

2019

TRI  TOWN
Emergency Medical
Service

2019 OPERATING BUDGET

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TRI-TOWN EMERGENCY MEDICAL SERVICE | 247 Pembroke St, Pembroke NH 03275

TRI TOWN Emergency Medical Service

2019 Budget

2018 SUMMARY

2017 saw the busiest year for Tri-Town EMS, with an increase of 224 EMS Runs over 2016's total. This trend has continued into 2018. With more EMS runs, comes more EMS transports and subsequently there is the reasonable expectation of an increase in revenue generated from ambulance billing.

A presentation on Ambulance Billing was prepared by the Service, for the Service's Board of Directors. The presentation looked at budgeted and actual ambulance billing revenue since 2013 and the trends, as well as EMS call volume and transport volume and their respected trends. From this data, a reasonable expectation of ambulance billing revenue was proposed to the Board of Directors on June 13th 2018.

The Service hosted and completed an Emergency Medical Responder Course (EMR) in 2017. In 2018, the Service hosted an Advanced Emergency Medical Technician Course (AEMT). With the current staffing model, the course presented a few challenges to the Service. The lack of advertisement time leading up to the courses resulted in low student numbers. The Service desires to continue to offer EMS licensing courses in the future, as these course may be used to recruit future employees and is a source of revenue for the Service. However, we will need to increase the number of paramedics so we can keep overtime down and possibly have a second Licensed Instructor/Coordinator to make this successful.

Interest in CPR education for the community remains high as the Service routinely hosts CPR courses. We offer CPR courses for both healthcare providers and for the general public. The Service has also made itself available to the towns and schools for CPR education. During the 2017 Old Home Day, the Service educated over 100 people in "Hands Only CPR" and plans are in place to do the same type of demonstration for the 2018 Old Home Day. To go along with CPR, Concord Hospital and the NH Bureau of EMS are pushing out the "Stop the Bleed" campaign designed to teach the general public to quickly recognize severe bleeding and to address the issue in an attempt to save a life. This campaign may soon be added to the Heart Saver CPR course offered by the Service as part of its First Aid component. Heart Saver CPR is an AHA course.

The Service has continued to support our "Vial of Life" program started in 2017. To date, we have disseminated hundreds of kits. These kits provide EMS and the hospital with vital information about the patient when the patient is unable to speak for themselves or may forget critical information under stressful situations.

Our patient satisfaction survey program is now in its second year. This program has two (2) purposes. First, this program serves as a means to distribute our privacy practices to our patients. This is a federal requirement. The second function, is we use this program to send out a survey to all our patients so we have an idea on how well of a job we are doing, meeting the needs of those we serve. We have received back over 200 surveys in the last year and a half and the overwhelming reply back is very positive.

Our primary ambulance, Ambulance 8, has had problems with the Air Conditioning System. The ambulance has been worked on numerous time by PL Custom and Grappone Ford. While the ambulance has been out for maintenance, Ambulance 3 has been used in its place and issues with that ambulance



have surfaced. We are confident the A/C issues on Ambulance 8 have now been fixed, however we are now concerned about the feasibility of Ambulance 3 lasting until its scheduled replacement in 2023.

The Service continues to play an active role regionally and at the state level in EMS as well as routinely attending public health meetings and substance abuse work groups within the capital area. This is in part due to the ever expanding role of EMS beyond what was considered the traditional emergency response. Like many other aspects of healthcare, EMS is being asked to fill in the gaps, particularly in home health care, when traditional services are not available. We have seen this within our Service area with people needing help getting up, toileting and well-being checks. We have also started seeing this for hospice care. Our paramedics are now allowed by protocol to assist hospice patients with their treatments when their hospice services are not available or when the family does not feel comfortable treating their family member. Along with these roles, the Service fully intends to, but has not started, addressing injury/illness prevention and addiction services that are available.

The Service plans to purchase a portable ventilator for our primary ambulance. The ventilator will be used for patient requiring CPAP (Continuous Positive Airway Pressure), BiPAP (Bi Level Positive Airway Pressure) and ventilating patients who require mechanical or artificial ventilation. The Service currently uses an oxygen driven CPAP device. This is a simple device with limited ability to make adjustments. The ventilator allows providers to make adjustments to the pressures and gas mixtures to meet the needs of the patient. BiPAP is used for those patients who are too weak to breathe against the constant pressure supplied in CPAP, and requires the use of a device that senses pressure changes and makes adjustments. Finally the use of a ventilator for those who need mechanical ventilation allows our providers to deliver precisely the amount of air (and oxygen) the person needs based upon other criteria. This will minimize the risk of over or under ventilating a patient. With the steps the Service has taken over the last few years in airway management, education and quality assurance, we feel the ventilator is the last component the Service will need, before we apply for permission from Concord Hospital and our Medical Director to perform *Rapid Sequence Intubation* (RSI). We feel our staffing model, call volume and locality make Tri-Town EMS a good candidate to be included in this prerequisite protocol. RSI uses sedation and paralytics so that paramedics can insert an airway into a patient who is at great risk of losing their airway or simply cannot breathe, but is still conscious.

CAPITAL IMPROVEMENT PLAN (CIP)

Upon the delivery of Ambulance 8 (PL Custom Ambulance Module on a 2017 Ford F550) in February 2017, the Service has turned over much of the equipment inherited from the Tri-Town Volunteer Emergency Ambulance Service (TTVEAS), on the primary ambulance. Ambulance 3 is designated as our back-up ambulance and is a 2008 Ford E450 with an AEV Ambulance Module that was built in 2010, of which TTVEAS purchased in 2012. Ambulance 3 has maintenance issues of which the Service questions if the ambulance will be reliable enough until 2023 when it is scheduled to be replaced.

Much of the equipment the Service uses, does not have a defined life cycle period. However, practical experience dictates that ambulances do not have a useful life beyond about ten (10) years. The vehicles become outdated and unreliable, which are two things that are not desirable when transporting sick and injured people. Taking into consideration the annual mileage our primary ambulance acquires (approximately 25,000 miles), a six (6) year period of primary service has been set for each ambulance. Once removed from primary service, the ambulance will be used in a back-up role for an additional six (6)



until it is ultimately retired from service. It is important to state the Service maintains two (2) ambulances, one (1) in the primary role and one (1) in a back-up role.

After setting the ambulance life cycle to a total of twelve (12) years, it now becomes logical to look at the replacement of the major Durable Medical Equipment (DME) the service utilizes. The Service will strive to ensure that the DME being used is not out dated and is reliable. Our Cardiac Monitors receive annual preventative maintenance. These devices are generally replaced by newer models every ten (10) to fifteen (15) years. A time period which encompasses our ambulance replacement cycle.

Patient moving devices such as the stretchers and stair chairs are not updated as frequently as the Cardiac Monitors, but are utilized on virtually every patient transport. The Service currently transports between 750-800 patients a year. That equates to about 5,000 patients being moved by each device during the twelve (12) year life of the ambulance (775 patients x 6 years PLUS 50 patients x 6 years). The stretcher will require replacement of major components at about the 3,000 patient point, which will be in the 4th or 5th year of its life.

The remainder of the DME the Service utilizes are used less frequently but when needed are critical to patient care and has a significant impact on the patient's ultimate outcome. For these pieces of equipment, the concern is not necessarily the day-to-day wear and tear on the device, but rather the fact that they are housed in the ambulance and are exposed to all the movements and environments inherent with ambulance operations and as such may fail because of broken electronic connections or other mechanical failures. For this reason, and the lack of other data defining the life cycle of other DME, the Service plans on replacing all the ambulance's DME when the ambulance is replaced, thus setting the life cycle for each piece of equipment to twelve (12) years. We feel that this will provide us with the relative assurance that all our medical and patient moving equipment, will be reliable and current.

TABLE 1

UNIT/EQUIPMENT	PURCHASED		2018	REPLACEMENT		EQUIP
	YEAR	COST	COST	YEAR	COST	TYPE
<i>Ambulance 3 (A3)</i>	2012	\$ 118,000.00	\$ 158,130.00	2022	\$ 324,176.00	VEH
<i>Ambulance 8 (A8)</i>	2016	\$ 254,000.00	\$ 266,700.00	2028	\$ 456,147.51	VEH
<i>Life Pak 15 (A3)</i>	2014	\$ 25,243.00	\$ 30,683.10	2022	\$ 37,295.00	DME
<i>Life Pak 15 (A8)</i>	2015	\$ 25,243.00	\$ 30,683.10	2028	\$ 49,980.00	DME
<i>Ferno Stretcher (A3)</i>	2014	\$ 11,650.45	\$ 13,044.15	2022	\$ 28,000.00	DME
<i>Stryker Stretcher (A8)</i>	2016	\$ 20,894.00	\$ 23,035.95	2028	\$ 39,400.00	DME
<i>Ferno Stair Chair (A3)</i>	???	\$ 2,600.00	\$ 2,801.40	2022	\$ 4,650.00	DME
<i>Stryker Stair Chair (A8)</i>	2017	\$ 3,640.00	\$ 3,822.00	2028	\$ 6,225.00	DME
<i>Lucas Device (CPR)(A3)</i>	???	\$ 14,000.00	\$ 15,596.70	2022	\$ 20,420.00	DME
<i>Lucas Device (CPR)(A8)</i>	???	\$ 14,000.00	\$ 15,596.70	2028	\$ 27,365.00	DME
<i>Portable Ventilator (A8)</i>	N/A	\$ -	\$ 13,500.00	2030	\$ 25,457.00	DME
<i>Braun Infusion Pumps (A3)</i>	2014	\$ 2,500.00	\$ 3,038.70	2022	\$ 3,693.00	DME
<i>Braun Infusion Pumps (A3)</i>	2014	\$ 2,500.00	\$ 3,038.70	2022	\$ 3,693.00	DME
<i>Braun Infusion Pumps (A8)</i>	2014	\$ 2,500.00	\$ 3,038.70	2028	\$ 4,950.00	DME
<i>Braun Infusion Pumps (A8)</i>	2014	\$ 2,500.00	\$ 3,038.70	2028	\$ 4,950.00	DME
<i>iSTAT Portable LAB (A8)</i>	N/A	\$ -	\$ 16,275.00	????	\$ 15,500.00	DME
TOTAL COSTS		\$ 499,270.45	\$ 602,022.90		\$ 1,051,901.51	



The next table illustrates the expected deposits (CIP Budgetary Line) and the expected expenditures. It should be noted that these values are estimates as excess in revenues and unexpended funds for each year will be used to first maintain an unspecified fund balance per Service policy and then a portion of the remaining amount will be applied to the Service's Capital Improvement Plan (CIP).

TABLE 2

2019 Unspecified Fund Balance (20% of Operation Budget)				\$ 178,000.00
YEAR	UNIT/EQUIPMENT	DEPOSIT	SPEND	BALANCE
2016	N/A	\$ -	\$ -	\$ -
2017		\$ 30,000.00	\$ -	\$ 30,000.00
2018	Portable Ventilator	\$ 120,000.00	\$ 13,000.00	\$ 137,000.00
2019		\$ 365,000.00		\$ 502,000.00
2020		\$ 50,000.00		\$ 552,000.00
2021	iSTAT	\$ 50,000.00	\$ 15,500.00	\$ 586,500.00
2022	A3, LP15, Stretcher, Stair Chair, Lucus, Infusion Pumps (2)	\$ 50,000.00	\$ 421,927.00	\$ 214,573.00
2023		\$ 50,000.00		\$ 264,573.00
2024		\$ 50,000.00		\$ 314,573.00
2025		\$ 50,000.00		\$ 364,573.00
2026		\$ 75,000.00		\$ 439,573.00
2027		\$ 75,000.00		\$ 514,573.00
2028	A8, LP15, Stretcher, Stair Chair, Lucus, Infusion Pumps (2)	\$ 75,000.00	\$ 589,017.00	\$ 556.00
2029		\$ -		\$ 556.00
2030		\$ -		\$ 556.00

The aforementioned CIP exceeds what is required to fully fund the plan for the 2023 replacement cycle. It is important to note that the plan shows replacement in 2022, however much of the equipment, to include the ambulance will be ordered in 2022 and will be delivered in 2023. Should Ambulance 3 need to be replaced sooner, there will be adequate funds to move to purchase year up as early as 2020 if need be. If this would be the case, Ambulance 8 and its equipment will still be scheduled for replacement in 2028.

2019 BUDGET OVERVIEW

As the Director of Tri-Town Emergency Medical Service, I hereby submit a proposed operational budget for 2019 of *One Million, One Hundred and Twelve Thousand and Six Hundred and Sixty-Two Dollars (\$1,112,662.00)*. It is our goal to ensure the residents of Allentown and Pembroke receive the highest quality pre-hospital care possible. This means we have the staff, training and equipment necessary to deliver the medical treatment needed by those we serve, so we can have a positive effect on their medical outcome. With continuing initiatives from years past, the 2019 budget addresses not only the direct costs



of providing patient care, but also take into account all the fees and supportive functions necessary to adequately operate a high quality medical service.

A large percentage of the budget is a transfer in of funds from unspecified fund balance to be placed into the Capital Improvement Plan as previously described. These funds show up in the Revenue and Expenditure portions of the budget and have no impact on the two (2) town's fiscal responsibility. When removing the CIP portion of the budget, the overall budget decreased by \$23,496.00.

The proposed budget for 2019 funds all the current full time positions as well as all the remaining hours needed to fully staff the primary ambulance. The budget also takes into consideration our full time staff's paid time off, educational & licensing needs and all associated taxes, fees and insurance. The budget provides funding for On-Call Staffing of the second ambulance. It should be noted that revenue from ambulance transports from the second ambulance was not considered in the revenue portion of this budget.

Currently there is no plan for any major purchases in 2019. However, as previously mention, there is considerable concern about the reliability of Ambulance 3, and the process of replacing Ambulance 3 may need to be started in 2019. If needed, an updated replacement plan will be presented to the Board of Directors for their approval prior to any ambulance and associated equipment is purchased or ordered.

Funding for the 2019 Budget includes estimations for ambulance billings based on past years values, fees from paramedic intercepts, documentation requests, details and EMS courses. Some funding will be transfers from Unspecified Fund Balance, with the remaining allocations being the responsibility of the two Towns of Allenstown and Pembroke, to be consistent with the Inter-Municipal Agreement, and is based upon the three (3) year average percentage of calls that occurred in each town. The three (3) year average through December 31, 2017 for Allenstown is 43.88% and for Pembroke is 56.12%.

REVENUE

The 2019 budget for TRI-TOWN EMS projects revenue from a variety of sources to include billing for ambulance services which accounts for approximately 39.3%, funds transferred from *Unassigned Fund Balance* shall account for approximately 36.6% of revenues, 0.6% of the revenue will be from miscellaneous sources, such as EMS details, paramedic intercepts and administrative fees, and the remainder 23.5% being provided by the Towns of Allenstown and Pembroke. Per the Inter-Municipal Agreement between the two towns, the funding requirements from each town will coincide with the percentage of calls that occurred in the respective town for a period looking back at the previous three years ending on December 31st, 2017.



TABLE 3

MONTH	2015					2016					2017				
	# of Inc.	% of Inc.	# of Inc.	% of Inc.	VOLUME	# of Inc.	% of Inc.	# of Inc.	% of Inc.	VOLUME	# of Inc.	% of Inc.	# of Inc.	% of Inc.	VOLUME
January	36	39.13%	56	60.87%	92	36	45.57%	43	54.43%	79	39	39.00%	61	61.00%	100
February	21	35.00%	39	65.00%	60	37	54.41%	31	45.59%	68	43	50.00%	43	50.00%	86
March	38	48.72%	40	51.28%	78	44	55.00%	36	45.00%	80	35	40.23%	52	59.77%	87
April	30	40.54%	44	59.46%	74	35	49.30%	36	50.70%	71	36	42.35%	49	57.65%	85
May	40	36.36%	70	63.64%	110	50	52.63%	45	47.37%	95	41	40.59%	60	59.41%	101
June	39	45.88%	46	54.12%	85	30	37.04%	51	62.96%	81	39	33.62%	77	66.38%	116
July	31	45.59%	37	54.41%	68	38	42.70%	51	57.30%	89	47	45.63%	56	54.37%	103
August	47	48.45%	50	51.55%	97	41	45.05%	50	54.95%	91	44	44.44%	55	55.56%	99
September	27	33.75%	53	66.25%	80	39	46.43%	45	53.57%	84	43	40.95%	62	59.05%	105
October	35	44.30%	44	55.70%	79	55	51.89%	51	48.11%	106	52	44.44%	65	55.56%	117
November	33	43.42%	43	56.58%	76	30	37.04%	51	62.96%	81	46	47.42%	51	52.58%	97
December	46	49.46%	47	50.54%	93	34	50.00%	34	50.00%	68	44	39.29%	68	60.71%	112
	423	42.64%	569	57.36%	992	469	47.23%	524	52.77%	993	509	42.14%	699	57.86%	1208
											1401	43.88%	1792	56.12%	3193

Contributions from Allenstown, NH (2006-33790-00000): *\$118,189.00 (-\$62,144.00)*

Refer to Table 3 to see the three (3) year average of runs per community. For the three (3) years which ended on December 31, 2017, the Town of Allenstown, had a total of 1,401 EMS calls out of a total of 3,193 EMS calls between the two towns, which represents 43.88% of the combined call volume. Using the aforementioned percentage, the Town of Allenstown is responsible for providing \$118,189.00 to the TRI-TOWN EMS' 2019 Operating Budget. This represents a decrease of \$62,144.00 from the 2018 budget which was \$180,333.00.

The responsibility of Allenstown (as well as Pembroke), decreased significantly as the Service now feels there is enough reliable data to create trends and thus draw a reasonable estimation for the upcoming years ambulance revenue. The Service presented the data for call volume, transport volume as well as monthly and annual ambulance billing revenue to the Service's Board of Directors. The Service feels confident the ambulance billing projections are an accurate prediction to the revenues that will be received by the Service in 2019. It is also the belief of the Service that this trend will continue unless there is a significant change in population or reimbursement from government and private payers. So the Service feels the budgeted contributions by the two towns is maintainable in the upcoming years with changes to the contributions from the towns to be consistent with other town departments.

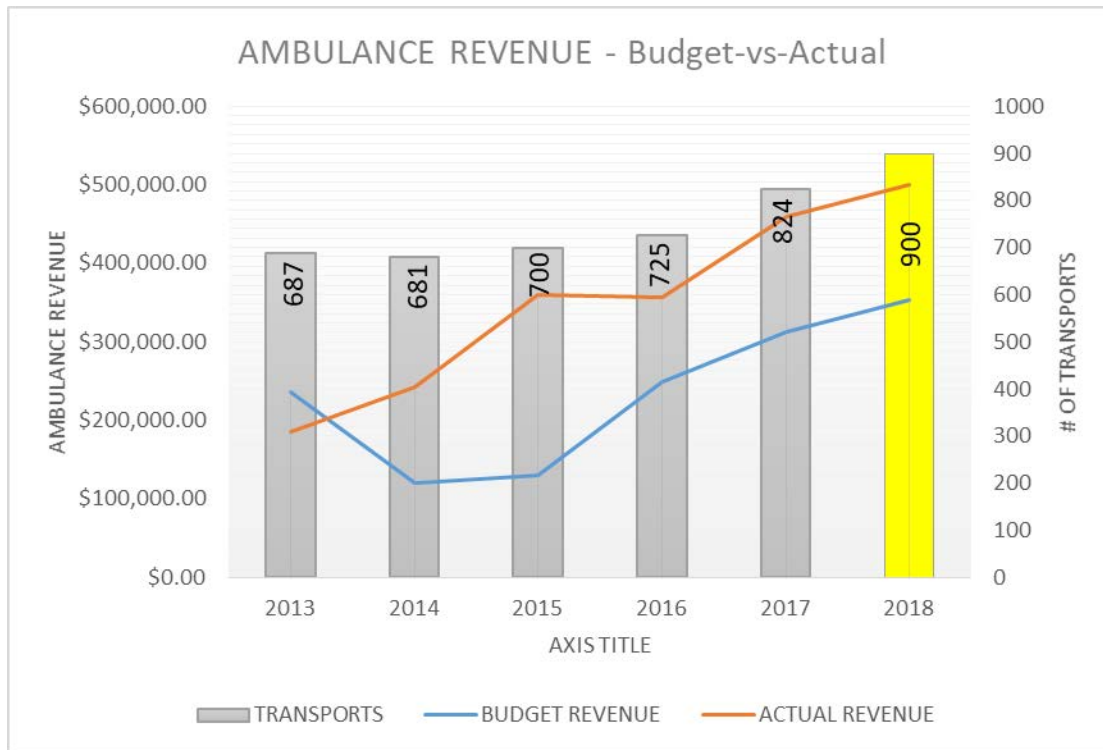
Ambulance Billing – Revenues (2006-34096-00000): *\$435,000.00 (+\$82,200.00)*

During the June 2018 monthly Board of Directors, The Service presented to the Board proposed options for revenues for the 2019 budget. In the past, the Service has increase the estimate revenue from ambulance billing, slightly at first, then more substantially in recent years. In the first year of operations (2013) the Service received less revenue than budgeted. This resulted in a decrease for 2014 in the estimated ambulance billing revenue. 2014 also saw the Service change from Certified Ambulance Group (CAG) to ComStar for ambulance billing. This swap created a delay in the Service receiving funds from Medicare and Medicaid, resulting in a lower actual revenue received (but greater than budgeted) in 2014 and a higher actual revenue received for 2015. 2016 and 2017 are the first two years the Service feels can be viewed as "Typical" as far as ambulance billing revenues is concerned.



Table 4 illustrates the relationship between Ambulance Billing Revenue (Actual and Budget), EMS Call Volume and Transport Volume, with 2018 be estimated based upon year-to-date data as of June 1st 2018. It should be noted that the rate of increase for Actual Ambulance Billing has increase at a higher rate than Budgeted Ambulance Billing.

TABLE 4



Since 2014, the Service has seen an overall collection rate of between 72% and 75% of what is allowable for all payer groups combined. This stated percentage supports the Service’s decision to increase revenue expectation to the \$435,000.00 for 2019.

Interest on Investments (2006-35020-00000): \$1.00 (\$0.00)

Tri-Town EMS receives interests from funds that are in the Service’s CIP.

Miscellaneous Revenues (2006-35090-00000): \$6,650.00 (-\$13,740.00)

This budgetary line accounts for the incidental revenues received from ancillary services performed by TRI-TOWN EMS, such as paramedic intercepts, administrative fees associated with providing documents upon request and for EMS coverage of events. The Service does not intend to expand these ancillary services, however these services are rendered in an effort to better serve the communities of Pembroke and Allentown.

The Service typically provides EMS coverage (or detail coverage) for State9 Racing at Bear Brook State Park, Pembroke Junior Spartan’s Football, and the Amoskeag Regatta. Tri-Town EMS also receives



revenues for CPR courses. The Service does not plan on hosting an Emergency Medical Technician or Advanced Emergency Medical Technician course in 2019.

The following table illustrates the expected revenue sources and the anticipated revenue being generated from each source.

TABLE 5

	REVENUE SOURCE	ESTIMATED REVENUE
1	Details	\$2,000.00
2	Paramedic Intercepts	\$2,000.00
3	EMT/AEMT Refresher	\$2,000.00
4	EMS Course	\$0.00
5	Documentation Fees	\$250.00
6	CPR Course	\$400.00
	<i>TOTAL</i>	<i>\$6,650.00</i>

Contributions from Pembroke, NH (2006-39110-00000): *\$147,822.00 (-\$76,813.00)*

Refer to Table 3 to see the three (3) year average of runs per community. For the three (3) years which ended on December 31, 2017, the Town of Pembroke, had a total of 1,792 EMS calls out of a total of 3,193 EMS calls between the two towns, which represents 56.12% of the combined call volume. Using the aforementioned percentage, the Town of Pembroke is responsible for providing \$147,822.00 to the TRI-TOWN EMS' 2019 Operating Budget. This represents a decrease of \$76,813.00 from the 2018 budget which was \$224,635.00.

Transfer from Fund Balance (2006-33791-00000): *\$405,000.00 (\$297,000.00)*

In accordance with Service policy, Tri-Town EMS will attempt to maintain funds equal to that of 20% of the operational budget in Unspecified Fund Balance. The operation budget for 2019 is proposed to be \$1,112,662.00. Of that \$365,000.00 is being moved from Unspecified Fund Balance to the Service's CIP fund which leaves a true operational budget of \$743,163.00. Using the new figure which doesn't include CIP funding, 20% of the operational budget equals \$148,632.60. A value of \$178,000.00 was used in the Capital Improvement Plan (CIP), and \$365,000.00 of the remaining Unassigned Fund Balance, which is an accumulation of funds from excess in revenues and unexpended funds from years past, is proposed to be assigned to the CIP. Refer to the CIP portion of this budget for more details.

The portion of the funds transferred in from Unspecified Fund Balance, which is not being used for the CIP, \$40,000.00 is being used to offset the fiscal responsibility of the two towns.



EXPENSES

Future Equipment & Vehicle Replacement (2006-42152-00063) \$365,000.00 (\$245,000.00)

This line allocates funds to be transferred in to the Service’s Capital Improvement Plan (CIP) described earlier in this budget. The CIP has no impact on the taxes from 2019 as these funds will be transferred from unspecified fund balance the Service currently has. It should be noted that with this transfer of funds, the Service’s CIP is 100% funded for the next replacement cycle in 2022/23 and if need be, replacement of the ambulance and equipment can occur sooner. Please refer to the section on CIP for more information.

Full Time Salaries (2006-42152-11000): \$233,800.00 (\$19,023.00)

TRI-TOWN EMS employs four (4) Full Time employees; the Service Director, Assistant Director and two (2) Full Time Paramedics. This model provides for stability of the schedule on the Paramedic side of the ambulance, allowing the Service to have 24/7 paramedic coverage on the primary ambulance. Additionally, the Service Director has delegated projects to each Full Time employee as well as tasking them to prompt all other employees and assist them in completing service required trainings and other station chores.

This Budget allocates appropriate funds to compensate our employees, to include the employees Merit-Step raises and a 2% Cost of Living Adjustment (COLA) that is planned for 2019. The Service’s Board of Directors is required to approve any COLA made to the Service’s wage classification system. The budget also adequately allocates funds to compensate the Service’s full time staff for holiday pay in a manner that is consistent with the Service’s policy.

In 2019, the Service is looking to change how scheduling occurs. Currently the full time staff are scheduled to work a 24hr/72hr rotation. 24 hours on and 72 hours off. This schedule has many benefits, however, the Service Director and Assistant Director are part of the rotation which makes meetings, trainings and other administrative functions difficult resulting in irregular and sometimes extended work weeks. The Service is currently exploring alternatives so that the needs of the employees, managers and the Service are all met. As a result, this line was increased so that all full time employees will have 40 hour work weeks. Currently, because of the rotation, two of the employees have three (3) weeks of 48 hours and one (1) week of 24 hours, for every four (4) weeks period.

TABLE 6

Director’s Salary:	\$75,000.00
Assistant Director’s Compensation:	\$58,500.00
Full Time Paramedic (1):	\$48,750.00
Full Time Paramedic (2):	\$48,750.00
Holiday Pay:	INCLUDED
Sick Time Buy-Back:	\$2,800.00
TOTAL:	\$233,800.00



Per Diem Salaries (2006-42152-12000): \$228,370.00 (-\$16,916.00)

The Per Diem Salaries budgetary line allocates funds for the wages of the services' per diem and part time staff to include funds for per diem and part time employees to attend and teach classes that are part of the NCCP program. Consistent with the Full Time Salaries budgetary line, a 2% COLA is planned for per diem and part time employees in 2019 as well as applicable Merit-Step Raises. Funding is provided for employees to be on-call and to be paid their normal hourly rate when they respond to an incident while on call. And finally, there is a reduction in this line as some of the ambulance hours were shifted from "Per Diem" to "Full Time". The following table shows the license levels, their applicable pay grades and the pay range.

TABLE 7

<u>License Level</u>	<u>Pay Grade</u>	<u>Pay Range (2018)</u>
Emergency Medical Technician (EMT)	8	\$13.61 - \$19.28
Advanced Emergency Medical Technician (AEMT)	9	\$14.43 - \$20.44
Paramedic	13	\$18.30 – \$25.86
Assistant Director / Paramedic	16	\$21.82 – \$30.86
Director / Paramedic	20	\$57,409 - \$81,027

TABLE 8

PD/PT EMT's, AEMT's & Paramedic's	\$179,720.00
On-Call Staff	\$34,550.00
Training:	\$4,650.00
Holiday Pay:	\$4,750.00
Details (Revenue Shown in Misc Rev.)	\$1,100.00
Orientation (New Hires):	\$3,600.00
TOTAL:	\$228,370.00

Overtime (2006-42152-14000) \$28,000.00 (-\$153.00)

Overtime is paid out for any employee who works more than forty (40) hours in a week. Overtime can be scheduled as part of an employee's normal work week, may result for vacancies in the schedule from call-outs, vacation or person time use and may result when an employee or ambulance crew gets out late because of a call late in their shift.

Tri-Town EMS strives to keep overtime to a minimum, however, maintaining a paramedic staffed ambulance is a priority for the Service. The amount allocated for 2019, allows for numerous options with scheduling and ensures enough funding for those times during the year when per diem employees typically provide limited availability and for when full time staff take time off.



OVERALL PAYROLL

Table 9

YEAR	TOTAL PAYROLL (F/T, PD & OT)	DIFFERENCE	PERCENT (%) CHANGE
2013*	\$326,744.00	N/A	N/A
2014*	\$338,364.00	\$11,620.00	3.6%
2015	\$350,634.00	\$12,270.00	3.6%
2016**	\$390,990.00	\$40,356.00	11.5%
2017***	\$465,370.00	\$74,380.00	19%
2018	\$488,216.00	\$22,846.00	4.9%
2019	\$490,170.00	\$1,954.00	0.4%

*No Service Pay Scale **Pay Rate Adjustment for Staff ***Pay Rate Adjustment & Funding for Staff to be On-Call

Table 10

License Level	2018 Average	Pay Range						Maximum	
		Minimum							
EMT	\$15.03	\$13.61						\$19.28	25.04%
AEMT	\$15.98	\$14.43						\$20.44	25.79%
PARAMEDIC	\$20.35	\$18.30						\$25.86	27.12%
ASSNT DIRECTOR	\$26.31	\$21.82						\$30.86	49.67%
DIRECTOR	\$71,714.00	\$57,408.72						\$81,027.00	60.57%

Health Insurance (2006-42152-21000) \$49,500.00 (+\$6,463.00)

The Service offers health insurance to the Full Time employees. The Service budgets for healthcare benefits for each of the four (4) Full Time employees and used the employee's current status (family, single, etc.), actual fees from 2018 and added 15% for anticipated premium increases to estimate to costs for 2019.

Dental Insurance (2006-42152-21100) \$6,500.00 (+\$500.00)

The service offers dental insurance to the Full Time employees. This budgetary line was increased by \$500 to account for possible increases in Dental Insurance Premiums.

Life Insurance (2006-42152-21500) \$150.00 (\$0.00)

TRI-TOWN EMS participates in the Town of Pembroke group life insurance plan and is Full Time employees are automatically enrolled.



Disability (2006-42152-21900) \$2,800.00 (+ \$140.00)

The Service provides the Full Time employees with short term and long term disability insurance.

Social Security (2006-42152-22000) \$30,002.00 (-\$268.00)

The Social Security line item allocates funds to pay the Service's portion of the Social Security tax and is 6.2% of the Service's payroll.

Medicare (2006-42152-22500) \$7,453.00 (-\$66.00)

The Medicare line item allocates funds to pay the Service's portion of the Medicare tax and is 1.54% of the Service's payroll.

New Hampshire Retirement (2006-42152-23000) \$29,621.00 (+ \$2,145.00)

All Full Time employees are enrolled in the New Hampshire State Retirement System, Group 1. This line item represents the Service's responsibility and is 11.31% of the Full Time payroll.

Uniforms (2006-42152-29000) \$6,500.00 (+ \$0.00)

The Service is allocating funds to replace worn uniform items for Full Time employees and active Part Time and Per Diem employees as well as outfitting new employees. There are also funds allocated to bulk uniform purchases such as hats and T-Shirts.

Training & Certification (2006-42152-29001) \$16,500.00(-\$17,000.00)

The Training & Certification line item allocates funds to ensure our staff receive adequate training for their licensure, professional development and maintenance of provider skills.

The Service sends each of its Full Time Paramedics to the Concord Hospital Paramedic Refresher program. This program recertifies them in AHA CPR, ACLS and PALS as well as meets the requirements for recertification in Surgical Cricothyrotomy and Rapid Sequence Intubation.

Tri-Town EMS recognizes the benefit of outside instruction and being exposed to new and emerging concepts. For this reason, funds are made available for the most active employees (typically our full time and part time employees) to attend local and regional seminars or conferences.

The 2019 budget allows for employees to take professional advancement courses such as NHFS&T Instructor I course. The Service subscribes to publications and mandates employees read certain articles each month to enhance their knowledge base. This budget funds the replacement of training aids, reference materials and other items the Service may need to provide quality training opportunities for our staff.

Funding is allocated to host an EMT/AEMT Refresher. This will serve to provide our staff with a refresher if they are unable to attend regular trainings and will serve as a source of revenue for the Service. Finally, the Service will provide funds for employees seeking to be paramedics or our current paramedics who wish to take a Critical Care Paramedic Course. With the eventual purchase of a portable ventilator and with some of the treatment ventures the Service is currently pursuing, there is now a recognizable need and use for our paramedics to have critical care training.



TABLE 11

Paramedic Refresher Courses	\$800.00
Seminars and Trainings	\$4,500.00
Instructor I Course	\$700.00
Publications (JEMS & EMS World)	\$50.00
Guest Speaker for NCCP Training	\$700.00
Food for Trainings	\$250.00
Reference Material & Equipment	\$2,500.00
EMT/AEMT Refresher	\$2,000.00
EMS License Upgrade	\$5,000.00
TOTAL	\$16,500.00

Legal Services & Consulting Fees (2006-42152-32000) \$5,000.00 (-\$10,000.00)

This budgetary line was reduced to \$5,000.00 with the assumption that legal issues are infrequent and do not occur annually. A figure which represents a reasonable value to cover minor legal services in the event the Service would need such counseling or assistance was allocated in the 2019 budget.

Telephone (2006-42152-34100) \$5,964.00 (+\$144.00)

TRI-TOWN EMS provides a cell phone to the Director and the Assistant Director. This provides a way for the staff and those the Service does business with, a way to contact the Service administrators when they are not in the station. Also both ambulances have a phone to serve as a secondary communication device to contact Concord Fire Alarm and the receiving hospital (to include Medical Control). The ambulance's cell phone receives text messages from fire alarm giving the responding crew the incident address and all incident times. Each ambulance has a mobile WiFi which is used to transmit patient data to the receiving hospital and to allow for the EMS crews to complete their patient care report. The Service also pays for a phone line, internet service and cable service for the station. This service is through Comcast. This budgetary line was increased to reflect actual costs incurred during the first half of 2018.

TABLE 12

Service Cell Phones (4) & Wifi (2)	\$3,314.00
Comcast (Cable, Phone, Internet)	\$2,650.00
TOTAL	\$5,964.00

Contracted Billing Service (2006-42152-39000) \$20,500.00 (+\$2,500.00)

TRI-TOWN EMS contracts with ComStar to provide billing services for ambulance transports. ComStar charges a fee of 5% of collected funds. This budgetary line takes into consideration the total amount of revenues received from ambulance billing which is slightly greater than the budgeted Ambulance Billing Revenue.

Accounting Services (2006-42152-39100) \$5,800.00 (\$0.00)



This budgetary line allocates funds to be paid to the Town of Pembroke for the time associated with managing the service's finances.

Building Maintenance (2006-42152-43000) \$1.00 (\$0.00)

This budgetary line was reduced to *One Dollar (\$1.00)* as much of this line was used to purchase cleaning supplies which will not be expended from the Service "Department Supplies" line. Building Maintenance is handled by the Town of Pembroke.

Ambulance & Monitor Leasing/Purchasing (2006-42152-44000) \$1.00(+\$1.00)

Tri-Town EMS owns all of its Cardiac Monitors and Ambulances. \$1.00 was added to keep this budgetary line open for 2019.

Liability Insurance (2006-42152-52000) \$7,500.00 (\$0.00)

The Liability Insurance line was kept the same as 2018.

Unemployment Compensation (2006-42152-52100) \$650.00 (+\$50.00)

The Unemployment Compensation line was increased slightly for 2019 to account for the increase that was seen in 2018.

Workers Compensation (2006-42152-52200) \$13,250.00 (+\$250.00)

Primex³ is the contracted provider to document employee injury and reporting, as well as providing worker compensation insurance for the Town of Pembroke and subsequently TRI-TOWN EMS. This line item reflects the cost of this coverage and was based upon what the Service paid in 2018.

EMS Supplies (2006-42152-62000) \$14,500.00 (\$0.00)

This budgetary line provides funds for consumable medical supplies. TRI-TOWN EMS receives a portion of the consumable supplies, at no cost, from Concord Hospital, the Service's Medical Resource Hospital (MRH). Supplies include some of the Service's IV supplies, bandaging, some of the oxygen delivery devices, electrodes, and other items. The rest of the supplies are the responsibility of the Service. The Service used a figure of \$800.00 per month which is slightly higher than what the service is currently spending for supplies. As part of the current "EMS Supplies" line, but not specifically accounted for, is oxygen that is between \$100.00 and \$180.00 per month. There is no increase in this line for 2019.

Tri-Town EMS will continue to swap out expired or used supplies when either Fire Department requests the Service to do so when the item is the same type as what the Service uses in 2019.

Postage (2006-42152-62500) \$1,900.00 (\$0.00)

Postage for 2019 was kept the same as 2018. This budgetary line accounts for the cost of mailing out the Patient Privacy Notice and Patient Surveys a program that was made effective in early 2017, as well as normal business correspondence.



Fuel (2006-42152-63500) \$7,500.00 (+\$1,500.00)

The budgetary line for fuel was increased by \$1,500 for 2019. Since 2017, the Service has seen a steady increase in EMS call volume. Also, the cost of fuel has been increasing. The monthly allowance for fuel comes to \$625, which is slightly higher than what the Service is currently spending.

Office Supplies (2006-42152-68000) \$3,500.00 (+\$142.00)

For 2019, the Office Supplies budgetary line allows for purchasing of office supplies and the monthly all-in-one Copier/Fax/Scanner. This line is also used for printing fees incurred by the Service.

Transcription Service (2006-42152-68001) \$900.00 (+\$100.00)

This budgetary line allocate funds to be used to have the Service's business meetings transcribed.

Medical Equipment Maintenance/Replacements (2006-42152-74000) \$7,000.00 (- \$8,303.00)

Contained within this budgetary line are the Service's service agreements for durable medical equipment such as our cardiac monitors and stretchers. The Service does not plan on replacing or purchasing any equipment next year and this line has allotted \$2,000 for incidental equipment replacement and/or repair.

Radio/Communications Equipment Maintenance & Repair (2006-42152-74001) \$2,500.00 (+\$1,500.00)

This budgetary line allocates funds for the repair and/or replacement of the services communication equipment, such as pagers, portable radios and mobile radios. This line was increase as the Service plans on purchasing new pagers to replace our current ones.

Medical Evaluation (2006-42152-74002) \$4,500.00 (\$0.00)

Tri-Town EMS has an agreement with Concentra Urgent Care to provide pre-hire testing, post injury and illness evaluation, N95 respiratory fit testing and fit-for-duty evaluations.

Vehicle Maintenance & Repair (2006-42152-76001) \$5,500.00 (\$0.00)

This line item allocates funds for the routine maintenance and unscheduled repair of the Service's ambulances.

Computer & Software Purchase & Maintenance (2006-42152-86000) \$2,000.00 (\$0.00)

This budgetary line allocates funds to address the Information Technology (IT) needs of the Service. There are no planned purchases for 2019, however, it should be noted, the Service computer and lap tops will be all over 5 years old by the end of 2019.

BUDGET APPROVAL:

The final version of the 2019 Tri-Town Emergency Medical Service Budget was discussed by the Service Director and the Tri-Town Emergency Medical Service Board of Directors on August 8th, 2018 by a vote of 5-0.





LINE ITEM NUMBER	LINE ITEM NAME	2018 BUDGET	2019 BUDGET	DIFF ('19-'18)	% CHANGE
2006-33790-00000	Cont. Allenstown	\$180,333.00	\$118,189.00	(\$62,144.00)	(34.5%)
2006-34096-00000	Ambulance Billing	\$352,800.00	\$435,000.00	\$82,200.00	23.3%
2006-35020-00000	Interest	\$1.00	\$1.00	--	--
2006-35090-00000	Misc. Revenues	\$20,390.00	\$6,650.00	(\$13,740.00)	(67.4%)
2006-39110-00000	Cont. Pembroke	\$224,635.00	\$147,822.00	(\$76,813.00)	(34.2%)
2006-33791-00000	Fund Balance	\$108,000.00	\$405,000.00	\$297,000.00	275%
		\$886,159.00	\$1,112,662.00	\$226,503.00	25.6%
2006-42152-00063	Veh/Equip Replmnt	\$120,000.00	\$365,000.00	\$245,000.00	204.2%
2006-42152-11000	Full Time Salaries	\$214,777.00	\$233,800.00	\$19,023.00	8.9%
2006-42152-12000	Per Diem Salaries	\$245,286.00	\$228,370.00	(\$16,916.00)	(6.9%)
2006-42152-14000	Overtime	\$28,153.00	\$28,000.00	(\$153.00)	(0.6%)
2006-42152-21000	Health Insurance	\$43,037.00	\$49,500.00	\$6,463.00	15.1%
2006-42152-21100	Dental Insurance	\$6,000.00	\$6,500.00	\$500.00	8.4%
2006-42152-21500	Life Insurance	\$150.00	\$150.00	--	--
2006-42152-21900	Disability	\$2,660.00	\$2,800.00	\$140.00	5.3%
2006-42152-22000	Social Security	\$30,270.00	\$30,002.00	(\$268.00)	(0.9%)
2006-42152-22500	Medicare	\$7,519.00	\$7,453.00	(\$66.00)	(0.9%)
2006-42152-23000	NH Retirement	\$27,476.00	\$29,621.00	\$2,145.00	7.8%
2006-42152-29000	Uniforms	\$6,500.00	\$6,500.00	--	--
2006-42152-29001	Training	\$33,500.00	\$16,500.00	(\$17,000.00)	(50.8%)
2006-42152-32000	Legal Services	\$15,000.00	\$5,000.00	(\$10,000.00)	(66.7%)
2006-42152-34100	Telephone	\$5,820.00	\$5,964.00	\$144.00	2.5%
2006-42152-39000	Contract Billing SVC	\$18,000.00	\$20,500.00	\$2,500.00	13.9%
2006-42152-39100	Accounting SVC	\$5,800.00	\$5,800.00	--	--
2006-42152-43000	Building Maint.	\$250.00	\$1.00	(\$249.00)	(99.6%)
2006-42152-44000	Amb/Monitor PMT	\$0.00	\$1.00	--	--
2006-42152-52000	Liability Insurance	\$7,500.00	\$7,500.00	--	--
2006-42152-52100	Unempl. Comp	\$600.00	\$650.00	\$50.00	8.4%
2006-42152-52200	Worker's Comp	\$13,000.00	\$13,250.00	\$250.00	2.0%
2006-42152-62000	EMS Med. Supplies	\$14,500.00	\$14,500.00	--	--
2006-42152-62500	Postage	\$1,900.00	\$1,900.00	--	--
2006-42152-63500	Fuel	\$6,000.00	\$7,500.00	\$1,500.00	25%
2006-42152-68000	Office Supplies	\$3,358.00	\$3,500.00	\$142.00	4.3%
2006-42152-68001	Transcription Serv.	\$800.00	\$900.00	\$100.00	12.5%
2006-42152-74000	Medical Equipment	\$15,303.00	\$7,000.00	(\$8,303.00)	(54.3%)
2006-42152-74001	Radio/Comms.	\$1,000.00	\$2,500.00	\$1,500.00	150%
2006-42152-74002	Medical Evaluation	\$4,500.00	\$4,500.00	--	--
2006-42152-76001	Veh. Maint.	\$5,500.00	\$5,500.00	--	--
2006-42152-86000	IT Maint/Rplmnt	\$2000.00	\$2,000.00	--	--
	TOTAL BUDGET:	\$886,159.00	\$1,112,662.00	\$221,504.00	25.0%
	TOTAL BUDGET MINUS CIP:	\$766,159.00	\$747,662.00	(\$18,497.00)	(2.5%)

