

## Town of Temple

### Board of Selectmen

Joint meeting with Towns of Wilton, Lyndeborough & Temple to discuss the contracted Ambulance Service.

**September 7<sup>th</sup> at 6:30pm Wilton Fire Station:** Ken Caisse & Gail Cromwell representing the Town of Temple with Gretchen Rae as note taker for the Town of Temple.

1. Concerns about paramedic coverage is what brought the need for this meeting and the attention of all three towns. Calling this meeting is a “problem avoidance” intention. The question is: is there proper coverage and is it 24/7? What are the daytime holes in the schedule? How do these holes in full time coverage effect response times?

Previously Gary would cover the gaps in all calls for a medic on the first truck to respond. Karen is now calling EMT level, non-paramedics to be sent on the call. An ALS paramedic is on as many calls as they can cover. Milford came for medic intercepts for the first week Gary left. Wilton acknowledges that this is not a sustainable model. Mutual aid is more of a band aide and the current system of goodwill response without a formal agreement (for many towns in the Monadnock region) will also not be sustainable.

Interim ambulance chief is Karen and Wilton explained that, in the event of a chest pain patient, Karen has automatic safe guards are in place for MACBASE (there dispatchers) to be informed.

The towns would like to see the written procedure from Karen to ensure that there is a standard practice in place. To be noted that an Intercept and first responses are different from each other.

(Intercept will pick up medic in rout, if one is not available to respond on the ambulance)

(The towns are asking for a clarification on the “real-time” process, )

As of now the dispatch center will call out for a medic if one is not on the schedule for that shift

2. Update given on the selection process for the open position: 2 weeks left with 6 resumes submitted so far. Wilton agrees to circulate the resumes to the Wiltons acting ambulance captain and assistant ambulance chief as well as the other towns select board. Wilton reassured the group that all three selectboards will have the opportunity for an advisory committee made up of each towns’ reps., who will be involved with the selection process. Everyone should note that there will continue to be a gap in staffing levels even after this full time position is filled. Wilton has 8 new on call positions but these staff also have other fulltime jobs.

Temple and Lyndeborough want to be involved at a higher level. It was noted that the 3 town advisory committee went away when the Town of Wilton took on all responsibilities. Wilton Select board agreed that an advisory committee is welcomed but everyone needs to remember that Wilton will be in charge and have final decision on the ambulance service management.

A second fulltime person needs to be considered and Wilton wants Temple and Lyndeborough to stay open to the additional expenses that may be necessary. It was noted that Wilton started a step program which did get some new people involved with more calls but some have stated that the

steps have only been offered to the new staff and not to keep the existing staff. This matter should be looked into by Wilton.

There are currently 40 people on ambulance service. Employee retention is fairly good and recruitment is up.

Gary's "policy" had been: for weekday coverage with 12 hour shifts assignments were 6am to 6pm, and weekends were 24 hr. shifts. If the staff member is 6 miles from ambulance bay, they can take calls from home. More than 6 miles away from their home to the ambulance bay, then they had to be physically at the station for their assigned shift. To be noted: weekend rotations have changed for fairness issues.

3. Discussion on better \$\$ collections for services rendered. Collection agencies have been consulted but nothing has improved the amounts collected. For reference, Peterborough goes to small claims court for collections. This group has looked at other options used by other towns. The collection agencies do note that collection of the revenues needs to happen to balance increased costs and once a claim goes beyond 90-100 days the chances of obtaining the \$\$ rapidly diminishes.

4. Tom Schultz, public comments:

A. Management transparency is a problem. When the public is told that a 10 year ambulance chief, suddenly departs for compensation issues, it's hard for the public to believe rational and creates a bigger rumor mill.

Comment from board: HR meetings were held by Wilton in nonpublic session. Nonpublic meetings are used not to protect the select board but mostly used for employee issues and personal rights. These meetings are mostly done in nonpublic . It's not a transparency issue.

B. Collections are not aggressively pursued nor should they be for the continued trust of the general public. And it's usually paperwork or insurance information issue with #ss, billing accounts recording errors and such.

Noted: all residents are not billed for a home emergency call. Billings are for transporting and a face sheet, ( information for billing) is done at the hospital, not asked for from the patient in distress at the time of the service.

Meeting adjourned 7:30pm