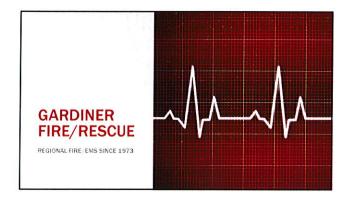
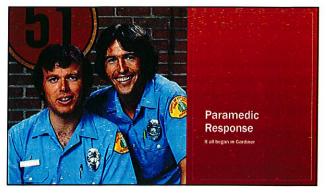


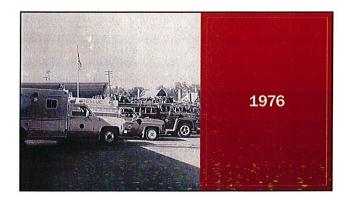
GARDINER CITY COUNCIL AGENDA ITEM INFORMATION SHEET



Me	eting Date	12/01/2021	Department	Fire/Ambulance
Ag	enda Item	4.d) Discussion of Ambulance	Service pre	esentation
	Est. Cost			
Background Information	public about presentation held at the regional A		ner Ambulance unable to atten ofform city coul ets on the city I	e services. Chief Sieberg will run the ad the Gardiner City Council workshop ncilors of the recommendation from the budget until they begin discussion on
	Requested Action	Council about what next stens he need	ds to make. Co	ief Sieberg will look for direction from City uncil will direct staff on whether this plan
	ty Manager and/or nce Review	•		
Council Vote/ Action Taken				
Departmental Follow-Up				
C	Clerk 2 nd Use Only	Reading Adv w/i	ertised ertised n 15 Days	EFFECTIVE DATE



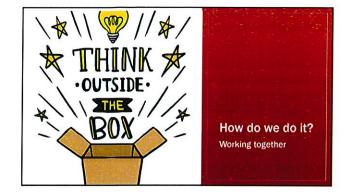




Then to Now. We have come a long way. 1973 - Rescue truck placed in service. Fuefighters began training with local doctors and nurses at the Gerdiner and Augusta Hospital's Finefighters began his responding to medical calls. 1976 - Finst Ambulance pleade that service. Our Regional Service is born. Critical Care EMTs delivered only advanced prehospital care in the stree. 1980 - Finst "Jaws of Life" in Maine placed in service. Full Time members staff primarily three shifts of three. Work Week is 56 hours. 1981 - Finst two Firefighter/Paramedics in Maine. 1997 - Two "Swing" positions are added. Staffing is now at 4 per shift some of the time. 1997 - Two "Swing" positions are added. Staffing is now at 4 per shift some of the time. 1999 - I position added oreating 3 shifts of 4. "Swing" positions eliminated. 2009 - APTD can no longer be our second truck. 4 per shift becomes the new minimum. 2009 - Two "Swing" positions added. Viols Week reduced to 48 hours by adding Keily Days. 2018 - 3000 EMS calls in a yeer. 2018 - 1 position added creating 3 shifts of 5. "Swing" position eliminated. 2000 - 1 position added creating 4 shifts of 5. "Swing" position eliminated.

Demographics

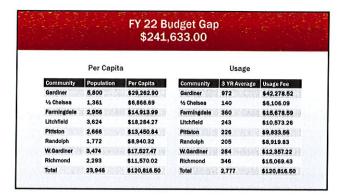
- Provide primary EMS/Rescue within our 8 partner communities spanning around 200 square miles.
- Provide primary fire response in the City of Gardiner and mutual aid response to all of our partner communities and the City of Augusta.
- Current annual call volume of approximately 3,000 emergency responses.
- Primarily transport to 5 area hospitals: Augusta (ACH), CMMC, St. Mary's, MidCoast, Miles.

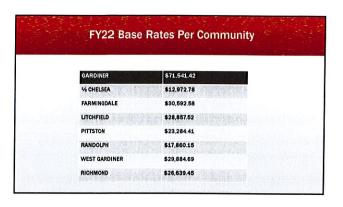


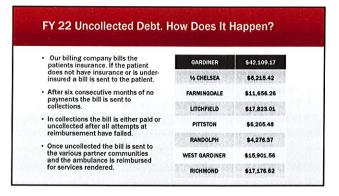
Funding the Service

- Gardiner pays 35% of the wages and benefits of all full time (16)
 Firefighter/Paramedics and 50% of the Chief's wage and benefits.
- The Regional Ambulance pays 65% of the wages and benefits of all full time (16) Firefighter/Paramedics and 50% of the Chief's wage and benefits.
- Current Partner communities making up the Regional Ambulance: Gardiner, Farmingdale, Pittston, Randolph,½ Chelsea, West Gardiner, Litchfield, and Richmond.
- Ambulance billing offsets a lot of the cost but not all.
- Each Partner community is responsible for their unpaid ambulance bills.

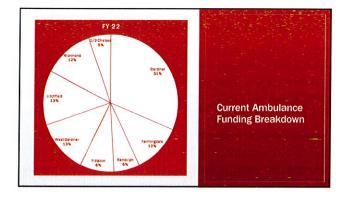
Starting The Process How much does it cost to operate? Based on historical data, how much revenue will billing bring in? The revenue gap is the amount paid by all member communities. Half of the revenue gap is billed as a per capita fee, the other half is billed based on usage. Step 2 Estimated Revenue \$1,275,000.00



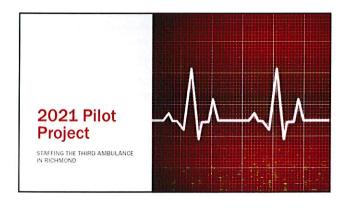


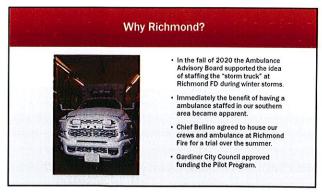


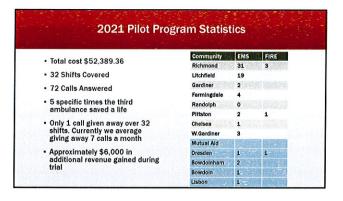
FY 22	Total Cost
Gardiner	\$113,650.59
1/2 Chelsea	\$19,188.20
Farmingdale	\$42,248.84
Litchfield	\$46,680.53
Pittston	\$29,489.89
Randolph	\$22,136.52
West Gardiner	\$45,786.25
Richmond	\$43,816.07

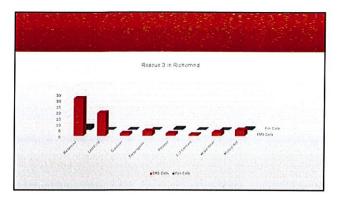


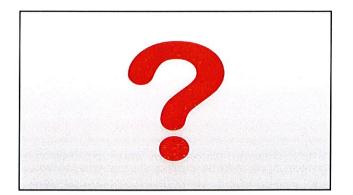












Current Challenges - Augusta Hospital moved further away. Transport time doubled on average - Call volume has doubled in the last 20 + Years - 600 times last year the station was empty - Last year 90 calls given away equaling almost \$50,000.00 in lost revenue - Daily we are responding from the ER, causing delays in care - Specialty care often requires longer transports





