

We are concerned about a very misleading document distributed by Ald. Puentes at the East Moline City Council Meeting on Tuesday, January 19. We have done research, including contacting the Illini EMS Coordinator for clarification. We will review each of the 8 points that the document attempts to discredit.

First the document cuts and pastes 3 sentences about the goals of the EMS system.

In Re: p.3 "This review will attempt to review the current financial projection of the City of East Moline..."

p.6 "The goal of any EMS system us to make maximum use of potential revenue streams."

p.7 "By increasing expense for the same service, this contradicts the goal of EMS systems of (sic) maximizing the use of revenue streams."

The document addresses Illinois Administrative Code 515.320 and states "There is no statement of the EMS system to make maximum use of revenue stream." The document then copies and pastes the Illinois Administrative code 515.320.h, 515.230.i, and 520.320.j. This code describes the duties of an EMS Coordinator and EMS Administrative director.

We feel that this is mostly a direct attack on the Illini EMS Coordinator and has nothing to do with the review. The document highlights and suggests a conflict of interest that does not exist. At no time is there an inappropriate relationship between the Illini Ambulance and the EMS System Coordinator. The document from the EMS System is simply a review of the Fire Chief's plan.

We asked the Illini EMS Coordinator about the statements referring to maximizing revenue stream. He states that the more economically efficient the EMS system is as a whole, the more funds are available for upgrading equipment, and purchasing new equipment to provide optimum patient care. He referred us to an article by Jay Fitch, PhD, who is an ambulance industry expert. Dr. Fitch states in the article that the five hallmarks of effective EMS System design are:

Hold services accountable.

Establish an independent oversight entity.

Account for all service costs.

Require system features that ensure economic efficiency.

Ensure long-term, high-performance service.

So to attack the EMS System Coordinator based on the job description in the State Code is completely inappropriate. If there is a legitimate concern the IDPH Regional Coordinator should be contacted.

Next the document includes:

In Re: p.5 "Currently East Moline utilizes Firehouse software for the completion of patient care reports. Beginning in 2010, the State of Illinois will require NEMSIS compliant software for the transmission of data."

The document goes on to state that it is NEMSIS compliant and that a firm date has not been set with a one year window to become NEMSIS compliant. First off, the document does not say that the department will not have to maintain NEMSIS compliance if they do not start an ambulance. Secondly it does not say that East Moline will have to transmit data on Day 1 of operations to the State of Illinois if an ambulance is put into service. And finally, Firehouse is made by ACS. From the ACS website we submit the following graphic:

State Approved FH Submissions		Not Approved to Submit to State	
Require Only FH NEMSIS Export ②	Require Additional FH State Specific Install Components ②	FH Development in Progress ②	Development Planning Underway ②
Connecticut	Arkansas	Alabama	Alaska
Iowa	Florida	Colorado	Arizona
Massachusetts	Georgia	Idaho	California
Nevada	Maine	Illinois	Delaware
	Minnesota	Indiana	Hawaii
	Missouri	Kansas	Kentucky
	Nebraska	Maryland	Louisiana
	New Hampshire	Michigan	Mississippi
	New Mexico	Ohio	Montana
	North Carolina	Vermont	New Jersey
	Oklahoma	Virginia	New York
	Pennsylvania	West Virginia	North Dakota
	South Carolina		Oregon
	Washington		Rhode Island
	Wisconsin		South Dakota
			Tennessee
			Texas

Next the document copies and pastes the following:

In re: p.5 "...there is significant expense in sending that staff to conferences and education that is beyond the scope of initial paramedic education."

It then goes on to describe the continuing education requirements of EMT's and Paramedics in the State of Illinois. It also states that this education can be done for little to no cost with a licensed EMS Lead Instructor.

First off, we would like to point out how ridiculously misleading this point is. What did not happen is that the entirety of the statement in the EMS System document was not included. Allow us to highlight the WHOLE part of this statement:

To have a full time EMS Coordinator that performs quality assurance and quality improvement functions, there is a significant expense in sending that staff to conferences and education that is beyond that of the scope of initial paramedic education.

The statement was not, in fact, addressing the continuing education of each paramedic, but that of the personnel assigned to perform quality assurance and quality improvement. Additional training and a true mastery of skills and paramedic knowledge must be obtained by the personnel to review, educate and correct the actions of other paramedics. Putting any paramedic in that position would be of severe detriment to the quality of care and ongoing quality improvement activities. It was clearly the statement of the union that they were not interested in providing this service if they could not provide service that was equal or better in quality than that being currently delivered. If anyone would like to argue that the service delivered would be equal or better without educated, well qualified quality assurance personnel, they are certainly welcome to.

The next segment states:

In re: p.7 "Though not typically noticeable to the public, Genesis-Illini ambulance currently practices this and also increases staffing for weather and special events."

The document goes on to say that staffing for weather and special events are not the same. We would agree, which is why the words are separated with the word 'and'. It continues talking about a strict definition of a 'special event' where ambulances are contracted to cover a specific event. We could use the RI County Fair or races at Cordova Dragstrip for example. However, the examples listed in the text included the Trice shooting, which was conveniently left off the copy and pasted information. Granted, if one was to be literal in every word, the Trice shooting would be more of an unusual incident than special event. This still does not discount the spirit of the statement that East Moline would be unable to expand ambulance staffing when needed and that Genesis-Illini's ability to expand coverage as quickly and efficiently as the current system would be reduced.

Next is a segment that states the following:

In re: p.5 "There will be a significant expense in upgrading all vehicles. All vehicles on an individual department must be at the same level and standard."

The document states that all vehicles do not have to be at the same level and standard according to IDPH and confirmed by the Regional Coordinator. If this is the case, and East Moline Fire plans on reducing the level of response on three vehicles just to obtain a transporting ambulance, this would represent a decrease in the level of care. If the East Moline Ambulance is unavailable, or further away than the two other fire vehicles, a majority of East Moline Citizens would notice a decrease in the level of care that first arrives on scene. Again, the union was clear that they are only interested in delivering as good, or better care than the current scenario.

Next is the following statement:

In Re: "The Scott County EMS System Evaluation looked at many aspects involved in this review."

It goes on to note that the study is 13 years old and that Scott County has a different EMS system as it is county based and not hospital based. The document does nothing to refute any of the points from the INDEPENDENT STUDY OF AN EMS SYSTEM IN ITS ENTIRETY. It does not provide any argument to the fact that the EMS system as a whole should be strengthened to optimize care for all people in the system and does not refute that other systems have a coordinated approach to response, much like the Illini-East Moline relationship currently in place with improved quality of care. Simply stating that "they are not us" does not begin to refute the applicability of the comprehensive study performed in our local region.

Next is:

In Re: "With the increased call volume of Genesis-Illini Ambulance and the fact that when not practicing on an ambulance (sic), they are afforded additional contact with critically ill patients in the emergency room at the Genesis-Illini campus. This creates an optimum scenario for ongoing experience and ability to more (sic) frequently lifesaving interventions."

The scope of practice, which are the skills that can be performed by EMT's and Paramedics is pasted into the document. The document goes on to ask about the lifesaving interventions that are mentioned. This scope of practice has nothing to do with the EMS System document. Reading the section in its entirety reveals that the argument is that the Genesis-Illini Paramedics perform lifesaving interventions more frequently. It goes on to cite scientific articles, which are footnoted, to support the fact that paramedics are more skilled in lifesaving interventions when those interventions are performed more frequently. We are confused what the author of the document was thinking.

Next is another confusing entry:

In Re: p.5 "12 Lead Transmission: 12 leads must be transmitted to the hospital for interpretation. This includes the purchased (sic) of a modem for the LifePack, a registration fee for receiving software and data network access charges."

The document goes on to say, "The modem is a one-time purchase, the registration fee will be an initial fee with renewal fees added at a later date, and the data network access charge is dependent on the provider."

This is all true. The document just restates what is required for 12 lead transmission. The EMS System document simply stated that this is missing from line item expenses. We are confused as to why this is even in the so-called rebuttal.

Lastly the following is included:

In Re: p.5 "Insurance: There is no line item for insurance. The city cannot self insure an ambulance and obtain a license for it in the State of Illinois. It is also very risky to practice medical interventions without professional medical liability insurance. This can result in a drastic burden to the taxpayer to not only pay a single claim, but to also pay the legal fees for defending even a frivolous or fraudulent claims."

The document goes on to say that all ambulances are required to carry insurance. What the person writing this document does not understand is the difference between being self-insured or insurance through a provider. If the city currently self-insures themselves, and does not have an insurance provider, which many cities do, they will need to carry insurance through an insurance company. The document only states that there is no line item for this expense. Regardless if the city is self insured or not, there will most definitely be an increase in the expense for that policy by owning an ambulance and that expense is not listed in the expenses in the chief's plan.

It goes on to say that there is a drastic burden on the taxpayer for a claim, and admits that Moline has been pursued for legal action twice, both of which were unsuccessful. Though lawsuits against ambulances may be unsuccessful, there are legal expenses in defending those claims that can be in upwards of hundreds of thousands of dollars. Regardless of whether a lawsuit is successful or not, the city will still be out legal fees.

Overall, we find this document to be smoke at best. Notice that the document does NOTHING to discredit the following points, and doesn't even address them:

The revenue is overestimated. Though the reimbursement is correct on average, per call, the number of calls listed cannot be run by a single ambulance.

The expenses are underestimated. There are multiple items not listed in the expenses, and some of the entries are much lower numbers than they should be.

Medicare, which is a significant percentage of revenue, does not make payments on time. The East Moline taxpayer will fund the delay in Medicare payments.

East Moline will not be able to guarantee that a caller in East Moline will get the closest ambulance.