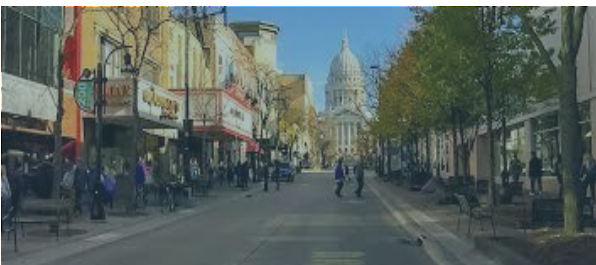


Jefferson County EMS Working Group

Survey Results



June 11, 2025

EMS Involvement of Respondents



Dispatch



EMS provider



**Contract for EMS
services**



Elected official

Dream EMS System

Top responses:

1. Financially sustainable system
2. Consistent, equitable services throughout the county
3. Well-trained, stable workforce

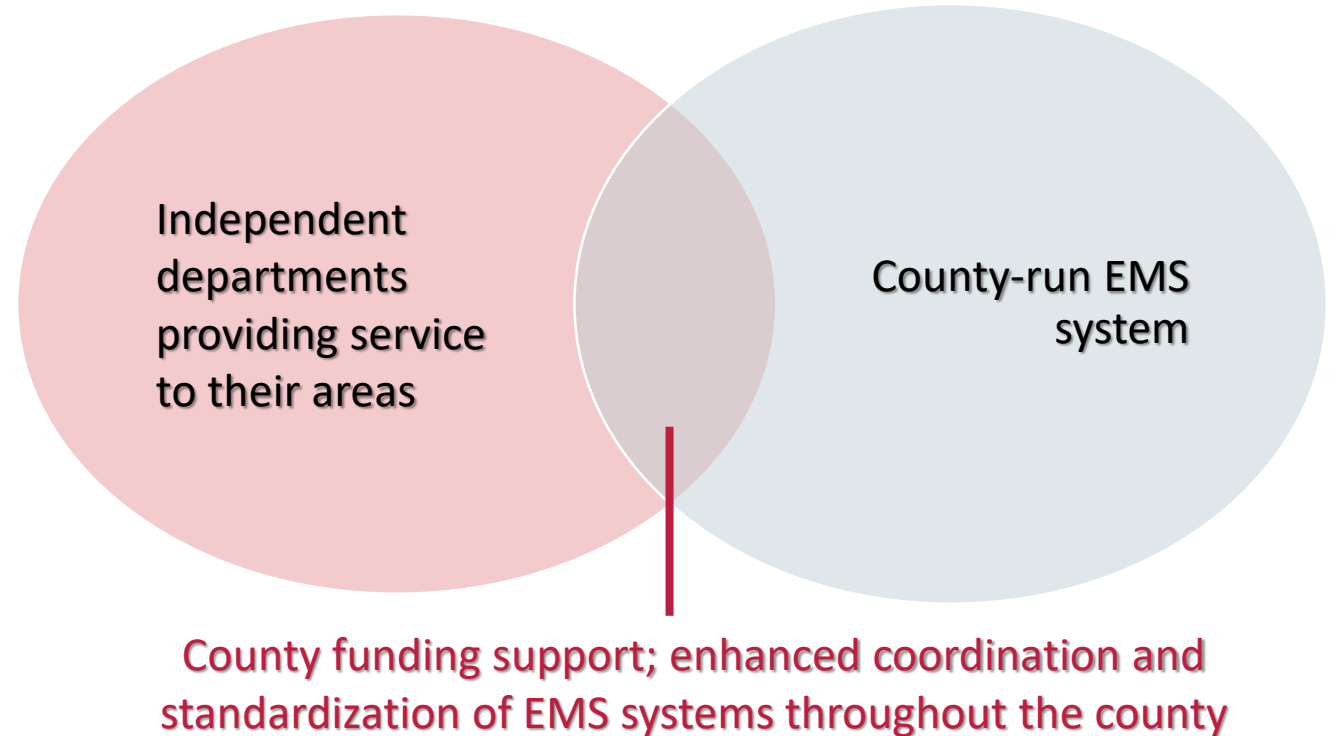


Dream EMS System Cont.

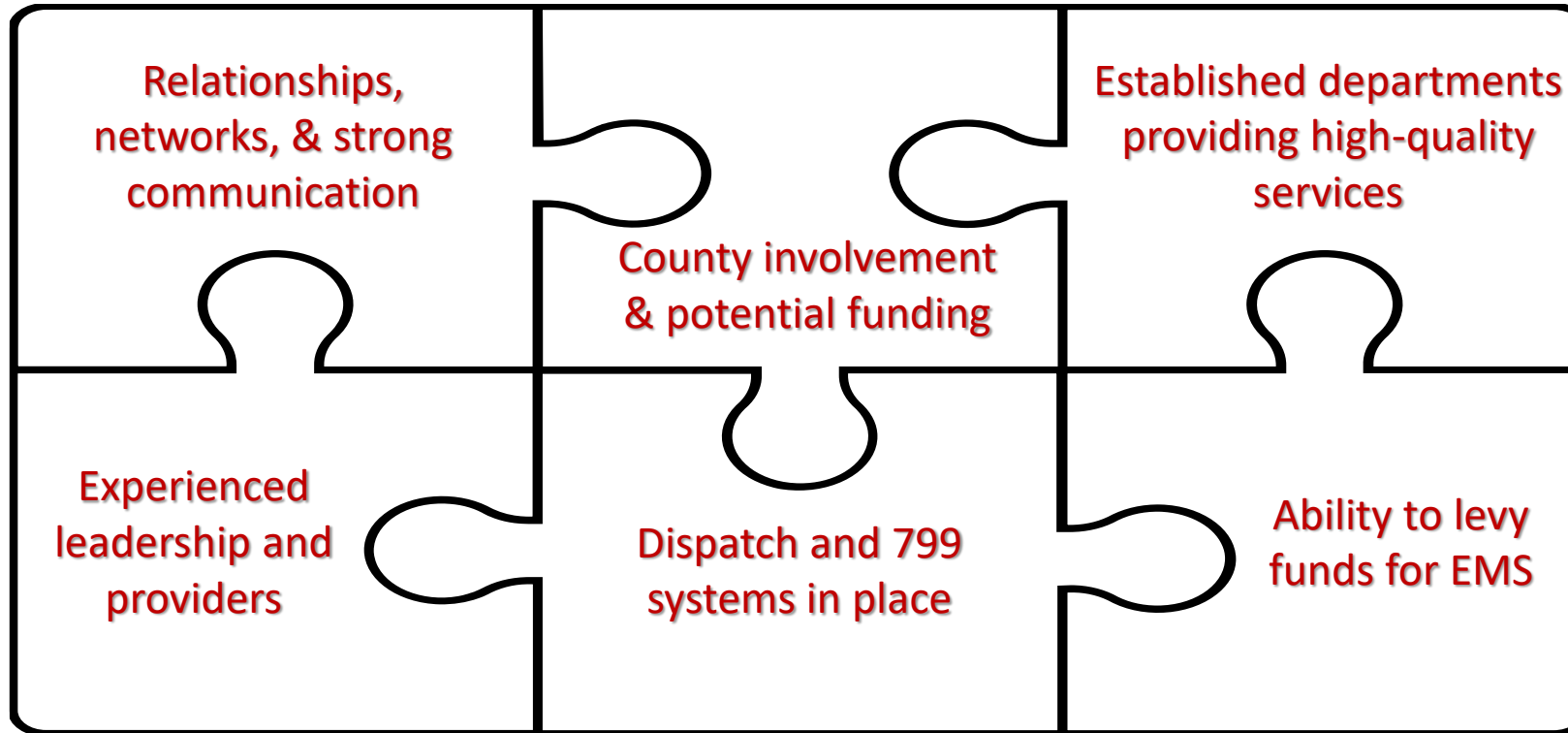
“Absent a consolidation, a **county-wide funding mechanism** distributed to cities and villages, which will agree to **optimal coverage maps** to ensure **consistency in service area and revenue** for providers.”

Other common responses:

1. Consistent medical director and/or protocols
2. ALS paramedic services available throughout the county



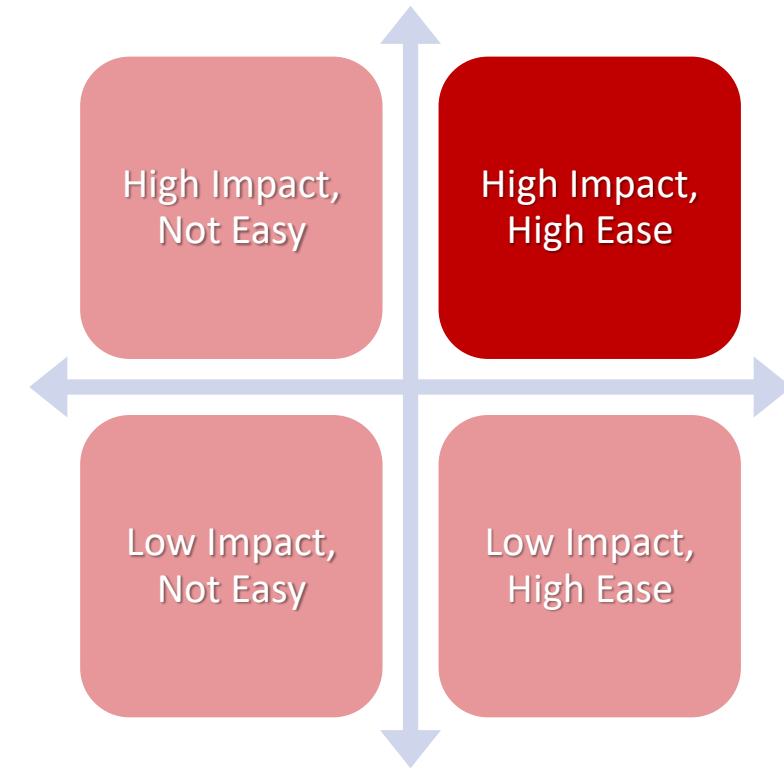
Top Assets Identified



Opportunities to Leverage Assets

Top opportunities:

1. Provider expertise + Existing networks + Dispatch data → **Build consensus around optimal county-wide coverage maps, service costs/structure, and operating procedures**
2. County involvement + EMS levy → **Explore alternative funding and administrative models**
3. Established departments + Dispatch and communications systems in place → **Identify strategies and implementation requirements for sharing staff, training, equipment, and operating (billing, dispatch, purchasing, etc.) costs**



Primary Challenges to Address



Adequate funding



Inconsistent boundaries, fee structures, contract terms, and service levels



Staffing

Questions to Answer: Operations

1. “Are we sending the **right people** to the **right place** at the **right times**?”
2. “Can any pieces of EMS be **consolidated**?”
3. “How do we ensure **paramedic coverage** for everyone?”
4. “What is the feasibility of a **county-wide system**?”
5. “Are we providing a **high level** of service **equally** throughout the county? If not, how can we adjust?”
6. “Are EMS providers and local governments **willing to work with each other**?”

Questions to Answer: Funding

1. “What **funding model** is best to support current and future services, staffing, and equipment needs?”
2. “How can we create a **fair economical** EMS system?”
3. “Can a **consistent funding formula** be established?”
4. “Is there a method for establishing **consistent boundaries** that can be maintained over time to **avoid negative financial impacts** on other contract participants?”
5. “How do we **staff as needed** with the **funds available**?”

Important Outcomes

Top priorities

- ✓ Stability and consistency of:
 - Service fees
 - Boundary areas
 - Levels of service (Paramedic)
 - Protocols and medical direction
- ✓ Financial sustainability
 - Cost-sharing opportunities
 - County support
 - Alternative models available

Range of responses

- Consolidation: Some strongly in favor, some opposed
- Control: Balance local control and service quality with standardization and cost-savings

Other outcomes identified

- “EMD becomes a thing!”
- “Ideas to hire and retain staff”
- “Equipment analysis”
- “County EMS assessment”

Data Needs

Services/Operations

Dispatch data

- Call volumes
- Call types
- Response times
- Call processing times

Coverage

- Full-time vs. part-time
- ALS vs BLS
- Protocols and procedures
- Population served

Funding

Service costs

- Current costs, contracts, and fee structures
- Projected future costs and necessary growth of service (ambulances, employees, etc.)
- What is the true cost of EMS service and are those costs being recouped?

Other Examples

Funding models

- Formulas in rural areas with diversity of call volumes
- Staffing benchmarks for staffing ambulances (1 staffed ambulance per X,XXX residents)

Next Steps

- **Pull available data**
 - Dispatch data for 2022, 2023, and 2024
 - EMS budgets
- **Send EMS data survey**
- **Students begin cleaning dispatch and financial data in July**

EMS data survey distribution list:

- Fire Chiefs
- City, Village, and Town Administrators
- City, Village, and Town elected officials
- **Who else?**

Initial Focus Areas Based on Survey

Services/Operations

Analyze dispatch data, service agreements, protocols, and staffing to identify:

- Optimal service area boundaries
- Staffing and service levels needed
- Standard protocols and medical direction to streamline services and facilitate resource-sharing

Funding and Finances

Evaluate existing budgets, fee structures, and service agreements to identify:

- Cost-sharing opportunities
- Optimal fee structure and rates based on affordability analysis, costs to provide services, and projected future demands.

Other Examples

- Review other models, examples, and evidence-based best practices for EMS funding structures
- Compare staffing levels and EMS budgets in Jefferson County relative to comparable communities



Questions?

Discussion Questions

1. **What are your reactions to the potential focus areas based on the survey? Is anything missing?**

Note: Additional areas of focus can be added later.

2. **Were you surprised by any of the input received or priorities that emerged?**
3. **Are you particularly excited about any of the potential focus areas?**

Services/Operations

- Service area boundaries
- Service and staffing levels needed
- Standard protocols/medical direction

Funding

- Standard fee structure
- Cost-sharing and cost-savings

Other Examples

- Funding models
- Comparative staffing levels



Thank you!

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