

---

---

**Report to  
The Vermont Legislature**

---

---

**Annual Report  
Emergency Medical Services Advisory Committee  
January 2014**

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

**Submitted to: House of Representatives  
Committee on Commerce and Economic Development  
Committee on Human Services**

**Senate  
Committee on Economic Development, Housing, and  
General Affairs  
Committee on Health and Welfare**

**Submitted by: Harry Chen, M.D.  
Commissioner of Health**

**Prepared by: Chris Bell,  
Director, Office of Public Health Preparedness**

**Report Date: December 15, 2013**



108 Cherry Street  
PO Box 70  
Burlington, VT 05402  
[healthvermont.gov](http://healthvermont.gov)

**Annual Report  
Emergency Medical Services Advisory Committee  
January 1, 2014**

## Introduction

The EMS Advisory Committee was formed under the authority of Act 155 of 2012, *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*. Section 39 of this Act tasks the Committee with advising on matters related to the delivery of emergency medical services. For years 2014 through 2016, the Committee must report to the legislature on response times for EMS calls, by district, for the previous year based on information collected from the Vermont Department of Health's Division of Emergency Medical Services. In addition, the Act requests the Committee's recommendations on three specific issues. This report provides the required data on response times, and presents recommendations to the three questions posed in the Act.

The EMS Advisory Committee (EMSAC) is composed of membership from many of the EMS stakeholder groups across Vermont. The membership was defined in Act 155 as follows:

1. Four representatives of EMS districts;
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
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 Committee met four times in 2013.

## EMS Response times by District

The definition of response time as a time interval between two events varies among jurisdictions. Table I. presents two different average response times for each of Vermont’s 13 EMS Districts. These data are collected through the Vermont EMS SIREN (Statewide Incident Reporting Network) run-reporting system, and reflect an estimated 80% of the EMS runs for the time period January 1, 2013 to November 8, 2013. The SIREN system became mandatory on January 1<sup>st</sup>, but technological issues prevented nine agencies from reporting during most of this time period. These nine agencies include the larger agencies in districts 5, 6, 8, and 10. (Refer to footnote on next page). Because these agencies are in areas of greater population density, it is likely that their response times are significantly lower than the state averages. As a result, the average response times in these districts are expected to decrease in the next reporting period when the data from these agencies are included. As of December 1<sup>st</sup>, 2013, all 87 ambulance services will be fully reporting into the system and future reports will contain complete data.

**Table I. Average Response Times for 13 EMS Districts  
January 1, 2013- November 8, 2013**

District	<i>Column A</i>	<i>Column B</i>
	Average Response time Unit notified to On-scene time interval Minutes : seconds	Average Response Time Unit notified to En Route time interval Minutes : seconds
1	10:51	04:56
2	13:37	05:09
3	07:40	02:07
4	15:36	07:43
5	12:14	02:18
6	14:54	06:51
7	13:21	04:11
8	11:43	03:22
9	09:28	02:01
10	14:11	06:00
11	12:37	05:41
12	10:06	03:38
13	08:49	01:01

Column A represents the time interval from an ambulance service 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 may not 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. Of the 178 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 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 do not include those agencies licensed as First Response Services.<sup>1</sup>

## Recommendations Responding to Questions in Act 155

Act 155 asked the EMS Advisory Committee for recommendations on the following three issues:

### **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 unanimously recommends against consolidation of the Vermont EMS Districts. The EMSAC members have surveyed their respective constituencies regarding this question and discussed this issue during each of the four

---

<sup>1</sup> The agencies who were not able to report for much of the year included the following:

- District 1: AMCARE
- District 5: CALEX
- District 6: Barre City, East Montpelier Fire, Montpelier Ambulance
- District 8: White River Valley
- District 10: Regional Ambulance Service (we have records in SIREN from June 2013 to today)
- District 12: North Adams (MA), Salem (NY)

advisory board meetings. The EMS Advisory Committee collected feedback from primary stakeholders on this question, including physicians who serve as District Medical Advisors and the Chairperson of each EMS District Board of Representatives.

The EMS Districts are currently constituted to represent the catchment area of each of the Vermont acute-care hospitals. Medical control from Physician District Medical Advisors is provided from each hospital to the EMS agencies and personnel within their EMS district. These Physician Medical Advisors conduct continuing education and perform quality assurance to the personnel in their district. Additionally, in the coming year, they will be developing programs in credentialing to assure and demonstrate ongoing clinical competency of their personnel. Significant concern was expressed by the physicians that expansion of these districts would prevent adequate medical oversight of the personnel in their district. These physicians serve as volunteers in the role of District Medical Advisor and felt that expansion of these duties would not be feasible.

**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 believes that further study is needed prior to making a recommendation to the legislature about this question. The EMSAC members have surveyed all cities and towns in the state regarding this question and received 69 responses. Additionally, the Committee discussed this issue at length during each meeting. The Committee is unsure what an EMS plan comprises and how such a plan would integrate with other plans that the towns and cities may have. The Committee will continue to discuss and examine this issue and make a recommendation back to the legislature with its second report in January of 2015.

**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 EMSAC unanimously agrees that the current statute and rule are sufficient and do not require expansion. Licensed EMS agencies are required to maintain 24/7 availability for EMS calls and failure to do so can be addressed through disciplinary action under EMS Rule 11.1.2.

## **Conclusion**

In response to questions posed in Act 155, Section 39, this report recommends that EMS districts should not be consolidated, and that the current EMS statute and associated rules adequately address the issue of service area coverage. The EMSAC needs additional time to examine and discuss the question of whether municipalities should be required to have EMS plans, and will respond to this in the 2015 report. Response time data for 2013 are not complete for reasons described in the report, but the next annual report on Vermont EMS response time will present more complete and accurate data.

## Vermont EMS Districts

