

# **Cascade, Iowa**

## **Findings and Solutions for Emergency Medical Services**

February 2024



## **Iowa EMS Consultants**

### **Contributors**

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**Introduction:**

The City of Cascade lies in both Dubuque and Jones Counties in Iowa. As of 2021, Cascade proper had a population of 2,397. This does not include the rural population of their Emergency Medical Services (EMS). This district covers a total of 136 square miles.

The current EMS services is owned and operated by the City of Cascade. The city council via Chapter 15.03 and 17.05 of the code of ordinates grants authority to the mayor and city council to make annual appointments to various city offices, positions, committees, and task forces. For the 2024 calendar year, Resolution #02-24 appointed Mike Donovan as the EMS director.

The EMS service currently has nine volunteers. These nine volunteers are made up of four emergency medical technicians (EMT), two paramedics, two registered nurses (RN), and one driver. As of December 11, 2023, the department had 267 calls for service. The ambulance department currently relies solely on volunteers for their staffing. The national trend has EMS departments arriving at a crossroads in regard to staffing. On a national level, volunteerism is dying, leaving many departments struggling, Cascade is not an exception to this trend.

**Stakeholders:**

Iowa EMS Consultants has communicated via email, telephone, and face-to-face meetings with the following:

|   |                              |
|---|------------------------------|
| Steve Knepper                           | Mayor                        |
| Bill Hosch                              | Councilperson                |
| Mike Delaney                            | Councilperson                |
| Andy Kelchen                            | Councilperson                |
| Riley Rausch                            | Councilperson                |
| Megan Oliphant                          | Councilperson                |
| Lisa Kotter                             | City Admin                   |
| Mike Donovan                            | EMS Director, Paramedic      |
| Jill Leytem                             | BSN, RN                      |
| Page Klocke                             | BSN, RN                      |
| Tricia Conter                           | Paramedic                    |
| Steve Moran                             | EMT                          |
| Mireille Gudenkauf                      | EMT                          |
| Chris Felton                            | EMT                          |
| Kim Lynch                               | EMT                          |
| Michelle Gehl                           | Driver                       |
| Dr. McKeon                              | Medical Director             |
| BI County EMS Director and Board Member |                              |
| Bert Kraai                              | Cascade Fire Chief           |
| Fredrick J Heim                         | City of Cascade Police Chief |
| Joe Reiff                               | Reiff Funeral Home           |
| Brad Staner                             | Police Officer               |

**Current Practices:**

The billing system for ambulance calls has been reviewed and suggestions are as follows. Currently, when a provider, classified in this case as an EMT; paramedic; or RN, writes a patient care report (PCR) on a call the report is read and reviewed by two different people prior to being submitted to LifeQuest for billing. This is an unnecessary and redundant practice as the PCR program, Image Trend, can directly contact the original author of the PCR. By doing so, billing speed will increase, and the risk of Health Insurance Portability and Accountability Act (HIPAA)

violations will decrease because non-essential workers will not be viewing the PCR. This change adds a \$3,120 saving to the EMS budget.

The current fee schedule for calls of Basic Life Support (BLS) and Advanced Life Support (ALS) services has been reviewed and the following suggestions are recommended.

|                           | Current Fees  | Suggested Fees |
|---------------------------|---------------|----------------|
| BLS                       | \$800.00      | \$1000.00      |
| ALS 1                     | \$950.00      | \$1000.00      |
| ALS 2                     | \$1000.00     | \$1000.00      |
| BLS – No Transport*       | \$300.00      | No Cost        |
| ALS – No Transport**      | \$450.00      | \$200.00       |
| Mileage                   | \$17 per mile | \$17 per mile  |
| Nuisance Fee <sup>+</sup> | \$0           | \$200          |

\* Billing for BLS – no transport where minimal durable medical equipment is used is contrary to positive public perception of Cascade Ambulance. This billing practice creates ill will between the public and EMS providers. It is of the utmost importance that this billing practice ceases.

\*\* Billing for ALS – no transport includes any time an intravenous line (I.V.) and/or medication (excluding oral glucose) is administered and the patient refuses transport.

<sup>+</sup> A nuisance fee is appropriate when it is deemed by the EMS director that the patient is utilizing the ambulance service as something other than its as an emergency medical provider and as something else such as repeated home health or nursing care.

Additionally, all proposed fee schedules need to be adjusted above current allowable Medicare rates periodically. This should be adjusted by the counsel of your current billing company.

There is no current practice of scheduling volunteers to cover certain time periods, this is something that should stay in practice. The department is too small to consistently schedule volunteers. However, if a volunteer would like to offer to cover a period of time by stating they

are available to cover from Friday at 1700 to Monday at 0700, this practice should be allowed. This benefits other volunteers as it lets them know those times are covered.

### **Facility Overview:**

The current ambulance station is owned by Joe and Peg Reiff, and it is shared with the funeral home. This means the building both holds ambulances and stores equipment for the funeral home. The city's lease for this space is \$500 monthly, and the city pays 70% of the annual tax bill which totals \$1,450. This space costs the taxpayers \$7,450 annually.

The lack of security in this space has also been noted. Reiff funeral home staff have access to the building, in its entirety. This includes the ambulance and its supplies. While this is not suspected to be a large problem, it could cause suspicion if there was a problem of theft. At the very least, security cameras would be beneficial.

Additionally, there is a strong smell of mildew in the facility. Several volunteers have noted this and stated there was mold in the structure. The lack of shower and laundry facilities within the building poses another safety threat as well as an OSHA violation. This is because of the frequent exposures to blood, bloodborne pathogens, and biohazard contamination. Currently, volunteers are being asked to take blood soaked, bed bug infested clothing into their own homes to launder. This is a lot to ask of volunteers and this problem can be easily remedied by adding showers and laundry facilities to the building.

### **Volunteer Overview:**

The city of Cascade has a very dedicated group of volunteer EMS providers. While it is a small group, it has the potential to remain not only an asset to the city, but also become a civic organization that citizens would want to join. There are a few obstacles that have been observed with the current system in place.

The city must have an application process that begins at City Hall with a background check included. This alleviates any bias from one of the current volunteers not advancing someone's name for consideration.

Additionally, communication is a two-way street, it needs to continue in a positive upward trend with regularly scheduled meetings between administration and the volunteers that are consistent but not to the point of redundancy.

The cessation of the current financial stipend given to the elected officers is recommended.

It is essential that the volunteers realize they have a new city administrator that is charged with the day-to-day operations of the city. It is clear that past city administrators have not done well at closely managing operations, and there was not a large amount of supervision in the past. In addition, simply because the administration asks questions and requests answers does not mean they "hate" the volunteers. This only means they care about the volunteers and the legality of being a steward of the tax money they oversee.

From conversations with the city administrator, it is clear that not only is she a person that does her job well, but she also cares about the outcome of her decisions. City oversight should not be misconstrued as micromanagement or "hatred." Lisa Kotter is doing her job well, and this is important to recognize. On the other hand, city leaders need to keep in mind that this ambulance service has not had real oversight since the city has taken ownership, and change is difficult for some.

As far as calls, some do require paramedics, only about ten percent of calls nationally require advanced skills. The two paramedics should allow the EMTs to take more calls as the

lead provider. By doing this, it gives the EMTs important patient care skills and keeps the paramedics available for additional calls where their skills may be needed.

Ideas for the city to improve volunteer recruitment include the following:

- Send a simple recruitment card with the monthly water bill.
- Consider continuing education hours as compensable hours of service.
- Paying for EMT class and books upfront for new volunteers. This can be costly and the city may lose money once in a while, but with proper vetting this will not be a large problem.
- Provide an incentive to current city employees who want to be drivers. This will greatly help during the daytime hours.
- Open a dialogue with the fire department for drivers and potential future volunteers.
- Conflict resolution between volunteers should be addressed and resolved within the department. This conflict should not be addressed on a call or in front of tax payers.
- Look into starting a high school “explorer” program introducing high school students to EMS.

**Solutions:**

Solution 1 – Pay each employee per hour time spent on an active call or service to the employer.

For example, taking drug boxes to the hospital. The personnel wages are as follows:

|              |              |
|--------------|--------------|
| Driver       | \$19.00/hour |
| EMT          | \$22.00/hour |
| Paramedic/RN | \$25.00/hour |

Pay is based on two paramedics/RNs per call:

2.25 hours per call x 2 employees x \$25.00 per hour each = \$112.50 per call

\$112.50 per call x 275 calls annually = \$30,937.00 annually

Net increase of budget line item 001-160-6413 of \$18,937.00. This solution leaves the ambulance budget with a \$26,463 surplus.

Solution 2 – Hire an EMS Director working 15 hours per week.

15 hours per week x \$25.00 per hour = \$375 weekly

\$375 weekly x 52 weeks per year = \$19,500 annually

\$19,500 annually + \$1,784 IPERS + \$1,316 FICA = \$22,600 annually

\$22,600 annually + \$30,937 other crew members (sol. 1)= \$53,537 total

\$53,537 total - \$12,000 budgeted = \$41,537 net increase

Net increase of budget line item 001-160-6413 of \$41,537.00. This solution leaves the ambulance in a \$3,863.00 budget surplus.



Solution 3 – Hire an EMS Director at 20 hours per week.

20 hours per week x \$25.00 per hour = \$500.00 weekly

\$500 weekly x 52 weeks per year = \$26,000 annually

\$26,000 annually + \$2,553 IPERS + \$2,069 FICA = \$30,622 annually

\$30,622 annually + 30,937 other crew members (sol.1) = \$61,559 total

\$61,559 total - \$12,000 budgeted = \$49,559 net increase

Net increase of budget line item 001-160-6413 of \$49,559.00. This solution creates a budget deficit of \$4,159.00.

Solution 4 – Hire a full time EMS Director at \$25.00 per hour.

40 hours per week x \$25.00 hour = \$1,000 weekly

\$1,000 weekly x 52 weeks per year = \$52,000 annually

\$52,000 annually + \$13,373 healthcare + \$450 life disability + \$3,150 FICA +

\$4,758 IPERS = \$74,090 annually

\$74,090 annually x \$27,225 other crew members = \$101,315 total

\$101,315 total - \$12,000 budgeted = \$89,316 net increase

Net increase of budget line item 001-160-6413 of \$89,316.00. This creates a budget deficit of \$43,916.00.

**Conclusion:**

Iowa EMS Consultants firmly believes that with our recommendations, the EMS service in the city of Cascade can not only improve but flourish. We trust that our observations and recommended solutions can supply an individualized, high-quality EMS service for the citizens of Cascade.