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Emergency Medical Services Board

Date: Apr. 30, 2026. Time: 1500-1600

Location: City-County Building, 316 N. Park Ave., Room 326

Agenda

A. Roll Call:

Alana Lake	City of Helena	Clint Loss	Rural Fire Council
Jon Campbell (Chair)	City of Helena	Designee: Sam Alpert	Rural Fire Council
Leo Dutton (Vice Chair)	L&C County	Andy Coil	St. Peter's Hospital
Designee: Brent Colbert	L&C County	Rebecca Dockter	City of Helena (Odd years)
Roger Baltz	L&C County	Kevin Downs	L&C County (Even years)

B. Public Comment on matters within the EMSB jurisdiction not on the agenda:

C. Consent Items:

- Minutes from previous meeting (5/21/2025)

D. Presentation of Ambulance Company Report 2025

- Questions from the Board
- Public Comment

E. Contract and Bylaw Update

- City of Helena is moving Contracts, Agreements, etc. into M-Files system
- Contract period May 1, 2020 – May 1, 2027

F. Election of Vice Chair

G. Set Date of Next Meeting

H. Final Public Comment

I. Adjournment



**CITY OF HELENA
EMERGENCY MEDICAL SERVICES BOARD
May 21, 2025 3:00pm – 4:00pm
Zoom Online Meeting: <https://us06web.zoom.us/j/85157155704>
City-County Building, Room 326, 316 N Park Ave.**

Call to Order and Roll Call

(00:01:02) The following responded present, either via zoom or in person:

Tim Burton	Jon Campbell (Chair)	Sam Alpert	Andy Coil
Leo Dutton (Vice Chair)	Rebecca Dockter	Roger Baltz	
Guests in Attendance	Anne McCoy	Chris Mulberry	Nicho Hash

Public Comment on matters within the EMSB jurisdiction not on the agenda

Consent Items

(00:02:17) A. Meeting Date: 06-03-24 Approved

Presentation of Ambulance Company Report 2024

(00:02:30) Director of Critical Care Anne McCoy and EMS Manager Chris Mulberry provided details on the report that was presented.

** Some technical difficulties made it challenging to receive communications from online participants **

Regular Items

- (00:30:45)**
- A. Contract and Bylaw Discussion – J. Campbell reminded the board that the contract will end on May 1st, 2027 and requested that discussion of the contract begin next year.
 - B. He also informed the board that the City of Helena is moving toward a central software system, M-Files system for contract workflows and data encapsulation.



(00:32:36) C. Election of the Vice Chair - T. Burton made a motion to elect Sheriff Dutton as the Vice Chair for 2025. R. Dockter seconded the motion.

(00:33:22) Chairman Campbell called for a vote. Vote passed unanimously.

Member Communications/Proposals for Next Agenda

(00:33:55) D. Set Date for Next Meeting
Discussed that no additional agenda items are present at this time. Next meeting will be in spring of 2026. A specific date will be designated closer to that time. Bylaws call for a meeting in April and that will be the target month.

(00:34:30) **Begin discussions for 2027 contract renewal.**

Public Communications

(00:34:44) n/a

Adjournment

(00:35:07) There being no further business before the Board, the meeting adjourned at 3:37pm.



St. Peter's Health
AMBULANCE

2025 Annual Ambulance Report



• St. Peter's Health •
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St. Peter's Health

Mission

To improve the health, wellness and quality of life of the people and communities we serve.

Vision

To be the gold standard for healthcare in Montana.

Values

We will:

Treat every person with dignity, respect, and loving-kindness

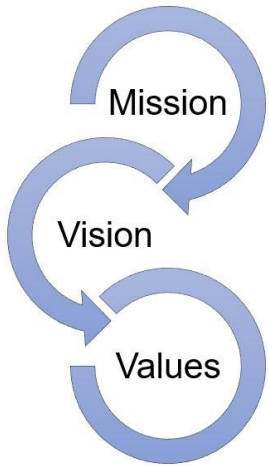
Keep colleagues and patients safe in every sense of the word

Empower and invest in our people to help them grow and thrive

Inspire collaboration to cultivate joy, pride and a sense of belonging

Drive excellence through learning, innovation, and continuous improvement

Steward our resources wisely so we can fulfill our mission



St. Peter's Health Ambulance remains a critical component of the emergency medical services system in Lewis and Clark County, providing high-quality, compassionate, and clinically advanced prehospital care. As an integrated, hospital-based ambulance service, we work in close partnership with regional fire departments, law enforcement, dispatch, and community stakeholders to ensure a coordinated and effective response for every patient, every time. Throughout 2025, our team continued to advance both operational excellence and clinical performance. We strengthened our workforce through focused education, expanded clinical capabilities with the implementation of updated patient care guidelines and new medications, and invested in technologies that support better patient outcomes and provider performance. At the same time, we remained committed to thoughtful resource stewardship and system reliability in a dynamic and often resource-constrained environment. This report highlights the progress we have made, the challenges we continue to address, and our ongoing commitment to delivering exceptional care while improving the health, wellness, and quality of life for the communities we serve.



2025 Accomplishments



Advancing Excellence in EMS Operations, Clinical Care, and System Integration

In 2025, St. Peter's Health Ambulance made significant strides in strengthening our operations, enhancing clinical performance, and improving system reliability. These accomplishments reflect a focused commitment to workforce stability, regulatory compliance, technological advancement, and continuous improvement in patient care.

Workforce Stability

- Reduced reliance on traveler paramedics throughout the year, ending 2025 with only **one traveler remaining**
- Achieved a major milestone with the **planned elimination of all traveler paramedics by February 2026**
- Established a long-term goal of **sustaining a fully staffed, permanent workforce** to promote continuity, culture, and high-quality care

Operational Improvements & Transparency

- Implemented **Vector Solutions Scheduling**, improving shift management, workforce visibility, and providing **partner fire departments with increased transparency** into ambulance availability and deployment

Regulatory Compliance & Medication Security

- Deployed a new **DEA-compliant narcotics storage system**
- Integrated **Bluetooth-enabled locking technology** to track and monitor access, enhancing accountability and security of controlled substances

Technology Integration & Documentation

- Successfully integrated **ImageTrend** (patient care reporting system) with the **dispatch CAD system**
- Improved **documentation accuracy, efficiency, and data consistency** by reducing duplicate data entry and streamlining workflows

Clinical Excellence & Guidelines

- Completed a comprehensive update of **Patient Care Guidelines (Protocols)** in collaboration with medical leadership and pharmacy
- Prepared the department for a **January 1, 2026 implementation**, ensuring alignment with current evidence-based practices

Safety & Training

- Provided **Emergency Vehicle Operator Course (EVOC) training** to all staff
- Established an **ongoing annual training plan** to reinforce safe driving practices and compliance with emergency vehicle operations policies

Equipment Reliability & Preventative Maintenance

- Secured a **service contract with Stryker** covering:
 - PowerCots
 - PowerLOAD systems
 - Stair chairs
- Implemented a **robust preventative maintenance program** to improve equipment readiness, reduce downtime, and enhance patient and provider safety

Fleet Enhancement

- Placed a **new ambulance into service**, strengthening system capacity and supporting reliable response coverage across our service area



These accomplishments represent meaningful progress toward building a more reliable, clinically advanced, and sustainable EMS system. They reflect the dedication of our teams and our continued commitment to delivering exceptional care to the communities we serve.

Operations



Ambulance Fleet

SPH-Ambulance operates:

10 Ambulances

6 of which are frontline - 911 response

3 are reserve

1 are Event and Driver training.

1 Resource vehicle (5R-1)

One new ambulance placed in primary service 4th Quarter 2025. 1 additional ambulances should be inservice by 2nd Quarter 2026.

Ambulance Operations

Full time crews work 12 hour shifts that rotate on a 3 day on-3 day off/3 day on 5 day off schedule.

Core shifts have an associated 12 hour on-call attached.

Daily response and patient care is provided across 6 shifts:

Medic 1	Day	(0600-1800)	On call (1800-0600)
Medic 2	Day	(0700-1900)	On call (1900-0700)
Medic 3	Day	(0900-2100)	
Medic 4	Split	(1200-0000)	
Medic 5	Night	(1800-0600)	On call (0600-1800)
Medic 6	Night	(1900-0700)	On call (0700-1900)

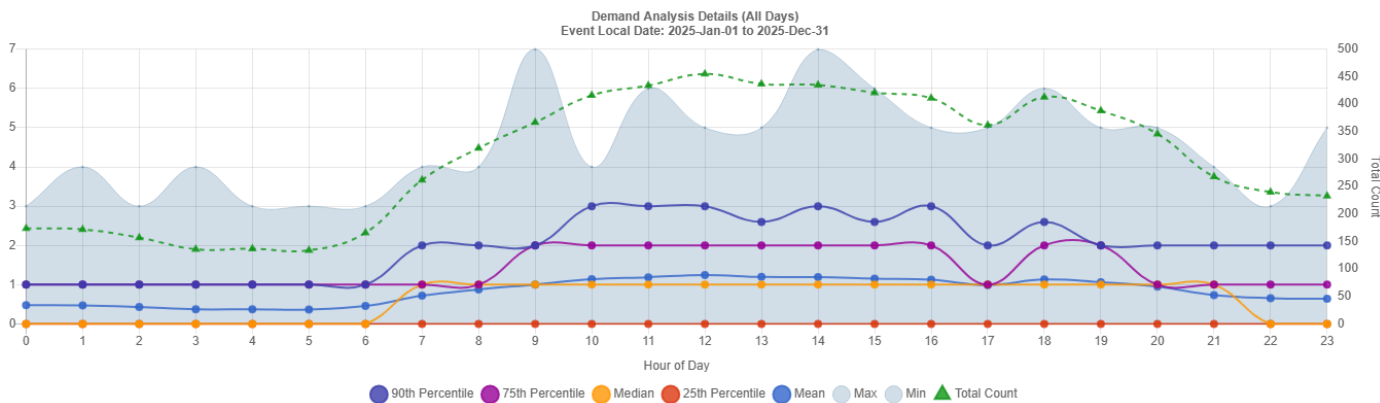


The data presented in this annual report is derived primarily from our ImageTrend reporting system, which serves as the central platform for documenting ambulance responses and patient care. In 2025, we made meaningful improvements to our data collection processes, including efforts to consolidate multiple documentation points into more unified systems. These changes have resulted in improved data quality, consistency, and reliability; however, this remains an ongoing area of focus and refinement. It is important to recognize that this data may not yet provide a fully comprehensive view of our operations. Due to the historical use of separate systems for documenting non-transport calls and other services, certain incidents and responses may still be underrepresented within ImageTrend. While this report reflects the majority of our service activity, continued work is underway to further align our systems and ensure a more complete and accurate representation of the care we provide.

Total # of calls in Imagetrend = 7,327

• Top 5 Scene Incident City Names (97%)

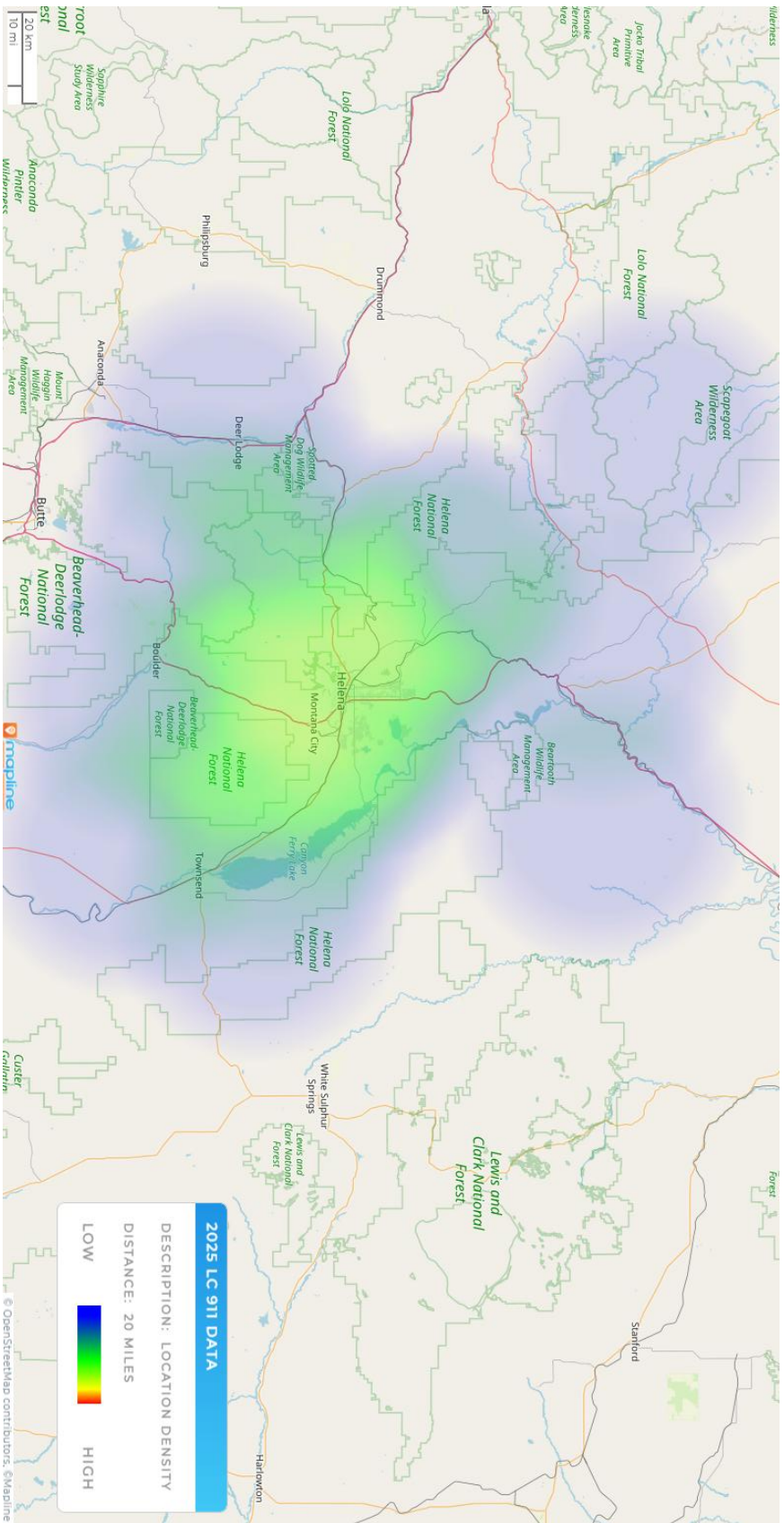
- Helena – 6,333 (86.4%)
- East Helena – 368 (5.0%)
- Clancy – 255 (3.4%)
- Boulder – 107 (1.4%)
- Wolf Creek – 44 (0.6%)



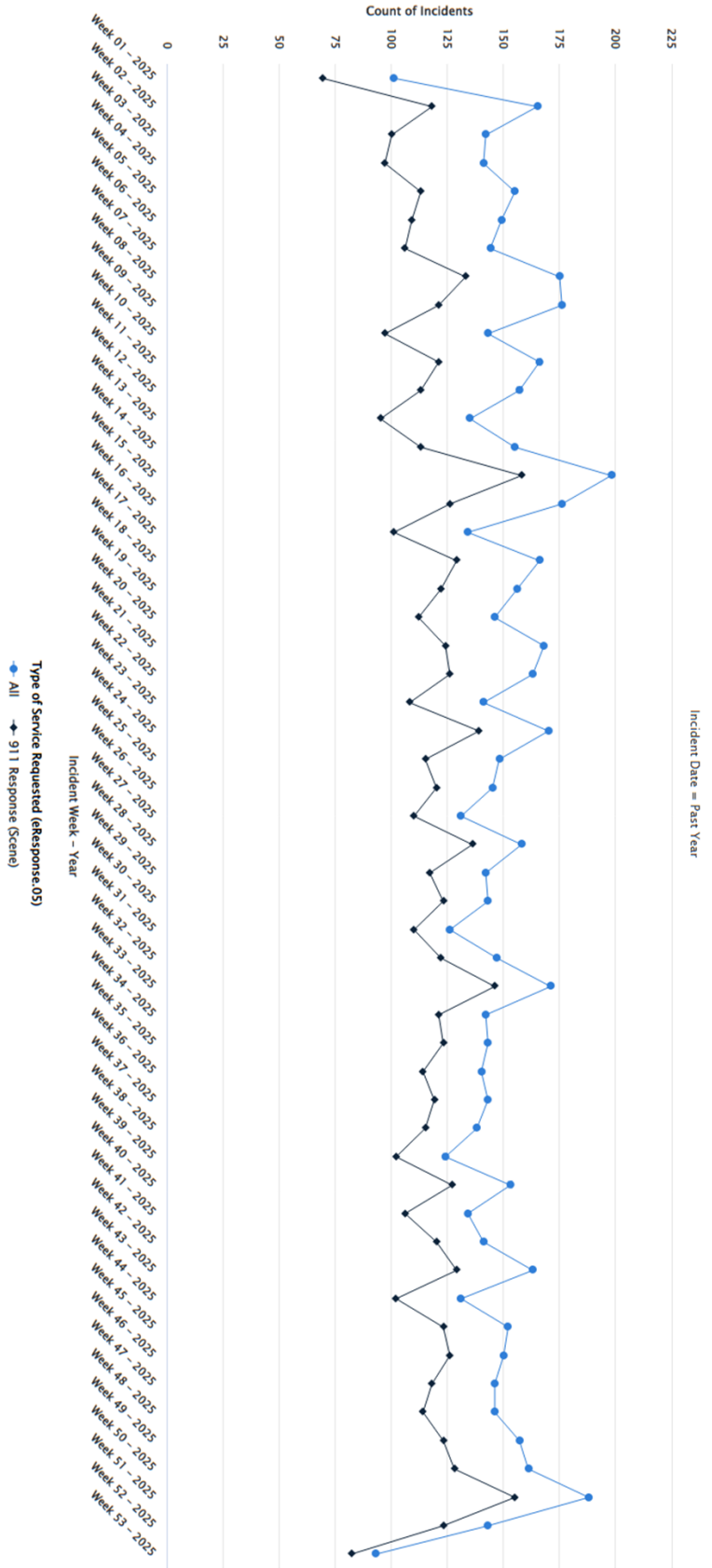
- Busiest time of day 12:00 to 14:59
 - Sunday to Thursday
 - Fridays & Saturdays 18:00 to 20:59
- Busiest day of the week – Saturday
- 2nd Busiest day of the week – Thursday
- Slowest day of the week – Monday



EMIS Response Heat Map

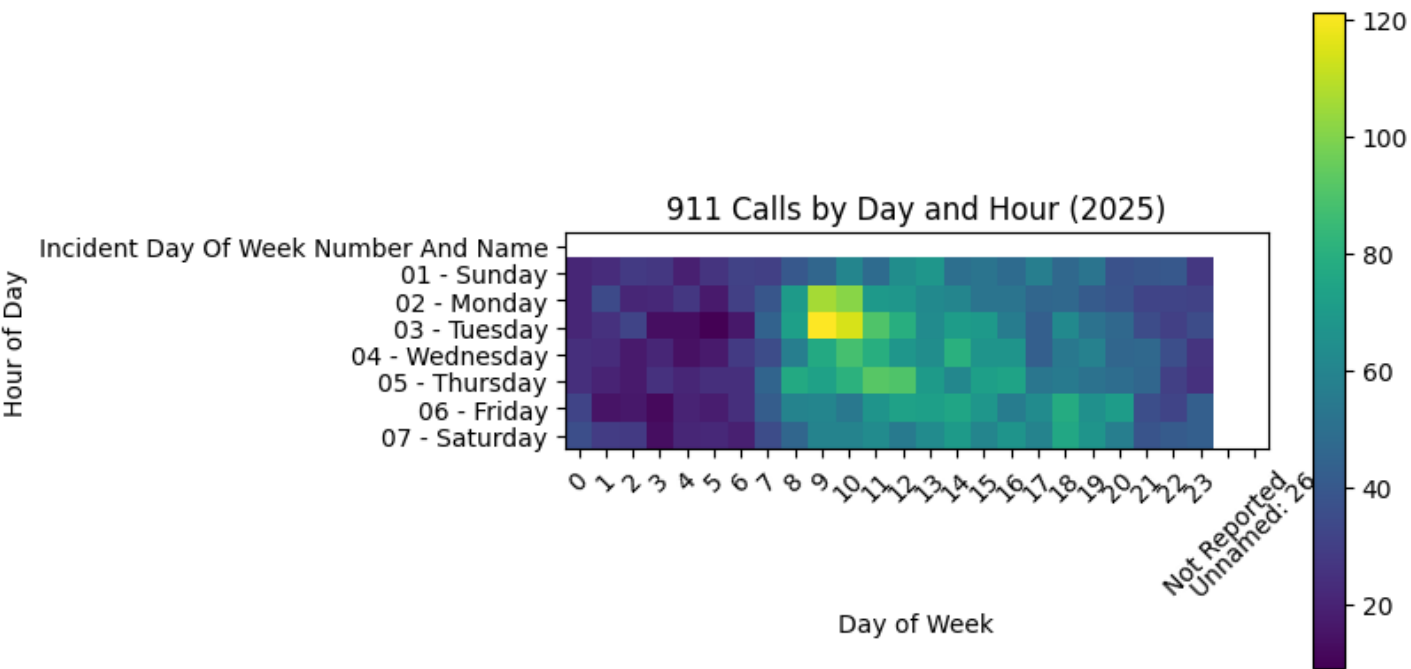


Ambulance Weekly Volume





Rural Fire Department Responses	Number of Runs
West Valley	551
East Valley	242
Jeff Co. (Clancy, Jefferson City, Basin)	172
East Helena	146
Tri Lakes	108
Boulder	94
Montana City	85
East Gate	52
Birdseye	41
Wolf Creek/Craig	40
Baxendale	37
Fort Harrison VA	29
York	18
Marysville	11
Lincoln	10
Canyon Creek	7
Augusta	4



Peak call volume occurs during mid-morning to early evening hours, with noticeable clustering on weekdays.



Response Time Averages

- En-route to on scene – 9.37 minutes
- Scene time – 16.81 minutes
- Left scene to destination – 14.10 minutes

Scene Time Fractile

Scene Time	2025
0 to <5 Min	5.55%
5 to <10 Min	21.58%
10 to <15 Min	47.44%
15 to <20 Min	72.50%
20 to <25 Min	86.69%
25 to <30 Min	93.71%
30 to <35 Min	95.99%
35 to <40 Min	97.52%
40 to <45 Min	98.41%
45 to <50 Min	98.78%
50 to <55 Min	99.08%
55 to <60 Min	99.22%
> 60 Minutes	100%

Distance from Scene to Destination	2025 Fractile
0 to < 5 Miles	69%
5 to < 10 Miles	15%
10 to 15 < Miles	7%
15 to < 20 Miles	1%
> 20 Miles	7%



En-Route to On-Scene Fractile

<u>Enroute to on Scene</u>	<u>2025</u>
0 to <5 Min	23.10%
5 to <10 Min	66.98%
10 to <15 Min	88.19%
> 15 Minutes	100.00%

Response Mode to Scene

- Emergent – 5,173 (70.6%)
- Non-Emergent – 2,110 (28.7%)
- Emergent Downgraded to Non-Emergent – 10 (0.1%)
- Non-Emergent Upgraded to Emergent – 18 (0.2%)





Transport Mode from Scene

- Emergent – 593 (9.7%)
- Non-Emergent – 5423 (89.4%)
- Emergent Downgraded to Non-Emergent – 16 (0.3%)
- Non-Emergent Upgraded to Emergent – 30 (0.5%)



Clinical



Top 10 Provider Primary Impression

1. Malaise – General Weakness
2. Pain – Acute pain due to trauma
3. Respiratory – Shortness of Breath
4. Neuro/LOC – Altered Mental Status
5. Neuro/LOC - Syncope
6. Neuro – Seizure
7. Muscle weakness
8. Abdominal Pain
9. Behavioral – Anxiety
10. Pain – Back (Non-traumatic)

Top 10 Complaints Reported by Dispatch

1. Fall
2. Breathing Problem/Shortness of Breath
3. Lift/Invalid Assist
4. Chest Pain (Non-Traumatic)
5. Motor Vehicle Crash/Transportation Incident
6. Unresponsive/Fainting (Syncope)/Near-Fainting
7. Abdominal Pain/Problems
8. Convulsions/Seizure
9. Pain
10. Sick Person



Patient Age Range in Years

Age Range	Count
Less than 1	37
1 to 9	75
10 to 19	295
20 to 29	452
30 to 39	486
40 to 49	522
50 to 59	618
60 to 69	1,131
70 to 79	1,387
80 to 89	1,225
90 to 99	418
100 to 120	16

57.0%
of Patients over
the age of 60

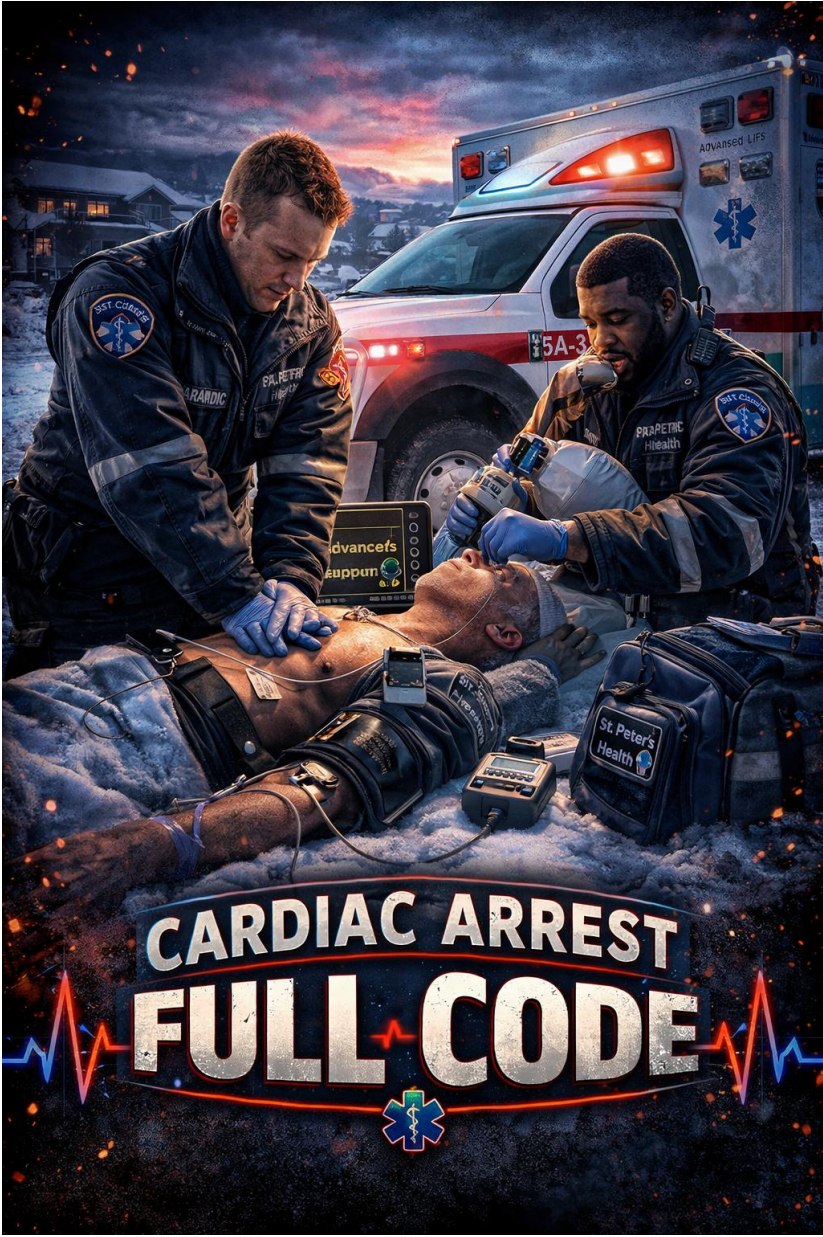


Top 10 Medications Administered

1. Fentanyl (Sublimaze) - 545
2. Ondansetron (Zofran) - 455
3. Albuterol/Ipratropium (DuoNeb) - 180
4. Epinephrine 1:10,000 - 175
5. Aspirin - 137
6. Nitroglycerin - 131
7. Albuterol (Proventil) - 118
8. Morphine - 107
9. Midazolam (Versed) - 81
10. Lorazepam (Ativan) - 61



Cardiac Arrest



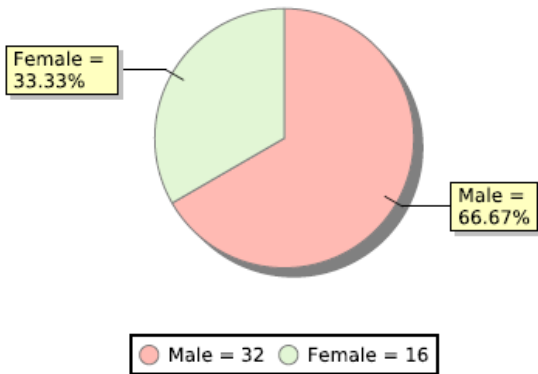
Cardiac Arrest

Demographics

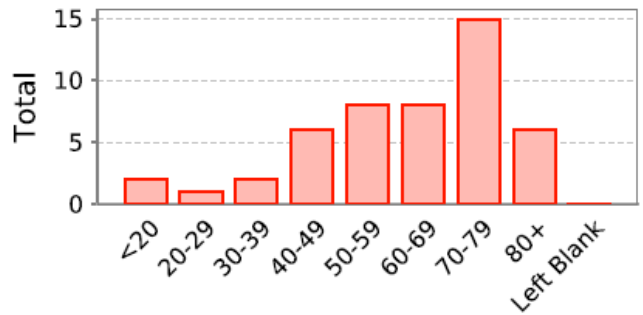
St. Peter's Ambulance Service

Presumed Cardiac Arrest Etiology: Presumed Cardiac Etiology, Respiratory/Asphyxia, Drowning/Submersion, Electrocution, Other, Drug Overdose, Exsanguination/Hemorrhage | Date of Arrest: 01/01/25-12/31/25 | Resuscitation Attempted by 911 Responder: Yes | End of the Event: Pronounced in the Field, Pronounced in the ED, Ongoing Resuscitation in ED

Sex



Age



Age Range

Mean Age: 62

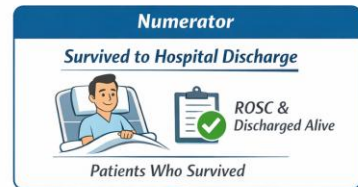
Location Type	Count
Home/Residence	26 - 76.5%
Public/Commercial Building	4 - 11.8%
Nursing Home	3 - 8.8%
Place of Recreation	1 - 2.9%

Non-Traumatic Etiology Survival Rates	
Overall:	10.4% (48)
Bystander Wit'd:	12.5% (16)
Unwitnessed:	10.0% (30)
Utstein ¹ :	16.7% (6)
Utstein Bystander ² :	25.0% (4)

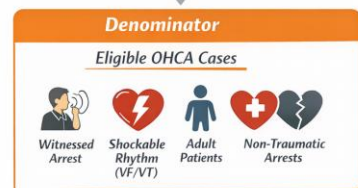
Bystander Intervention Rates ³	
CPR:	36.6% (41)
Public AED Use:	14.3% (7)

Utstein Survival Calculation

Out-of-Hospital Cardiac Arrest Survival Rate




$$\text{Utstein Survival} = \frac{\text{Patients Who Survived}}{\text{Eligible OHCA Cases}} \times 100 = \% \text{ Survival Rate}$$



$$\frac{\text{Survived to Hospital Discharge}}{\text{Witnessed Shockable Cardiac Arrests (VF/VT)}} = \text{Utstein Survival Rate}$$

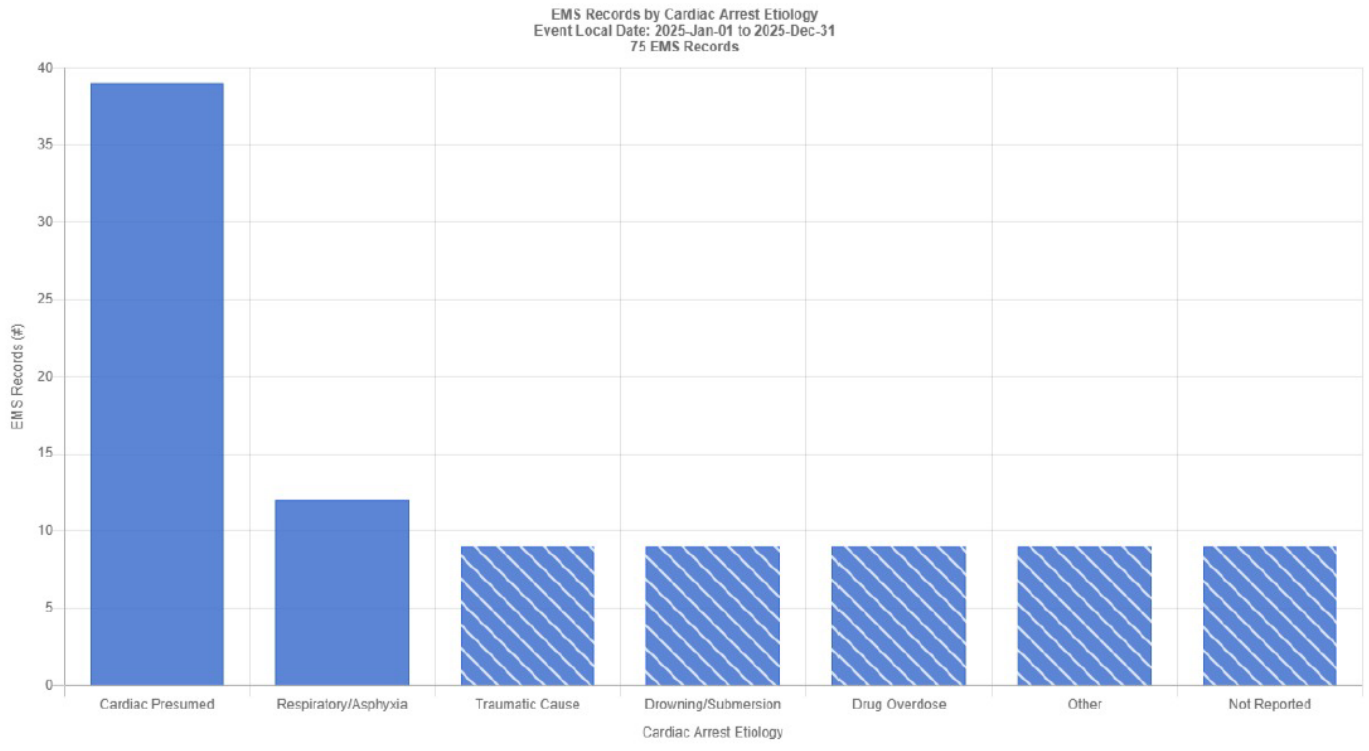



Cardiac Arrest

Cardiac Arrests Total 75 2026 YTD: 19	Resuscitation Attempts by EMS Resuscitation Attempts 63 2026 YTD: 17	ROSC Any ROSC / Resuscitation Attempts 16 / 63 (25%) 2026 YTD: Suppressed / 17	Survived Event  Survived Event / Resuscitation Attempts 12 / 63 (19%) 2026 YTD: Suppressed / 17
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Data Explorer 1

▼ Data filtered based on **Access Levels**: Operational = **Full**. Low count suppression in effect.



 This data is from the Biospatial Utstein Report on Cardiac Arrest. If the numbers are too low to calculate accurately or no data exists, it will show that field as suppressed.



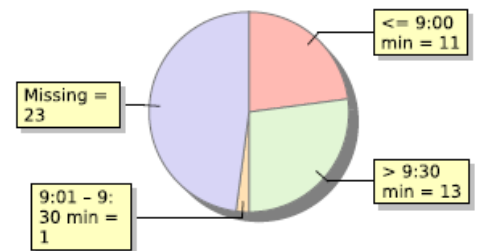
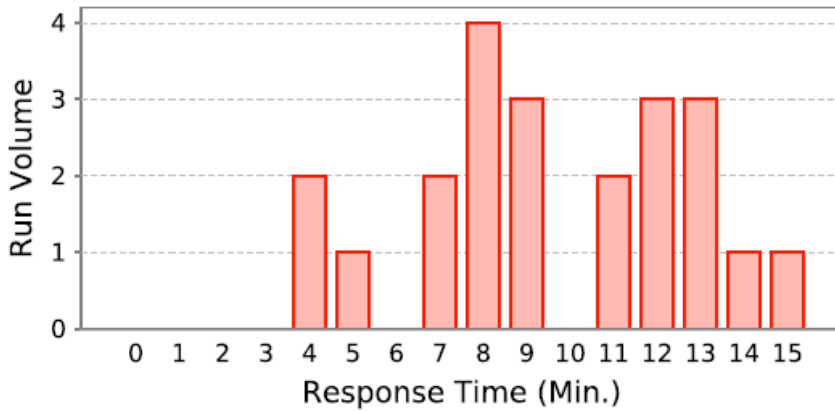
Cardiac Arrest

EMS CAD Times

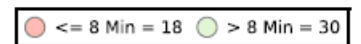
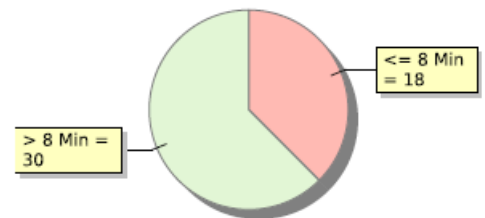
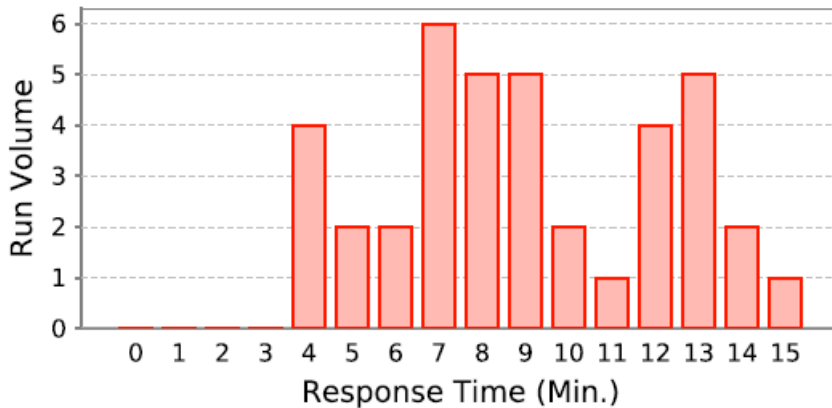
St. Peter's Ambulance Service

Presumed Cardiac Arrest Etiology: Presumed Cardiac Etiology, Respiratory/Asphyxia, Drowning/Submersion, Electrocution, Other, Drug Overdose, Exsanguination/Hemorrhage | Date of Arrest: 01/01/25-12/31/25 | Resuscitation Attempted by 911 Responder: Yes | End of the Event: Pronounced in the Field, Pronounced in the ED, Ongoing Resuscitation in ED

EMS Times: 911 to Arrival



EMS Times: Dispatch to Arrival



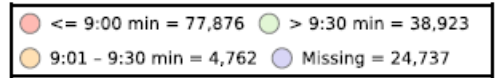
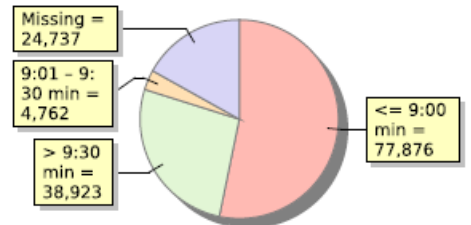
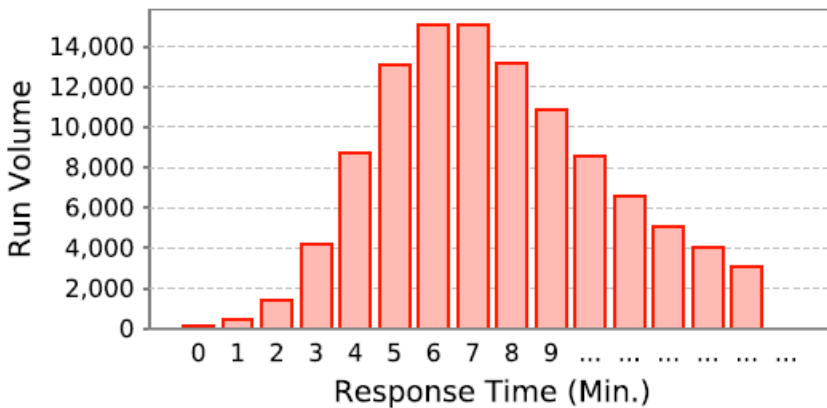
Cardiac Arrest National Data

EMS CAD Times

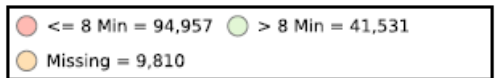
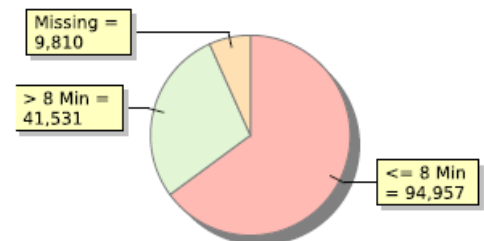
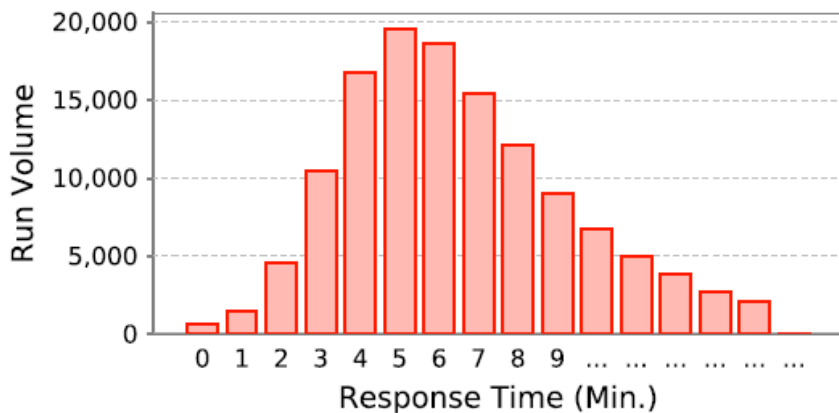
All Agencies

Presumed Cardiac Arrest Etiology: Presumed Cardiac Etiology, Respiratory/Asphyxia, Drowning/Submersion, Electrocutation, Other, Drug Overdose, Exsanguination/Hemorrhage |
Date of Arrest: 01/01/25-12/31/25 | Resuscitation Attempted by 911 Responder: Yes | End of the Event: Pronounced in the Field, Pronounced in the ED, Ongoing Resuscitation in ED

EMS Times: 911 to Arrival



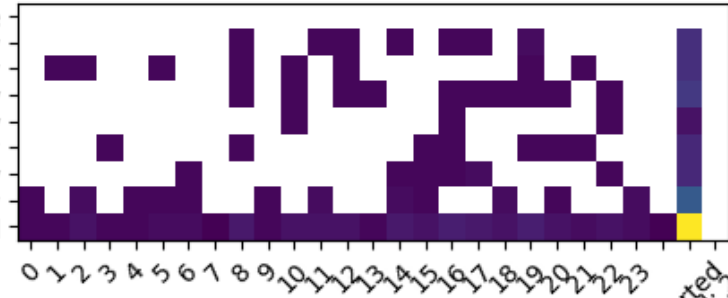
EMS Times: Dispatch to Arrival



Cardiac Arrest

Cardiac Arrest 911 Calls by Day and Hour (2025)

Incident Day Of Week Number And Name
 01 - Sunday
 02 - Monday
 03 - Tuesday
 04 - Wednesday
 05 - Thursday
 06 - Friday
 07 - Saturday
 Grand Total



Day of Week

Not Reported: 26
 Unnamed: 27

First Cardiac Arrest Rhythm

Ventricular Fibrillation	3 4.8%
Ventricular Tachycardia	0 0.0%
Pulseless Electrical Activity	17 27.0%
Asystole	33 52.4%
AED Non-Shockable	3 4.8%
AED Shockable	4 6.3%
Not Recorded	3 4.8%

Cardiac Arrests Attended

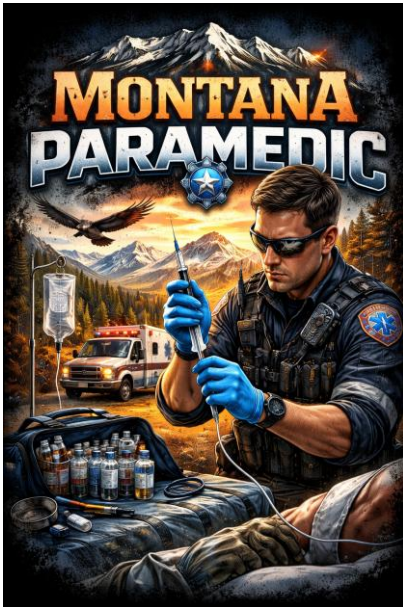
Total Number of Cases

75

Resuscitation Attempted

Cases with Resuscitation Attempted

63 84.0%



Clinical Education





EMS Education Provided to County EMS Providers

Date	Site Location	Training Topic	Hours
Jan 07, 2025	Fort Harrison	MCI Training	1
Jan–May 2025	Various (Clinical)	AEMT Course (inc. OB Clinicals)	282
Feb, 2025	East Valley	Ambulance run through/ equipment check	2
April, 2025	Eastgate Fire	Ambulance run through/ equipment check	2
Apr 29, 2025	Fort Harrison	Table Top MCI	1
May 20, 2025	Fort Harrison	MCI Training	6
June, 2025	East Helena	Ambulance run through/ equipment check	2
October, 2025	Canyon Creek	Ambulance run through/ equipment check	2
November, 2024	Great Divide Ski	Ambulance run through/ equipment check	4
Dec 09, 2025	West Valley	OB Training	2
Dec 10, 2025	Montana City	Landing Zone Training	2
Dec 11, 2025	Boulder Ambulance	RAMP Triage Training	2
TOTAL			308



Education Provided



- Airway cric training
- AEMT course
- EMS refresher- 62 providers on day 1
 - 4 days of fun interdepartmental training and collaboration
- Documentation training
- Endorsement classes- 6 different sets of endorsement classes were offered throughout the year
- Medication training with Ketamine drips, TXA and EMT medication run through
- Trauma CE training - TXA admin, C-collar criteria, and GCS madness
- EVOC training- 8 days of EVOC
- Cardiac training

Staff at St Peter's Health go through an opioid overdose simulation to be prepared





Looking ahead to 2026, St. Peter's Health Ambulance remains committed to advancing the quality, reliability, and efficiency of our emergency medical services. In 2025, we made significant progress toward our strategic priorities, including the implementation of a more structured Continuous Quality Improvement (CQI) program, expansion of clinical education initiatives, and meaningful reductions in reliance on traveler staffing to support a more stable and engaged workforce.

Building on this foundation, our focus moving forward is to further mature our CQI processes, continue enhancing clinical excellence through targeted education and skill development, and strengthen system integration to better support patient care and operational performance. These ongoing efforts reflect our commitment to continuous improvement and our mission to serve the residents of Lewis and Clark County with exceptional professionalism, compassion, and high-quality care.



City of Helena
Lewis and Clark County
Emergency Medical Services Board
BYLAWS

Article I – AMBULANCE BOARD AUTHORIZED

The City of Helena (City) Ordinance NO. 2818 and the Lewis and Clark County (County) Resolution No. 1997-163 established the Helena-Lewis and Clark Ambulance District by way of interlocal agreement and designated the Emergency Medical Services Board (EMSB) as the entity to review, evaluate compliance with, and negotiate changes to an Ambulance Service Agreement (Agreement) with the designated provider listed in the Agreement. The EMSB shall act as the official body to coordinate emergency medical and ambulance services for the public in the City and the County and to achieve the highest level of patient care possible in delivering these services. In addition, the EMSB shall review and enforce the provisions of the Agreement.

Article II – PURPOSES

The purpose of the EMSB is to evaluate and review delivery of emergency medical services in the City/County area defined by the Agreement:

- a. The EMSB shall evaluate the emergency medical services provided in the service area.
- b. The EMSB shall be vested with the authority to enforce the provisions of the Agreement.
- c. The EMSB may make amendments to the Agreement without formal action by the City or the County in accordance with the Interlocal Agreement.

Article III – MEETINGS

Section 1. Place

The EMSB may meet at the City/County Building, electronically such as Zoom, or by telephone. Locations for meetings must be announced in advance in accordance with these By Laws. If the meeting is to occur electronically or telephonically, a link and/or phone number shall be included in the notice.

Section 2. Annual Meeting

The EMSB annual meeting shall occur in April of each year at which time the EMSB shall elect a Vice-Chair.

Section 3. Other Meetings

Other meetings may be called by the Chairperson, the City Manager, or the County Chief Administrative Officer.

Section 4. Quorum

A majority (4) of the EMSB at any meeting shall constitute a quorum for the transaction of official business. If a quorum is unable to convene, the board members will note the lack of a quorum and cancel the meeting.

Section 5. Rules of Order

The meetings shall be conducted in accordance with Roberts Rules of Order.

Section 6. Committees

The EMSB may create committees as deemed expedient to the transaction of business. The Chair shall appoint members to such committees who may be existing board members or individuals from the community.

Section 7. Open Meetings

All meetings of the EMSB shall be open to the public. However, the Chairperson may close any meeting during the time the discussion relates to a matter of individual privacy if the demands to privacy clearly exceed the merits of public disclosure. The right of individual privacy may be waived by the individual.

Section 8. Notice

Every effort shall be taken to provide notice of the EMSB meetings in accordance with both the City and County's notice policies. At a minimum, notice of EMSB meetings shall be published on both City and County websites and posting boards no later than 48 hours in advance of the meeting.

Section 10. Minutes

An audio recording shall be designated as the official record of the meeting. Minutes of all meetings must be kept and made available for public inspection. A written record of the meeting must also be made and must include the following information:

- A. the date, time and place of the meeting;
- B. a list of the individual members of the public body, agency, or organization who were in attendance and absent, staff members and, if possible, name of public attendees;
- C. the substance of all matters proposed, discussed, or decided and all addendums, information presented, reports, shall be attached to the minutes of the meeting; and
- D. at the request of any member, a record of votes by individual members for any votes taken.

2. A log or time stamp for each main agenda item is required for the purpose of providing assistance to the public in accessing that portion of the meeting.
3. Any time a presiding officer closes a public meeting pursuant to MCA 2-3-203, the presiding officer shall ensure that minutes taken in compliance with subsection (1) are kept of the closed portion of the meeting. The minutes from the closed portion of the meeting may not be made available for inspection except pursuant to a court order.

The Helena City Fire Dept shall keep the recordings of the meeting, create a written record of the meeting in accordance with these By Laws, and maintain both for public inspection.

Article IV – PROCEDURES

Section 1. Agenda Preparation

All matters requiring consideration by the EMSB shall be submitted to the Chairperson or their designee at least seven (7) days immediately preceding the next scheduled meeting. The Chairperson or their designee shall arrange the matters requiring action or discussion into an agenda in accordance herein. Copies of the Agenda shall be provided to each member of the EMSB and published and posted in accordance with these By-Laws. The Chairperson or their designee may consult with the EMS provider when preparing the agenda.

Section 2. Order of Business

The agenda and meeting structure shall adhere to the following form:

Roll Call

Minutes

Updates from Staff

Reg Items

Member Communications/Proposals for Next Agenda

Public Communications

Announcements

Adjournment

Public comment shall be taken prior to any action by the EMSB

Article IV – BOARD

Section 1. Number of Board Members

The EMSB shall consist of seven (7) voting members. Membership Shall include:

- (1) City of Helena Fire Chief

- a. The City of Helena Fire Chief shall serve as EMSB’s designated representative for the purposes of administering the Agreement and shall be considered a standing officer for the purposes of coordinating the EMSB and communicating to EMSB members and signatories to the Agreement. The City of Helena Fire Chief shall also serve as the EMSB Chairperson.
- (2) Helena City Manager
 - a. The Helena City Manager shall act as the City Designee
- (3) Lewis and Clark County Sheriff (or designee)
- (4) The President of the Rural Fire Council
- (5) Lewis and Clark County Chief Administrative Officer
 - a. The Chief Administrative Officer shall act as the County Designee
- (6) A licensed physician appointed by the Lewis and Clark County Commissioners and the Mayor of Helena with the consent of the City Commission. The term shall be for two (2) years commencing on January 1st following the appointment. Any person appointed to this position may be reappointed without limitation as to the number of terms.
- (7) City Attorney/County Attorney
 - a. The City and County Attorney shall serve a term of one (1) year on an alternating basis. The City Attorney shall serve during odd-numbered years and the County Attorney during even-numbered years. Each term shall commence on January 1st of the appropriate year.

Article V – OFFICERS

Section 1. Election and Appointment of Officers

The officers of the EMSB shall consist of two (2) members, the Chairperson and a Vice-Chairperson. The Vice-Chairperson shall be nominated and elected by the board at the annual meeting. Nothing prohibits the EMSB from the designating additional officers as necessary to conduct the business. Officers will serve a one-year term.

Section 2. Officer Vacancies

In the case of vacancies among the officers of the EMSB, any other board member may serve as Chair and/or Vice Chair for the purposes of conducting a meeting.

Section 3. Member Attendance.

It is expected that members of the EMSB shall attend meetings regularly. In the event a member is unable to attend, a member may send a designated representative to participate in the meeting.

Section 4. Chairperson/City of Helena Fire Chief

The Chairperson shall preside at the meetings of the Board. The Chairperson shall also coordinate the meeting agenda and proper notices.

Section 5. Vice-Chair.

The Vice-Chair shall perform the duties of the Chairperson in the absence of the Chairperson and will perform other duties as directed by the Chairperson.

Article VI – AMBULANCE SERVICES AGREEMENT

In accordance with the Helena-Lewis and Clark Ambulance Service District Interlocal Agreement Section 3 D., the EMSB may procure, establish, maintain, and administer an emergency ambulance service for the District.

Article VII – BUDGET

The EMSB shall establish a budget, if applicable, which must be approved by the City and County.

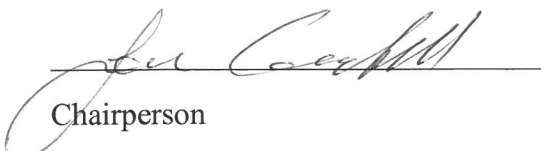
Article VII- DIRECTORS AND MEMBERS LIABILITY

There shall be no personal liability of a member of this Board to the City or County for monetary damages for breach of duty as a member except: (a) for acts or omissions that constitute willful misconduct, recklessness or a knowing violation of law: (b) used Mont. Code Ann. § 35-1-409, (c) for a transaction from which a member derives an improper personal benefit. In addition, in accordance with Mont. Code Ann. § 27-1-732, no officer, director, or volunteer of the EMSB shall be individually liable to any person for any action or omission made in the course and scope of his or her official capacity on behalf of the EMSB, other than willful or wanton misconduct.

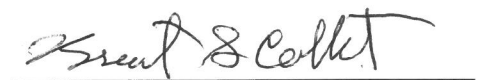
Article VIII- AMENDMENTS

These by-laws may be amended with a majority vote of the EMSB present at any meeting. Any pre-existing By-Laws of the EMSB are hereby rescinded.

Date 6/3/2024, 2024.



Chairperson
Emergency Medical Services Board



Vice Chair
Emergency Medical Services Board

AMBULANCE SERVICE AGREEMENT

THIS AMBULANCE SERVICE AGREEMENT (“Agreement”) is made and entered into between the City and County Emergency Medical Service Board ("Board"), and St. Peter's Health, a Montana non-profit corporation, known as "Ambulance Company." Board and Ambulance Company may be hereinafter referred to individually as “Party” or collectively as “Parties.”

RECITALS

WHEREAS, the Board is the primary responder to basic and advanced life support medical emergencies within its Service District in Lewis & Clark County, Montana; and

WHEREAS, this agreement will apply to all cooperating agencies within Lewis and Clark County which includes but is not limited to the Sheriff’s Office and the City of Helena Police Department.

WHEREAS, in July 2019 the Board solicited responses to a Request for Qualifications (the “RFQ”) to provide emergency medical transport services to the Board’s Service District; and

WHEREAS, Ambulance Company submitted a response to the RFQ and was subsequently selected to provide emergency medical transport services to the Service District; and

WHEREAS, the Parties mutually desire to establish and define their respective roles and responsibilities with respect to the delivery of emergency medical transport services; and

NOW, THEREFORE, the Parties hereto agree as follows:

SECTION I: DEFINITIONS

Service District: A distinct district with boundaries having its own political subdivision. It is established for the purpose of providing fire protection and response to emergencies.

Support Services Division: 911 communication center that services all emergency response entities in Lewis and Clark County.

SECTION II: DUTIES, OBLIGATIONS, REPRESENTATIONS,

AND WARRANTIES OF AMBULANCE COMPANY

2.1 Performance: Ambulance Company shall accept every referral for emergency and non-emergency ambulance service referred to it by Support Services Division dispatch twenty-four hours daily, seven days a week. Ambulance Company shall provide Advanced Life Support/paramedic-staffed ambulances to all priority medical responses and may utilize a Basic Life Support (BLS) staffed ambulance for standard medical responses.

2.2 Medical Emergencies: When Ambulance Company receives a request for an ambulance within the Service District for any medical emergency from any source other than the 911 Support Services Division, Ambulance Company shall immediately (i.e., within sixty (60)

seconds) provide the 911 Support Services Division all available information as to the nature and location of the emergency. "Medical emergency" is defined as trauma, injury, mental, emotional, physical condition, disease, or illness of any person requiring immediate medical treatment or care.

2.3 Emergency/Non-Emergency Requests: The Ambulance Company may make its own determination of the need for emergency response to the incident or from the incident to the medical facility based on dispatch information and patient care needs.

2.4 Personnel:

- A. Ambulance Company shall have sufficient emergency medical technicians (EMTs), and paramedics to comply with this agreement pursuant to ARM 37.104.213 Personnel Requirements, and ARM 24.156.2771 which refers to scope of practice.
- B. All Ambulance Company personnel during the performance of this Agreement shall be minimally licensed in Montana as Emergency Medical Technicians (EMTs).

2.5 Communications:

- A. Ambulance Company shall maintain twenty-four (24) hours a day, seven (7) days a week communication between its ambulances and dispatch.
- B. Ambulance Company shall provide a reliable telephone connection to the 911 Support Services Division dispatch center at its own expense.
- C. Ambulance Company will provide, at its own expense, 2-way radio communication between its units and units of the First Response Departments on common frequencies or talk groups.
- D. Ambulance Company must monitor the ambulance radio dispatch twenty- four (24) hours a day.

2.6 Patient Care: Ambulance Company shall follow patient care procedures as stated and as amended by the ambulance company's Medical Director.

2.7 Patient Preference: If a patient requests an ambulance from a company other than the Ambulance Company, the request will be honored except where the patient's health may be jeopardized by potential delay.

2.8 Response Level: If by reason of an emergency or unavailability of a vehicle or other equipment so that Ambulance Company will not have a vehicle or other equipment available for any period of time, it shall notify the 911 Support Services Division in a timely fashion.

2.9 Response Times:

- A. The response system works on a tiered response that allows life-saving interventions to begin with the arriving first responders and is enhanced with the arrival of the appropriately staffed ambulance. The Ambulance Company will be responsible for collecting and reporting response times outlined in section 2.11 (Records Maintenance) to the Board on a quarterly basis.
- B. The following are the reportable fire service districts/response district:
 - 1. Eastgate RFD
 - 2. East Helena VFD

3. East Valley FD
 4. West Helena Valley FD
 5. Westside Fire Service Area
 6. City of Helena
 7. Fort Harrison
 8. Tri-Lakes
 9. York
 10. Baxendale
 11. Birdseye
 12. Marysville
 13. Parts of Canyon Creek
 14. Parts of Wolf Creek/Craig
 15. Parts of Lewis and Clark County FSA
 16. VA Medical Center
- C. The Board may review with Ambulance Company the reported response times within their response area and compare them to recommended response times promulgated as national standards by entities such as the National Fire Protection Association (NFPA). Through this joint review, the parties will monitor and identify those patterns of response times that deviate significantly from national standards. Ambulance Company will work earnestly to decrease response times where necessary to comply with response time standards as agreed upon as applicable between the parties.
- D. Mitigating Circumstances: Mitigating circumstances for response times that may exceed adjusted national standards include but are not limited to:
1. The 911 Support Services Division gives Ambulance Company a substantially incorrect address to which to respond;
 2. While traveling to the scene of a call, the ambulance is involved in a traffic accident, suffers a mechanical breakdown, encounters a disaster, a riot, extremely bad weather, becomes involved in traffic congestion, or encounters another emergency in route. The condition or event shall be of such a nature and severity as to prevent the ambulance from timely reaching its destination; shall be immediately reported by the ambulance personnel to the 911 Support Service Division and be of such a nature that it could not reasonably be anticipated or avoided. Ambulance Company shall provide any necessary backup ambulance to complete the call.
 3. Any other circumstances as approved by the Board.

2.10 Additional Duties of Ambulance Company: Ambulance Company's duties shall also include the following:

- A. Coordinating and assisting with ongoing training and continuing education at the First Responder and EMT levels as indicated by identified need determined by the off-line medical director;
- B. Offer Basic Life Support (BLS), Advanced Cardiac Life Support (ACLS), and Pediatric Advanced Life Support (PALS) recertification through St. Peter's Health. The classroom training component will be provided free of charge all other additional costs are the responsibility of the individual or entity. The training offerings are posted on

the St. Peter's Health website and can be signed up for in advance utilizing the provided registration code from St. Peter's Health;

- C. The Ambulance Company will participate, if requested, in at least one (1) mutually agreed upon joint training that includes or is for each response entity annually;
- D. Exchanging items such as O2 bottles, scoops, and backboards with Quick Response, Fire Department, and First Responder units at a time it does not interfere with patient care and transport;
- E. Standing by at emergency operations at the request of the responsible Fire Chief or Law Enforcement Officer with an ambulance and ALS crew to provide medical checks on fire and law enforcement personnel as requested;
- F. Providing a means for disposal of infectious medical waste generated during a call to which Ambulance Company responds;
- G. Upon request, cooperating and assisting the Lincoln and Augusta Ambulance Services with mutually agreed upon emergency medical recertification and continuing education. Ambulance Company will honor all ALS intercept requests;
- H. Allow cooperating agencies to ride along for the purpose of training and education; and
- I. Offer an annual ECP refresher for EMR, EMT, AEMT, and Paramedic.

2.11 Records Maintenance: Ambulance Company shall maintain accurate and complete records of all ambulance service calls. Each record shall include the date and time of call received, unit number, time dispatched, time responding, on-scene time, transport time, destination arrival time, nature of call, facility or place to which patient was transported, initial location of responding ambulance, and total time in service. Times for the ambulance runs will be provided by the Support Services Division dispatch call for service number. Response time is based upon the Support Services Division incident dispatch time.

A. **Reporting:** Ambulance Company will submit quarterly reports in January, April, July, and October to the chair of the Emergency Medical Services Board that shall contain the following information.

- 1. The total number of patient contacts by district described in section 2.9B.
- 2. Average response times for each response district described in section 2.9B.
- 3. Outreach training report.
- 4. Staff, equipment and apparatus changes.
- 5. Quality assurance/improvement activity.

2.12 Equipment: Ambulance Company shall, at the request of the Board, from time to time, show evidence of the following:

- A. That Ambulance Company can furnish all vehicles and equipment necessary for fulfillment of this Agreement at its own expense. Ambulance Company will provide the type and age of its vehicles and equipment, which must meet or exceed current federal and state standards. Ambulance Company shall provide proof of compliance upon request of the Board.
- B. A detailed inventory, including quantities, of medical equipment and supplies currently carried onboard ambulances;
- C. A complete written description of Ambulance Company's program of preventative equipment maintenance and inventory control. Ambulance Company shall not be

- prohibited from modifying such preventative maintenance and inventory control procedures, from time to time, as necessary to improve performance and contain costs.
- D. That common consumables are compatible with that used by Fire Response and cooperating agencies. This will facilitate patient care continuity and easy replacement of expended ambulance supplies. That equipment, supplies and medications meet the standards set forth in the Montana State Administrative Code for advanced life support (ALS) and basic life support (BLS) ambulances; and
 - E. The Ambulance Company and all Fire Response and cooperating agencies are responsible for the replacement of their own equipment if lost, stolen, broken, or damaged.

2.13 Training and Education: Ambulance Company shall provide a training program for its employees as required by state or national organizations. This training shall include Medical, Incident Command System (ICS), Hazardous Materials awareness levels, emergency vehicle operations, Mass Casualty, and Vehicle Extrications.

2.14 Standard of Service: Ambulance Company is required, during the term of this Agreement, to maintain, at a minimum, the level and type of service as originally presented in its bid proposal.

SECTION III: FEES AND CHARGES FOR SERVICES

3.1 Fees and Charges:

A. **Pricing:** The Ambulance Company shall notify the Board in writing of its intent to adjust rates thirty (30) days prior to the rate schedule adjustment.

New charges based on changes in technology, private or government reimbursement rates or unforeseen expenses may be imposed at any time with the approval of the Board.

B. **Payment:** The Ambulance Company shall look solely to the person(s) or responsible entity to whom ambulance services are rendered for payment of all fees and charges. The Board shall have no responsibility for payment of any costs incurred by the Ambulance Company pursuant to the terms of this agreement.

C. **Charges:**

1. The Ambulance Company shall bill according to rules set forth and determined by industry standards.
2. The Ambulance Company will replenish Quick Response Fire Department and First Responder units in compliance with the safe harbor provisions of 42 § CFR 1001.952. These supplies will be limited to commonly stocked consumables. Additionally, approved medications can be purchased through the pharmacy at St. Peter's Health at cost plus 10%.
3. The Ambulance Company shall not impose any charges or fees not in accordance with market standards.

3.2 Compensation for Support Services Division (SSD): Ambulance Company will provide funds (User Fees) and assistance in cardio-pulmonary resuscitation (CPR) and emergency medical dispatch (EMD) training/recertification, and other relevant training for the Support Services Division (SSD). The User Fees for dispatching services, in part or whole, shall pay \$15,000 for the initial year of this agreement with an increase of \$1000 each additional year to the Police Department's SSD. The CPR training/recertification will take place at a time and location determined by the supervisor of SSD. In order for the Ambulance to best use SSD's services, it is recommended that the ambulances be equipped, at Ambulance Company's cost, with equipment comparable to that operated by the Police, Sheriff, and Fire Departments. To date, that equipment includes Mobile Data Terminals (MDT's), Automatic Vehicle Locators (AVL), and Trunked Radio System.

- A. SSD will continue to provide to Ambulance Company:
 - 1. Priority dispatching;
 - 2. Emergency Medical Dispatch (EMD);
 - 3. support and/or utilize alternative paging and mapping software; (Active911 or equivalent)
 - 4. Access to status display

SECTION IV: TERM & TERMINATION

4.1 TERM: This Agreement shall commence at midnight on May 1, 2020 and continue for a term of seven (7) years, ending at midnight on May 1, 2027, unless terminated earlier. This Agreement is not renewable. Ambulance Company has sole operation of all 911 emergency calls while this Agreement is in effect.

4.2 Termination for Cause:

- A. If either party fails to perform a condition of this Agreement, the non-defaulting party, after providing the defaulting party with a written notice requesting a cure of the breach within thirty (30) days, is entitled to all of the remedies provided by law or by this Agreement, including but not limited to termination, damages, and specific performance. If the defaulting party fails to cure the breach within the period provided, the non-defaulting party may terminate the contract thirty (30) days after providing written notice of its intent to terminate. All termination notices shall be sent by certified mail, return receipt requested, to the defaulting party's address listed herein.

- B. **Conditions and Circumstances which constitute "cause" or "default" for purposes of contract termination include the following:**
 - a. The Board has a reasonable, verifiable belief that Ambulance Company intends to discontinue or has discontinued service under this Agreement;
 - b. Revocation, termination, surrender, or lapse of ambulance certification by the State of Montana.
 - c. Failure of Ambulance Company to operate the ambulance system in a manner which enables the Board and Ambulance Company to remain in substantial compliance with the requirements of applicable federal and state laws, rules, and regulations, and with the requirements of local rules and regulations. Isolated

minor infractions of such requirements will not constitute any breach of this Agreement.

- d. Intentional falsification of data supplied to the Board during the course of operations, including but not limited to dispatch data, patient report data, response time data, financial data, or willful downgrading of calls triaged to enhance Ambulance Company's apparent performance or falsification of any other data required under this Agreement;
- e. Failure to comply with the accepted plan for ambulance coverage.
- f. Noncompliance with Agreement requirements;
- g. Failure to maintain equipment in accordance with good maintenance practices;
- h. Deliberate, excessive, and unauthorized scaling down of operations to the detriment of performance during a service provider transitional period;
- i. Chronic and persistent failure of Ambulance Company's employees to conduct themselves in a professional and courteous manner, and to present a professional appearance, to the extent that the Board's reputation suffers;
- j. Inability of Ambulance Company to furnish key personnel of quality and experience as required by the Board; or
- k. Chronic failure to comply with approved rate setting, billing, and collection procedures.

4.3 Termination Without Cause: Either party may terminate this Agreement without cause after providing written notice at least 1 year prior to the date of termination. Each party waives all claims for loss or liability against the other, directly or indirectly, for any decision to terminate this agreement without cause.

4.4 Equipment Upon Termination: Upon termination of this Agreement, Ambulance Company agrees to lease to the Board, at market rental, requested vehicles and necessary equipment as identified by the State of Montana under ARM 37.101.203, 204, 205, 206 for an interim period until the Board obtains a replacement ambulance service. In the event, Ambulance Company desires to sell any vehicles or equipment used in the performance of this Agreement after termination of this Agreement, the Board has the first right of refusal to purchase the vehicles or equipment at the price offered by a bona fide purchaser.

SECTION V: MISCELLANEOUS PROVISIONS

5.1 Insurance: The Ambulance Company must maintain, at all times during the pendency of this Agreement, the following insurance coverage:

1. **General Liability:** Ambulance Company must carry commercial general liability insurance policy of not less than \$10,000,000.00 per occurrence for bodily injury and \$1,000,000.00 per occurrence and \$2,000,000.00 aggregate for loss or damage to property.
Insurance be in a form acceptable to the Board, from a company licensed to do business in the State of Montana and must name the City, the County, and the Board as an additional insured on the certificate of insurance on a primary non-contributory basis. The Board must be notified at least thirty (30) days prior to alteration, cancellation, termination or non-renewal of coverage.

2. Professional Liability: Ambulance Company must carry professional liability insurance policy of not less than \$1,000,000.00 per occurrence for and \$2,000,000.00 aggregate.
3. Workers' Compensation: Ambulance Company must comply with the provisions of the Montana Workers' Compensation Act with respect to all Ambulance Companies staff performing any work incidental to the performance of this Agreement. Proof of compliance must be in the form of workers' compensation insurance, an independent contractor's exemption, or documentation of corporate officer status. This insurance/exemption must be valid for the entire term of this Agreement. Upon expiration, Contractor must send proof of renewal to the Board.

5.2 Hold Harmless and Indemnification: For all services performed in connection with this Agreement, the Ambulance Company, agrees, to the fullest extent permitted by law, to defend, hold harmless, and indemnify the City, the County, and the Board, and their respective elected and appointed officials, officers, agents, employees, and volunteers from any and all losses, damages, liability, and causes of action of any kind or character, including the cost of defense thereof, occasioned by, growing out of, or in any way arising or resulting from any intentional or negligent act or omission on the part of the Ambulance Company or its agents, employees, officers, representatives, assignees, or invitees, in connection with this Agreement.

The City, the County, and the Board agree, without waiving any statutory limitation with respect to damages in tort, to defend, hold harmless, and indemnify the Ambulance Company, and their respective officials, officers, agents, employees, and volunteers from any and all losses, damages, liability and causes of action of any kind or character, including the cost of defense thereof, occasioned by, growing out of, or in any way arising or resulting from any intentional or negligent act or omission on the part of the City, the County, or the Board, or its agents, employees, officers, representatives, assignees, or invitees, in connection with this Agreement.

5.3 Assignment: This Agreement, or any interest herein, may not be assigned, voluntarily or by operation of law, sublet, or transferred, in whole or in part, without the written consent of the Board.

5.4 Amendments: This Agreement may be amended at any time by mutual written agreement of the parties. Amendments must be submitted to the EMS Board and are subject to approval. The parties may make amendments without formal action by the City of Helena or Lewis & Clark County Commissions.

5.5 Savings: If any provision of this Agreement is made invalid or unenforceable, such action shall not invalidate the entire Agreement. The provisions not made invalid or unenforceable shall remain in full force and effect.

5.6. Notices: Any notice required to be given by either Party or which either Party may wish to give, shall be in writing and served either by personal delivery or sent by certified or registered mail, postage prepaid to the following:

As to the Board:

Fire Chief
Helena Fire Department
300 Neill Avenue
Helena, MT 59601
406-447-8472 (work)
406-447-8467 (fax)

As to the Ambulance Company:

St. Peter's Health
Attention: President/CEO
2475 Broadway
Helena, MT 59601
406-444-2100

The above-named persons shall each designate a person to act as their authorized designee in case of absence or other circumstances where they may be unavailable.

5.7 Waiver: Failure by the Parties to enforce any term of this Agreement in every instance shall not be deemed a waiver of any portion of this Agreement, and the Parties reserves the right to enforce every provision herein to the fullest extent at any time.

5.8 Compliance with Laws: Ambulance Company shall comply with all federal, state, and local laws, rules, and regulations, now or hereafter existing, pertaining to emergency medical care and transportation services and ambulance rules and regulations.

5.9 Advertising: All advertising or other solicitation for business by Ambulance Company shall emphasize in a conspicuous manner that its primary business is to provide rapid initial response to medical emergencies in the greater Helena area. Ambulance Company agrees that any material distributed by it will include 911 as the primary and actual emergency telephone number for medical emergencies.

5.10 Contract Interpretation: Both parties acknowledge full opportunity to participate in the drafting of this Agreement and the opportunity to consult with legal counsel of their choice. No provision of this Agreement shall be construed either in favor or against either party.

5.11 Competition: Ambulance Company shall not utilize this Agreement to compete unfairly in any way with other companies in the area that provide private ambulance services. The Board is not endorsing one ambulance service over another, and Ambulance Company shall not advertise as such. The Board shall not utilize this agreement in future negotiations with other companies in the area that provide private ambulance services.

5.12 Nondiscrimination: During the performance of this Agreement, Ambulance Company shall not discriminate on the basis of race, color, religion, national origin, creed, age, or sexual orientation, the presence of any sensory, mental, or physical handicap in employment or application for employment or in the administration or delivery of services or any other benefits under this Agreement.

5.13 Contract Documents: If in the event of conflict regarding the terms and conditions of this Agreement, a party, a court, or a mediator determines that it must go beyond the four corners of the Agreement, the following two documents control in no specific order: The Board's request for bids and Ambulance Company's bid.

5.14 Venue: This Agreement is to be performed and interpreted under and in accordance with the laws of the State of Montana. Any litigation to enforce this Agreement or any of its provisions shall be brought in Lewis & Clark County, Montana.

Both parties agree to attempt to resolve any conflict or disagreements pertaining to this agreement prior to exercising legal means.

5.15 Quality Assurance and Improvement: State regulations and standards relating to the operation of emergency ambulances shall be met at all times. Ambulance Company shall demonstrate to the Board its program of quality assurance/improvement and continuing education guaranteeing ongoing acceptable medical performance by its employees. Ambulance Company shall comply with the Montana EMS guidelines as established by the Montana Board of Medical Examiners (BOME). On-going quality assurance/improvement by Ambulance Company shall be monitored by and under the jurisdiction of the Medical Program Director. Ambulance Companies supervising physician is responsible for providing direction and oversight for continuing education, recertification and provision of care for all Emergency Care Providers (ECP) in accordance with state law. Ambulance Company's Medical Director must practice within Lewis and Clark County. Ambulance Company will have access to the first responder records to conduct quality assurance audits and reviews.

5.16 Expanded Service Area: If geographic areas outside the scope of this Agreement become the responsibility of the Board through annexation, consolidation, contract, or otherwise by operation of law, at any time prior to termination of this Agreement, this Agreement will be amended accordingly, and Ambulance Company will extend service to the expanded area. Board may temporarily contract for such service with some other entity until such time as the parties amend or terminate this Agreement.

5.17 Complaints: A formalized complaint associated with a patient, a provider or deficient equipment shall be forwarded through the appropriate chain of command in writing within forty-eight (48) hours and shared with all affected entities. A thorough investigation will be completed by each affected entity utilizing its own internal policy. A final report, with resolution, will be forwarded to the ambulance board chair within 30 days.

BOARD CHAIR

By: *Kenneth F. Wood* Date: Apr 27, 2020
Kenneth F. Wood (Apr 27, 2020)
Ken Wood, City of Helena Fire Chief

ST. PETER'S HEALTH

By: *Wade C. Johnson* Date: Apr 30, 2020
Wade C. Johnson (Apr 30, 2020)
Wade C. Johnson, St Peter's Health President/CEO



Fire Department
300 Neill Avenue
Helena, MT 59601

Phone: 406.447.8472
Fax: 406.447.8467
Email: helenafiredepartment@helenamt.gov

helenamt.gov

City of Helena
Lewis and Clark County
Emergency Medical Services Board

Request for Ambulance Service Agreement amendment.

Date: June 3, 2024

St. Peters Ambulance requested an amendment to the Ambulance Service Agreement Section 2.1 Performance.

The request is in consideration on the following:

- The current verbiage of the section does not reflect the current Emergency Medical Dispatch (EMD) classifications.
- Ensure stewardship of limited Paramedic resources.
- Continue response within the principle of this agreement.

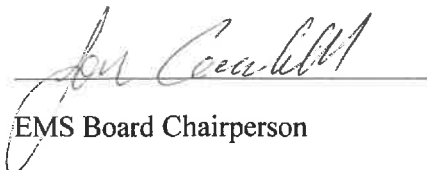
Current Section 2.1 Performance:

“Ambulance Company shall accept every referral for emergency and non-emergency ambulance service referred to it by Support Services Division dispatch twenty-four hours daily, seven days a week. Ambulance Company shall provide Advanced Life Support/paramedic-staffed ambulances to all priority medical responses and may utilize a Basic Life Support (BLS) staffed ambulance for standard medical responses.”

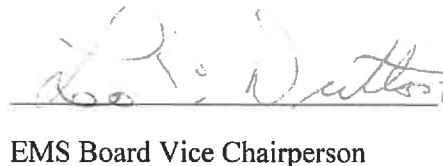
Revised Section 2.1 Performance:

Ambulance Company shall accept every referral for emergency and non-emergency ambulance service referred to it by Support Services Division dispatch twenty-four hours daily, seven days a week. The Ambulance Company and may utilize Basic Life Support; EMT and or AEMT staffed ambulances for “BLS Yellow” and “BLS Red” responses and shall provide a Paramedic on “ALS” medical responses either through direct ambulance staffing or in concert with a BLS ambulance and single resource deployment.

This language change was approved at the June 3, 2024 meeting of the Emergency Medical Services Board.



EMS Board Chairperson



EMS Board Vice Chairperson