



STURGIS-MEADE COUNTY AMBULANCE SERVICE



2016 ANNUAL REPORT

TABLE OF CONTENTS

Table of Contents.....	2
Response Area	3
Annual Call Volume.....	3
Staffing.....	6
Medical Direction.....	8
Facility.....	8
Equipment.....	10
Ambulance Fleet	10
Major On Board Equipment.....	12
Financials.....	14
2016 Year End Unaudited Financials	14
Billing Responsibilities.....	15
Reimbursement Challenges	15
Medicaid Reimbursement Challenges	16
Meade County Jail Write-offs	17
Other Write-offs.....	18
Financial Controls & Documentation.....	18
Medical Services Contract For Meade County Jail.....	18
Training	20
Insurance / Liability.....	21
Outreach	21
EMS Week.....	22
Community Outreach.....	24
High School Outreach	25
Legislative Outreach.....	26
76 th Sturgis® Motorcycle Rally™.....	27
Interagency Partnerships.....	28
Awards & Recognition.....	29
Upcoming for 2018	30
Contact information.....	30

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 500 square miles, primarily in Meade County.

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.

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 2015, we saw increased support to the Lead - Deadwood communities as the Regional Emergency and Ambulance facility there had been undergoing staffing and restructuring challenges. We supported mainly through inter-facility transfers. The call volume in 2016 in support of the Lead-Deadwood communities remained steady.

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 2,136 calls in 2016. This was a decrease of 6.0% versus 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. In comparison to 2014, our 2016 call volume saw an increase of 9.25%.

Year	Total Calls	Increase versus Prior Year
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%
2016	2,136	-6.0% (v 2015) +9.25% (v 2014)

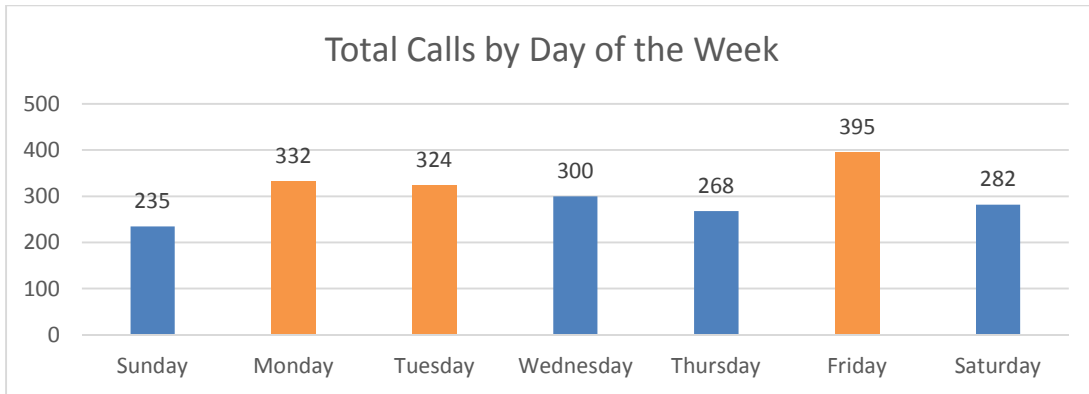
We continue to use the ImageTrend EMS Service Bridge for reporting. ImageTrend provides detailed analytics about our call volume.

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

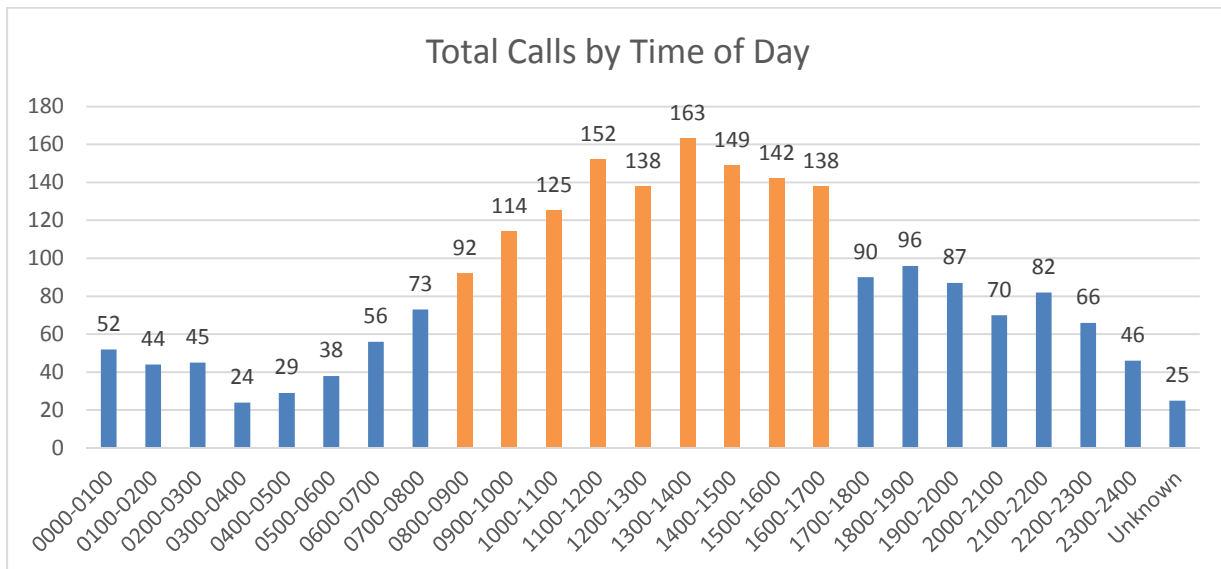
Response Request	# of Times	% of Times
911 Response (Scene)	1,473	68.96%
Flagdown/Walking NonEmergent	1	0.05%
Intercept	4	0.19%
Interfacility Transfer (Scheduled)	165	7.72%
Interfacility Transfer (Unscheduled)	282	13.20%
Medical Transport	182	8.52%
Mutual Aid	2	0.09%
Stand-by (i.e. Events)	27	1.26%
Unknown	0	0.00%

Of the 2,136 calls for service that the Ambulance Service received this year, 23 (1.08%) were cancelled en route. An additional 235 patients refused care once we were on scene and no treatment was provided (11.0%). Also, 24 were treated but then refused further care (1.12%). And, 9 patients were treated but then refused to be transported to a medical facility for further care (0.42%). Finally another 35 patients did not require treatment once we were on scene (1.64%) and another 13 patients weren't found once we arrived at the scene (0.61%).

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 2016, our call volume was highest on Fridays (395 calls), second highest on Mondays (332 calls) and third highest on Tuesdays (324 calls). This contrasts to 2015, when our call volume was highest on Thursdays, second highest on Fridays and third highest on Saturdays.



We are also busier during the daytime hours, with 56.88% occurring between 8am and 5pm. 67.05% 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, 25 minutes from the time the call is received until the time that the ambulance is back in the station and ready for another call.

70.65% of the calls in 2016 originated in Sturgis (which includes Blucksberg and other locales around Sturgis but not necessarily within City limits). 15.92% of our calls in 2016 originated at the Fort Meade VA facility.

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.

- 85.26% of the time our crews are en route to a dispatched call in less than 3 minutes.
- Our average times to be en route is 2 minutes, 7 seconds.
- It takes us, on average another 8 minutes, 43 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 spend an average of 18 minutes, 45 seconds on scene.

The average distance to scene is 6 miles. All Ambulances dispatch from the Fire/Ambulance Hall at 1901 Ball Park Road.

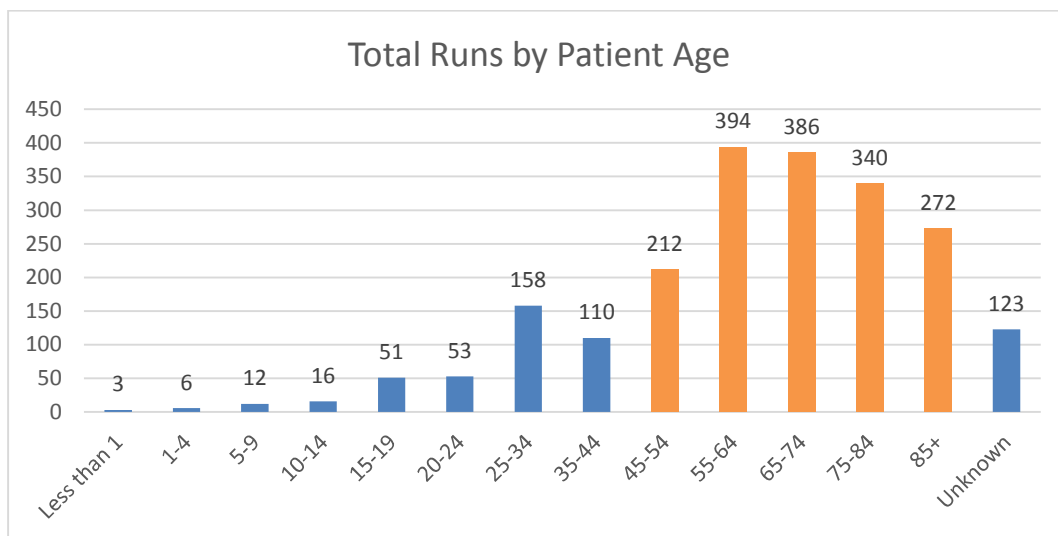
84.55% of our calls (1,806) have been Advanced Life Support (ALS). ALS calls require invasive procedures (such as an IV) on the patient. Due to this higher degree and precision of care, a Paramedic is required to be on an ALS crew and to provide those treatments. As such, ALS calls are billed at a higher rate than a Basic Life Support (BLS) call.

We responded to more calls involving men than women. (Only 33.57% of our calls were female.)

The majority of our patients are Caucasian-White (81.09%).

The average patient age was 62 years in 2016.

75.10% of our total patients were 45 years or older. 9.93% of the patients were age 45 to 54. 36.52% of our total patients were age 55 to 74. And, 28.65% of our patients were age 65 and older.



STAFFING

In 2016, with the implementation of the Jail Medical Services contract (please see page 18 for detailed information regarding this unique partnership), the Service modified its staffing schedule. In 2016, we had two daytime staggered shifts for emergent medical response. These shifts are scheduled from 6am to 6pm and also from 8am to 4pm. There is one scheduled evening crew that scheduled from 6pm to 6am. Additionally, we have a crew scheduled for the Jail services from 8am to 2pm (morning and lunch med passes) as well as a shift for night med passes from 6pm to 10pm. In an emergency, the jail

services crew can be pulled and redeployed. Typically the jail services crew assists with billing when not passing medications.

In 2014, we had implemented a third daytime crew from 10am to 10pm; however due to the staffing costs and reimbursement rates, we were unable to continue that shift in 2016. Instead, through the Jail Services Contract, we have the modified crew that is available in an extreme emergency.

We continue to try to have a stand-by crew available in the event that the primary crew(s) are called out, especially for the night shift when we only have one crew scheduled. 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 2016, the Ambulance Service was supported by 2 EMRs, 19 EMT-Basics, 8 EMT-I85s, 2 EMT-I99, 5 EMT-Advanced, 4 Paramedics, and 11 Critical Care Paramedics. All are employees – we do not have any “volunteer” employees nor are any contracted for service. Of these employees, there are 5 full time Critical Care Paramedics (including the Director), 2 half time Critical Care Paramedics, 1 half time Paramedic, 1 half time EMT-I99/Biller, 3 half time EMT-Advanced, and 2 half time EMT-Bs (one of whom is a certified biller). In 2016, we filled the much needed position of Ambulance Supervisor. Tanner Walz, a Critical Care Paramedic with 2 ½ years with the Ambulance Service filled this position. The Service also has a part-time Mechanic. (We did not have a cadet program in 2016.)

The Service is honored to have 5 active members of the National Guard employed with us.

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, 12 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 new 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 part-time employees.

Staffing remains a significant challenge for the Sturgis-Meade County Ambulance Service. In addition to smaller services (like Hot Springs and Keystone), we compete with the ground transport ambulance services of Rapid City Fire Department (another municipal 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. We also compete with the air transport services, Marc Air and Life Flight.

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. (See "Training" page 20, for information on how we are "growing our own" to help solve these recruitment challenges.) Western Dakota Tech's Paramedic program is struggling and there are only 4 students enrolled. If they successfully complete the program, they will not do that until May 2017. 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 is under the medical direction of Dr. Michael Hogue. Dr. Hogue has served as Medical Director since 2012. Dr. Hogue is a board certified family physician who is affiliated with Sturgis Regional Hospital and the Rapid City Regional medical system. Dr. Hogue takes an active role as Medical Director and regularly meets and trains with staff. He reviews the emergency medical protocols regularly to insure compliance with local, state and federal mandates as well as best medical practices. The City is extremely pleased to have Dr. Hogue serve in his capacity of Medical Director for the Ambulance Service. His role as Medical Director is 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.

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. 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 units available for on-duty crew as well as shower facilities for both genders. There is also a small lounge area.

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. There is also a mail and copy room that is also shared with the Fire Department.

The 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 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 funded by the City's Capital Improvement (212) fund and some Rally Sponsorship funding. This cost 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
2003	Ford Med Tec II (van) (S2)	89,393	91,566	92,045
2003	Ford Med Tec II (van) (S3)	86,872	91,043	94,510
2007	Ford Med Tec III (S1)	128,431	145,152	152,060
2010	Chev Med Tec III (S4)	180,531	213,974	247,876
2012	Ford Wheeled Coach 4X4 (S5)	20,694	23,268	25,359
2013	Chevy Wheeled Coach (S6)	72,787	122,609	166,833

S6 is the primary rig out. It is our newest ambulance and is the fleet's "workhorse". It has a total of 166,833 miles on it and in 2016, we put 44,224 miles on it. S6 has only been service for 3 1/2 years as we took possession of the ambulance in July 2013. However, S6 is starting to show its age. In the last few months, we have struggled with sensors failing. When a sensor fails, the ambulance is usually in the shop for 2 days. In mid-January 2017, it had a bad battery connection so the charge was being completely pulled down whenever plugged in. That same week the fan motor failed.



Our secondary rig is S4. It is sent out when a secondary call comes in. It becomes the primary unit when S6 is in the shop for repairs. S4 is approaching 250k in mileage with 247,876 miles. While the engine appears to be sound, S4's rear-end is failing. Our Mechanic has 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.

Unfortunately, S1 has been out of commission since November 2016 due to significant and undiagnosed electrical problems. When the vehicle is turned on and running, it will shut down suddenly and without prior warning. Unfortunately, there is no pattern to the power failure (i.e. running under load, etc.). Given its unreliability, the vehicle has been decommissioned until repairs can be completed. Our initial estimated cost to troubleshoot is \$3k. We have no idea the actual repairs costs.

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, the ride is rougher as it is a more rugged vehicle to handle the 4WD functionality. However, with S1 out and if S6 continues to have problems, we'll have to begin running that 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 work in a pinch, 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, as we do not have a ventilator, if the crew must “bag” a patient from SRH to RCRH, the space constraints in a van style ambulance make it harder to relieve the crew members, etc. Similarly, when treating a patient in an altered mental state, the space constraints provide little “escape” when a patient is physically lashing 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 medically challenged patients on to Rapid City Regional Hospital where patient care en route is vigorous and in need of more space.

We did not purchase any coaches in 2016. During 2016 Rally, the Service did not lease any ambulances as the call volume was anticipated to be acceptably handled by the existing fleet.

However, in 2016 (and continuing into 2017), we have actively explored options to upgrade the fleet and phase out the older, most unreliable vehicles.

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.

In 2016, we also looked at the possibility of remounting the “boxes” (the back patient compartments) onto a new chassis. The “boxes” see the least wear and tear and are perfectly serviceable. The engine, drive train, chassis, etc. would then be brand new. The hope was to remount S1 and S4. However, the remount bids through Arrow Manufacturing were \$213,782 (for both S1 and S4), or \$106,891 per ambulance. That cost did include a loaner ambulance. Due to the cost prohibitive nature, the City was unable to move forward with the repairs as bid.

The Ambulance Service also looked to HGAC Buy and the remount option listed through Northstar. That bid cost is \$64,969 with no loaner ambulance. In early 2017, we contacted them about getting a more exact quote (to include paint and graphics) but as of this writing, have not received it. Our preliminary estimates are approximately \$70k per ambulance.

Regardless of the approach taken, either a new or a remounted ambulance takes approximately 6 months before it is deployed in the fleet.

In order to address the funding challenges that the Ambulance Service faces with regards to equipment upgrades, the staff began hosting numerous fundraisers in late 2016. The primary one was a 2017 calendar with an accompanying drawing for a firearm. The Ambulance Service, through February 2017, has netted a little more than \$30k. 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.

In September 2016, the Ambulance Director also researched the option to lease or finance an ambulance. We were preliminarily approved through a federal leasing company to do a lease for a new

ambulance. We opted to not sign any long-term agreements given the state of the Ambulance Service's financials.

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.

In order to address the needs of the aging fleet, in early 2017, we are evaluating the advisability of replacing the rear springs on S4 and moving that into the role of primary rig. We are also evaluating the advisability of troubleshooting the electrical problems in S1.



For the annual Rally, the Ambulance Service needs to have 6 ambulances available for response. So, we may need to lease an ambulance for the 2017 Rally.

In positive news, in 2016, the Ambulance Service did receive, through a SD Homeland Security Grant, an all-terrain utility vehicle as well as a trailer unit for transporting the ATV to a call location. It is a 2016 Yamaha YCX700E with the Search & Rescue package. 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. This is deployed from our Ambulance Hall on Ball Park Road.



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 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 a rig frees up crew members to provide other needed critical care, without requiring a 3rd staff member.



The Ambulance Service does not have an automated ventilator, which is a machine that supports breathing. For patients on an inter-facility transfers which requires breathing support, we are sometimes able to borrow a ventilator from the transferring facility. If we are unable to borrow one, staff is forced to manually ventilate the patient, or “bagging”. 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. An automated ventilator is an equipment deficiency that has been identified for the Ambulance Service. In 2016 and again in early 2017, we placed a SD Homeland Security Grant request through the Meade County Emergency Management Office. Unfortunately, we were unsuccessful on both grant applications.



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. In the case of the Ambulance Service in 2016, we had no back injuries reported as a result of lifting a patient.

Additionally, as shown in the chart on the next page, the estimated average weight of male patients for the Ambulance Service was 196.96 pounds in 2016. The average female patient was 163.97 pounds.



Patient Age Range	Male Average Weight	Female Average Weight
< 1 years	11.00	0.00
1-10	35.58	71.01
11-20	123.67	130.00
21-30	193.58	135.12
31-40	172.69	130.00
41-50	177.25	150.56
51-60	229.07	204.50
61-70	208.78	179.15
71-80	216.77	177.74
81-90	195.58	149.56
91-100	180.01	173.75
> 100 years	0.00	0.00
Average	196.96	163.97

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.

FINANCIALS

2016 Year End Unaudited Financials

Year-end Cash Balance as of December 31, 2016:	(\$521,071.15)
Net Accounts Receivable as of December 31, 2016:	\$309,786.57
Gross Accounts Receivable:	\$980,108.78
<i>We estimate that \$670,322.21 is uncollectable.</i>	
2016 Revenue:	\$1,093,421.95
<i>Of this total revenue, we received \$34,384.84 from Homeland Security for the ATV grant. Also, \$30,380 was donations/fundraisers towards a new ambulance.</i>	
Total Operating Expenditures 2016:	\$1,234,935.61
Transfer Out:	\$0.00
<i>Note: 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.</i>	
Depreciation:	\$93,457.23
Total Capital Expenditures 2016:	\$34,384.84 (ATV funded 100% by grant)

Note: These numbers are unaudited as the City's annual audit for 2016 will not be complete until July 2017.

In the fall of 2016, the MRI machine at the Fort Meade VA medical facility went down. As a result, patients had to be transported from Fort Meade to Sturgis Regional Hospital. We had approximately 15 patients (30 transfers) that we transported. This was an unexpected cash infusion as the VA reimburses 100% for approved travel eligible transports.

Funding is a challenge for all ambulance services in the state of South Dakota, especially those solely dependent on reimbursement rates (billing). The State recently completed a sustainability audit for all services. It found that many are likely not sustainable in the long run.

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 2016, this amount was \$141,513.66. This 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 has begun conversations in 2017 to discuss solutions with the Meade County Commission.

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.

Billing Responsibilities

In 2016, 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.

In August 2016, the full time Administrative Assistant/Biller retired after 14 ½ years with the Ambulance and Fire Departments of the City of Sturgis.

Reimbursement Challenges

It is important to note that industry wide, 40 to 60% of accounts receivable 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. The Service must still bill the full rate; however, actual reimbursements are established via contracts with private insurance companies, Medicaid and Medicare. These rates are far lower than the billed rate, resulting in reimbursements that are actually lower than the total billed. 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. 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%

Medicaid Reimbursement Challenges

Again, the City used the 2017 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 does result in a reduction in patient care, it is better than no service at all. For both reasons (poor reimbursement rates and lack of ALS providers), the Faith Ambulance Service is in the process of converting from an ALS to a 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. The average age of a Medicaid recipient is reimbursement rates continue to be well below the cost to transport a patient.

Age of Patient	# of Runs	% of Runs
Less than 1	3	0.14%
1 – 4	6	0.28%
5 – 9	12	0.56%
10 – 14	16	0.75%
15 – 19	51	2.39%
20 – 24	53	2.48%
25 – 34	158	7.40%
35 – 44	110	5.15%
45 – 54	212	9.93%
55 – 64	394	18.45%
65 – 74	386	18.07%
75 – 84	340	15.92%
85+	272	12.73%
Unknown	123	5.76%

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, the Ambulance Service provides emergency transport service to the Meade County Jail free of charge.

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. The original charges were \$33,690, but the Ambulance Service received insurance payments in the amount of \$1,842.23 (with corresponding required contractual adjustments of \$1,606.81.)

Other Write-offs

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

- Death of patient
- Death of Current Payer
- 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)

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 2015.

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, the Ambulance Service began to create a comprehensive billing procedures and policies manual. (This project is on-going in 2017.) The goal is to provide more timely billing statements and also to provide more timely financial reports to the City Council. We now provide a monthly Profit & Loss statement.

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 day-time staff members (usually billing staffers) who are not on an emergency call or transfer. We also schedule a med-pass shift for the evening jail visit since our evening shift is just one EMS crew.

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. In a recent example, our Ambulance Director spent almost 7 hours (2:30am to 9:30am) at the jail working to stabilize a troubled inmate.

The Jail Medical Services contract has reduced the number of emergency medical transports required of inmates at the jail. This contract is another positive example of collaborative efforts between the City and County in its public safety services.

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.

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.

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 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 Go-To-Meeting to these locations for crew members that cannot attend in person.



In 2016, 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 2016, the Ambulance Service also hosted two EMT-Basic course for interested persons. The spring course saw 6 completed the course with 3 having successfully passed the course's test. As of December 31st, the second course had been completed and the class will be testing out in the next few weeks. This serves as workforce development of local, certified first responders as we often hire graduates on a part-time basis. This helps mitigate some of the staffing 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 and has to help facilitate addressing these challenges by "growing our own" workforce.

In late 2015, the Ambulance Service sponsored 8 current employees in good standing to study to become Paramedics through a 12 month, online educational Paramedicine program through Crowder College (Missouri). *(There are no online programs in South Dakota. We had attempted to set one up through Western Dakota Tech but were unsuccessful in working out the logistical details.)*

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.



This program started in January 2016 and all 8 students successfully completed the academic program, student rotations, and practicals in December 2016. They were presented their diplomas at a City Council meeting in December. We would like to formally congratulate: Cody Heupel, Tammy McCoy, Adam Miles, Halli Schulz, Rachel Siginano, Derek Swain, Pat Urbaniak, and Tanner Urbaniak for their hard work and dedication this year. We should also express our thanks to the Ambulance Director for her coordination and hard

work to make sure the students were able to complete their required rotations in a timely manner. The Paramedic staff was also instrumental in helping the students and answering questions to provide the support the students required to finish on time. All 8 finished this grueling and compacted course with GPAs higher than 3.45.

As of February 28, 2017, 5 students have successfully tested with the National Registry. One has completed orientation, three others have begun, and one is waiting to begin orientation (as he is currently deployed with the National Guards). The other 3 are scheduled to test this month.

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.

Ambulance Director Shawn Fischer serves as the Compliance Officer for the Ambulance Service. In this capacity (required by the State Department of Health), she ensures that all staff persons have the required training to keep their certifications current and active. She also ensures that the provider is working within the scope of their practice for the Ambulance Service.

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 hosts monthly CPR classes at the Fire Hall. These are open to the public at no charge. 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!

The Ambulance Service also hosted two blood drives in 2016 (one in March and another as part of EMS Week in May).

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.



As part of National EMS Week in May 2016, 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 of an emergency situation. We also provided them with an educational activity where they constructed functioning lungs, heart, and stomach using common household products.



The Ambulance Service also 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. Approximately 350 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 new ATV unit on display.



Lifelight also landed in an empty field near the Ambulance Hall. This company is 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.



As part of the Open House, we again had the giant heart inflatable as well as an inflatable colon. Both inflatables are educational and interactive in nature. Both were popular with the children. Sanford Health generously provides the inflatables.

In 2016, we again offered community members the chance to buy an EMS Week t-shirt and “turn Sturgis black”, showing their support for our emergency responders.





In addition to all that, the Ambulance Service also took to heart this year's national theme of *Dedicated to Serve*. 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 a 'rainbow run' where participants were doused with colored baking soda. Around 45 people participated and had a blast. Participants ranged in age from babies to the elderly.



(Photo Credit: Kaleb Zook (EMT-Basic) with Zooks Photography)

Community Outreach

In 2016, 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.



High School Outreach

The Ambulance Service highly promotes seatbelt use, firmly believing that seatbelts save lives. This year students were encouraged to draw a poster showing how seat belts save lives.

The Ambulance Service in conjunction with the Sturgis Police Department, SD Highway Patrol, Life Flight, and Sturgis Volunteer Fire Department participated in the Freshmen Impact mock activity / simulation on Wednesday, November 9th. This is the 5th 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 2016. 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. Again this year, the High School students did great – above 90% were wearing a seatbelt.

Legislative Outreach

In 2016, 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. In 2016, we highlighted Medicaid reimbursements as well as the reorganization of the Department of Health.



As mentioned in the 2015 Annual Report, our Ambulance Director was successful in assisting the SD



Department of Health in bringing the staffing problem to the notice of the South Dakota Legislature in the 2016 session. Senate Bill 37, which was signed into law by Governor Dugaard, changed the minimum personnel requirements for ambulance services to only require one emergency medical professional plus a trained driver. It also removed the hardship exception so we can qualify for these personnel exceptions. This is crucial for ambulance services, especially those like Sturgis who complete numerous transfers. It does not impact patient care. Because of her behind the scenes support as well as testimony in front of committees, Director Fischer was invited to

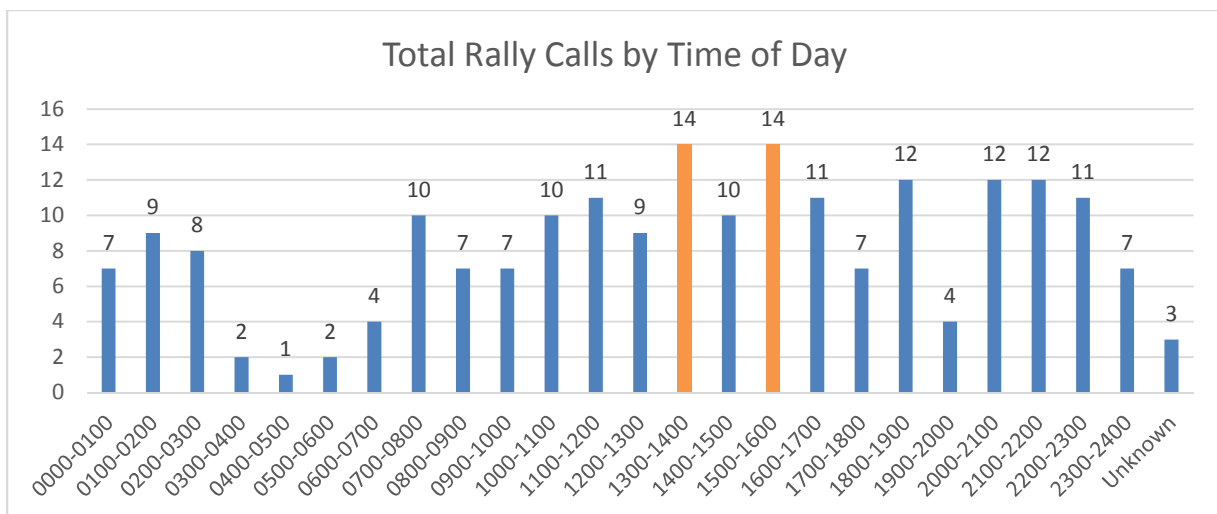
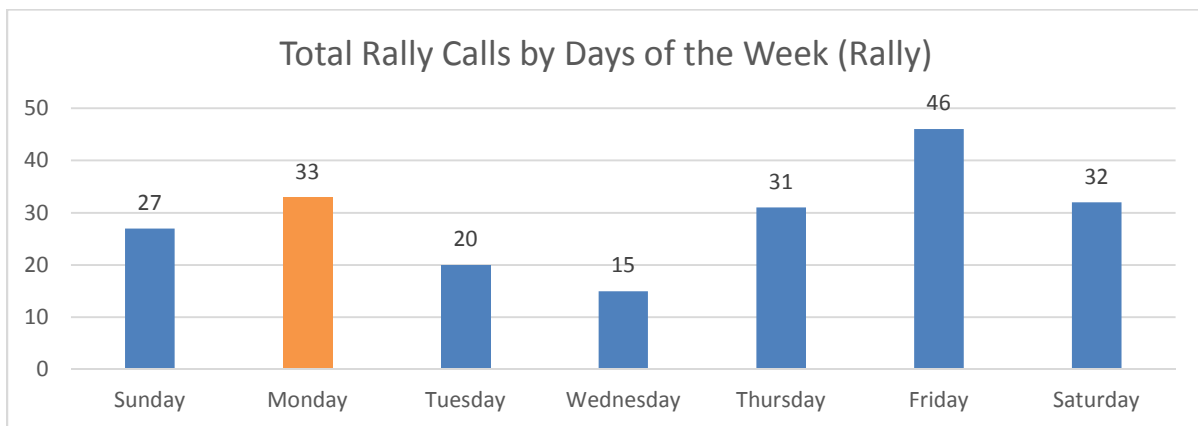
the bill signing ceremony in Pierre. This form of continued partnership between the Ambulance Service and our legislators as well as staff representatives in Pierre are very important to implementing changes that can make our Service sustainable into the future.

76TH 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 2016, 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 Monday.



During the 76th Rally, of the 204 calls that we responded to, only 143 (70.10%) were transported and treated by EMS. 172 calls (84.31%) were 911 emergent response to a scene. 184 calls were ALS Ground Transport (90.20%).

It is interesting to note that the number of our scheduled and unscheduled Interfacility transfers and medical transports drops significantly during the Rally. Year round, 29.44% of our calls are transfers (which also provide higher reimbursement rates). However, during the Rally, this drops to 13.23%. During the Rally, numerous facilities (including Ft. Meade and Sturgis Regional Hospital) greatly reduce procedures where patients must be transferred due to the increased traffic throughout the Hills. Understandably, staff scheduling and rig availability becomes a large challenge during the Rally as significant call volume can arrive at any day and at any time.

The majority of our Rally patients were male. (Female patients: 33.82%)

The average age of our Rally patients was 53 years. 37.75% were between the age of 45 and 64.

Finally, in preparation for the 76th Sturgis[®] Motorcycle Rally[™], Director Fischer participated in monthly planning meetings, both at the State level as well as the County level. She also participated in planning meetings with Sturgis Regional Hospital. 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.

INTERAGENCY PARTNERSHIPS

The Ambulance Service is dispatched by Meade County Sheriff Office. The Director meets regularly with the Sheriff 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 Ambulance, Newell Ambulance, and other smaller services. Late in 2015, the Ambulance Service began attending Rally planning meetings with stakeholders from through the Black Hills and State government in order to prepare for the 76th Rally.

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.

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.

Finally, the Ambulance Service works closely with the Meade 46-1 School District and supports their mission. In addition to the Freshman Impact program, 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 was recognized at the State level for its professionalism, dedication, and community outreach.

The Ambulance Service was the recipient of three pediatric “peds bags” for our ambulances as recognition of all our efforts during EMS Week to promote Safety and Health with Children. These bags are designed to care for pediatric patients and each bag is valued at over \$2,500 each with all the equipment included.

Ambulance Director and Critical Care Paramedic Shawn Fischer and EMT-Basic Dylan Siscoe (who is also a Sturgis Police Officer) placed 1st in the annual Sanford Trauma Wars competition held at the State Conference. *(They are, respectively, fourth and third from the left in this photo.)* The competition consists of two person teams who are presented with an informative scenario and a moulaged (staged with mock



injuries) patient. The team follows the standard care listed in the EMT-B curriculum, BLS Protocols and Prehospital Trauma Life Support. Teams were required to complete a rapid yet thorough trauma assessment and initiate care and management. Various pieces of prehospital equipment and supplies were available during the competition. Each team had 10 minutes to complete the competition and were scored accordingly on the care they provided.

UPCOMING FOR 2018

The Ambulance Service is preparing for the 77th Sturgis® Motorcycle Rally™. While estimates put the attendance at this Rally above where it was last year, all levels of government continue to meet regularly to prepare for this event. The Ambulance Director is very involved in those conversations.

The Ambulance Services are still awaiting a 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 Regional Hospital has begun its multi-million dollar expansion of its facility on Junction Avenue in Sturgis. As a result of this expansion, the services currently provided at Massa Berry Regional Medical Clinic will be relocated to the new campus. At this time, we do not anticipate any change to the demand by Sturgis Regional for transfer support.

The Sturgis community is also undergoing a population growth as more than 120 residences are being built within City limits in 2016 – 2018. This has the potential to increase our population, which will increase 9-1-1 emergent calls for service.

In 2017, we anticipate we will 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.

In 2017, we plan to monitor the development of a protest camp on the Cheyenne River Indian Reservation. We, along with the Faith, Newell and Enning Ambulance Services, could be impacted by population growth in that rural section of the State. Increased call volume to that location pulls resources from our communities. It also brings challenges for law enforcement to provide support to ambulance services responding in what could become a volatile environment.

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