The impact of Coronavirus pandemic from an EMS perspective in NH

Christopher Stawasz, Regional Director

Emergency Medical Services (EMS) in NH are currently provided by a variety of staffing models determined primarily by local communities. According to the latest published information available, approx. 47% of 9-1-1 ambulances in NH are operated by some type of fire service model (professional and/or volunteer). 43% are operated by commercial, non-hospital services, 5% by hospitals and the remaining 5% by local government non-fire services.

AMR is New Hampshire's largest employer of EMS personnel employing over 200 licensed New Hampshire EMS providers that perform approx. 17% of all ambulance responses in NH. AMR is the largest provider of emergency ambulance services in NH responding to approx. 34,000 9-1-1 calls annually.

In addition to providing 9-1-1 services, AMR is the primary medical transportation provider for ½ of the licensed hospital beds in NH moving more than 15,000 patients between medical facilities annually.

All AMR operational revenue is generated by patient transports. No subsidies or direct tax dollars are received from the NH communities or facilities that AMR serves. AMR currently reimburses over $750,000 annually to the NH communities we serve to offset dispatching costs for EMS from that operational revenue.

Commercial ambulance providers that deliver services to municipalities and medical facilities are historically not eligible for any federal or state funding opportunities for cost reimbursement during disasters. Nor are they typically eligible for grant opportunities during normal operational times.

<u>Impact of Covid-19 on EMS Operations in NH</u> –

- Approx. 27% reduction in 9-1-1 responses* with a corresponding reduction in billed revenue opportunities. This reduction is likely similar statewide and may even be more significant in rural areas.
    - There is significantly less human activity, traffic and personal interactions – it does not explain significant drop in OD's and other 'generally seen' medical conditions like heart issues and strokes.

- Approx. 35% reduction in inter-facility (between medical facilities) transport volumes** with a corresponding reduction in billed revenue opportunities.
    - Less movement of patients to tertiary care hospitals like Boston or Dartmouth
    - Less scheduled movements of patients for appointments or non-urgent treatments

- Little to no ability to reduce operational readiness costs including salaries and benefits.
    - Maintaining 9-1-1 ambulance deployment levels is essential & usually cannot be reduced in any significant way without impacting community coverage.

*Data based on actual call volume data from 3/20 – current from Nashua and Manchester 911

**Data based on actual AMR call data

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- Significantly increased PPE supply & decontamination costs with no funding recovery opportunity & volatile supply chain for re-supply.
  - Constant monitoring needed to determine burn rates, maintain security of supply and educate staff on rapidly changing CDC recommendations for use.

- Following Covid-19 testing opportunities to reduce OT need for staff in quarantine when tests are needed. Challenged to find/maintain rapid tests early on.
  - Paid quarantine time for staff

- Increased staffing requirements for EOC operations and ACS site preparation/planning/set-up.
  - Planning for mass transportation efforts to decompress hospitals
  - Planning for homeless population care and transportation for + Covid patients
  - Planning for nursing facility evacuation/placement/increased need

- Participating in multiple Covid testing site operations with public health.

- Increased costs to manage employee wellness checks, coordinate quarantine/isolation when required and manage household personal needs of staff to assure adequate staffing of ambulances including childcare, family care and other related personnel needs.
  - Childcare stipends for staff so they can continue to work while children are safely cared for.

- Increased need for mental health/wellness resources for staff.
  - Short term and long term

- Need for constant information distribution to staff
  - Changing treatment procedures
  - Changing PPE recommendations
  - Covid + cluster locations
  - Changing decontamination procedures

- On 3/20/2020 NH E-9-1-1 began caller screening for flu like symptoms of all callers during the emergency call interview process. It does not convey specific illness but may assist first responders in deploying certain universal precautions when responding to calls. Since that implementation AMR has responded to over 250 of those types of 9-1-1 calls.

QUESTIONS

4/29/2020 NH GOFERR meeting presentation

*Data based on actual call volume data from 3/20 – current from Nashua and Manchester 911
**Data based on actual AMR call data