

Final Report

To the Wheatland Town Supervisor

From Special Advisory Committee

January 28, 2013

*To provide options to the Town Board, to provide quality fire and EMS services outside the Village at the best cost. We are doing this to allow the Town Board more control over budget issues. We will be done by December 31, 2012**

*Original goal prepared by the committee on August 12, 2012

Executive Summary

A special advisory committee was appointed by the Wheatland Town Supervisor to provide options and guidance relative to the delivery of fire and emergency medical services in the town of Wheatland outside the Village of Scottsville.

Between August 2012 and January 2013, the committee met and focused on implementing the project plan and goal established for the committee:

To provide options to the Town Board, to provide quality fire and EMS services outside the Village at the best cost. We are doing this to allow the Town Board more control over budget issues. We will be done by December 31, 2012.

The advisory committee conducted interviews, reviewed documents submitted by individual agencies, reviewed reports and documents on emergency service delivery systems, and discussed the information provided to the committee. This report is submitted in response to the charge made to the committee by the Town Supervisor.

The report is organized into seven (7) sections. The Executive Summary provides an overview of the goal and work of the committee with a list of the options and recommendations. The Introduction provides the issues presented to the committee, the project plan, and the work plan executed by the group. In this section, there is a listing of the documents reviewed, interviews conducted and issues discussed. The Findings and Recommendations section is a list of items the committee agrees on by consensus, along with observations about the fire and EMS issues. The committee lists the options and/or findings, along with explanations, in the Options and Recommendations section. In Summary Thoughts, there are a number of items of advice to the Supervisor, Town Board, fire and EMS agencies in the form of guidance. And finally, there are a number of Appended Items that provide insight into the committee deliberations.

At a high level, the committee recommends the following:

- The Town of Wheatland should contract with the Village of Scottsville for fire and EMS service in the Town of Wheatland known as the Wheatland Fire Protection District for the immediate future;
- The Town of Wheatland should form a Working Group, by April 1, 2013, to actively pursue forming, at a minimum, one fire district for the Town of Wheatland; at a minimum, representation from the following entities should be included on the Working Group: Mumford Fire District, Scottsville Fire Department, Scottsville Village Board (Fire Commission), the respective operational chief officers from the Mumford Fire Department, the Scottsville Fire Department, and the Scottsville Rescue Squad, with a total of 7-12 people;

Introduction

The committee was tasked with assisting the Town Supervisor and Town Board with an issue confronting many municipalities currently – how to provide quality and effective fire and emergency medical services to residents at a reasonable cost. The question is challenging because of a number of complex factors – the rural nature of the Town of Wheatland, a declining volunteer base for agencies, the continuing operational demands (standards, training, operational requirements), financial challenges, etc.

The committee consisted of:

- Jeff Adair, Town Resident
- Steve Bowman, Village Resident
- Roger Briggs, Budget Officer, Town of Wheatland
- Frank West, Town Business Owner

At the first meeting of the committee, it was determined that a plan was needed to guide the work of the group. At the second meeting, a project plan was created with a goal, objectives, and a work plan for the group. That project plan is included in the Appended Items section.

The committee conducted meetings over a period of six months. In between the meetings, a number of interviews were conducted, documents reviewed, and discussions held.

Committee members reviewed a number of documents during its deliberations. A partial list of the documents reviewed by committee members is included here and others are attached in the Appended Items section.

- A Call for Action, The Blue Ribbon Report, “Preserving and Improving the Future of the Volunteer Fire Service”, International Association of Fire Chiefs, 2004;
- Lighting the Path Evolution, The Red Ribbon Report, “Leading the Transition in Volunteer and Combination Fire Departments”, International Association of Fire Chiefs, 2005;
- Keeping the Lights On, the Trucks Running and the Volunteers Responding, The White Ribbon Report, “Managing the Business of the Fire Department”, International Association of Fire Chiefs, 2006;
- Scottsville Fire Department Strategic Plan, 2008;
- Multiple documents from the Center for Governmental Research taken from their website on Analysis of Fire and EMS Delivery Systems;
- Multiple documents submitted by the Scottsville Rescue Squad Chief, the Scottsville Fire Department Chief, the Mumford Fire Department Chief, and others (some are in the Appended Items section);

Committee members also conducted interviews with seven (7) individuals representing the major entities involved in the delivery or management of some aspect of emergency

services in the Town of Wheatland. Individuals interviewed and their representation are listed below:

- Mayor Gee, Scottsville Village Fire Commission;
- Chief Lewis, Mumford Fire Department;
- Commission Burnside, Mumford Fire District;
- Chief Jarrett, Scottsville Rescue Squad;
- Chief Brown, Scottsville Fire Department;
- President Smith, Mumford Fire Corporation;
- President Wunder, Scottsville Fire Corporation;

Based on the interviews conducted there were a few “common themes” and observations made that stood out and are important to cite. These common themes and observations should be used going forward. The observations made by committee members included:

- The Mumford Fire Department, the Scottsville Fire Department, and the Scottsville Rescue Squad have come a long way over the last 20 years. In examining the facilities, the large rolling stock (trucks and ambulances), the equipment, and operations, both departments have planned well, grown and managed to improve over the past 20 years; and
- All three departments are struggling to maintain services with, either a stable or declining volunteer work force; and
- All three departments have leaders and members that are dedicated and committed to the delivery of quality and professional emergency services;
- It was not within our specific tasking, nor was there time, to examine the tax rates and/or funding issues related to any of the entities involved; however, there appears to be a disparity in the various tax rates that will need to be examined further;
- Currently, the residents of the Wheatland Fire Protection District do not vote on the village fire Commissioners nor the budget allocated for their fire and ambulance protection;

The common themes or threads that ran through the interviews included:

- While current operations are basically satisfactory, there was a clear theme that long term the current delivery system or model “is not sustainable” in the current climate;
- Fewer, highly dedicated individuals, are doing more and those people are aging with few new (and younger) members are joining to take their place;
- Although the number of calls are not overwhelming, the training requirements, fund raising, greater personal choices, and other challenges are hindering recruiting new volunteers;
- All three departments have a great deal of pride in the history and existence of their agency – its very existence is meaningful to its members; and

- There is a sense that the current delivery model needs to change, as long as, the individual agency identification could remain.

The committee spent long hours discussing the observations and common themes. It was obvious to the members that there are some very dedicated, committed, and talented volunteer leaders in the departments. These individuals are articulate, possess management skills, and are challenged every day with resource shortages, primarily personnel assets, but continue to deliver quality services.

It was obvious to the committee members that the long-term sustainability of this model however, is not realistic. These dedicated individuals and leaders, and their respective departments, need some help!

Findings and Observations

Some of the observations from the interviews have already been made above. There are other observations as well.

First, the Wheatland area is not the only area confronting the issues raised here. During the literature review, it is clear that many other areas in New York are experiencing similar issues in the delivery of emergency services. Given current financial pressures on municipalities, the reduced volunteering issue, the increased demands from citizens and regulatory entities, and the nature of operational challenges, there are many examining delivery models. One need only look locally to see fire districts moving to join or consolidate to increase efficiency and effectiveness.

Second, it is clear that those managing and leading the local emergency services in Wheatland are dedicated and committed to the effort, however, are struggling with many issues. Recruitment, retention, training, and management are difficult issues and take many administrative hours that the volunteer leaders do not have.

And finally, although all three departments have done well over the past 20 years in meeting the challenges presented, the next set of challenges are even more difficult. The municipal entities overseeing and supporting the departments – both Town and Village – need to assist the departments in the next phase of their evolution. This guidance needs to take the form of a facilitated effort to enlarge the base of operations while leaving the individual identities of departments intact.

Options and Recommendations

The committee believes there are essentially three options for consideration. Each option is detailed below and following is a list of recommendations for implementing option 3.

Option 1 – Do Nothing

This option lets the individual departments, and their leadership, continue to direct their agencies as they have in the past. This approach puts the burden on each agency to try to cope with the challenges without real strategic direction and with little guidance from the municipal governments.

The residents and visitors to the area will continue to receive services as best as can be delivered until such time as an agency can no longer sustain a viable operation. Then, a crisis of service delivery will occur and someone will need to undertake critical action to ensure emergency service.

The committee does not recommend this option.

Option 2 -- Individual Agency Initiative

This option suggests that the departments involved work together to discuss the future and undertake effort with little other support. They would be merely “encouraged” to work together to define a course of action. It would depend on all agencies agreeing to participate in a planning effort to design some long-term sustainable model for the delivery of emergency services.

While this option has a possibility of success, it puts the burden of carrying the effort on each agency as they struggle daily to deliver service to residents. It will take a long time to complete the effort and a consistency of leadership to make it a reality.

The committee does not recommend this option.

Option 3 – Municipality Supported Initiative

The Town and Village would support and facilitate this option with the intent of maintaining the individual identities of the departments involved. It would mean providing facilitation and legal support to a working group that would include all department leaders, the District Commission Chair, the Village Commission Chair, and others as appropriate.

The committee members believe this option has the greatest chance for success to avoid a crisis in the near future. It will need to be entered into by all in good faith and with the long-term sustainability of each department in mind. The option for discussing inclusion of others in the solution (Caledonia, Churchville, Clifton, etc.) should be discussed early on in the process.

The committee recommends this option.

There are a number of recommendations that the committee believes are essential for a successful implementation of option 3.

- All entities need to acknowledge that the current emergency service delivery model is not sustainable for the long-term;
- All entities need to acknowledge that action taken now is important to avoid a crisis in the near-term where delivery of emergency services could be interrupted;
- All entities should acknowledge, and commit to the fact, that as a strategic planning effort it make take 12-24 months to develop an effective plan and implement that plan;
- The Town and Village should take the lead in providing a facilitator and legal counsel (consultant) to the working group;
- All entities should commit to make every effort to maintain the identity of any and all departments participating in any solution;
- All entities should commit to continue to work together cooperatively (operationally and administratively) while the working group is developing a solution for review by all; and finally,
- The Working Group should be appointed and given their task within the next 60 days (by April 1, 2013);

Summary Thoughts

The committee believes it has fulfilled the task assigned by the Town Supervisor. There are a few summary thoughts that are important to share.

First, we believe now is the time for action. While there is some common ground, there is a recognition of need, and challenges abound – there needs to be substantive and committed action.

Second, all entities must enter into the effort with a commitment to develop a long-term sustainable solution that maintains the rich history and identity of departments. At the same time, there needs to be a recognition that the current model is unsustainable and a new model is in the best interests of the residents and visitors to the area.

Finally, the effort will take real leadership on the part of all entities. The committee believes that leadership is present and there is a commitment to make a change. We wish the best and will support the effort as needed.

Appended Items

The following items are appended to the report:

- Project Plan utilized by the Committee;
- Report entitled: Scottsville EMS and Mumford FD EMS Data Study, Matthew Jarrett, 12/12/2010;

- Report entitled: Town of Wheatland and Village of Scottsville – Financial Analysis and EMS Delivery Options, Matthew Jarrett, 2/13/2011;
- Report entitled: Village of Scottsville Emergency Services – 2013 Fire Protection Contract Calculations;
- Five Graphs – Total Calls Scottsville Ambulance 1963-2012 Projected; Total Calls 1997- Present; EMS Personnel 1994-2012; Calls by Municipality for Scottsville Rescue Squad 2012 YTD; and Percentage of Calls Covered, 1994-2012 (Estimated);
- Three maps displaying calls for ambulance service in the Village of Scottsville and Wheatland Fire Protection District by the Scottsville Rescue Squad, Dated 12/5/12, at different zoom levels;

Project Plan
Town of Wheatland – Fire/EMS Assessment

Overview

The planning team met to develop a strategic plan of action. The project planning agenda included eight (8) steps. The planning steps used were:

1. Define the project [use w's]
2. Prepare a goal statement [gain agreement]
3. Develop strategic options
4. Prepare a strategic game plan.
5. Generate an activities list.
6. Layout the timeline.
7. Test for reality/evaluate.
8. Implement/track/follow-up.

The committee developed this plan during a meeting held August 13, 2012 at the Wheatland Municipal facility and used a set of ground rules to guide discussion. The remainder of this document outlines the activities and decisions, which led to the project plan.

Ground Rules [Adopted by committee at the meeting]

- ❑ OK to have fun
- ❑ Respect differences
- ❑ Welcome disagreement
- ❑ Spelin and *handwriting* don't count [facilitator]
- ❑ Full participation
- ❑ 3 minute rule – timeout, facilitate, parking lot
- ❑ Focus on issues, not people
- ❑ Establish confidentiality?
- ❑ Roles – facilitator = process; participant = information as SME (subject matter expert)
- ❑ Consensus for decision making which means
 - ◆ Action is considered WORKABLE – not working toward ultimate solution; and
 - ◆ Not necessary to argue that it is your first choice –I COULD LIVE WITH IT

Roles

Team – SME

Steve -- Process

Brainstorm Ground Rules

- ❑ No discussion – No criticism
- ❑ All ideas are accepted
- ❑ Give ideas in a few words (Voice Activated Pen – VAP)
- ❑ Need full participation
- ❑ Keep it moving
- ❑ 8-15 minutes

1. Define the project. [Answer the 5 W's and how]

WHO?

- Village FD
- Town of Wheatland
- Mumford FD

WHAT?

- Developing options for TR/TS regarding FD/EMS

WHERE?

- Town of Wheatland outside the Village

WHEN?

- End of year (2012)

WHY?

- Request of the Town of Wheatland because of need
- Allow the Town Board more control over budget issues

HOW?

- Advisory Committee

2. Prepare a goal statement

Goal

To provide options to the Town Board, to provide quality fire and EMS services outside the Village at the best cost. We are doing this to allow the Town Board more control over budget issues. We will be done by December 31, 2012.

Standards: “We’ll be successful if....”

- ✓ Submit options by December 31;
- ✓ Frank to attend four (4) meetings;
- ✓ We have more than one (1) option;
- ✓ We have included information from key stakeholders; and
- ✓ We have focused on a more strategic approach that reduces the increasing costs over time

3. Develop strategic options.

Strategic Option List [how could we do it/how could we fund it?]

To Do: Use small planning group

or

Hire someone

or

Use one person

To Fund: N/A

Resource Analysis [Force Field Analysis]

<u>Forces we influence or control</u> -Process and decision	<u>Forces working for us</u> -Town Board asked for input -Village Board non-committal
<u>New forces we can bring to bear</u> -TBD through process	<u>Forces working against us</u> -Agency with something to lose -Change

Criteria Analysis [Given a number of characteristics or dimensions, what is the assessment whether we will be successful – **A**ttainable, **U**nattainable, or **Q**uestionable]

Characteristic or dimension	A	U	Q
<input type="checkbox"/> Time	A		
<input type="checkbox"/> People Power	A		
<input type="checkbox"/> Control	A		
<input type="checkbox"/> Energy	A		
<input type="checkbox"/> Politics	A		
<input type="checkbox"/> Skill	A		
<input type="checkbox"/> Legitimate	A		
<input type="checkbox"/> Risk	A		
<input type="checkbox"/> Pay Back	A		
<input type="checkbox"/> Success	A		
<input type="checkbox"/> Funding	A		

4. Prepare a strategic game plan.

Strategy/Game Plan Selection

Primary The small planning committee with facilitation will plan and accomplish the goal. The group will address the politics and develop the options by the end of the year.

Alternate N/A

5. **Generate an activity list** [100-500 in **bold** indicate the 5 core task areas to be addressed; the 22 subtasks indicate the related tasks for the each core task area]

100 Seek input from key players: MFD, VB, VFD, etc.

- 101 Develop a set of standardized questions for the
 Commission members and chiefs
- 102 Interview the Town Board and/or Supervisor
- 103 Interview the Mumford Fire Commission President
- 104 Interview the Scottsville Fire Commission Chair
- 105 Interview the Scottsville FD Chief
- 106 Interview the Mumford FD Chief

200 Develop cost information

- 201 Mumford Fire Department budget
- 202 Compare similar village commission budgets
- 203 Contact the Center for Governmental Research

300 Research, analyze, and develop facts about the “current state” for fire and EMS services

- 301 Gather fire data in the Town and Village
- 302 Gather EMS data in the Town and Village
- 303 Gather information on the “rolling stock” inventory

- 304 Gather an estimate of the cost per firefighter in each department
- 305 Gather the current active numbers for firefighters, EMT's and Interior firefighters, etc.
- 306 Gather information on the facilities for each department
- 307 Analyze and document all information

400 Review and check on “models” outside Wheatland

- 401 Gather and review the various International Association of Volunteer Fire Chiefs Red, White, and Blue Reports
- 402 Contact CGR for models
- 403 Gather internal information
- 404 Review the 2009 SFD strategic plan
- 405 Identify and contact any NYS jurisdictions that might be a model

500 Finalize a document summarizing all information into a series of options

- 501 Conduct a meeting pulling together all of the information
- 502 Brainstorm and draft a series of options
- 503 Draft and then finalize a recommendations document

6. Layout the timeline.

#	Description	Who	Start Month/Week	Done Month/Week
100	Conduct interviews	Jeff/Steve	SEP 1	SEP 4
200	Develop cost information	Roger	SEP 1	OCT 3
300	Research “current state”	Steve	SEP 1	SEP 4
400	Review models	Jeff/Steve	SEP 1	OCT 4
500	Finalize document	All	NOV 1	DEC 4

Timeline/PERT Chart – See attached document

7. Test for reality/evaluate

Once the basic project plan was completed, the team reviewed the elements with a “reality check” about whether the plan is realistic.

The team agreed that the project plan was realistic and could be accomplished.

8. Implement/track/follow-up.

The project plan was finalized with names to coordinate each task. A project manager was selected to coordinate the team and facilitate the process to implement, track and follow-up the activity. Steve Bowman was selected as the facilitator.

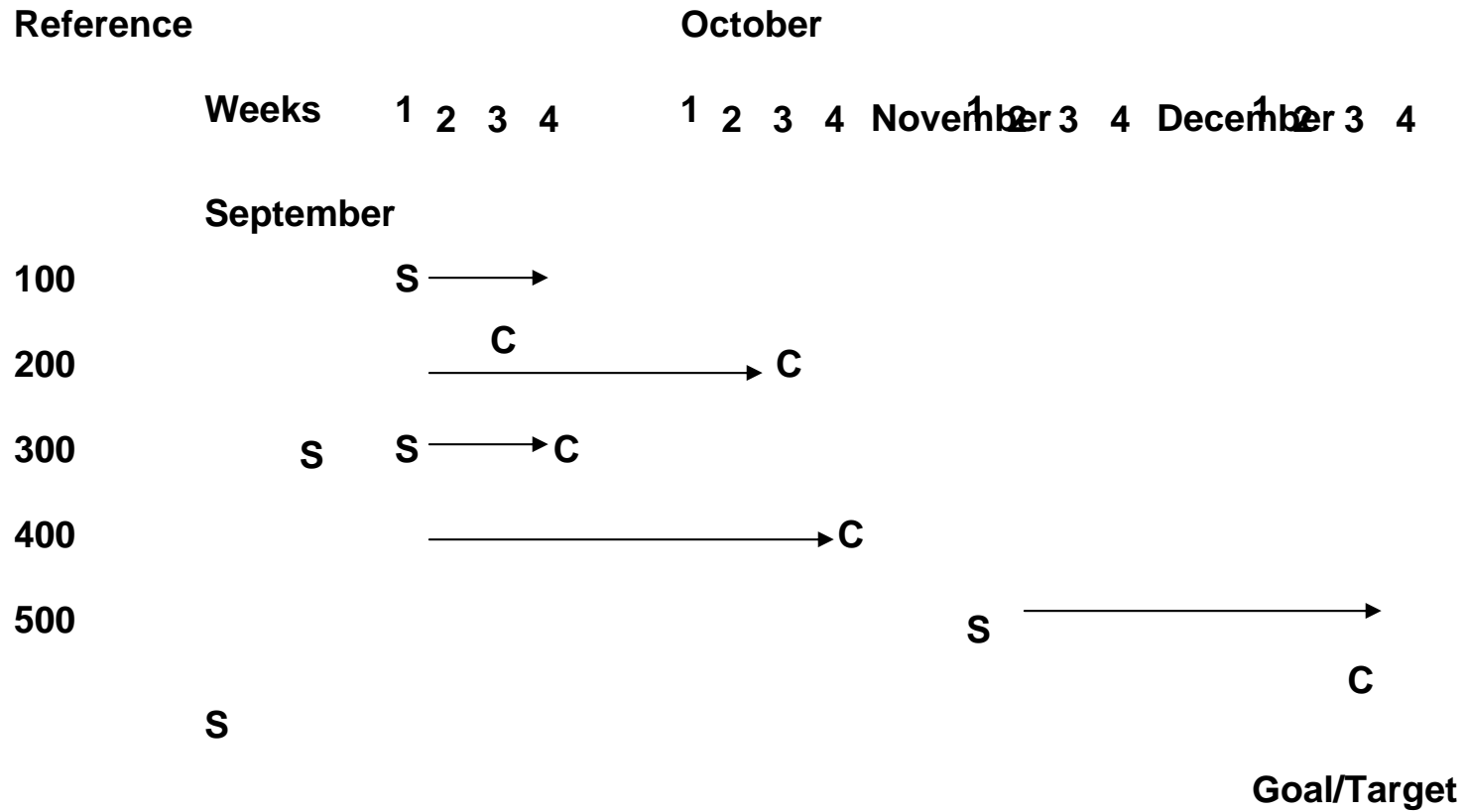
No Parking Lot items were generated during the planning process.

The next meeting will be called as needed and after all members comment on and approve the plan.

Respectfully submitted,

Steve Bowman, Process Facilitator

Timeline/PERT Chart ----- Town of Wheatland Fire/EMS Assessment



S = Start task or tasks

C = Complete task or tasks

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Scottsville EMS and Mumford FD

EMS Data Study

Matthew Jarrett

12/12/2010

This document will be the first of many analyses on current Emergency Medical Services delivery and system delivery performance in the Town of Wheatland and the Village of Scottsville, NY. The information contained in this report will be a basis for obtaining a baseline status, scheduling analyses and financial projections for future Emergency Medical Services system delivery. Information contained in this report is considered confidential and proprietary.

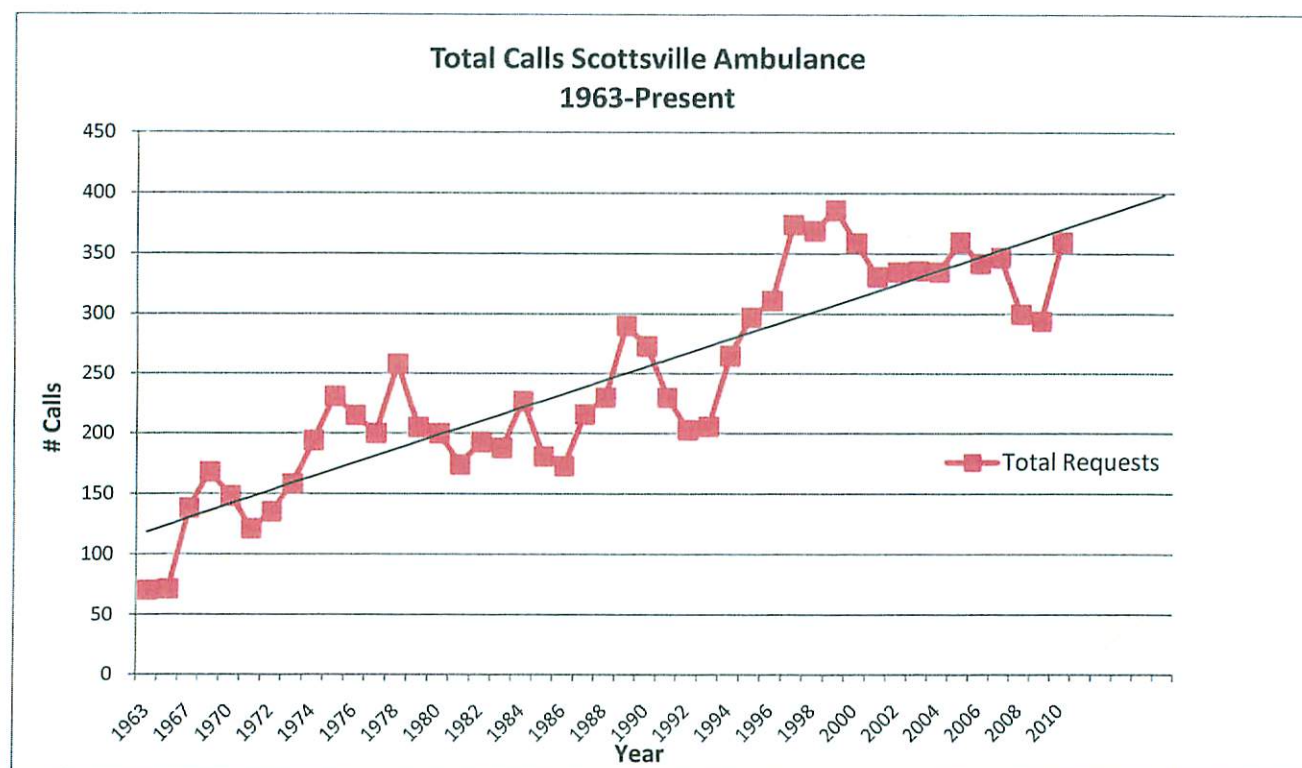
Introduction

The objective of this analysis is to review demand data and other pertinent data and trends as it pertains to emergency medical services and its delivery in the Town of Wheatland and the Village of Scottsville in New York. This analysis is based upon information provided by the City of Rochester/County of Monroe Emergency Communications Department (E.C.D.) as well as the Village of Scottsville Ambulance. It should be noted that robust sets of data are readily available for Scottsville Ambulance in electronic format. Mumford FD EMS data is limited to that as provided by E.C.D, and is not available electronically for analysis. All comments that are made are based upon data behavior and do not contain any personal opinions of the author.

A systemic approach was used to evaluate data and make projections. Due to the ability for artifact to significantly change projections, it has been removed in order to maintain a useful data set. "Artifact" included calls where both Mumford FD and Scottsville ambulance responded jointly, as well as removing multiple patients at one incident, that were handled by a single unit.

Yearly Demand

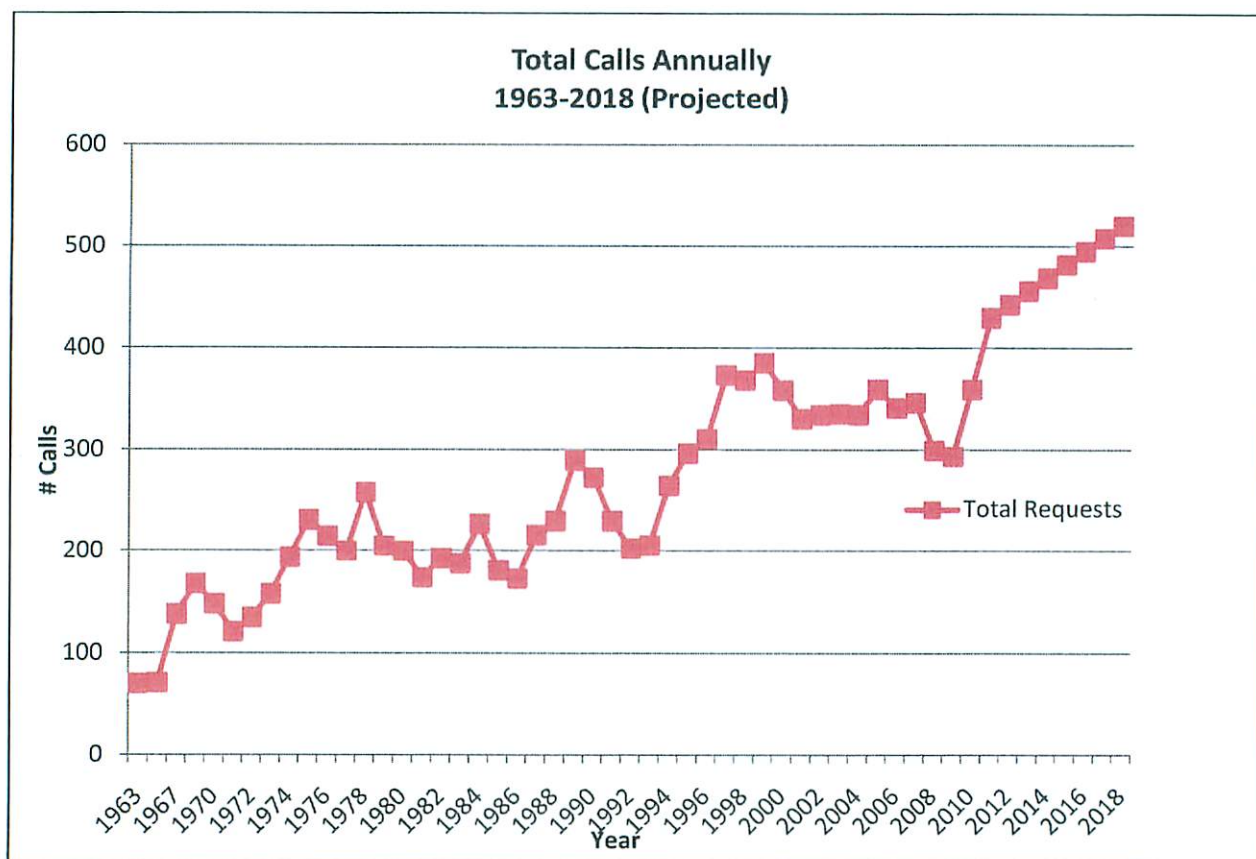
Yearly demand is used to establish gross requests for service, plotted over several years. Data in figure 1 reflects Scottsville Ambulance only, as no historical data is currently available for the area covered by Mumford FD.



(FIGURE 1)

Between years 1963 and 2010, requests for EMS service have increased a total of 414.29%. This represents a 3% increase annually, occurring over the past 47 years. EMS calls in the Mumford district currently average near 90 requests annually

Yearly Demand Projection



(FIGURE 2)

Adding 90 calls (MUMF service area) on to the current number of requests for EMS service would result in a projected volume of 430 requests for EMS service in calendar year 2011. Increased at the rate of 3% per annum, this would result in an estimated volume of 520 requests for service by year 2018.

It should be noted that area wide, EMS service rates are increasing at the rate of 4% per annum. Should new development take place in the service area specifically assisted/senior living, additional group homes, nursing homes, etc. a slightly higher rate increase per annum can be assumed.

Monthly Demand

Monthly demand was studied to see if there was variability month to month due to seasonal patterns. Seasonal patterns may change due to increases or decreases in seasonal illness, outdoor recreation, or other local influencing factors. Although there are observable peaks and troughs in monthly demand, there is no correlation year to year. There were no mentionable differences in monthly demand that would require planning around different patterns. Data studies included calls in the following date ranges: January 1-April 30, July 1-October 31, and January 1-October 31 over a five year period (Figure 3).

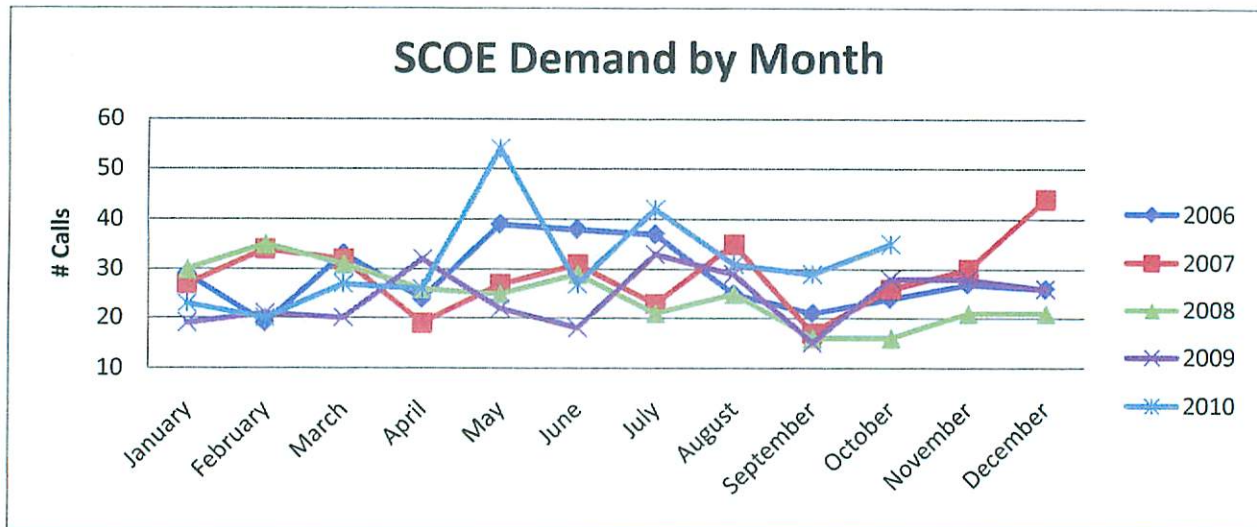


Figure 3

Time on Task

Time on task was studied for Scottsville Ambulance to determine both average and 90th percentile time on task for units. For this study, calls were broken into two distinct categories: "Transported Patients", or requests for service which resulted in a transport to a hospital for disposition. The second category studied was "Non-Transported Patients". These calls include cancellations, stand-by's, patients who refuse transport, DOA's and other responses which did not result in a transport to a hospital facility. Time on task for this study captures time from initial dispatch by Monroe County ECD, until the unit calls "back in service". This study does not capture, nor is there data available to measure true "call out" time, which includes completing refueling/restocking, completion of end of call paperwork, completion of the patient electronic medical record or other call related activities.

TIME ON TASK STUDY: JANUARY 1, 2010-OCTOBER 31, 2010

Call Type	Average	90 th Percentile
Transported Pt's	1:42:03	2:04:36
Non Transports	0:36:13	0:44:21

Response Times

Total EMS system response times are typically measured from the time the request for EMS services is transferred to an EMS call taker (911), to the time of an ambulance arriving on scene. For the purpose of this study, response times will be defined as the time dispatched by Monroe County E.C.D., to the time of Scottsville Ambulance arriving on-scene. Actual call processing times are not available, and are out of the control of individual agencies. Response times for Fire Department first response have not been measured as a part of this study. It should be noted that Mumford FD provides first response EMS service to all ambulance requests in their service area. Scottsville FD does not regularly provide first response EMS (one response in CY 2010).

Time Dispatched to Time Arriving at Scene				
<i>Referring Zone</i>	<i>Avg.</i>	<i>Min.</i>	<i>Max.</i>	<i>Percentile(.9)</i>
Other (Mutual Aid)	13	5	17	16.8
Town Of Chili (SCOE District)	12.8	8	16	16
Town Of Wheatland (SCOE District)	10.3	0	20	15
Village of Scottsville (SCOE District)	10.9	0	27	15
Average District	11.33			15.33

Time Dispatched to Time En route ("Chute Time")				
<i>Referring Zone</i>	<i>Avg.</i>	<i>Min.</i>	<i>Max.</i>	<i>Percentile(.9)</i>
Other (Mutual Aid)	4.6	0	11	9.7
Town Of Chili (SCOE District)	8.3	4	11	10.1
Town Of Wheatland (SCOE District)	6.3	0	14	10.7
Village of Scottsville (SCOE District)	7.5	0	16	11.7
Average	6.68			10.55

Time En route to Time Arriving at Scene				
<i>Referring Zone</i>	<i>Avg.</i>	<i>Min.</i>	<i>Max.</i>	<i>Percentile(.9)</i>
Other (Mutual Aid)	8	4	15	14
Town Of Chili (SCOE District)	4.5	3	7	6.1
Town Of Wheatland (SCOE District)	4.3	1	14	6
Village of Scottsville (SCOE District)	3.6	1	16	6
District Average	4.13			6.03

Time Dispatched to Time Arriving at Scene (All Locations)				
<i>Dispatch Priority</i>	<i>Avg.</i>	<i>Min.</i>	<i>Max.</i>	<i>Percentile(.9)</i>
Priority 1	10.6	3	17	14.8
Priority 2	12.5	8	27	15
Priority 3	11.7	1	27	17
Priority 4	13.2	1	29	19.2
Average	12.00			16.50

Response Time Analysis

In 2010, the Regional Emergency Medical Advisory Committee (REMAC), Monroe Livingston Regional Emergency Medical Services Council (MLREMS) as well as the Monroe County EMS Advisory Board adopted "EMS System Performance Patient Care Measures", as published by Dr. Jeremy Cushman.

Response times fall within the EMS system performance measures, and it is estimated that if Scottsville Ambulance were to respond as the primary ambulance provider to the Mumford FD service area, response times would still fall within the confines of the performance measures. It is worthy to note that the only area that time can be "made up", is the "Chute Time". Currently Scottsville Ambulance is

not a “Staffed in Quarters” resource. If crews were staffed in quarters, response times could be reduced significantly.

Advanced Life Support vs. Basic Life Support

All requests for emergency ambulance responses are initiated by E.C.D., using Emergency Medical Dispatch (E.M.D.) protocols. During the call taking process, a certified E.M.D. call taker assigns the request a specific code (E.M.D. code). This coding dictates what resources are dispatched on the request.

Dispatch

During the study period, calls in the entire Town of Wheatland were evaluated, and of the calls, fifty-one percent (51%) were coded as “ALS level” calls, with forty-nine percent (49%) being dispatched as “BLS level”

Transport

During the study period, seventy percent (70%) of all calls received resulted in at least one transport. Of all transports, fifty-six percent (56%) result in ALS level transport, with forty-four percent (44%) resulting in BLS level transport.

ALS vs. BLS Analysis

Using the projected 430 calls annually for the entire Town of Wheatland, it can be anticipated that 301 (70%) will result in a transport to a hospital facility. Of those transports, it can be anticipated that 167 will result in ALS level transport, with the remaining 134 requests resulting in BLS level transport.

Time of Day/Day of Week

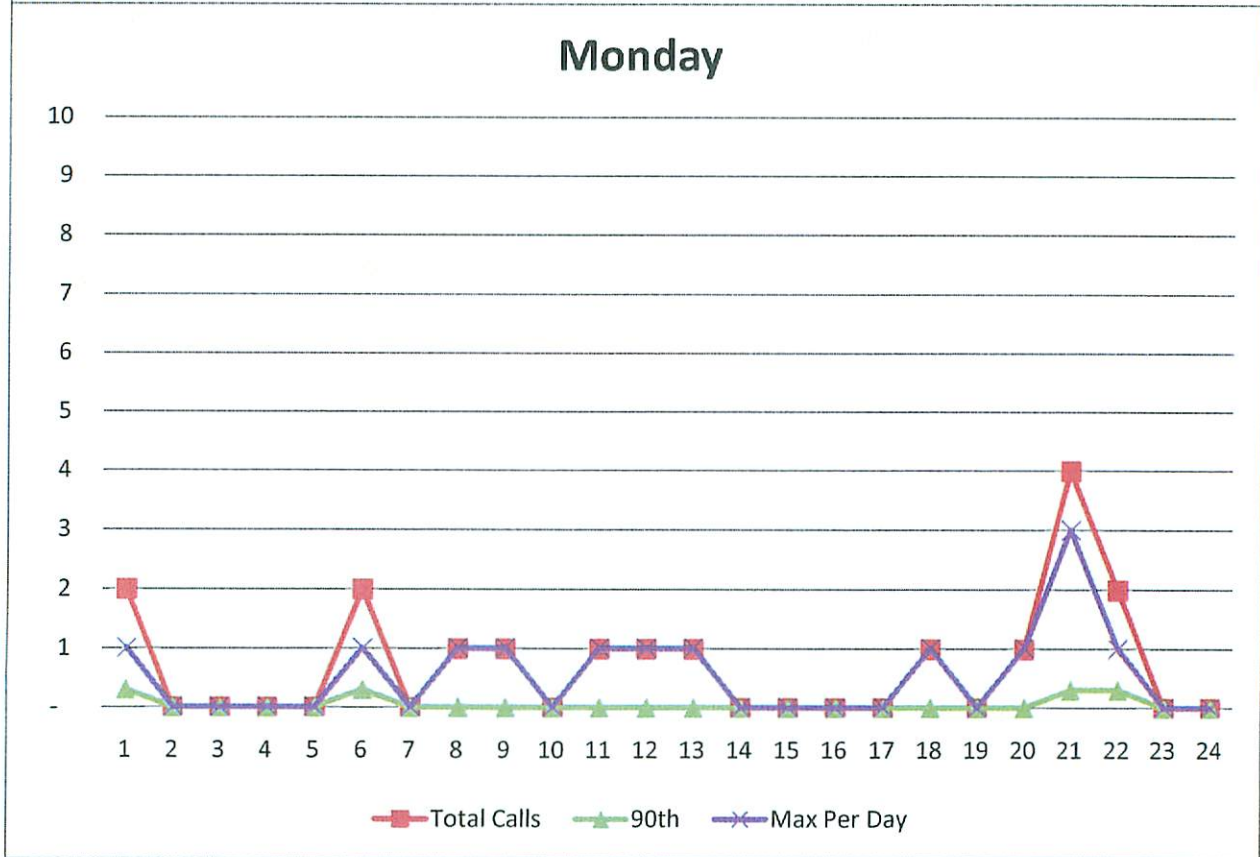
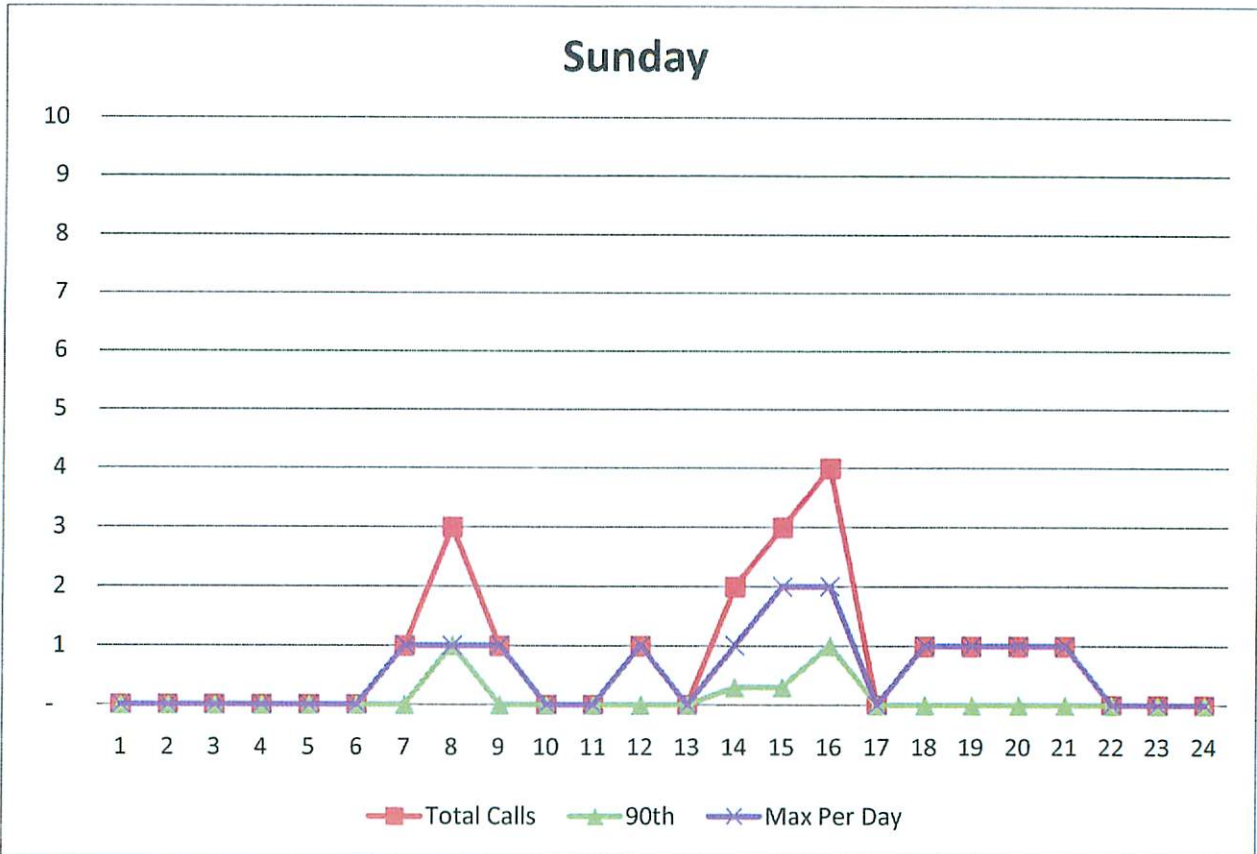
All requests for EMS service in the entire SCOE and MUMF districts during the study period were analyzed for the time of day received (whole hour) and day of week. Study period consists of January 1, 2010-April 30, 2010.

TOD/DOW Analysis

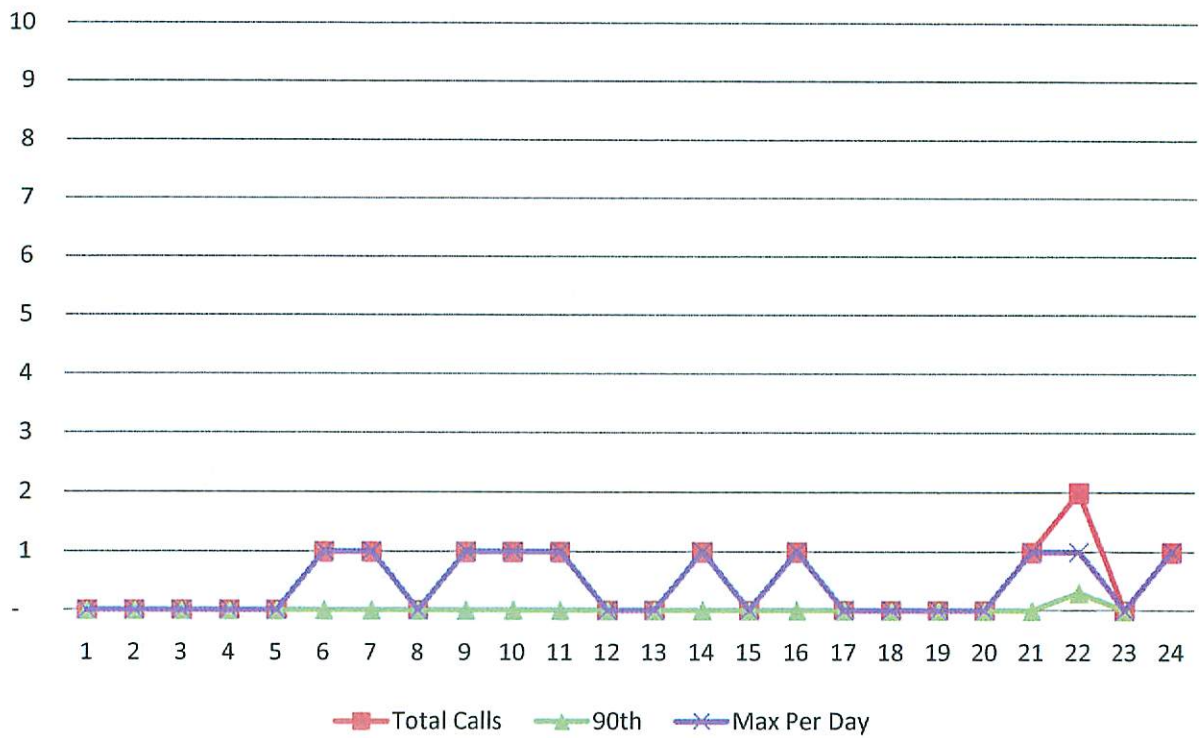
The charts on the following pages provide a visual view of when calls are received. While calls are received at all hours of the day and all days of the week, it is observed that a majority of the requests for service are received between the hours of 06:00 and 22:59

Total Calls:	125	(100%)
06:00-22:59:	115	(92%)
23:00-06:00:	10	(8%)

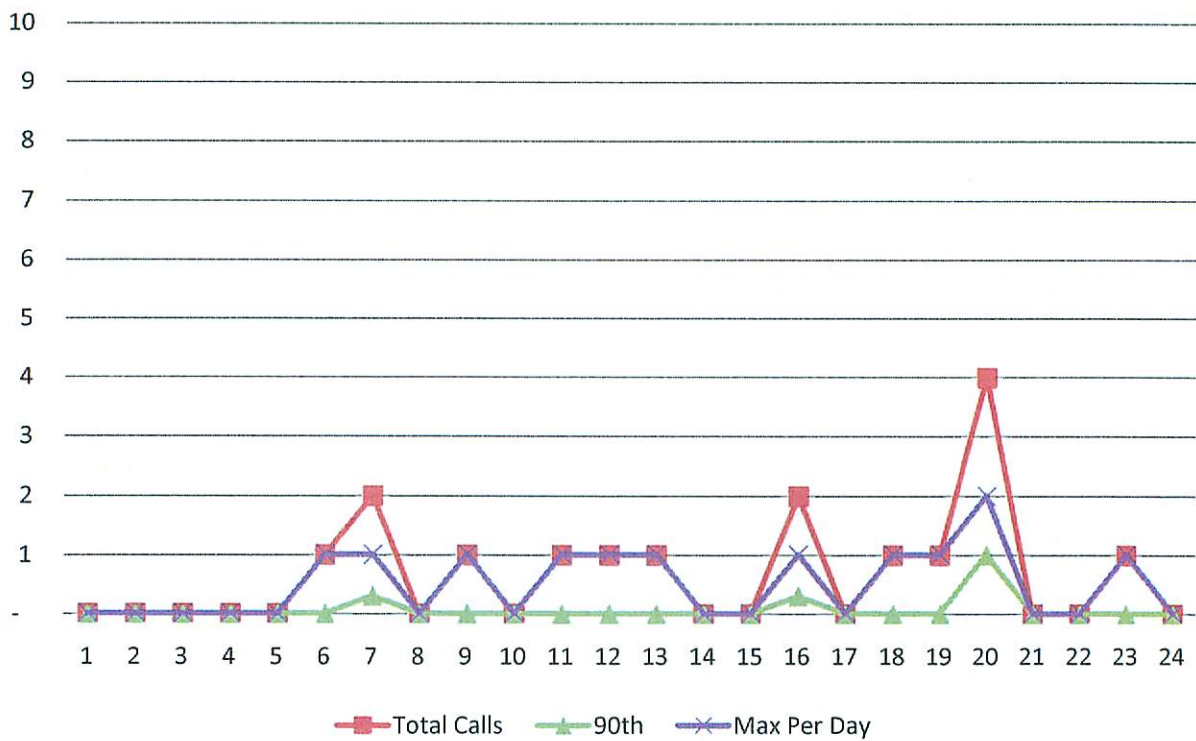
It is also noted that Monday and Tuesday are statistically have less calls than the Tuesday –Sunday period.



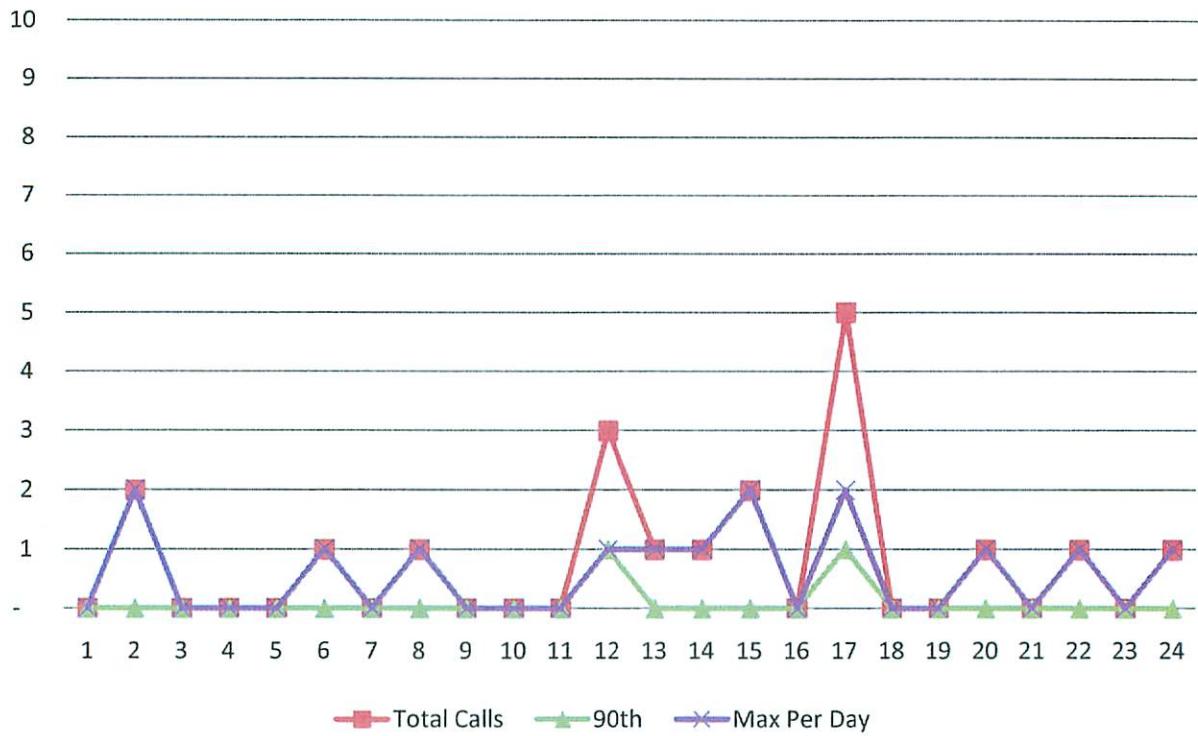
Tuesday



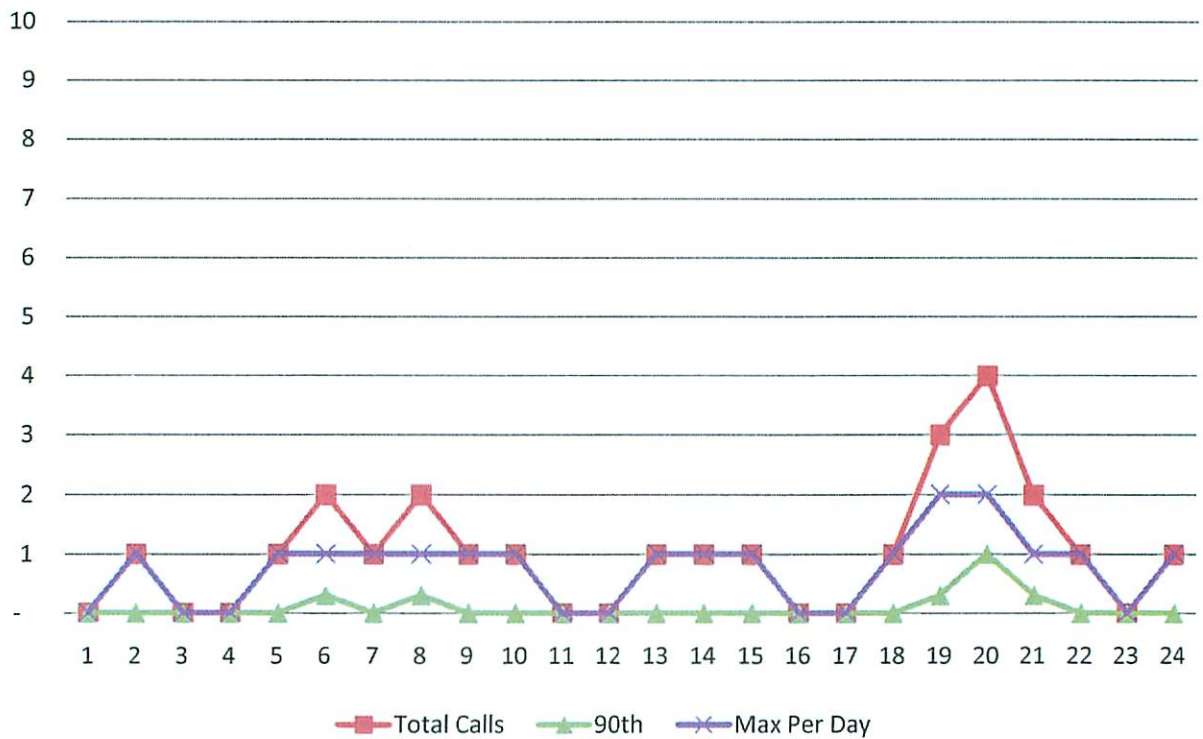
Wednesday

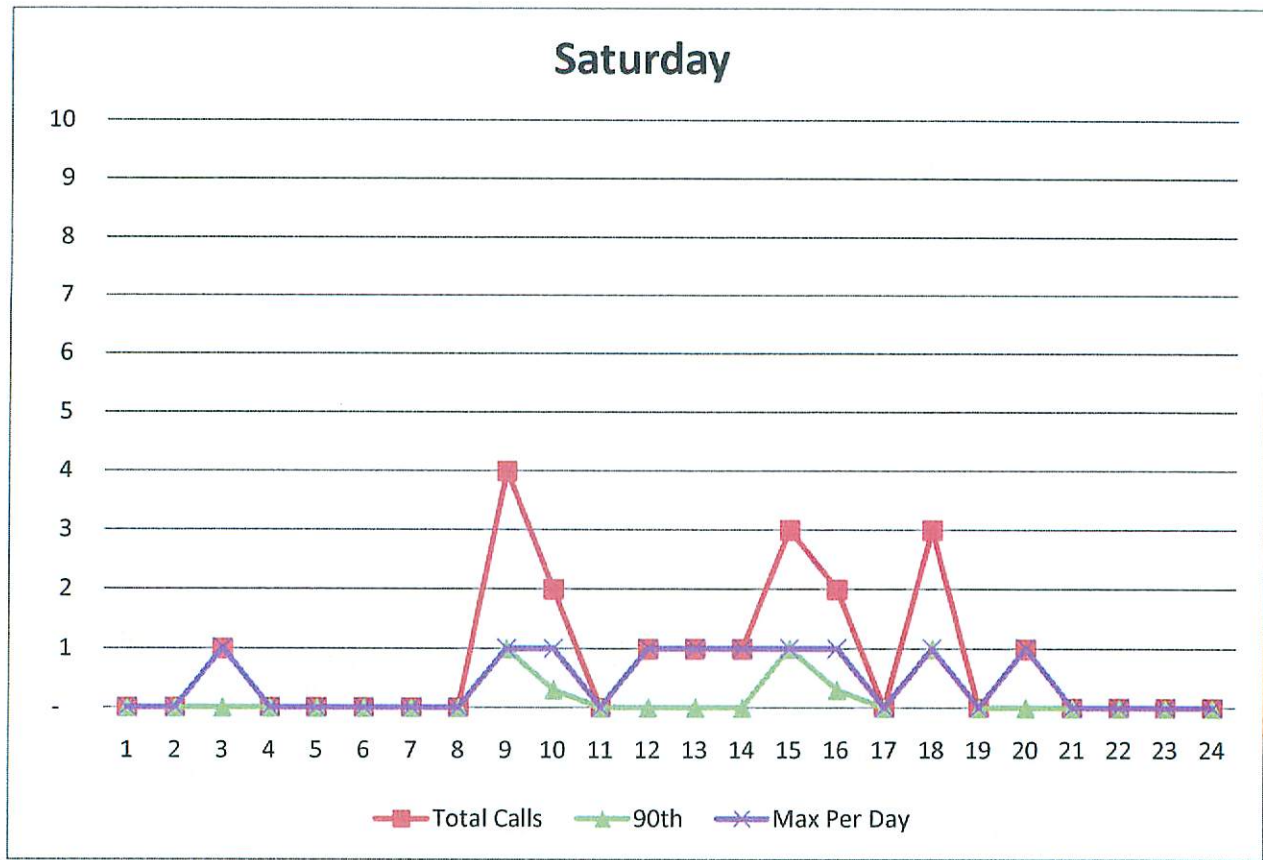


Thursday



Friday





Current Pre-Scheduled Staffing

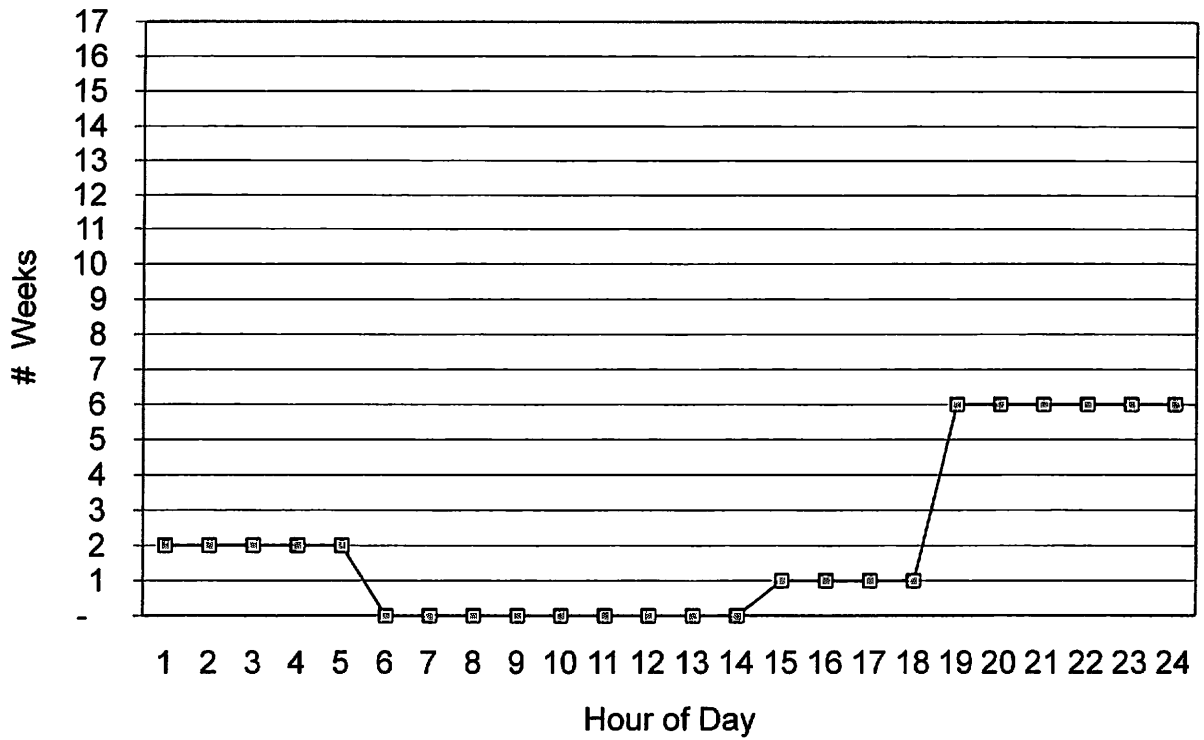
Scottsville Ambulance has 24 hour pre scheduled staffing capability. Shifts run Sunday through Saturday with the following shifts daily: 00:00-06:00, 06:00-12:00, 12:00-19:00 and 19:00-00:00. For the purpose of the following analysis, only times when a “full crew” was scheduled. Occasions where there was a partial crew scheduled (Driver or Medic only) was not included in the following graphs. Dates of data analyzed in the graphs include 17 full weeks, spanning from May 2, 2010 until August 28, 2010. Electronic scheduling data collection occurred in March 2010. For consistency, times that a full crew was scheduled were analyzed in a “Time of Day, Day of Week” format.

Pre Scheduled Staffing Analysis

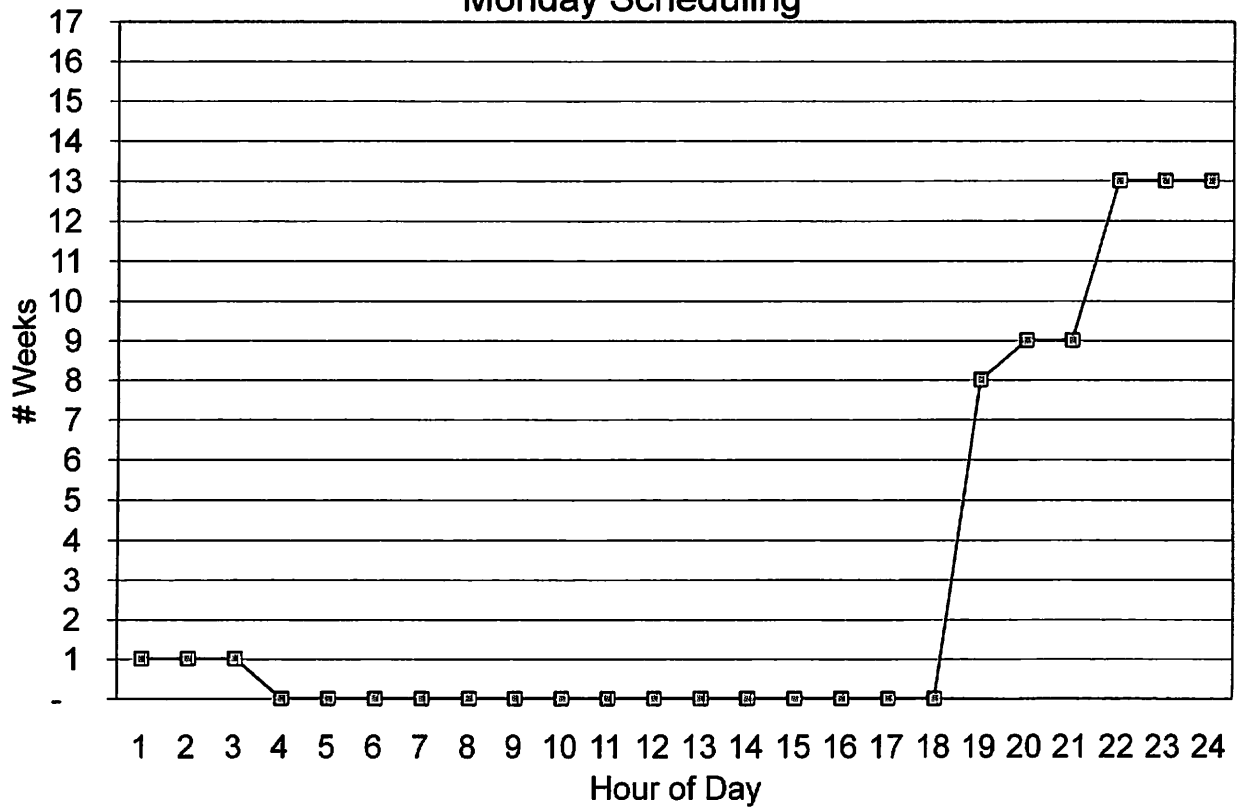
During the study period, there were 7 instances where a full crew was scheduled during the 06:00-19:00 timeframe, on all days (.5%). Evening and overnight shifts are generally well covered between the hours of 19:00 Monday evening through Saturday morning. Weekend staffing (Saturday 07:00 through Monday 07:00) is present, but inconsistent at best.

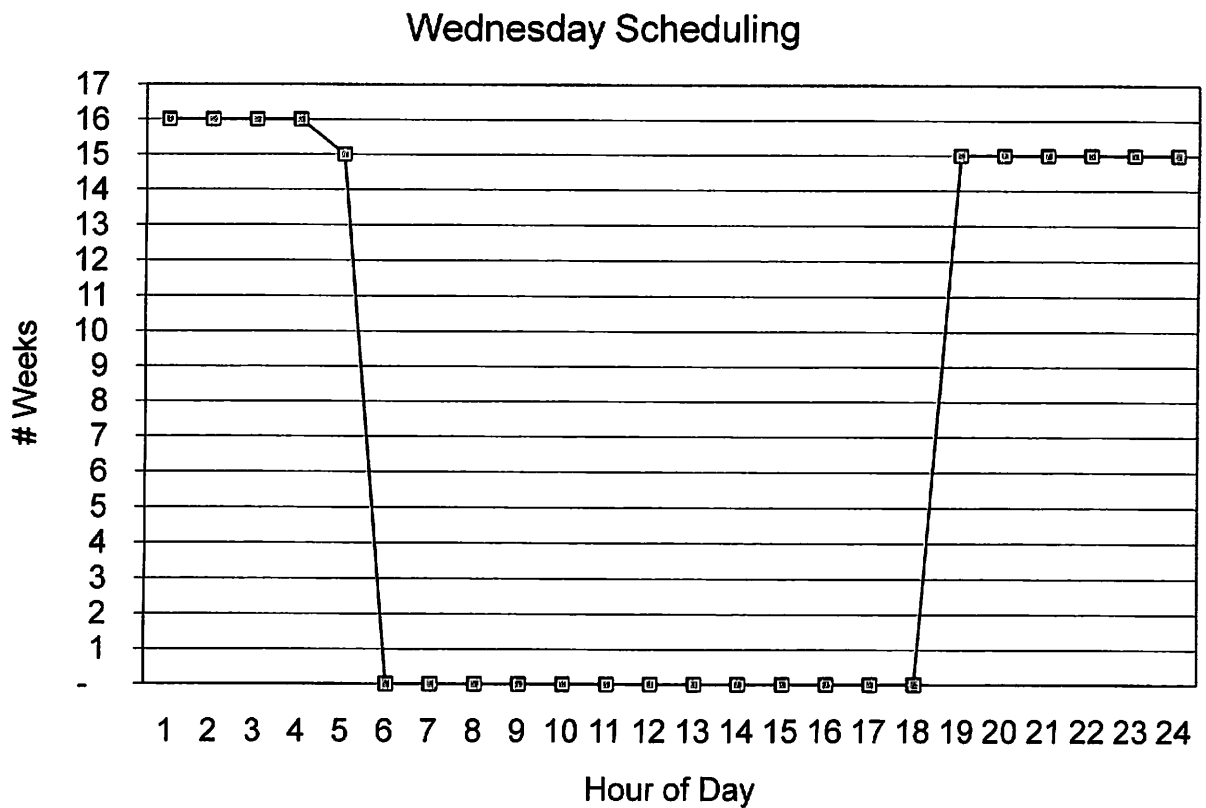
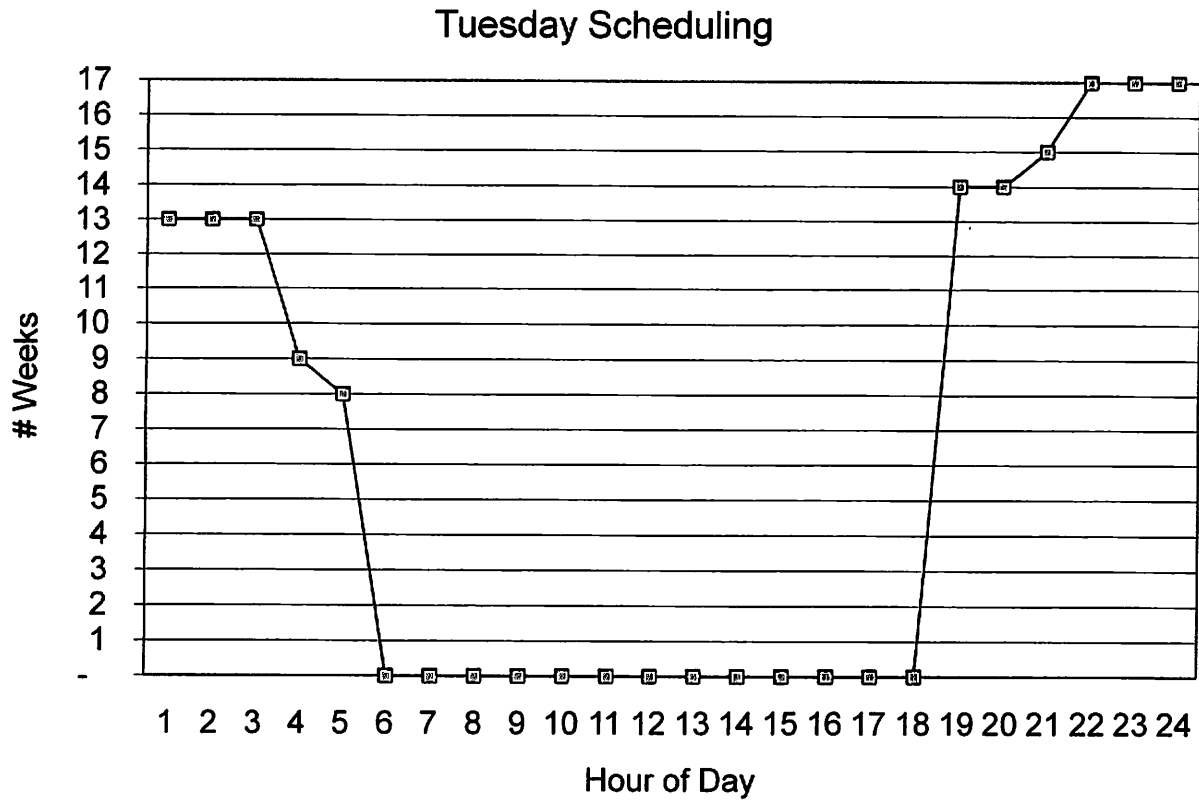
On average in calendar year 2010, volunteers contributed 615 hours per month filling Driver, Medic or trainee positions. This represents a 15 percent (15%) increase in pre-scheduled volunteer staffing between 2009 and 2010 year to date.

Sunday Scheduling

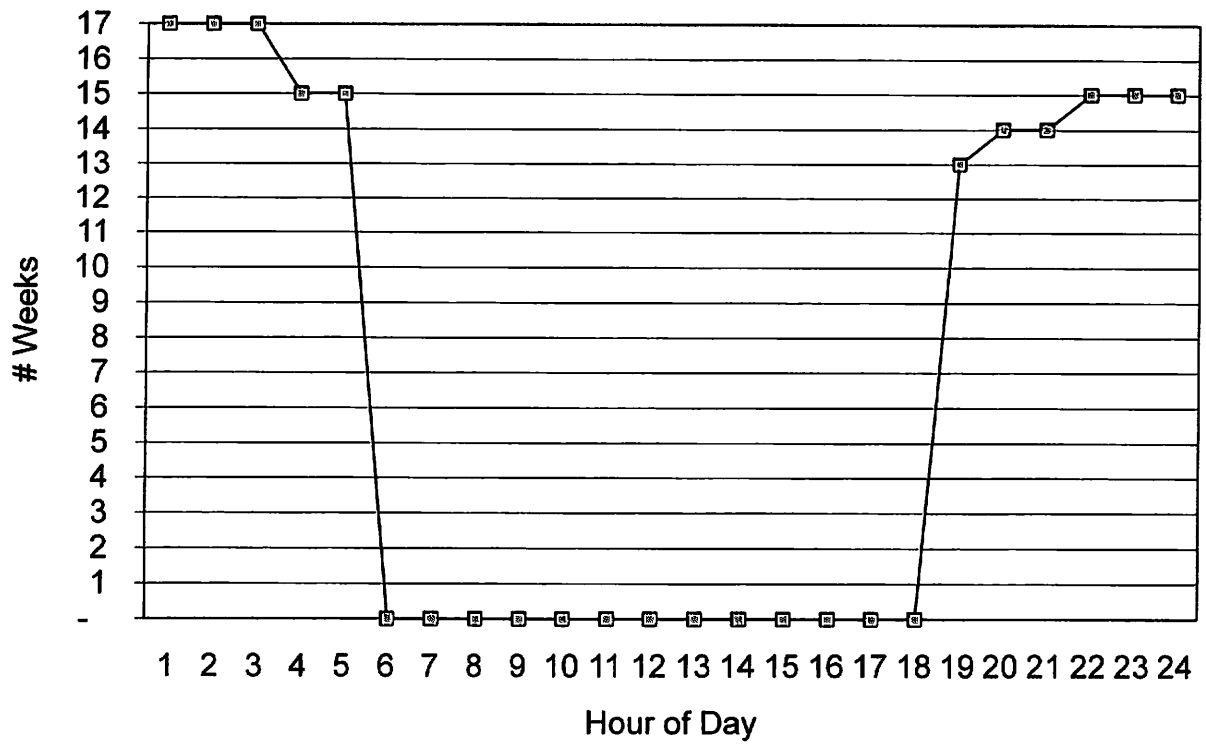


Monday Scheduling

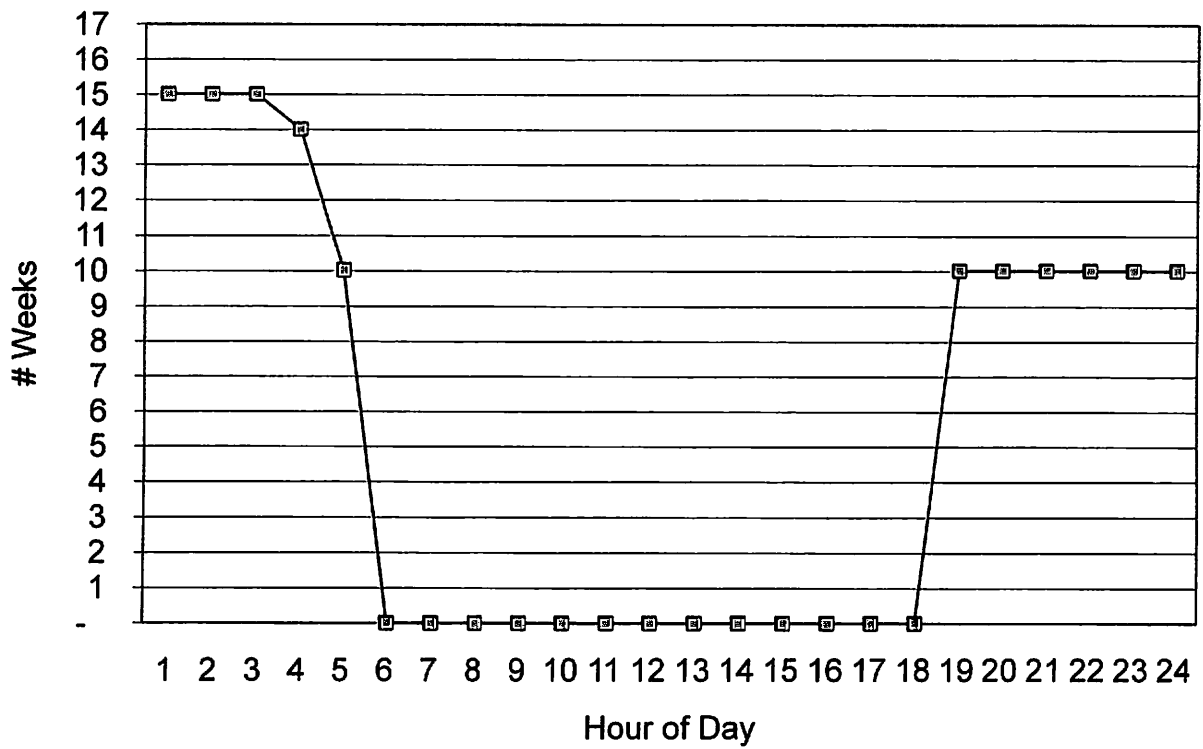




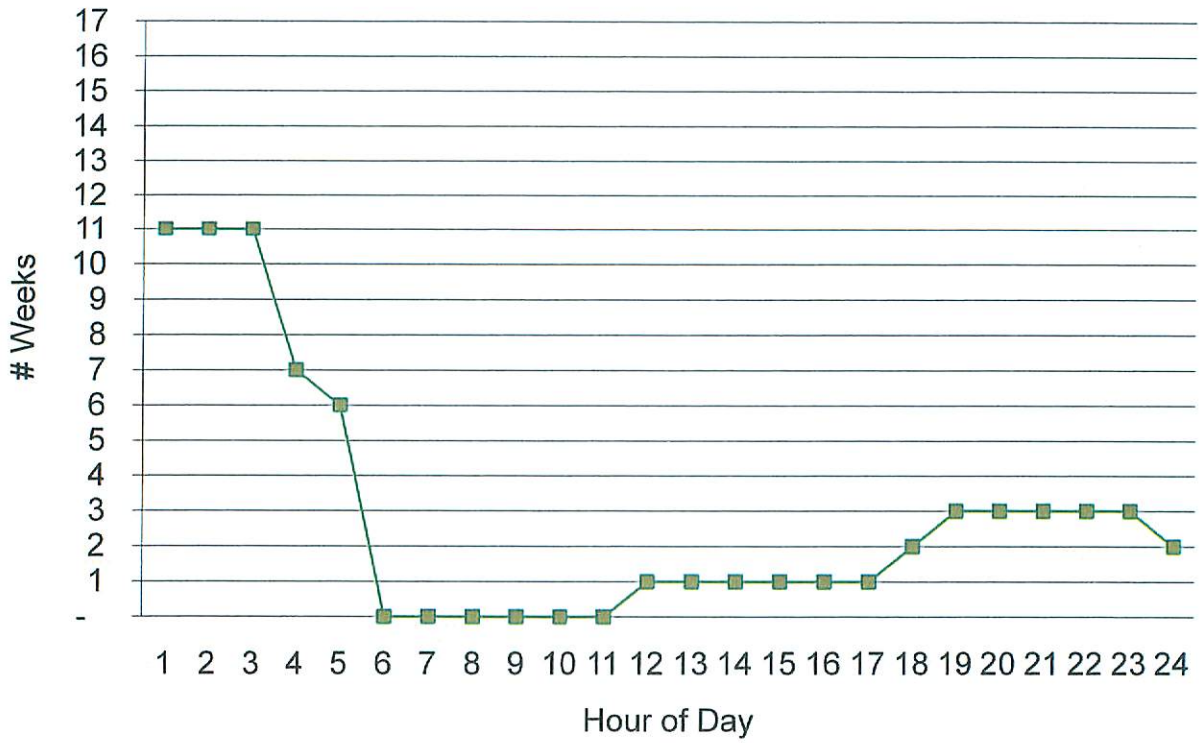
Thursday Scheduling



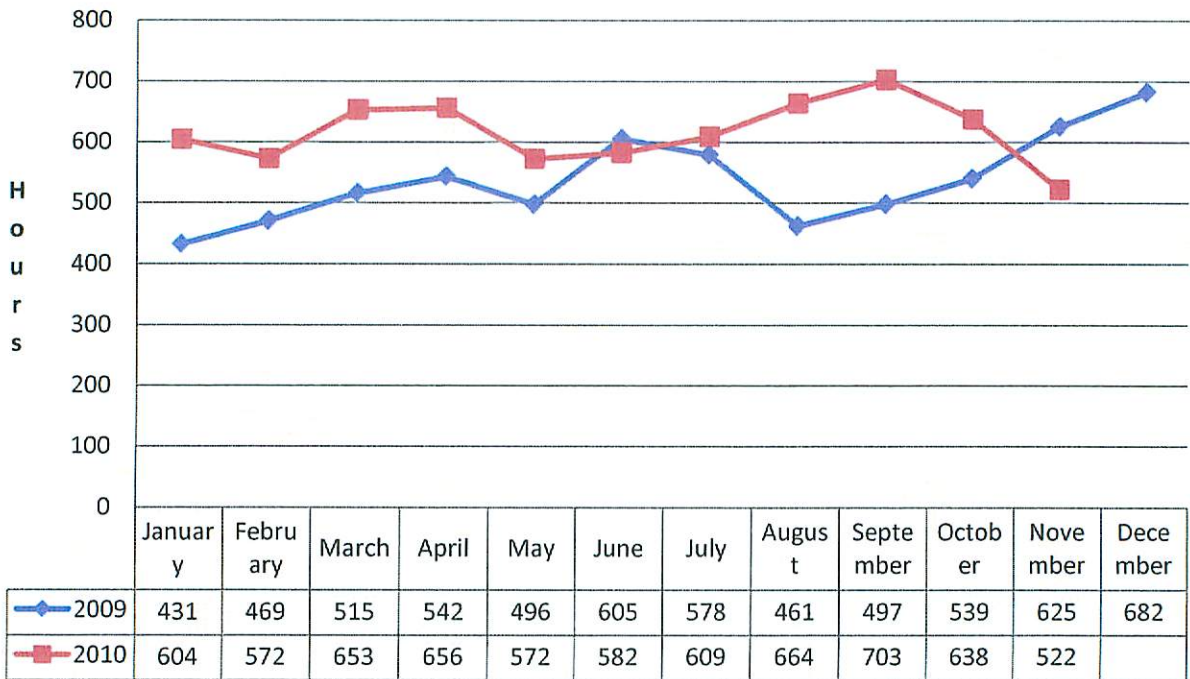
Friday Scheduling



Saturday Scheduling



Monthly Duty Hours



“No Crew Available”

A call is classified as a “No Crew Available” when an ambulance is requested by dispatch and there is not a Driver and/or Medic available to staff an ambulance. Due to the relatively low number of calls during different periods, data was studied from January 1st 2010 through October 31st, 2010.

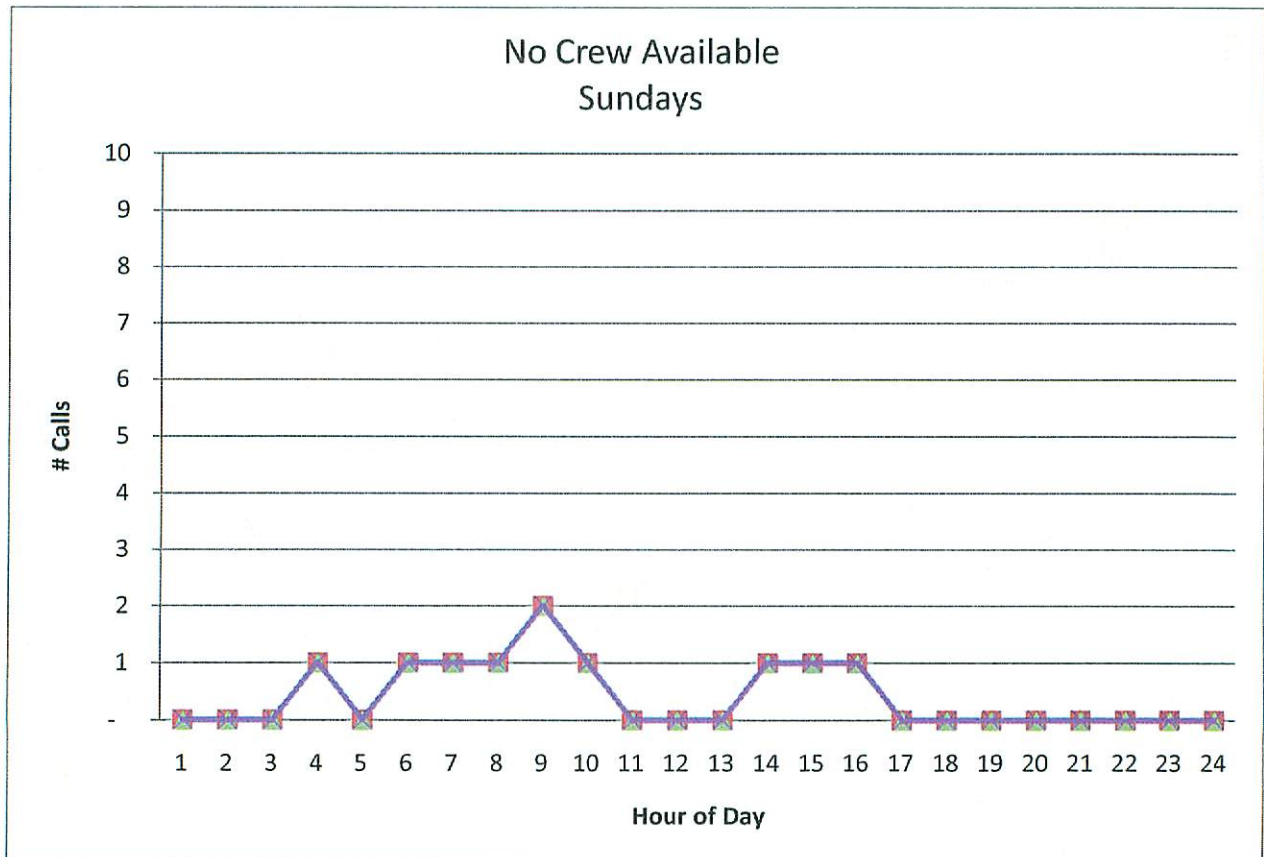
“No Crew Available” Analysis

Of the 59 requests for service that resulted in “No Crew Available”, 47 were during the time period of 06:00-19:00 all days of the week (79.7%). 12 requests with no crew available were during the time frame of 19:00-06:00 any day if the week.

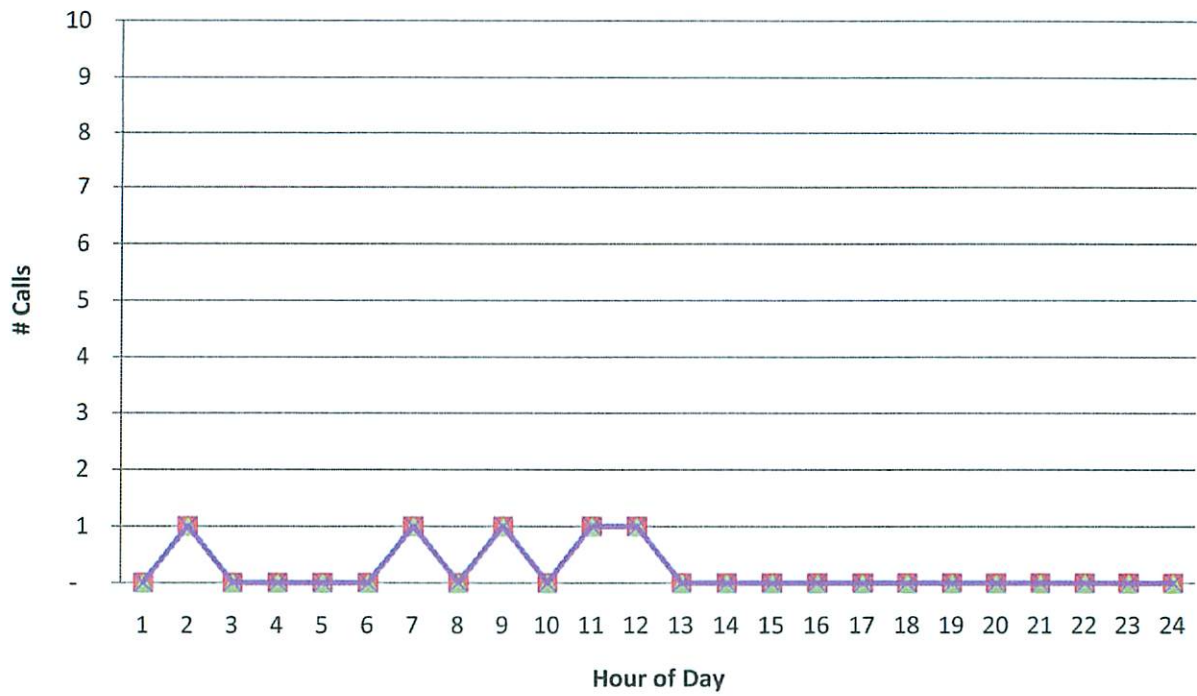
It is estimated that revenue from 41 transports (70% of 59 calls) was lost due to no crew available requests during the study period.

Had all 47 requests for service during the 06:00-19:00 time frame resulted in a response, 3.8% of all calls would have resulted in no crew available, falling within the confines of targeted performance goals.

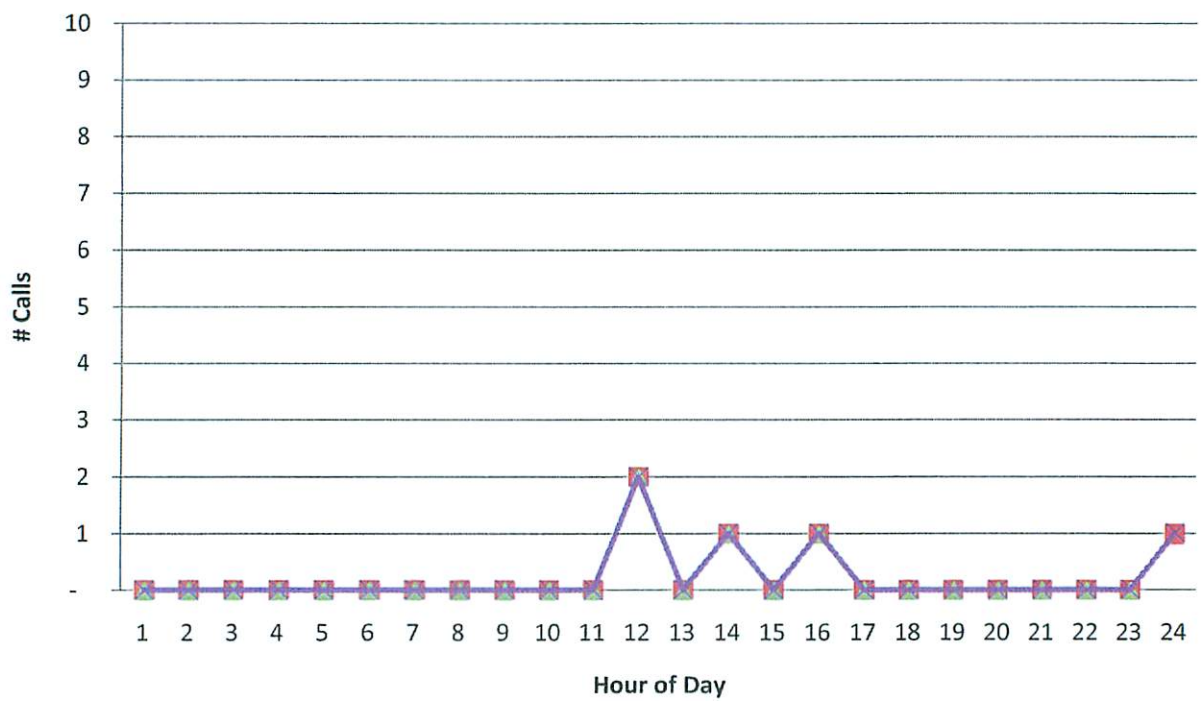
Of the 59 requests for service that resulted in “No Crew Available”, 22 (37%) had at least one “cleared” crew member respond to the request for service, however no response was initiated as a result of another crew member not being available. Had a second crew member been available, the yearly call coverage percentage would have been 88.3%, falling just below the targeted performance goals.



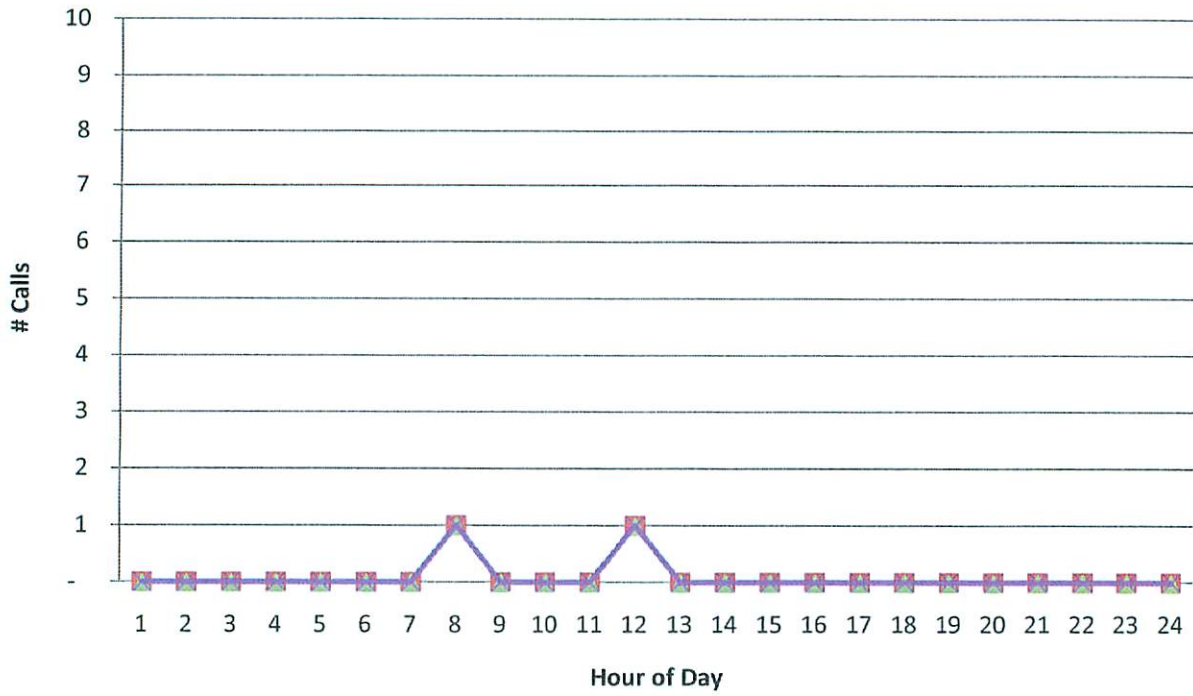
No Crew Available Mondays



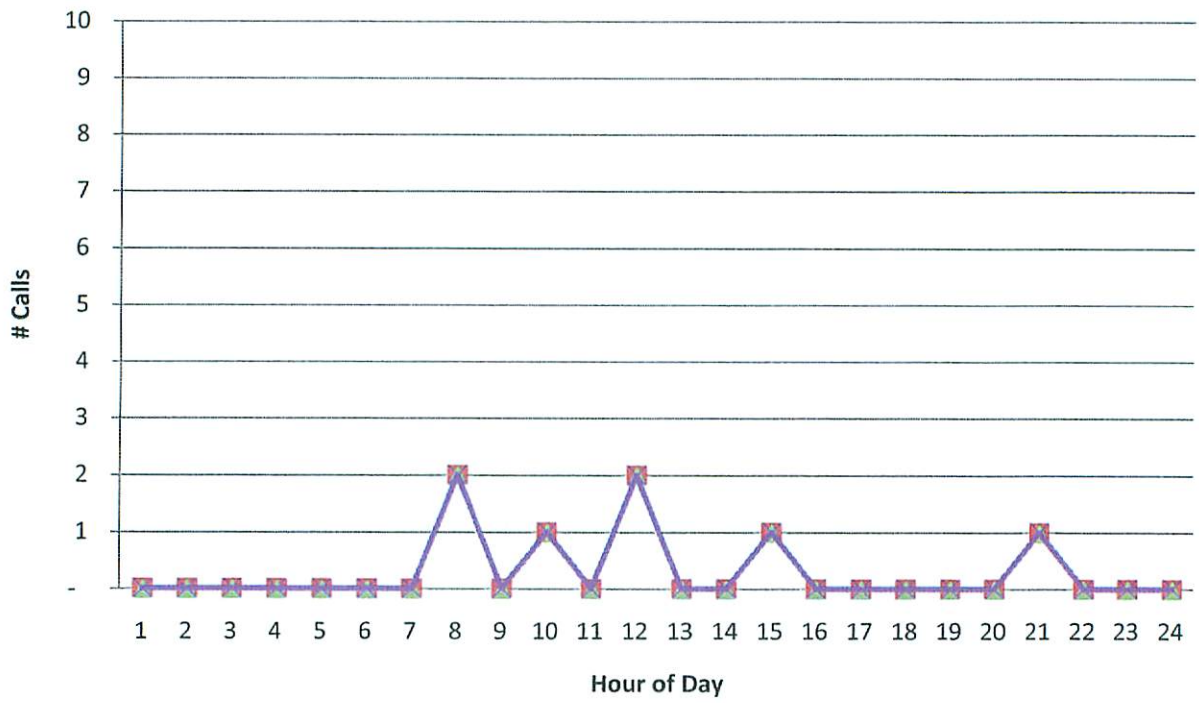
No Crew Available Tuesdays



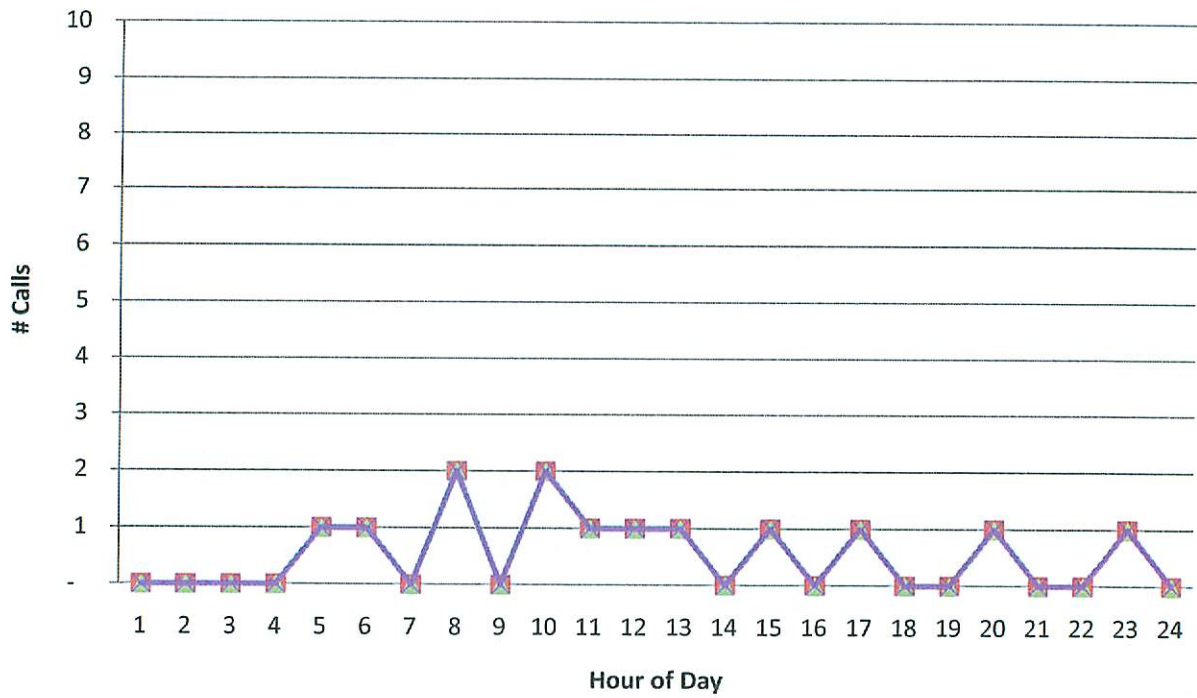
No Crew Available Wednesdays



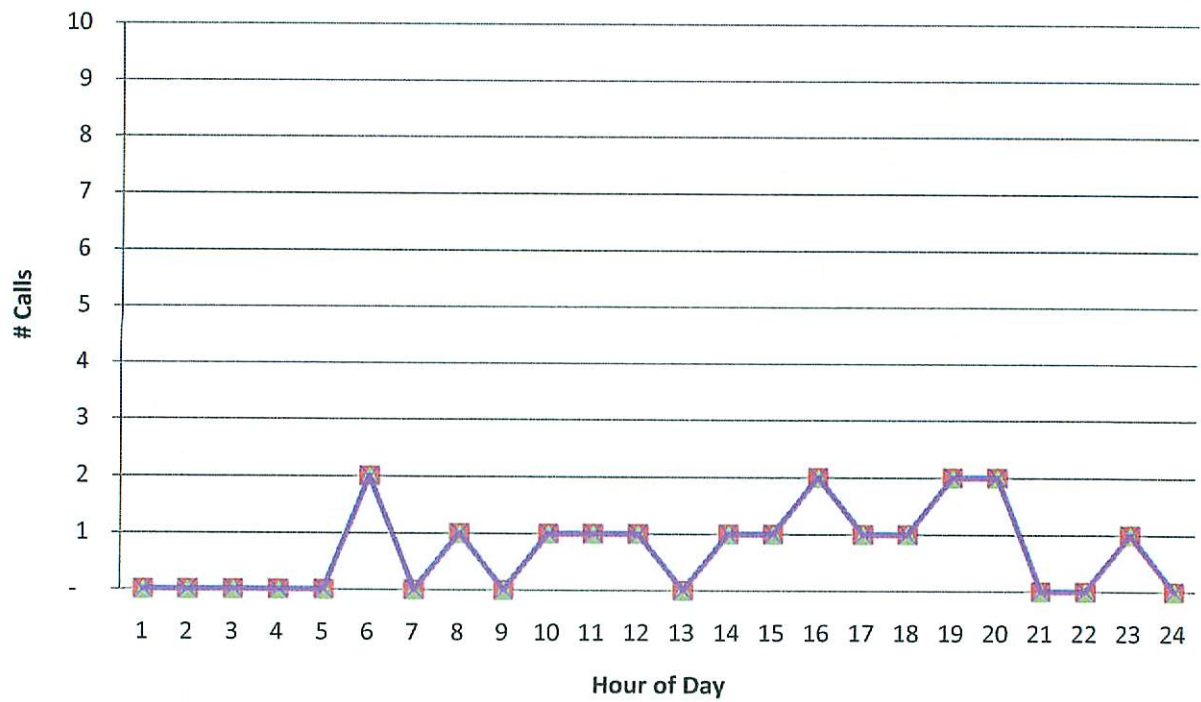
No Crew Available Thursdays



No Crew Available Fridays



No Crew Available Saturdays



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Town of Wheatland and Village of Scottsville

Financial Analysis and EMS Delivery Options

Matthew Jarrett

2/13/2011

This document is the second analysis of current Emergency Medical Services delivery and system delivery performance in the Town of Wheatland and the Village of Scottsville, NY. The information contained in this report will be a basis for financial modeling and financial projections for possible future Emergency Medical Services system delivery. Information contained in this report is considered confidential and proprietary.

DRAFT

Introduction

Providing EMS at an appropriate level of responsiveness and quality requires a significant investment. Ensuring that appropriate resources are available to achieve targeted response times and other performance metrics is a large determinant of the cost of providing EMS to a community. In short, the higher level of service provided (response times and service level), the higher the cost of the EMS system.

The objective of this analysis is to review projected costs and potential revenues, for potential future Emergency Medical Services and its delivery in the Town of Wheatland and the Village of Scottsville in New York. This analysis is based upon information provided by the December 12, 2010 data study titled "Scottsville EMS and Mumford FD EMS Data Study", applicable Medicare and Medicaid fee schedules, and Village of Scottsville EMS fee schedule.

A systemic approach was used to evaluate data and make projections. Generally accepted accounting principles (GAAP) as they apply to emergency medical services were utilized for the creation of this document.

Revenue

Primary sources of funding for EMS services may come from several sources. Sources include fee for service reimbursement (otherwise known as "third party billing"), tax subsidies, grants and donations.

In the fee for service model, the bulk of an ambulance bill is not paid for directly by the patient but rather an entity that provides health insurance, commonly termed the "payer". A large majority of our population is covered by a private insurance provider. Locally the most common are Excellus and MVP insurances. Medicare and Medicaid are government insurance programs designed for specific populations that might otherwise have difficulty obtaining coverage.

Insurance Reimbursement

A large majority of the U.S. population is covered by private insurance provided by their employer, or purchased directly from an insurer by the individual.

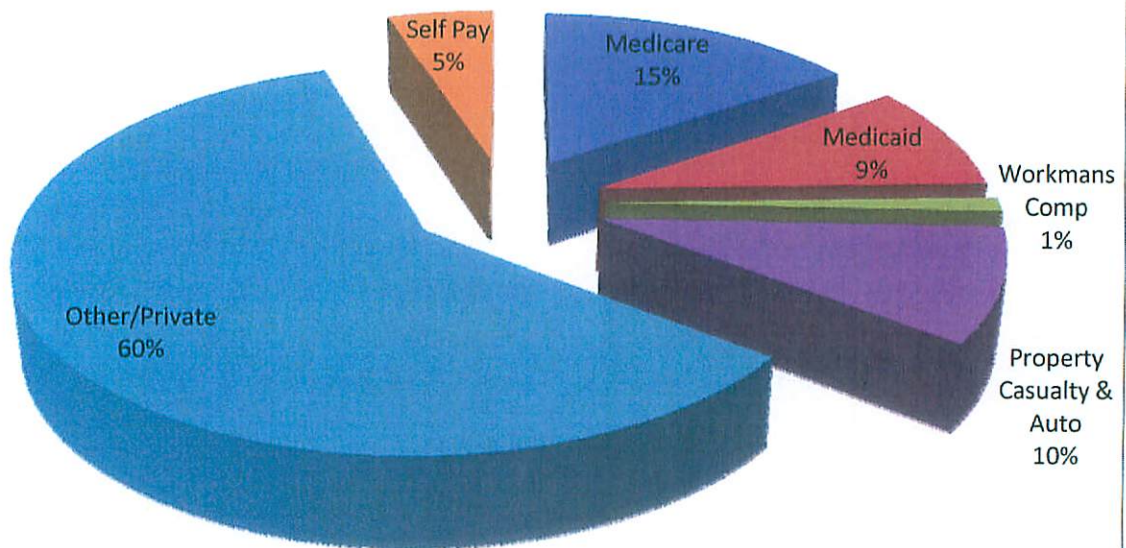
Medicare and Medicaid are government insurance programs designed for specific populations that might otherwise have difficulty obtaining coverage. Medicare and Medicaid are the two largest government payers, together covering one quarter (25%) of the U.S. population. Medicare is generally available to people age 65 and over as well as to certain persons under the age of 65 with disabilities or end stage renal disease. Medicaid is a joint federal/state program that provides insurance to low-income and medically vulnerable persons. New York State administers Medicaid under broad federal guidelines that specify minimum coverage.

Property casualty and auto insurance cover claims where a patient has been involved in a motor vehicle accident and require medical treatment or transportation to an emergency room.

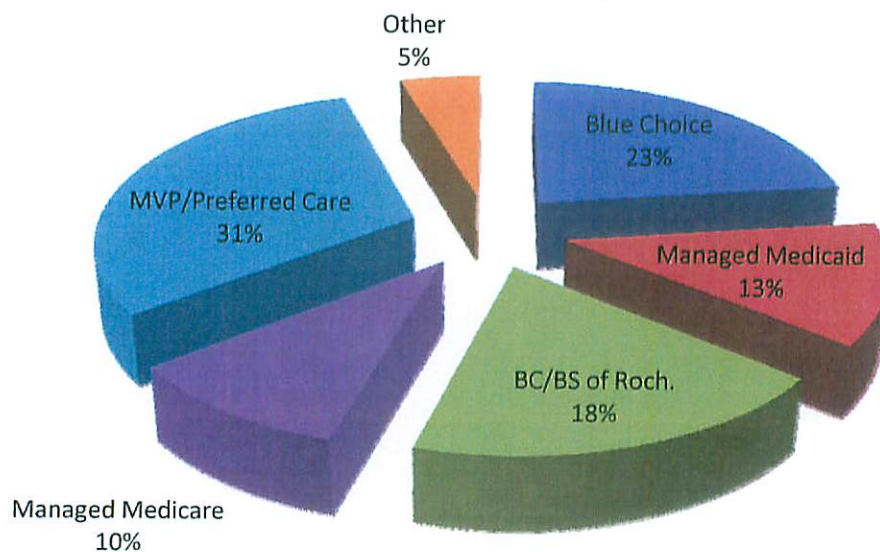
Self pay is the last significant category of payers. This group of consumers does not have private insurance coverage, and may not be eligible for government programs and likely includes the working poor and self employed individuals.

Payer mix for the Village of Scottsville EMS operations is charted below, and is likely representative of the entire Town of Wheatland, as population demographics are the same or similar.

Current Payer Mix



'Other/Private' Payer Mix



Fee Schedules

Providers of ambulance services set a “schedule of fees” that they use to bill either the patients insurance company or the patient directly. Medicare and Medicaid have contractual reimbursement rates that they reimburse at. It is of note that the reimbursement rates are typically significantly less than the cost of providing the service, especially in rural or low volume EMS systems.

	Medicaid	Medicare	Retail
Mileage	\$ 3.50	\$ 6.87	\$ 15.45
BLS Emergency	\$ 185.00	\$ 266.25	\$ 489.25
ALS 1 Emergency	\$ 225.00	\$ 316.17	\$ 695.25
ALS 2	\$ 225.00	\$ 435.72	\$ 798.25
ALS Intercept	\$ 86.64	\$ -	\$ -

Municipal/Tax Support

Currently the Town of Wheatland and the Town of Chili contract with the Village of Scottsville to provide EMS service to the Wheatland Fire Protection District and Chili Scottsville Fire Protection district, respectively. The amount of tax support is directly related to the cost of providing service. The total amount charged to the municipalities is equal to the cost of providing service, less the revenue that is realized through third party billing. The contractual “rate per thousand” equaled \$0.55 per thousand. In comparison, Mumford Fire District and Scottsville Fire Protection District taxed at a rate of \$2.63 per thousand and \$1.50 per thousand, respectively.

Grants

The Town of Wheatland and the Village of Scottsville are currently investigating offsetting the likely increased costs of providing EMS service to the area through grant programs. Both municipal (Federal, and State) grant opportunities will be investigated, as well as funding through private foundations and corporations.

Potential Revenues-Insurance Reimbursement/ 3rd Party Billing

Later in this document, you will see four potential service options for delivery of emergency medical services in the area. Potential revenues depend on several factors, including response rate, or “call coverage”, reimbursement amounts, collection policies, collection rates, and other factors.

Financial benchmarks from the Scottsville Rescue Squad were utilized for calculations, as well as anticipated revenues if providing Advanced Life Support were provided.

Option	Call Coverage				
		100%	95%	90%	85%
	Option 1	\$ 133,831.00	\$ 127,139.45	\$ 120,447.90	\$ 113,756.35
	Option 2	\$ 127,139.45	\$ 120,782.48	\$ 114,425.51	\$ 108,068.53
	Option 3	\$ 107,414.00	\$ 102,043.30	\$ 96,672.60	\$ 91,301.90
	Option 4	\$ 102,043.30	\$ 102,043.30	\$ 91,838.97	\$ 86,736.81

Cost

Cost is a more complex concept than most may think. As stated earlier, the cost of an EMS system is directly related to the level of service provided to the community. Appropriate service levels and response times are critical to patient outcomes and citizen satisfaction.

Staffing ambulance crews is the most expensive aspect of providing EMS. Because demand is significantly lower in rural areas, this drives up cost as well.

Costs of an EMS system can be broadly classified in the following broad categories: Administrative, operations, staffing, vehicles and major equipment and facilities.

Costs Less Staffing

Utilizing current cost models, a "base cost" has been computed for providing EMS service. This base cost includes all operating expenses, facilities and reserves or "depreciation". Staffing is a large expense and varies widely based on potential service options. For that reason, that will be looked at a little later in the report.

BLS Service Base Cost: \$118,800.00

ALS Service Base Cost: \$158,800.00

Start up costs to become an "ALS" agency is estimated to be \$55,000.00. Approximately \$30,000 of that start up costs would need to be put on a five year depreciation schedule. That equates to an additional \$6,000 annual depreciation expense after start up, for equipment only. These startup figures do not include additional annual administrative expense that would need to be acquired to manage the additional "ALS" requirements, which could range from \$5,000 annually to \$65,000 annually. For the purpose of estimation, the following costs have been added onto the BLS base cost for provisioning of ALS service: \$15,000 for additional equipment and supplies and \$25,000 for administration.

Delivery Service Options and Cost

Outlined below, are potential service delivery options and anticipated costs associated with each. It is important to note that staffing costs are anticipated as a "worst case" scenario, with no volunteer hours offsetting cost. The cost per thousand is inclusive of the entire Town of Wheatland, as well as the Chili Scottsville Fire Protection district.

Option 1

Provide staffing for one staffed and equipped ALS ambulance 24/7/365. This option would result in and ALS ambulance responding to the majority of requests for EMS service in the service area.

Staffing :	\$380,190.72
Base Cost:	\$158,800
Less Revenue:	(\$127,139.45)
Total Cost:	\$411,851.27
Rate Per 1/k:	\$1.49
Avg per home:	\$219.55

Option 2

Provide staffing for one ALS ambulance 96 unit hours per week. A unit hour is defined as a fully staffed ambulance (2 crew members).

Staffing : \$217,251.84
Base Cost: \$158,800
Less Revenue: (\$120,782.48)
Total Cost: \$255,269.36
Rate Per 1/k: \$0.93
Avg per home: \$136.08

Option 3

Provide staffing for one staffed and equipped BLS ambulance 24/7/365. This option would result in a BLS ambulance responding to the majority of requests for EMS service in the service area with ALS intercept for ALS level calls in the service area.

Staffing : \$330,919.68
Base Cost: \$118,800
Less Revenue: (\$102,043.30)
Total Cost: \$347,676.38
Rate Per 1/k: \$1.26
Avg per home: \$185.34

Option 4

Provide staffing for one BLS ambulance 96 unit hours per week. A unit hour is defined as a fully staffed ambulance (2 crew members).

Staffing : \$189,096.96
Base Cost: \$118,800
Less Revenue: (\$102,043.30)
Total Cost: \$205,853.66
Rate Per 1/k: \$0.75
Avg per home: \$109.74

Side by Side Comparison

	Option 1 (ALS)	Option 2 (ALS)	Option 3 (BLS)	Option 4 (BLS)
Staffing	\$ 380,190.72	\$ 217,251.84	\$ 330,919.68	\$ 189,096.96
Base Cost	\$ 158,800.00	\$ 158,800.00	\$ 118,800.00	\$ 118,800.00
Revenue	\$ (127,139.45)	\$ (120,782.48)	\$ (102,043.30)	\$ (102,043.30)
Total Cost	\$ 411,851.27	\$ 255,269.36	\$ 347,676.38	\$ 205,853.66
Tax Rate	\$ 1.49	\$ 0.93	\$ 1.26	\$ 0.75
Avg Cost	\$ 219.55	\$ 136.08	\$ 185.34	\$ 109.74

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Village of Scottsville Emergency Services



2013 Fire Protection Contract Calculations

Paul Gee, Mayor
Matthew Jarrett, EMS Chief
Jeff Brown, Fire Chief

Fire Department

Description	Acct #:	2012 Amount	2013 Proposed	% Change
Budgeted Fire Equipment	3410.2	\$ 20,000.00	\$ 20,000.00	0.00%
Budgeted Fire Contractual Expenses	3410.4	\$ 82,750.00	\$ 84,800.00	2.48%
Budgeted Contribution New Fire Truck (Reserve)	A9950.4	\$ 47,500.00	\$ 47,000.00	-1.05%
Budgeted Contribution Fire Equipment (Reserve)	A9950.9	\$ 5,000.00	\$ 5,000.00	0.00%
Allocated Common Expenses (See Addendum A)		\$ 101,693.64	\$ 100,705.98	-0.97%
	TOTALS:	\$ 256,943.64	\$ 257,506.98	0.22%

Cost Per Municipality Based Upon Assessed Valuation	Pct.	2012 Amount	2013 Proposed	% Change
Village of Scottsville	47.91%	\$ 118,797.05	\$ 123,360.59	3.84%
Town of Wheatland	45.82%	\$ 122,382.69	\$ 117,989.47	-3.59%
Town of Chili	6.27%	\$ 15,502.05	\$ 16,155.92	4.22%

Tax Rate Per Thousand	\$ 1.30
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Average Cost Per Home (147k)	192.57
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Village of Scottsvill Emergency Services Budget Rescue Squad

Description	Acct #:	2012 Amount	2013 Proposed	% Change
Budgeted EMS Equipment	4540.2	\$ 9,800.00	\$ 12,000.00	22.45%
Budgeted EMS Contractual Expenses	4540.4	\$ 63,720.00	\$ 65,000.00	2.01%
EMS Billing Expense	4540.4A	\$ 15,000.00	\$ 15,000.00	0.00%
Budgeted Contribution EMS Vehicle	A9950.2	\$ 27,000.00	\$ 14,400.00	-46.67%
Budgeted Contribution Rescue Squad Reserve	A9950.9	\$ 24,400.00	\$ -	-100.00%
Less Budgeted Revenue	A1640	\$ (74,585.00)	\$ (74,585.00)	0.00%
Allocated Common Expenses (See Addendum A)		\$ 62,328.36	\$ 61,723.02	-0.97%
	TOTALS:	\$ 127,663.36	\$ 93,538.02	-26.73%

Cost Per Municipality Based Upon Assessed Valuation	Pct.	2012 Amount	2013 Proposed	% Change
Village of Scottsville	47.91%	\$ 61,158.30	\$ 44,810.24	-26.73%
Town of Wheatland	45.82%	\$ 58,495.47	\$ 42,859.20	-26.73%
Town of Chili	6.27%	\$ 8,009.60	\$ 5,868.57	-26.73%

Tax Rate Per Thousand	\$ 0.47
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Average Cost Per Home (147k)	69.09
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Village of Scottsville Emergency Services Budget
Public Safety Facility Expenses

Addendum A

Description	Acct #:	2012 Amount	2013 Proposed	% Change
Budgeted Fire House Expenses	1620.1A	\$ 2,500.00	\$ 2,500.00	0.00%
Budgeted Fire House Expenses	1620.4A	\$ 30,000.00	\$ 30,000.00	0.00%
Debt Service Principal Fire House	9710.6	\$ 40,000.00	\$ 40,000.00	0.00%
Debt Service Interest Fire House	9710.7	\$ 75,594.00	\$ 73,644.00	-2.58%
Budgeted Fire House Repair Reserve	A9950.7	\$ 5,000.00	\$ 5,000.00	0.00%
Annual Inspection	N/A	\$ 400.00	\$ -	-100.00%
Fire & EMS Admin Expenses (See Below For Detail)		\$ 10,528.00	\$ 11,285.00	7.19%
TOTALS		\$ 164,022.00	\$ 162,429.00	-0.97%

Percentage of Use Calculation

Fire 62%	\$ 101,693.64	\$ 100,705.98	-0.97%
EMS 38%	\$ 62,328.36	\$ 61,723.02	-0.97%

Fire & EMS Admin Expense Detail	Acct #	2012 Amount	2013 Proposed	% Change
Treasurer Contractual (15%)	A1325.1	\$ 2,561.10	\$ 3,151.00	
Misc Contractual (10%) [Clerk, Mayor, Dep Mayor, VB)	MISC	\$ 7,966.90	\$ 8,134.00	
TOTALS:		\$ 10,528.00	\$ 11,285.00	

\$400.00 Annual Inspection to Fire Co. Proposed to be withdrawn

Village of Scottsville Emergency Services Budget
Town of Wheatland Summary

Fire Protection	2012 Amount	2013 Proposed	% Change
Fire Protection	\$ 122,522.96	\$ 117,989.47	-3.84%
Ambulance Service	\$ 58,495.47	\$ 42,859.20	-36.48%
Totals:	\$ 181,018.43	\$ 160,848.67	-12.54%

Village of Scottsville Emergency Services Budget
Town of Chili Summary

Fire Protection	2012 Amount	2013 Proposed	% Change
Fire Protection	\$ 15,168.29	\$ 16,155.92	6.11%
Ambulance Service	\$ 8,009.60	\$ 5,868.57	-36.48%
Totals:	\$ 23,177.89	\$ 22,024.49	-5.24%

Village of Scottsville Emergency Services Budget

Village of Scottsville Summary

Fire Protection	2012 Amount	2013 Proposed	% Change
Fire Protection	\$ 118,753.37	\$ 123,360.59	3.73%
Ambulance Service	\$ 61,158.30	\$ 44,810.24	-36.48%
Totals:	\$ 179,911.67	\$ 168,170.84	-6.98%

Village of Scottsville Emergency Services Budget
Assessed Valuations for Computation of Charges

Assessment Information

Municipality	Assessed Valuation	% of Total
V of Scottsville	\$ 94,873,412	47.91%
T of Wheatland	\$ 90,742,620	45.82%
T of Chili	\$ 12,425,094	6.27%
	\$ 198,041,126	

\$ 261,917,072.00

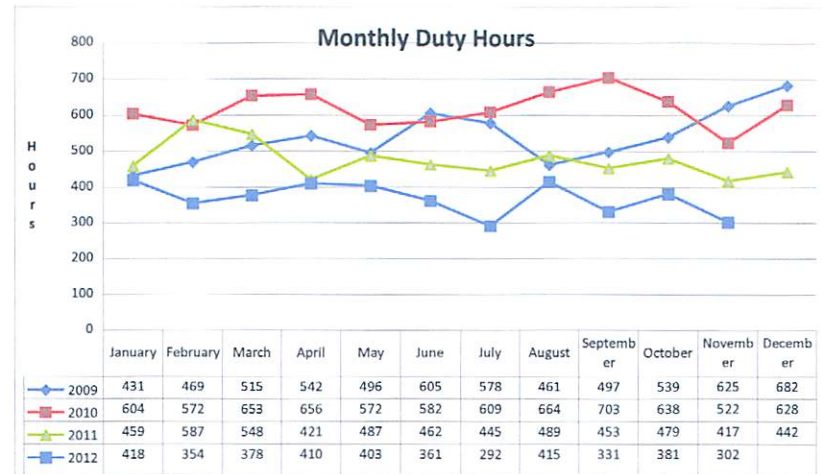
Scottsville Rescue Squad Graphs

Monthly Duty Hours

	2009	2010	2011
January	431	604	459
February	469	572	587
March	515	653	548
April	542	656	421
May	496	572	487
June	605	582	462
July	578	609	445
August	461	664	489
September	497	703	453
October	539	638	479
November	625	522	417
December	682	628	442

6440 7403 1.149534

2012
418
354
378
410
403
361
292
415
331
381
302



Call Volume By Month

	2006	2007	2008	2009	2010	2011	2012	Avg/Mo
January	29	27	30	19	23	31	35	28
February	19	34	35	21	20	36	20	26
March	33	32	31	20	27	27	25	28
April	24	19	26	32	26	15	24	24
May	39	27	25	22	54	39	31	34
June	38	31	29	18	27	33	33	30
July	37	23	21	33	42	34	37	32
August	25	35	25	29	31	23	29	28
September	21	17	16	15	29	43	23	23
October	24	26	16	28	35	26	30	26
November	27	30	21	28	21	30	34	27
December	26	44	21	26	32	40	32	32
	342	345	296	291	367	377		28
4 Yr Avg.	318.5							
5 Yr Avg	328.2							

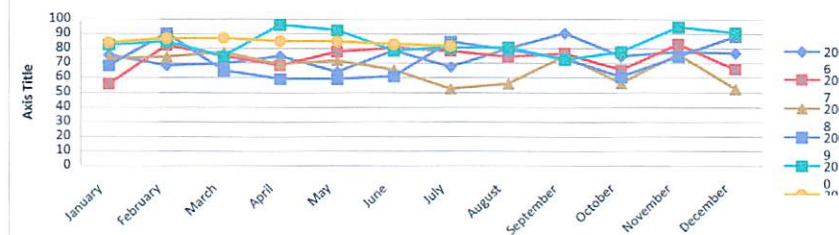
SCOE Calls by Month



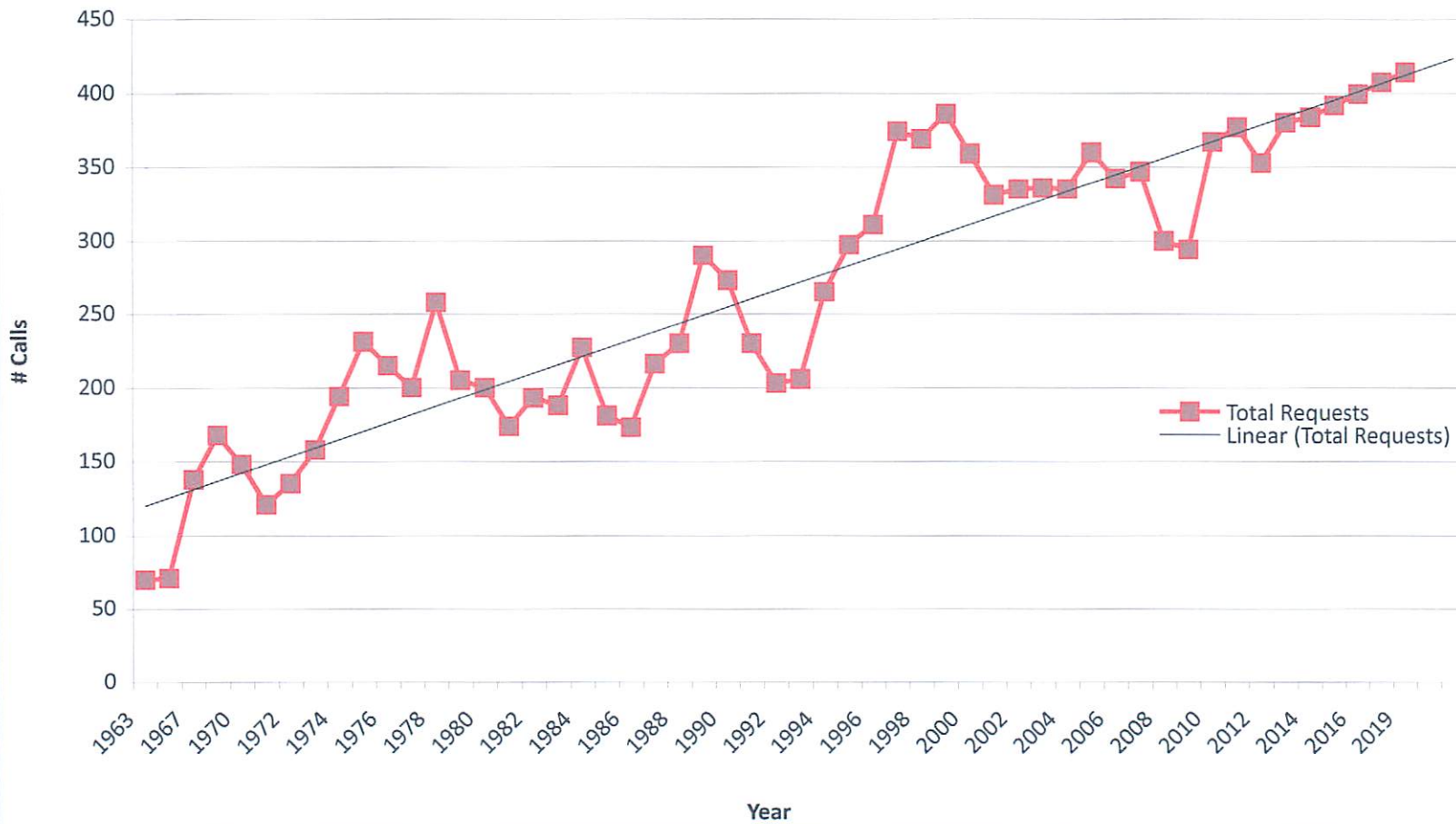
Call Coverage By Month (Percent of Calls Covered)

	2006	2007	2008	2009	2010	2011	2012
January	75.9	55.6	73.3	68.4	82.6	84	
February	68.4	82.4	74.3	90.5	85	87	
March	69.7	75	77.4	65	75	87	
April	75	68.4	69.2	59.4	96.2	85	
May	64.1	77.8	72	59.1	92.6	85	
June	78.9	80.6	65.5	61.1	79	83	
July	67.6	78.3	52.4	84.8	81	82	
August	80	74.3	56	79.3	81		
September	90.5	76.5	75	73.3	72.4		
October	75	65.4	56.2	60.7	78		
November	77.8	83.3	76.2	75	95		
December	76.9	65.9	52.4	88.5	91		
Avg	74.98333	73.625	66.65833	72.09167	84.06667	84.71429	

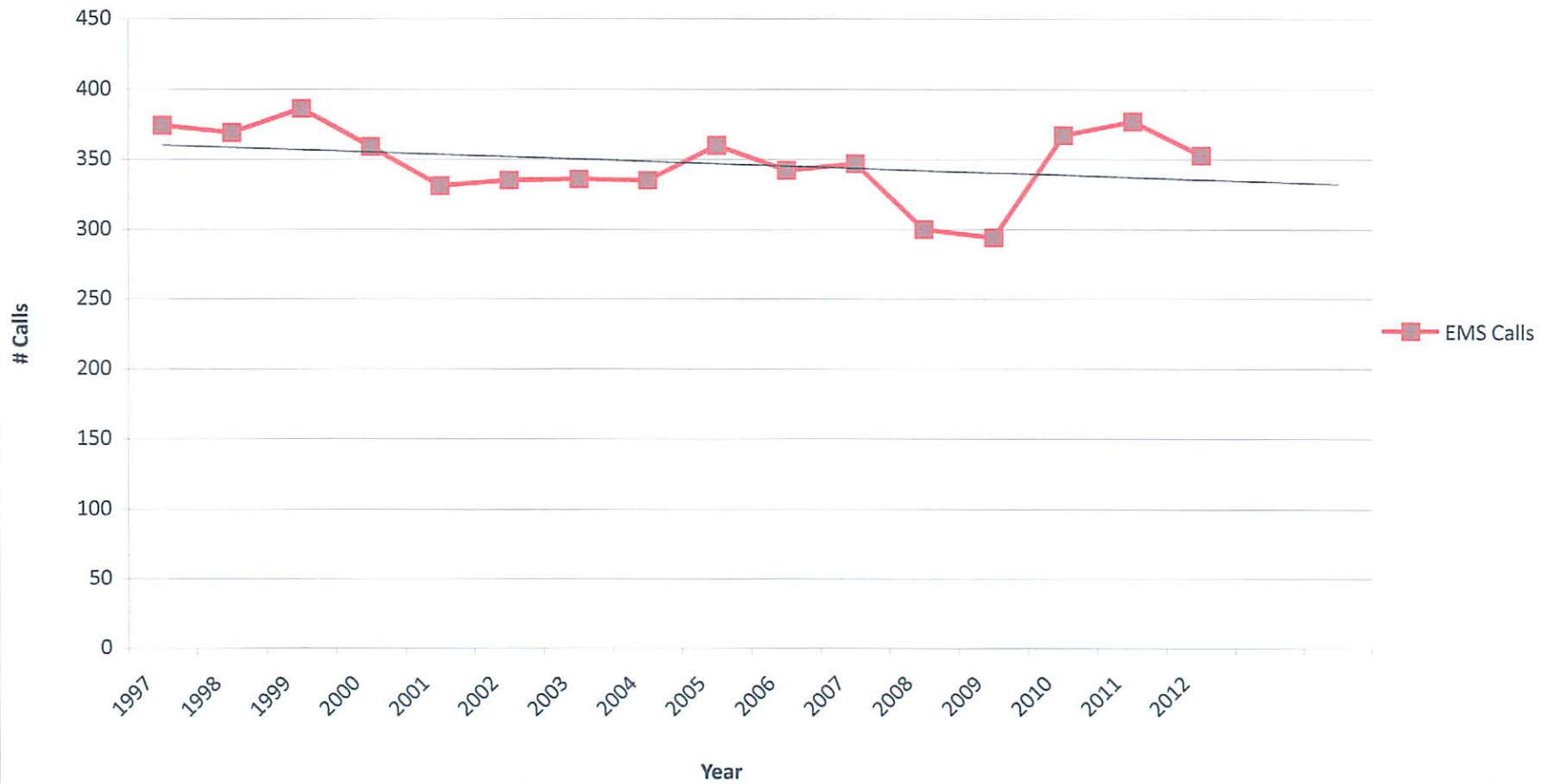
Call Covera



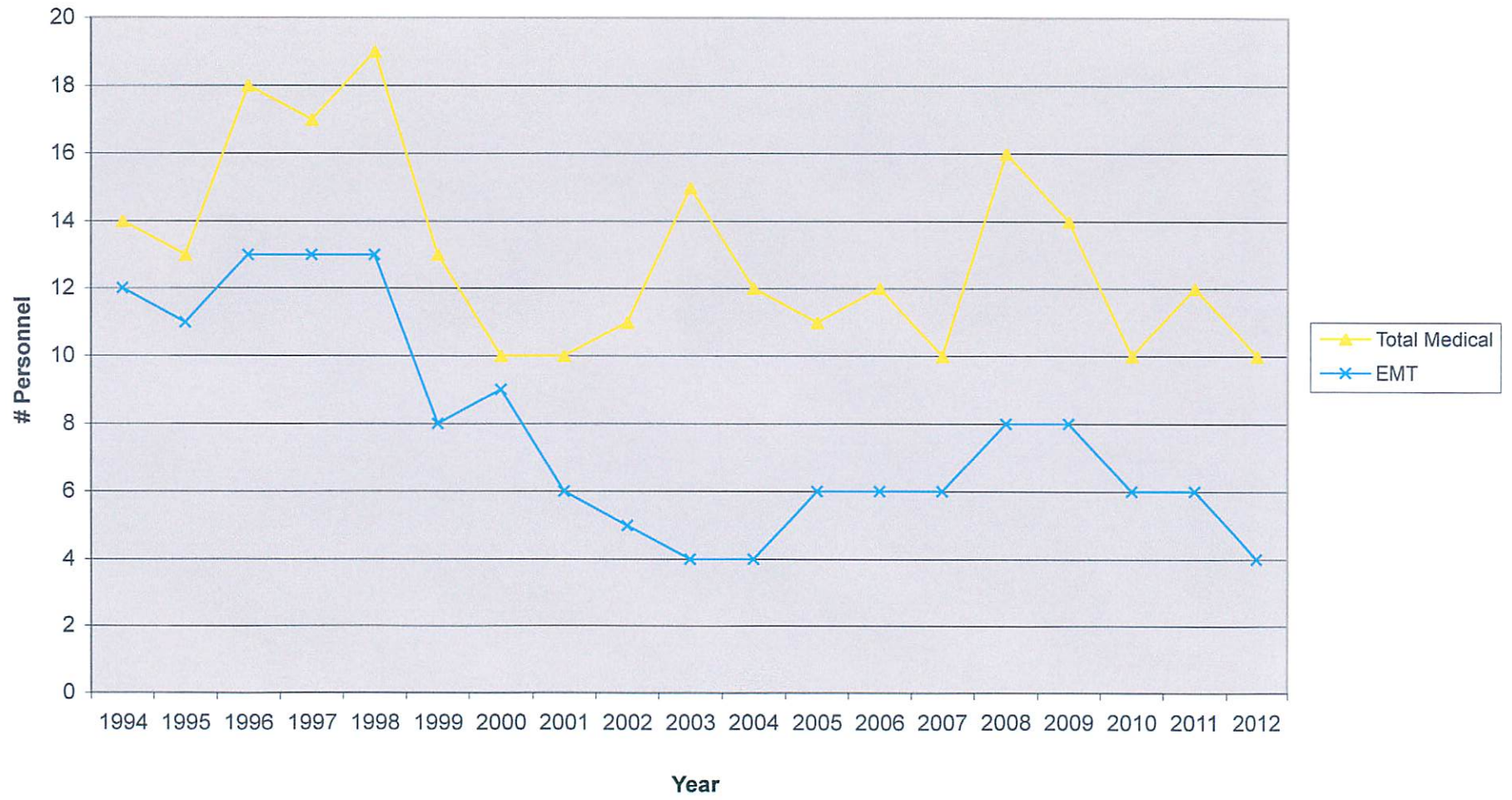
Total Calls Scottsville Ambulance 1963-2012 (Projected)



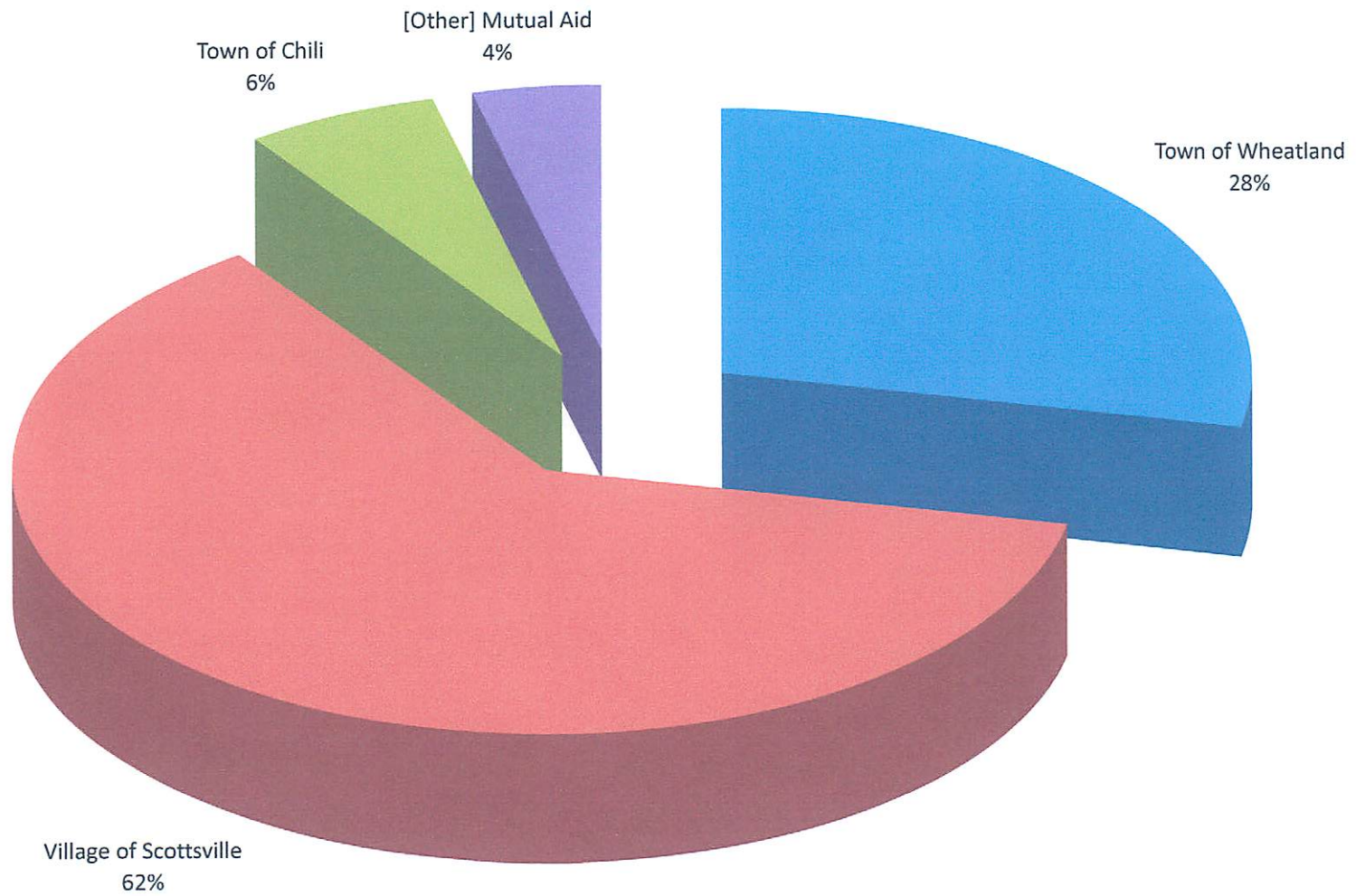
Total Calls 1997-Present



EMS Personnel 1994-2012



Requests By Municipality 2012 YTD



**Scottsville Ambulance Calls for 2012 YTD
As of January 5, 2012**

Three Maps With Different Zoom Levels

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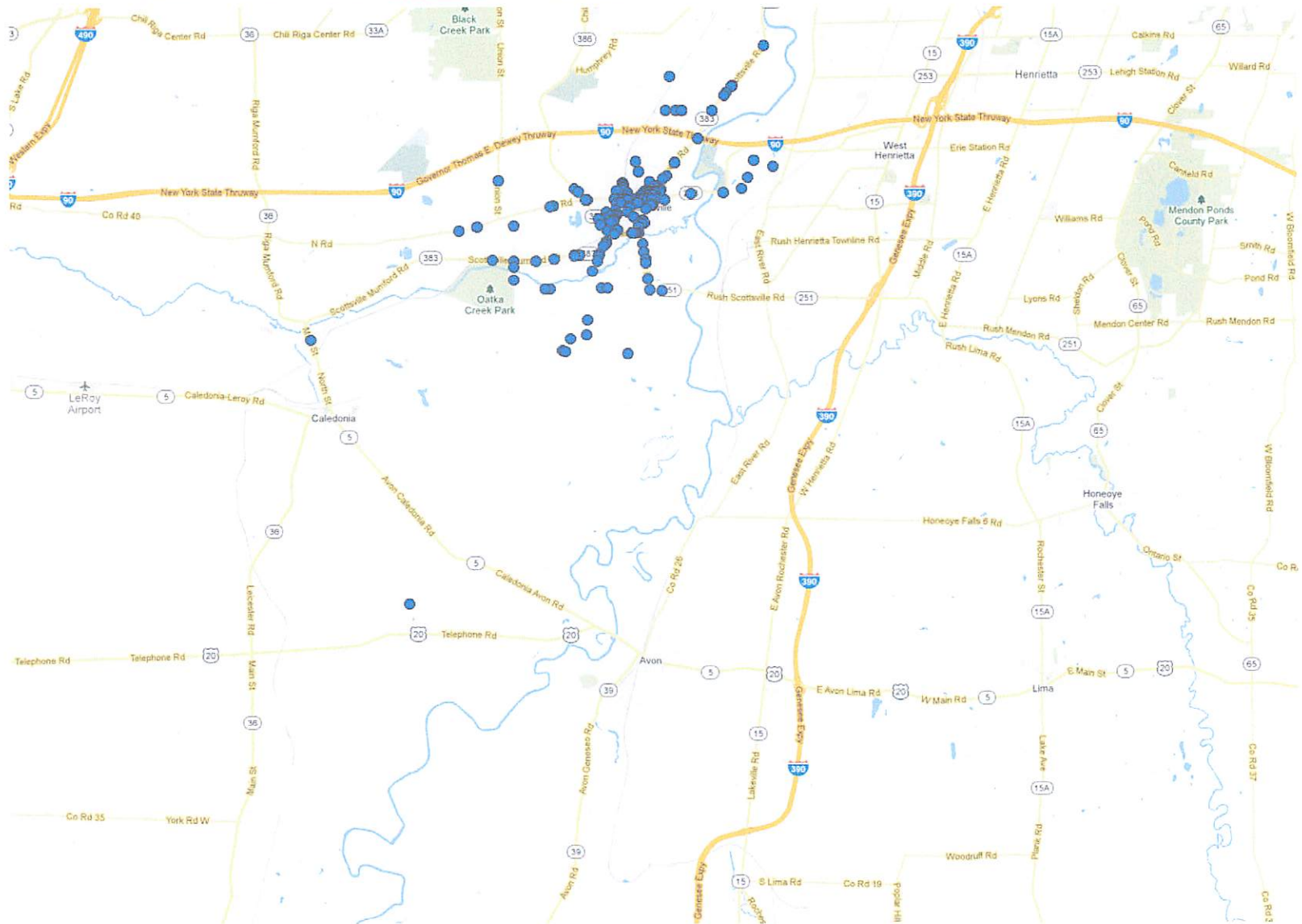
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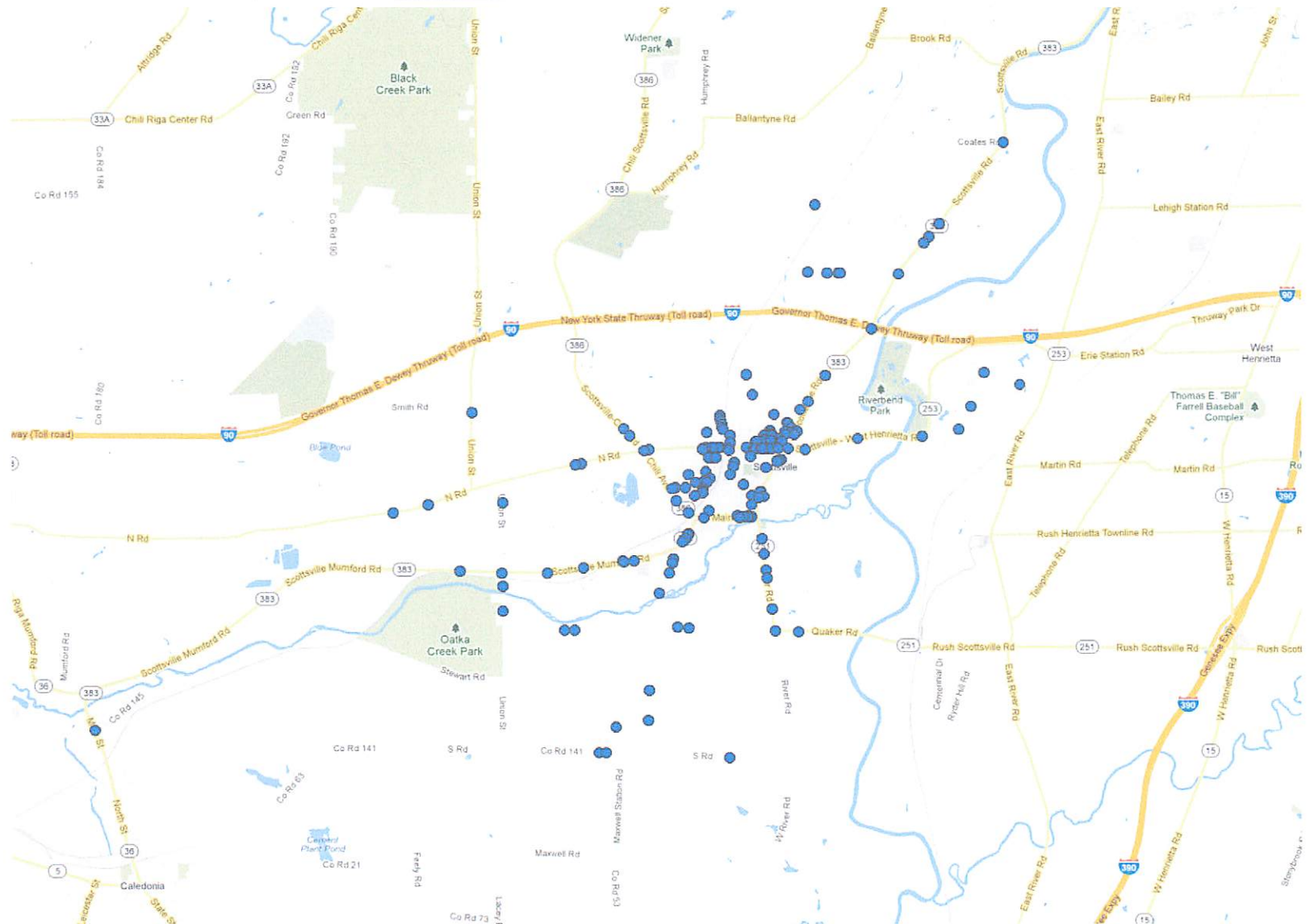
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