
**Report to
The Vermont Legislature**

**Emergency Medical Services Advisory
Committee Report for January 2016**

*In accordance with Act 155 (2012), Section 39, An Act Relating to Miscellaneous
Changes to Municipal Government Law, to Internal Financial Controls,
to the Management of Search and Rescue Operations, and to Emergency Medical Services.*

Submitted to: House Committee on Commerce and Economic Development
House Committee on Human Services
Senate Committee on Economic Development, Housing, and General
Affairs
Senate Committee on Health and Welfare

Submitted by: The Department of Health

Prepared by: Chris Bell, Director of the Division of Emergency Preparedness,
Response, and Injury Prevention

Report Date: December 30, 2015



108 Cherry Street, PO Box 70
Burlington, VT 05402
802.863.7280
healthvermont.gov

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Emergency Medical Services Advisory Committee Report for January 1, 2016

Introduction

The Emergency Medical Services (EMS) Advisory Committee was formed under authority of Act 155 of 2012. It is tasked with making recommendations on three specific issues and reporting back to the legislature on response times for EMS calls by District by January 1st of 2014, 2015, and 2016. The Committee met four times in its second year to discuss issues of interest and concern to Vermont's EMS providers.

The EMS Advisory Committee is composed of membership across many of the EMS stakeholder groups across Vermont. The membership was defined in Act 155 of 2012 and follows:

The advisory committee shall be chaired by the commissioner or his or her designee and shall include the following 14 other members:

- (1) four representatives of EMS districts. The representatives shall be selected by the EMS districts in four regions of the state. Those four regions shall correspond with the geographic lines used by the public safety districts pursuant to 20 V.S.A. § 5. For purposes of this subdivision, an EMS district located in more than one public safety district shall be deemed to be located in the public safety district in which it serves the greatest number of people;
- (2) a representative from the Vermont Ambulance Association, or designee;
- (3) a representative from the initiative for rural emergency medical services program at the University of Vermont, or designee;
- (4) a representative from the Professional Firefighters of Vermont, or designee;
- (5) a representative from the Vermont Career Fire Chiefs Association, or designee;
- (6) a representative from the Vermont State Firefighters' Association, or designee;
- (7) an emergency department director of a Vermont hospital appointed by the Vermont Association of Emergency Department Directors, or designee;
- (8) an emergency department nurse manager of a Vermont hospital appointed by the Vermont Association of Emergency Department Nurse Managers, or designee;

- (9) a representative from the Vermont State Firefighters' Association who serves on a first response or FAST squad;
- (10) a representative from the Vermont Association of Hospitals and Health Systems, or designee; and
- (11) a local government member not affiliated with emergency medical services, firefighter services, or hospital services, appointed by the Vermont League of Cities and Towns.

The three issues identified in the Act for the EMS Advisory Committee to discuss follow. All three issues, and the recommendations and rationales for each, were addressed in full by the committee during its first two years. They are presented and discussed in the Committee's previous reports issued in January 1, 2014 and 2015. In summary, the issues and recommendations were:

Issue 1: Whether Vermont EMS districts should be consolidated such as along the geographic lines used by the four public safety districts established under 20 V.S.A. § 5.

EMSAC recommendation: The Committee recommended unanimously against consolidation of the Vermont EMS Districts. The report is available at:

<http://legislature.vermont.gov/assets/Documents/Reports/295233.PDF>

Issue 2: Whether every Vermont municipality should be required to have in effect an emergency medical services plan providing for timely and competent emergency responses.

EMSAC recommendation: The Committee recommended that no Vermont municipality be required to have in effect an emergency medical services plan providing for timely and competent emergency responses. The report is at:

<http://legislature.vermont.gov/assets/Legislative-Reports/EMSAC-report-0n-2014-12.12.14.pdf>

Issue 3: Whether the state should establish directives addressing when an agency can respond to a nonemergency request for transportation of a patient if doing so will leave the service area unattended or unable to respond to an emergency call in a timely fashion.

EMSAC recommendation: *The EMS Advisory Committee unanimously agrees that current statute and rule are sufficient and do not require expansion. The report is available at:*

<http://legislature.vermont.gov/assets/Documents/Reports/295233.PDF>

EMS Response Times by District

Act 155 (2012) also calls for the reporting of EMS response times by district. Appendix A has a map of all of Vermont’s EMS Districts. The definition of response time as a time interval between two events varies among jurisdictions. Table 1 below presents two different average response times for each of Vermont’s 13 EMS Districts. The average response times by district were derived from EMS patient encounter data submitted to the Vermont EMS SIREN reporting system by 80 ambulance services and 17 first response agencies. The data on first response agencies are included for the first time as their data was not previously available. This data is from the time period January 1, 2015 - November 13, 2015. (Data from three ambulance agencies was excluded because those agencies do not primarily respond to 911-based requests for service.)

Table 1: EMS Response Times in VT: 1/1/15 to 11/13/15

District	<i>Column A</i> Average Response Time Unit notified to On-scene Time Interval Minutes:Seconds	Column B Average Response time Unit Notified to En route Time Interval
District 01	6:06	4:48
District 02	8:18	6:12
District 03	6:18	3:54
District 04	8:36	7:42
District 05	13:18	2:54
District 06	6:24	6:24
District 07	8:24	3:36
District 08	9:54	3:00
District 09	15:54	4:06
District 10	6:54	6:36
District 11	7:54	5:18
District 12	8:36	4:48
District 13	6:12	2:24

Column A represents the time interval from an ambulance service or first response agency being notified of a call by dispatch until the first unit from the agency arrives on the scene. This includes the time it may take for personnel to respond to the ambulance station and begin the actual response in those agencies that do not maintain crews at the station, as is the case with many of the volunteer agencies. These time intervals do not fully reflect the first EMS personnel to arrive on the scene because agencies licensed as a First Response Services, i.e. those without an ambulance, are not required to report data into the SIREN system. Nevertheless, 17 of those 91 agencies voluntarily report their data into SIREN and are included here. Of the 177 licensed agencies, 91 are licensed as First Response Services (one is an air ambulance based in New Hampshire).

Column B represents the time interval from an ambulance service or first response agency being notified of a call by dispatch until the first unit from the agency begins to travel towards the scene of the call. As with Column A, this includes the time it may take for personnel to respond to the ambulance station to begin the response in those agencies that do not maintain crews at the station. i.e. volunteer agencies. These data also include only 17 of those agencies licensed as First Response Services.

Conclusion

This is the third and final report required by Act 155. In response to questions posed in Act 155, Section 39, the EMS Advisory Committee has concluded that EMS districts should not be consolidated, that municipalities should not be required to have EMS plans, and that the current EMS statute and associated rules adequately address the issue of service area coverage. Response time data for 2015 are more complete and accurate than the data published in the 2014 report.

Appendix A

Vermont EMS Districts

