Vermont Emergency Medical Services
Advisory Committee

Meeting Minutes

Date: April 16, 2025
Location: Microsoft Teams
Attendance: Drew Hazelton, Adam Heuslein, Jim Finger, Leslie Lindquist, Matthew Parrish, William Moran, Bobby Maynard, Joe Aldsworth, Dan Wolfson, Courtney Newman, Donna Jacob, Chelsea Dubie, Bill Camarda, Connor Dunn, Vince Robbins, Kate Rothwell, Scott Richardson, Walter (no last name provided), Pat Malone, Ray Walker, Aaron Collette, Marc Hachey, Emma Harrigan, Charles Piso, Kathy Jochim, Samantha Atwood, Jeff Johansen

Meeting Called to Order 1301

Will Moran called the meeting to order.

Purpose of the Meeting

To present preliminary findings of the Vermont EMS system assessment led by consultant Vincent Robbins before the release of the final report.

Key Findings from the EMS System Assessment

Project Scope and Data Collection

- Six main areas reviewed: EMS services, workforce, education, response reliability, finances, and clinical measures.
- Used four years of SIREN data (2021–2024), financial records, surveys (15 distributed, >25% response rate), interviews (25+), and site visits.
- Data from IRS 990s, CMS ground transport reports, and stakeholder input were also included.

System-Wide Observations

- EMS Activity Distribution: Strong correlation with roadway locations more than population density.
- Response Times:
    - Average: 10m 36s.
    - 90th percentile: 17m 34s.
    - 1% of responses took over 30 minutes.
- Mutual Aid: Average use is 3.5%; some agencies rely on it more heavily.
- Coverage Levels:

    - First responders don't fully cover the state and don't always operate at their licensed levels due to staffing.
    - All transport agencies offer Advanced EMT or higher care.

Heatmaps and Patterns

- Mutual aid requests rise later in the day.
- Interfacility transports (IFTs) are delayed and extend late into the evening.
- IFT data incomplete—missing timestamps on when hospitals requested transfers.

EMS Workforce & Education

- Heavy reliance on volunteers.
- Training officers mainly perform admin rather than instruction.
- Education costs are inconsistent and not transparent.
- System has more EMS providers per capita than the national average, which may positively impact outcomes.

Governance and Infrastructure

- Oversight is fragmented with 13 EMS districts and 30+ dispatch agencies.
- Dispatch lacks coordination, real-time GPS integration, and CAD-to-CAD transfers.
- EMS Division is understaffed and underfunded.
- No statewide situational awareness exists for unit locations or status.

Financial Insights

- About half of EMS agencies are financially unsustainable.
- Lack of comprehensive financial reporting; many agencies underreport or don't share data.
- EMS is underfunded compared to fire and police services.

Clinical Oversight

- Physician involvement (e.g., DMAs) is limited by lack of resources and time.
- Quality assurance is reactive rather than proactive.
- Agencies want to track performance but lack capacity.

Major Recommendations (Implied/Discussed)

- Consolidate EMS districts and dispatch centers.
- Improve data reporting (especially financial and dispatch data).
- Introduce real-time GPS tracking and CAD integration.
- Address sustainability of low-call-volume agencies.
- Consider funding mechanisms tied to data compliance and system participation.

- Explore workforce satisfaction through annual surveys.

Positive Notes

- Vermont has a strong health department and a committed EMS workforce.
- The state ranks as one of the healthiest in the nation.
- High EMS provider density and volunteerism reflect strong civic engagement.

Next Steps

- Final draft report to be released post-meeting.
- Committee members to review and provide feedback within a week.
- Final report to be published after incorporating comments.

Meeting adjourned at 1431