with an accompanying drawing for a firearm. We also did a Coyote Calling contest in February. Finally, staff also hosted a holiday wreath silent auction in conjunction with the annual Sturgis Parade of Lights.



Staff works 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.

FINANCIALS

2018 Year End Unaudited Financials

Year-end Cash Balance as of December 31, 2018: **(\$625,627)**

Net Accounts Receivable as of December 31, 2018: \$317,950

Gross Accounts Receivable: \$1,325,654

We estimate that \$758,904.80 is uncollectable.

2018 Revenue: \$888,091

In addition to this revenue from billing, we received \$70,000 from our contract with Meade County Jail. We were also reimbursed \$1,289 for supplies and prescriptions.

We also received a one-time payment of \$60,000 from Meade County. This was paid in conjunction with their cancellation of the joint operations agreement that governed the Sturgis-Meade County Ambulance Service until October 2018.

From the intubation professional service contract, we received an additional \$6,668.

Through donations and fundraising, we took in an additional \$31,551. We also hosted classes, grossing additional revenue of \$15,882.

In 2018, we also received grant monies totaling \$22,955.

Total Operating Expenditures 2018: \$1,179,300

(Excluding capital expenditures and depreciation)

Building and Administrative Costs: \$102,998

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.

Depreciation: \$90,389

Total Capital Expenditures 2018: \$0

Note: *These numbers are unaudited as the City's annual audit for 2018 will not be complete until July 2019.*

Funding is an on-going 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 continually required to receive loans from City of Sturgis enterprise funds to balance at year end, as required by State law. In 2018, the total outstanding loans provided by the City of Sturgis was approximately \$627,623. As was explained in several public meetings both with the entire County Commission as well as with the general public in 2016 -2018, 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 2018, the Ambulance Service again was unable to fund 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.

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. In 2018, through our collections efforts, we netted \$20,603 from past due accounts. This is the highest amount ever received from past due accounts.

Billing Responsibilities

In 2018, billing continued to be handled internally by Department staff.

Our two 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. Quality Assurance is handled by the Ambulance Director and the Ambulance Supervisor.

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.

We continue to struggle with reimbursement rates from private insurance and Medicare. However, the Medicaid reimbursement rates are strikingly insufficient to pay for the costs associated with the care the patient receives.

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%

In January 2018, the Medicare increase “extension” was made permanent in January 2018. (This previously temporary legislation from several years ago had expired December 31, 2017.) This legislation increased Medicare ambulance payments 3% in rural areas like Sturgis and western Meade County. Although the payment rates for Medicare are not close to 100%, the additional 3% is helpful.

Medicaid Reimbursement Challenges

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.

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 previous Governor dropped his initiative to request that the Legislature expand Medicaid eligibility as part of the 2017 legislative session. In 2018, the Legislature focused on nursing

homes. 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.

Funding Equality Across Entire Service Area

Currently the Ambulance service is funded through several revenue streams (billing, City of Sturgis funding, jail services contract, training, intubation contract, fundraising, etc.). However, the ambulance consistently runs at a deficit, which is covered by municipal monies. The City has spent the past 4 years attempting to address this problem. It has hosted stakeholder meetings and public forums. It has responded to numerous individual phone calls, emails and visits.

The central concern is that city taxpayers are shouldering the brunt of the cost of emergency services provided not only within city limits, but also in the rural areas east of Sturgis in Meade County. Applying the philosophy that everyone who uses the emergency services should pay for them, in 2018, Meade County set a vote on December 18th to establish an ambulance district to cover the Sturgis Ambulance Service's response area outside of City limits. After considerable community discussion, the residents in the proposed district voted down the proposed district, 199 to 171.

In 2019, the Sturgis City Council is evaluating options, given the on-going lack of funding for ambulance response to county residents. These options will include (i) negotiating with Lawrence County for financial support for response in Boulder Canyon and west of Sturgis, (ii) negotiating with campgrounds to provide revenues that would cover the additional expenditures associated with EMS response to the campgrounds during the Rally, and (iii) evaluating the ongoing ability of the Service to respond in western/central Meade County.

State law does not list emergency medical service as an "essential service" that must be provided. Therefore, funding challenges will result in reduced emergency services in areas that are currently covered. Sturgis is not alone in facing funding deficits as well as inequality in supplemental funding.

As an example, Piedmont Ambulance Service is supported by an ambulance district. However, in late 2018, they were forced to stop providing service to the City of Summerset, after Summerset voted down being a part of the ambulance district. The City of Summerset then contracted with Rapid City Fire Department for EMS services and emergency response. While RCFD provides advanced life support, the trade-off is in response time for a unit to respond from Rapid City. In addition, the City of Summerset will now be paying RCFD for the services provided, where before this was provided for free by the Piedmont Ambulance Service.

Additionally, Bison and Central Meade County Ambulance Services are both struggling. Central Meade County may have to close its doors at the end of 2019. In 2017, it was Faith Ambulance Services. While the Sturgis Ambulance Service can and does assist both Bison and Faith with training of new EMTs as well as providing on-going training, there is no guarantee that the services can stay open.

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 2018, the City incurred \$12,914.20 for emergency medical transports from the Meade County Jail. These invoices will be written off at the conclusion of the 2018 audit. *(Note, this does not include all emergency medical response calls at the jail. Many times we are dispatched to the jail for an emergency but the inmate is treated with no need for transport. These are non-billable and non-refunded charges.)*

In 2019, the City completed a negotiation with Meade County regarding all Jail Ambulance Services. The negotiations resulted in Meade County increasing its funding for Ambulance Services by \$5,000.

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
- 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 aged accounts that are "written off" does not mean that on-going collection efforts are not attempted. In 2018, we netted \$20,603 in ambulance collections conducted by AAA Collections.

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 2017.

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 Ann Hodgeman, PA. The Jail Medical Services contract was renewed by Meade County Sheriff's Office for the 2018 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. The Ambulance Service also utilizes another crewmember, who is an RN, to assist in reviewing sick call slips.

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.

Staff continues to have conversations 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.

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 County also does not have the wage and benefit costs of a full-time staff nurse. The Ambulance Service saves money 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. We continue to evaluate the cost/benefit to the Ambulance Service each year prior to renewing the contract.

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 and 2018, 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. In 2019, we negotiated an increase to \$75,000, to help offset non-reimbursed jail transports.

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 Professional 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. We also utilize a crew member who is an RN. 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 Zoom 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 in a 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. We continue to hold monthly training opportunities in conjunction with our monthly meeting.

In December 2018, we hosted a PALS (Pediatric Advances Life Support) recertification course. We hosted an ACLS (Advanced Care Life Support) class in May 2018. These certification/recertification courses are for advanced life support providers and it is vital to host them in our community as it eliminates travel time.

In 2018, the Ambulance Service 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.

In 2018, the Ambulance Service also hosted one EMT-Basic course for interested persons (April through November). (We also finished the 2017 winter class, with 6 students testing out in March 2018.) The 2018 course saw 21 students enrolled the course. As part of this summer course, several students affiliated with the Bison Ambulance Service enrolled. This entailed several training sessions in Bison as well as in Sturgis for local students.

We also enrolled a winter course 2018/2019, with 24 students starting in November 2018. They will test out in April 2019.

Motivations for taking the course vary and not every student who enrolls is successful in testing. But, the EMT-Basic class serves as workforce development of local, certified first responders as we often hire 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.

The Sturgis Ambulance 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. We hope to host an EMT-Advanced course in 2019.

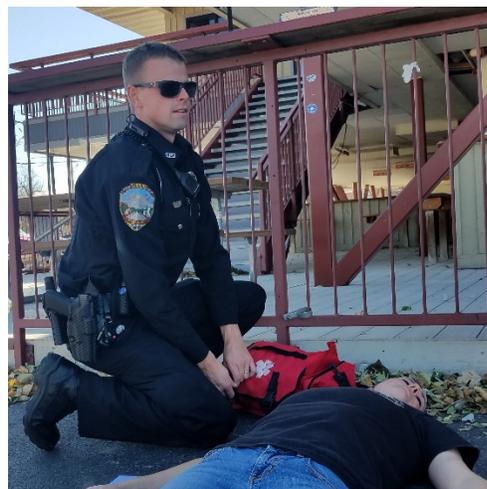
Ambulance Director Shawn Fischer serves as the Compliance Officer for the Ambulance Service. We added a second Compliance Officer in 2017 (Paramedic Halli Schulz). For a nominal fee, we began assisting Newell, Faith and Belle Fourche to ensure they were compliant. In this capacity (required by the State 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 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 2018, the Service trained 154 people on CPR (193 in 2017). We also trained people on "Hands Only CPR" as part of EMS Week, but we did not keep statistics this year. 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.

We are frequently contacted by local providers (nursing and clinicians as well as EMS) looking for recertification hours. We hope to expand this revenue stream in 2019.

In 2018 we again had the coordination and implementation of a multi-agency mock disaster event. This year's event took place on October 24th and involved representatives from Sturgis Ambulance Service, Sturgis Police Department, Sturgis Volunteer Fire Department, SD National Guard CST Team, City of Sturgis, Meade County Sheriff Office, Meade County Dispatch, SD Game, Fish & Parks, Sturgis Regional Hospital and multiple civilian volunteers. The scenario involved a chemical release. The simulation required more than 15 volunteers moulaged to appear as "victims". Special thanks to the Loud American Roadhouse!



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. Kuntz and Dr. Tymkowych in their capacity as Medical Director. This policy also covers the Jail Administrative Services contract and the Intubation 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 2018 (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 High School Rodeo, the Tatanka 100 races, the Super Moto Race, Jackpine Gypsies, Mustang Rally MotoCross, Camaro MotoCross, City ATV Rally, Junior High Rodeo, New Underwood HS Rodeo, AAU Wrestling matches, and SBHS football games. In 2018, we provided emergency medical support during the ½ Mile Races, Mayor's Ride and Discovery Ride during the Rally. We also provided stand-by emergency medical services at the Full Throttle during their ATV/UTV Rally in late July as well as for several events on their property 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 2018 national theme was *Stronger Together*.

As part of National EMS Week in May 2018, the Ambulance Service hosted station tours for elementary school children and had more than 550 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 of 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 24 vendors and providers participated, which was the most exhibitors we have ever had! Approximately 225 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. Bouncy Houses were the hit of the open house with the kids!

Lifelight also landed in 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 Lifelight can happen. These calls where Lifelight can provide better patient care occur several times a year, but most often during the Rally period. Lifelight is based out of the Rapid City Airport.

In 2018, we again offered community members the chance to buy an EMS Week t-shirt and “turn Sturgis gray”, showing their support for our emergency responders.

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.

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 65 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 2018, several staff members went to the Special Olympics Polar Plunge event in Spearfish to support the Sturgis Police Department.

We delivered meals to homebound residents as part of the annual 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 an open house. We had a silent auction of home-made wreaths and Christmas decorations as well as vendor fair. They had over 10 vendors participate. Creative community members joined in on a couple evenings of wreath decorating at the Fire Hall in advance of the open house.



In fall 2018, through *Don't Thump Your Melon* (a Regional Health outreach initiative), Sturgis Ambulance along with Sturgis Police Department representatives visited Whitewood Elementary School and Sturgis Elementary School to fit helmets on all Kindergarteners. In partnership with Strider Bikes, we also gave the schools new Strider Bikes to use as part of their bike safety PE curriculum. The Whitewood kids were so excited to take a spin around the gym!



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 6th and Wednesday, November 7th. This is the 7th 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 spring 2018. 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 2018, our Director and several staff members 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.

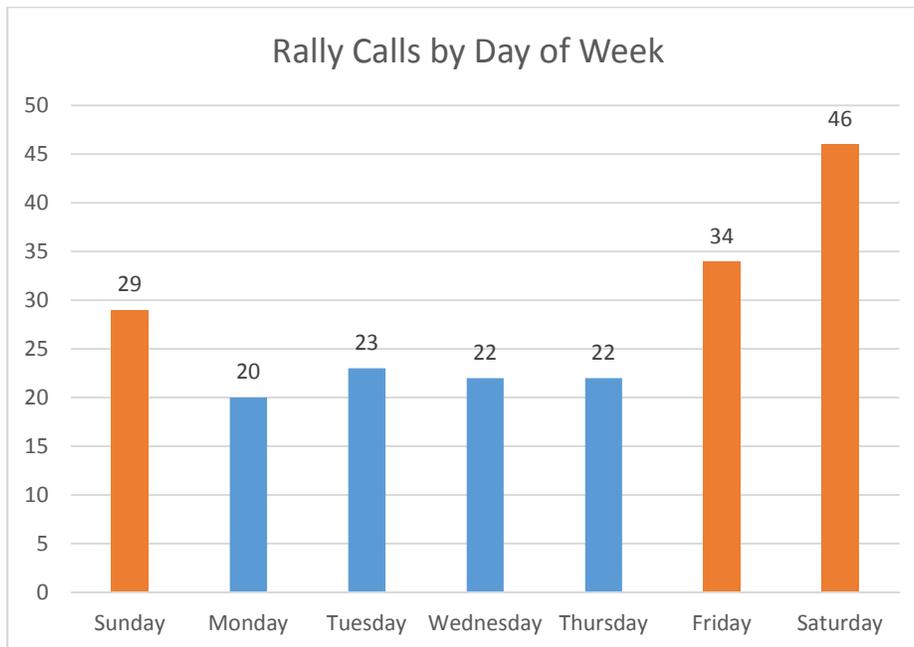


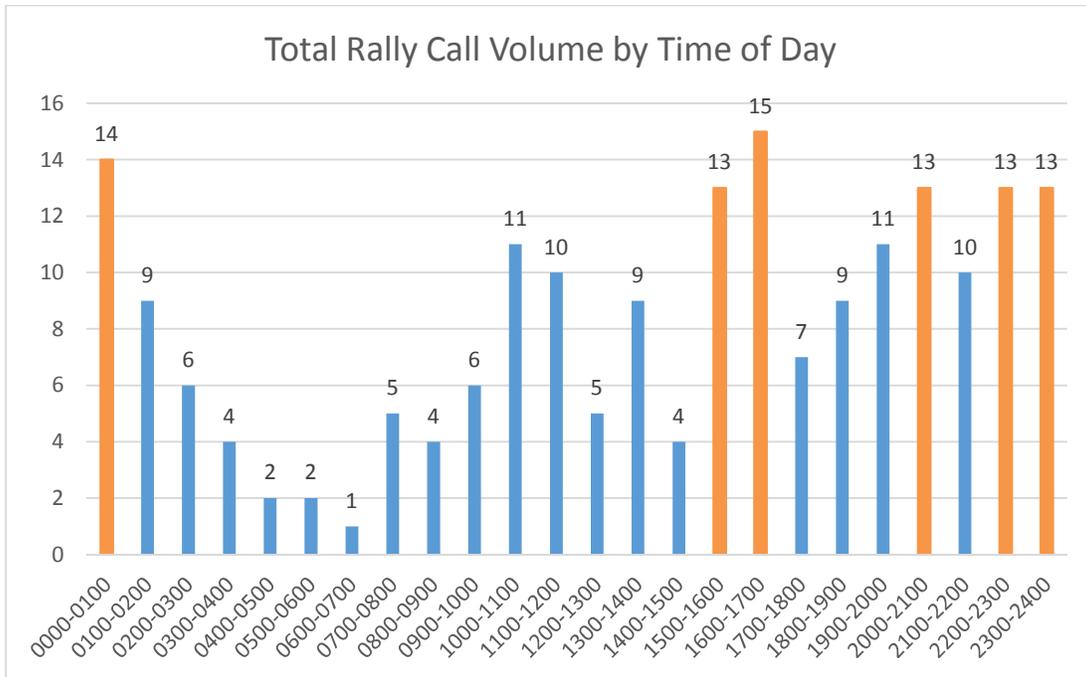
78TH STURGIS[®] MOTORCYCLE RALLY[™]

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 2018, 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.)

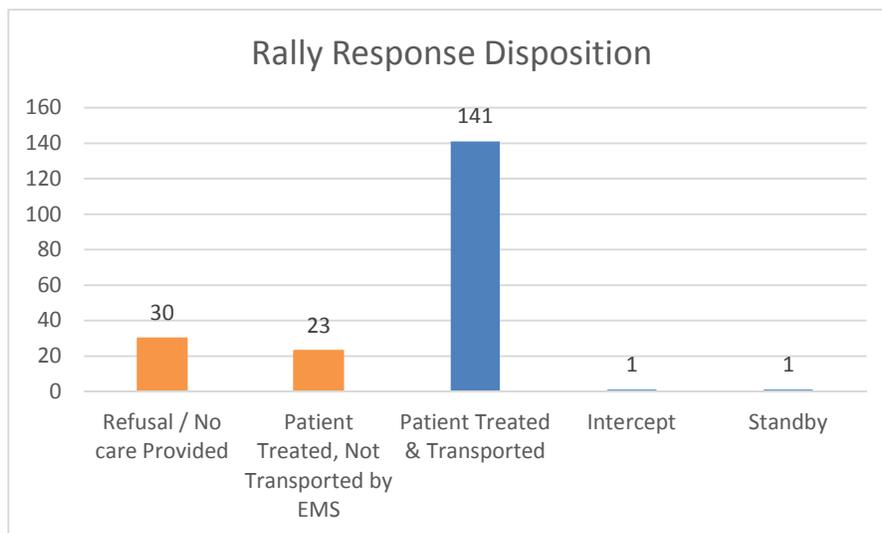
Taking into consideration that the Rally data actually includes 2 Thursdays, 2 Fridays, 2 Saturdays and 2 Sundays, the busiest day was likely Tuesday.



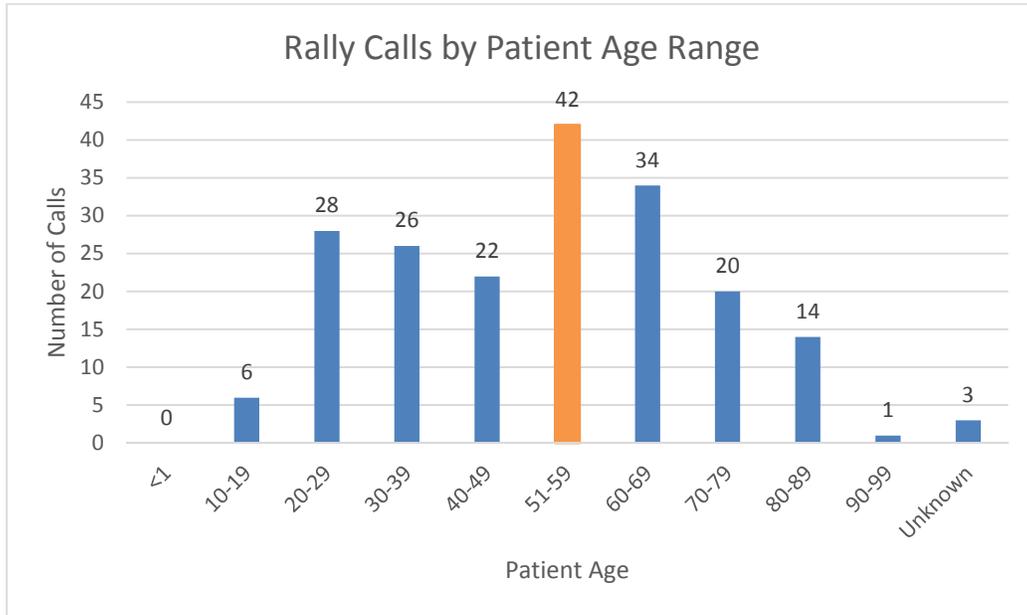


During the 78th Rally, Sturgis Ambulance Service was dispatched for 196 calls. (This data does not include calls where we were cancelled in route or where we did not locate a patient.) Of the 196 calls, we did 15 interfacility transports. We had 1 intercept this year. 84.69% of our Rally calls were Advanced Life Support calls.

With regards to the financial stability of the service, it is interesting to see that 27.0% of our 196 calls resulted in non-billable contacts (orange bars). When the patient refuses transport (regardless of whether we provide medical care on scene), we cannot bill the patient even though we were required to respond with an ambulance.



It is also interesting to break down the Rally calls by patient age. This information trends with the City's demographic surveys that the crowds are younger and the average age is in the mid-50s.



From 2013 to 2016, the American Red Cross put up a First Aid Station several years ago at the Sturgis Community Center. They provided 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. We did this again in 2018.

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 sit 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.

The Sturgis Regional Hospital has completed its multi-million dollar expansion of its facility on Junction Avenue in Sturgis. 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.

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.

AWARDS & RECOGNITION

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

The Ambulance Service won the state-wide EMS Week Championship for best EMS Week programming and 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 Paramedic Halli Schulz won the Trauma Wars competition in 2018 at the annual State EMS Conference. Crewmembers from Sturgis have won this competition the last 3 years!

UPCOMING FOR 2019

The Common Council of the City of Sturgis continues to have serious conversations regarding how to stabilize the financial situation of the Service. As of the drafting of this annual report, conversations are on-going but no final determination has been made.

The Ambulance Service is also preparing for the 79th Sturgis® Motorcycle Rally™. Estimates are that the Rally's attendance will be at or where it was last year. This is the final year before an anniversary Rally.

The Ambulance Service has petitioned the State regarding starting a "Mobile Medic" program in Sturgis. Both Rapid Fire and Lead-Deadwood were successfully able to petition the Board of Osteopath for an 'exception' allowing them to begin to implement a Mobile Medic program in their response areas. Our petition is modeled on the petition that Lead-Deadwood Regional Health and we are confident that we too will be granted our petition. 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. Mobile Medic responsibilities are within the scope of practice of a Paramedic, as allowed by the State Board of Osteopath. However, Mobile Medic services are only reimbursable through Medicare and private insurances so long as the provider is certified as a "Community Paramedic", which is a national designation. To become certified as a "Community Paramedic", additional training and certifications are required. Although our staff will not be working outside the approved scope of practice, we are seeking the certification for 6 staff members in order to develop a separate revenue stream for the Service. As such, the Sturgis Ambulance Service received a \$96k grant through FEMA's Assistance Firefighters to train and certify 6 paramedics as "Community Paramedics". Once we can launch the Mobile Medic program, these service will be reimbursable. Henneprin College offers an on-line program that we have enrolled with. We are excited to see where this develops in 2019. Coursework ends in the spring of 2019. There are some student hours that need to be completed.

The Sturgis community is continuing to experience a growth in housing development, which corresponds to an increase in population. In 2018, 44 residential housing units were constructed within City limits. In 2019, we anticipate another 50 residential units to be built. This population growth (along with an increase in traffic) will increase 9-1-1 emergent calls for service.

In 2019, 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. So long as we continue to respond within the western and central Meade County, it is vitally important that we not be the primary service provider. Rather, we would prefer to intercept when ground Advanced Life Support is medically warranted.

CONTACT INFORMATION

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