



# Gloucester County Emergency Medical Service

The First County Provided  
Basic Life Support Agency  
In New Jersey!



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# Previous Service Delivery Model

- Most EMS agencies began as small volunteer entities.
- Squads were located in communities with sufficient volunteers base and financial resources.
- Placement was not based upon need.



# Call Volume Increase

- The number of requests for service continues to rise at a rapid rate (increased population, increased senior population, increased highway congestion and accidents)



# Volunteer Availability

- The number of trained and available to respond volunteers is declining (nationally).
- Family and career time requirements limit an individual's time available for volunteer activities.
- Increased training and recertification requirements.





# Increasing Call Volume

# Decreasing Volunteers



# The “Dirty Little Secret” of EMS

- Local squad is dispatched, but unable to respond
- “Mutual Aid” squad is dispatched from another jurisdiction
- Results in unacceptable response times
- Creates potentially life threatening situation for the patient





# Inadvertent Consequences

- Resources from one community are depleted to provide service in another
- Financial implications municipality providing mutual aid into the receiving municipality
- Mutual aid becomes the “norm” rather than the exception.



# The Solution?



# Regionalization





# Benefits for the Taxpayer

- Sharing scarce resources (taxpayer dollars) across geographical boundaries
- Administrative overhead is shared, expensive duplication is eliminated
- Training is centralized and coordinated, standard of care keeps pace with technology



# Benefits for the Taxpayer

- Staffing and crew placement decisions can be made based upon need, not lines on a map – resulting in lowered response times
- Elimination of “Have” and “Have Not” municipalities
- Growth in size or level of service provided more affordable



# Benefits for the Taxpayer

- End result – improve the quality of service provided to the taxpayer, at a lower per capita cost!





# How Do We Get There?

- We are the government! What do we do best?
- Create a panel or committee to take a look at the problem.



# Steering Committee Representatives

- Volunteer Ambulance and Rescue Association (GC version of the FAC)
- Career EMS Chiefs Association
- Mayors Association
- Municipal Administrators
- Hospitals
- Freeholder and County Admin



# Steering Committee Tasks

- Survey existing EMS agencies and municipalities to determine financial impact of current service delivery model – true cost, both direct and indirect (squad data and municipality)
- Long term debt
- Survey same for current equipment inventory
- Review other delivery models outside NJ





# Steering Committee Tasks

- Meet frequently
- Make public the committee's activities (web site posting and US Mail)
- Analyze existing response date



# Steering Committee Tasks

- Create and re-create a response plan based upon existing response data.
- Presentations were made to each municipalities governing body early in the process to solicit input



# Areas of Concern

- Am I going to lose my job??????
- "They" won't be able to find our residents' homes (MICU's do it everyday)
- What about the Department of Personnel (Civil Service?)
- The Training Fund (OEMS)





# Areas of Concern

- Reimbursement – one of the four letter words in EMS
- Budget cap
- Recruiting, screening and hiring a workforce



# Gloucester County EMS

- Review current call volumes, determine what the real numbers are
- Create a recruitment program early and work it relentlessly
- Take advantage of other county department's expertise; IT, finance, B&G, fleet, risk mgt



# GCEMS Service Area

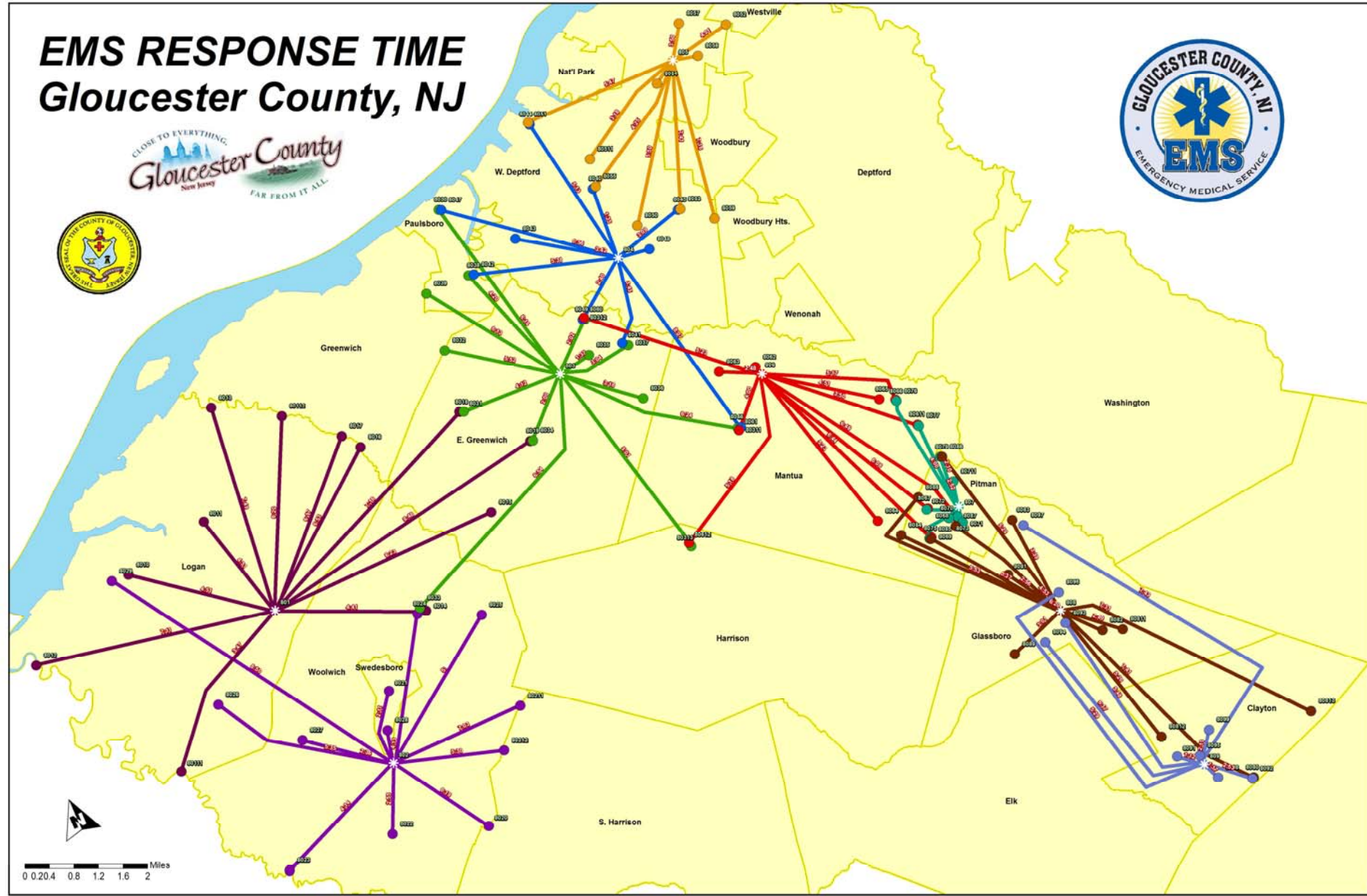
- 1 service area
- Not 12 individual service areas
- Regionalization erases the artificial lines on the paper map
- Closest crew to the incident location responds
- GPS/AVL in 2008





# EMS RESPONSE TIME Gloucester County, NJ

CLOSE TO EVERYTHING.  
*Gloucester County*  
New Jersey  
FAR FROM IT ALL.



# Recruitment

- Application package delivered to every squad and fire company, web postings
- Recruited employees and volunteers of existing agencies (consolidation)
- Set up fair, equitable and consistent applicant evaluation





# Consolidate Existing Resources

- Inventory and evaluate current fleet, station facilities and supplies
- Eliminate duplication based upon jurisdictional boundaries
- Negotiate with vendors for improved cost structure





# Improve Operating Efficiencies

- Take advantage of technologies available, both to reduce cost and improve patient treatment
- Share infrastructure cost with other public agencies
- Provide award winning outreach



# State of New Jersey

Department of Health and Senior Services  
Office of Emergency Medical Services



## EMS System Review

August 2007



*Submitted by:*  
TriData, A Division of  
System Planning Corporation



# Recommendations:

- *Legislation should be passed that requires local municipalities to provide EMS (or cause to be provided).*
- *All EMS providers should be regulated* – All providers, regardless of operating platform, should be regulated by OEMS.





# Recommendations:

- *The OEMS and NJSFAC should work to devise a plan that will encourage consolidation of squads in areas where geographic, human resources, or economies of scale issues make consolidation logical.*
- *The NJOEMS in conjunction with the NJ EMS Council should determine response time standards for EMS that apply to all agencies.*



# Recommendations:

- *All BLS ambulances, regardless of delivery platform, must be staffed with at least two NJ certified/licensed EMT-Bs.*
- *Encourage the development of county-level EMS oversight.*



# Recommendations:

- *The New Jersey EMS system is in need of an overhaul.*





No  
Kidding!



# Danger Zones:

- Special interest looking to protect their own turf, double your expectation
- We are the government, consider our speed!
- Change brings fear, don't get involved in the emotional aspect – do what is right for the taxpayer and patient



# Danger Zones:

- Remember the size of the project regarding purchasing and acquisition – bid thresholds and timing
- Establish relationships with industry experts, NJ is not the first place to take on this type of project





# Remember:

The most important person involved isn't me  
and it isn't the special interest groups –  
it is the patient.



# End Result?

- Over 10000 responses
- GCEMS average response time **6:06**
- Exceeds national standard of 9:59
- Continual repositioning of crews to maintain adequate response times
- Lives have been saved!



# Questions?

