

A couple quick notes: The Lemmon EMT Association dispatches from Lemmon, South Dakota, which is 26 miles from the West River Regional Medical Association in Hettinger, North Dakota. Last year, we had approximately 180 billable calls and 27 non-billable calls.

- 14% were 5 miles out or more.
- 20% were nursing home calls.
- The Lemmon clinic accounted for 7% of the calls.
- 81% of the calls were within 1 mile of dispatch.

See attachments for more info.

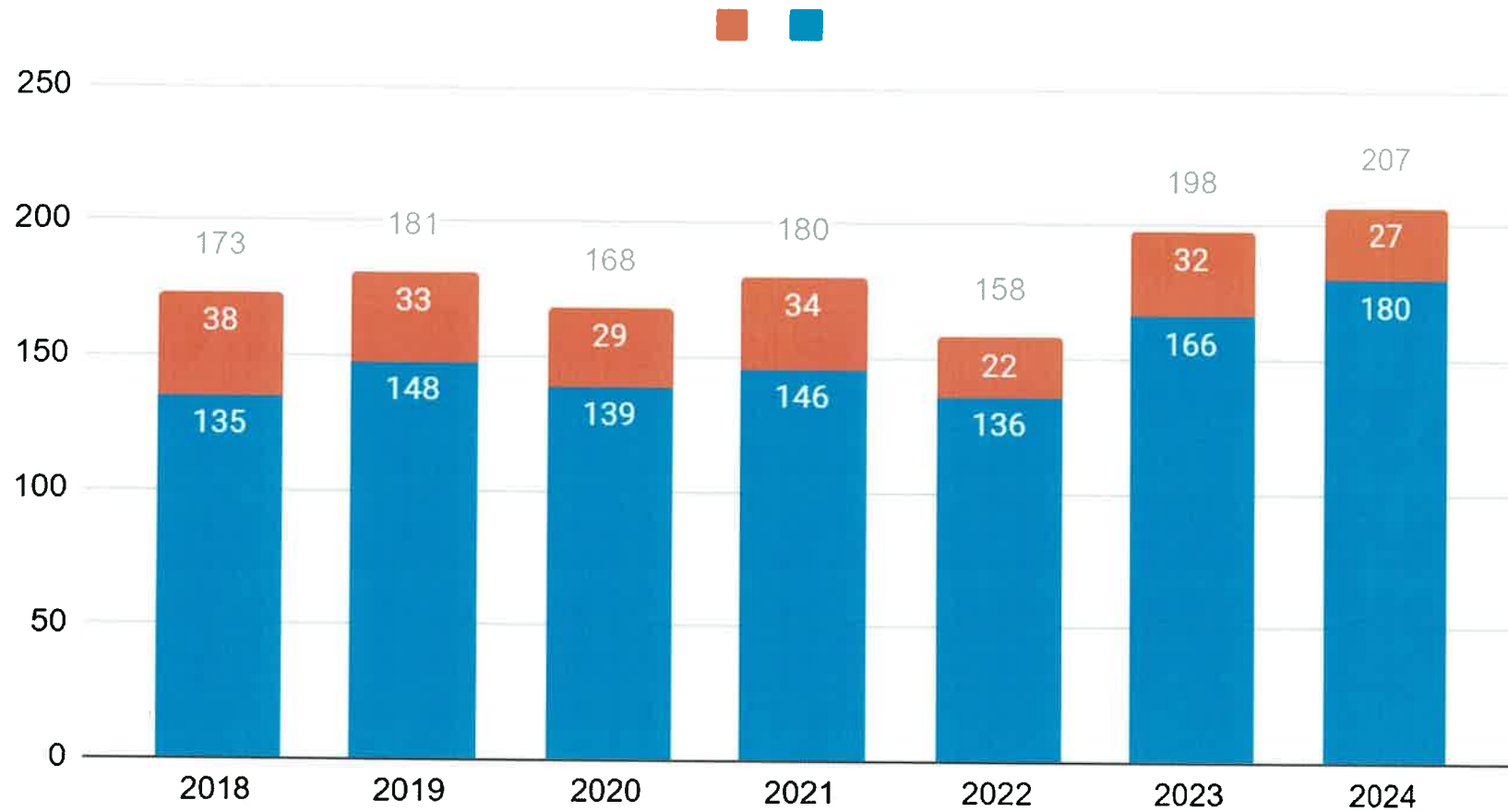
The key to a rural system will be **flexibility** because of the shortages we have with drivers and EMTs, nurses are sometimes needed to fill the shortages of EMTs. If South Dakota could clarify the laws and make nurses able to transport in a rural system, it would be a significant help. At the current time, we have a clinic and a nursing home in Lemmon, so we do have nurses available. However, without a clarification of the law that explicitly states they can work in the back of an ambulance, they do not feel comfortable. They do not want to jeopardize their current status as nurses just to help out. Therefore, clarification in the law and a clear statement that nurses can work in the back of an ambulance in a rural system is crucial. It also, in my opinion, would not lower the standard of service.

Currently, in order to be an ambulance driver in a rural system, you need to have to set up an account with the SDBMOE, upload a CPR card and a verification of your identity, and then answer a set of questions. After this, you receive a certificate to drive the ambulance. Our ask would be that people who are in good standing with the local fire and police departments be allowed to drive without this certification. The reason for that is that in a rural volunteer system, we can be as far as 40 miles away from dispatch, and it can involve back roads, pastures, and fields. Therefore, dispatching another driver if the current driver is pulled in back to assist or is incapacitated is some way, is not always feasible.

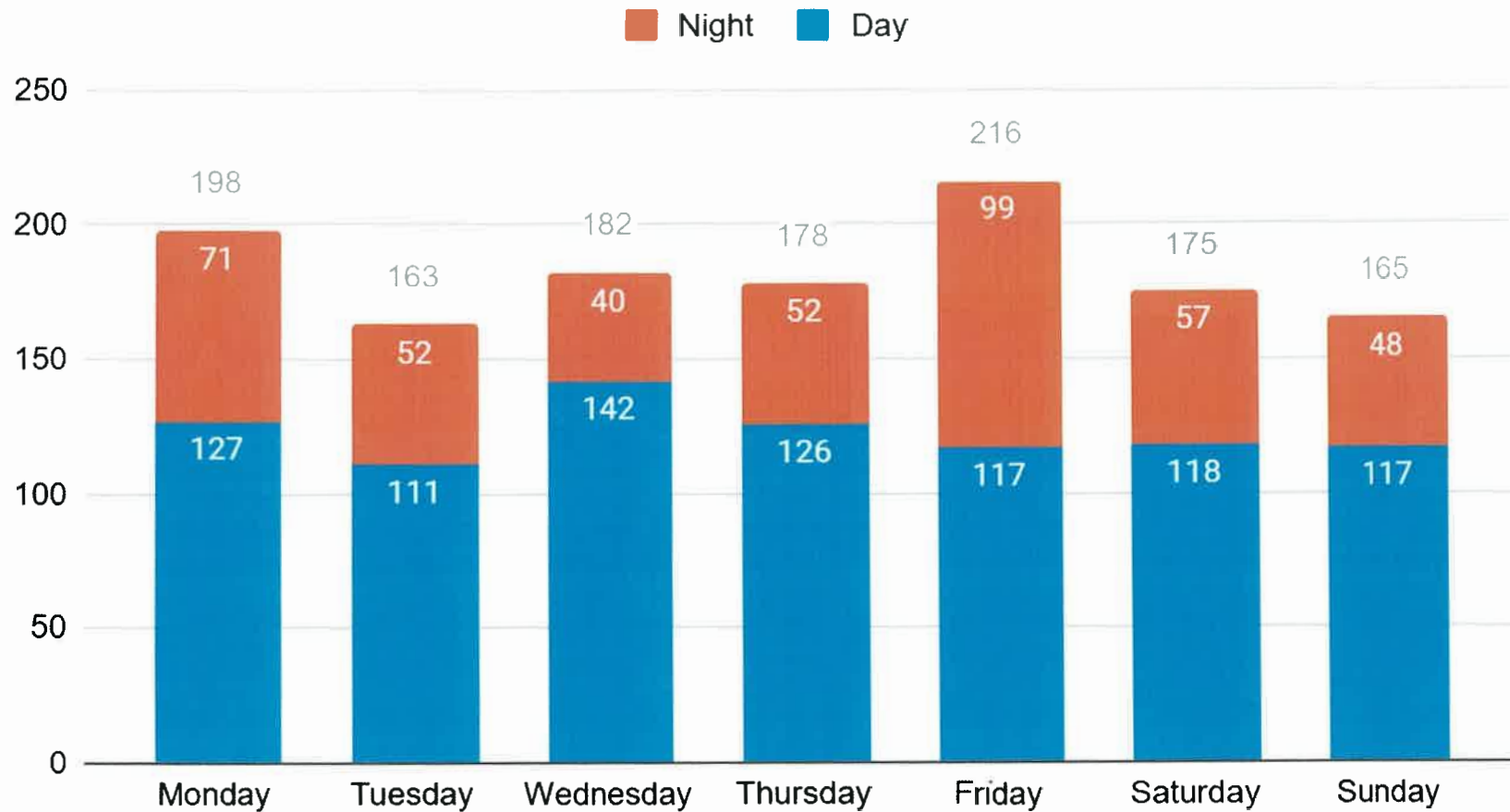
We often **rely on** law enforcement and our firemen. They are EVOC (Emergency Vehicle Operator Course) certified, but they do not have a piece of paper that says they are able to drive an ambulance. It would be beneficial to add to the law that firemen who are in good standing and law enforcement who are in good standing could drive an ambulance if needed. That would greatly help the rural system. This does not solve our problem of limited resources, but it does extend our ability to move forward.

Allowing firemen and law enforcement in good standing to drive simply lessens the amount of paperwork that rural volunteer systems have to do. Our area covers two states, five counties, 1100 square miles, and multiple fire departments. If I have to help upload all those applications to the SDBMOE (South Dakota Board of Medical and Osteopathic Examiners) as the current law stands, it is simply not feasible for a volunteer to do, in my opinion. A lot of our volunteers are older and do not embrace technology; that is something else I would ask you to remember.

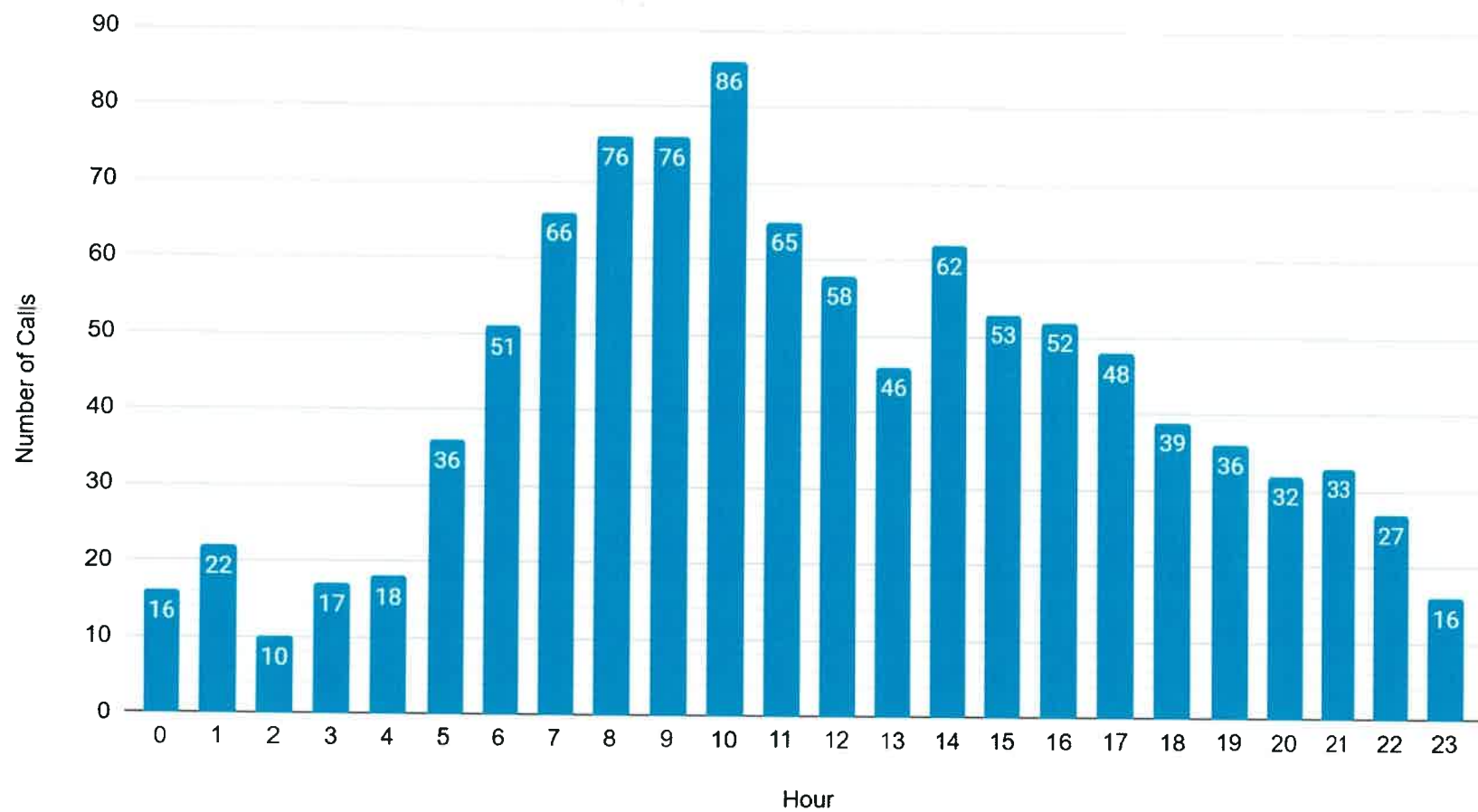
## Total Billable and Non-Billable runs by year



## Runs by Day of the Week and shift

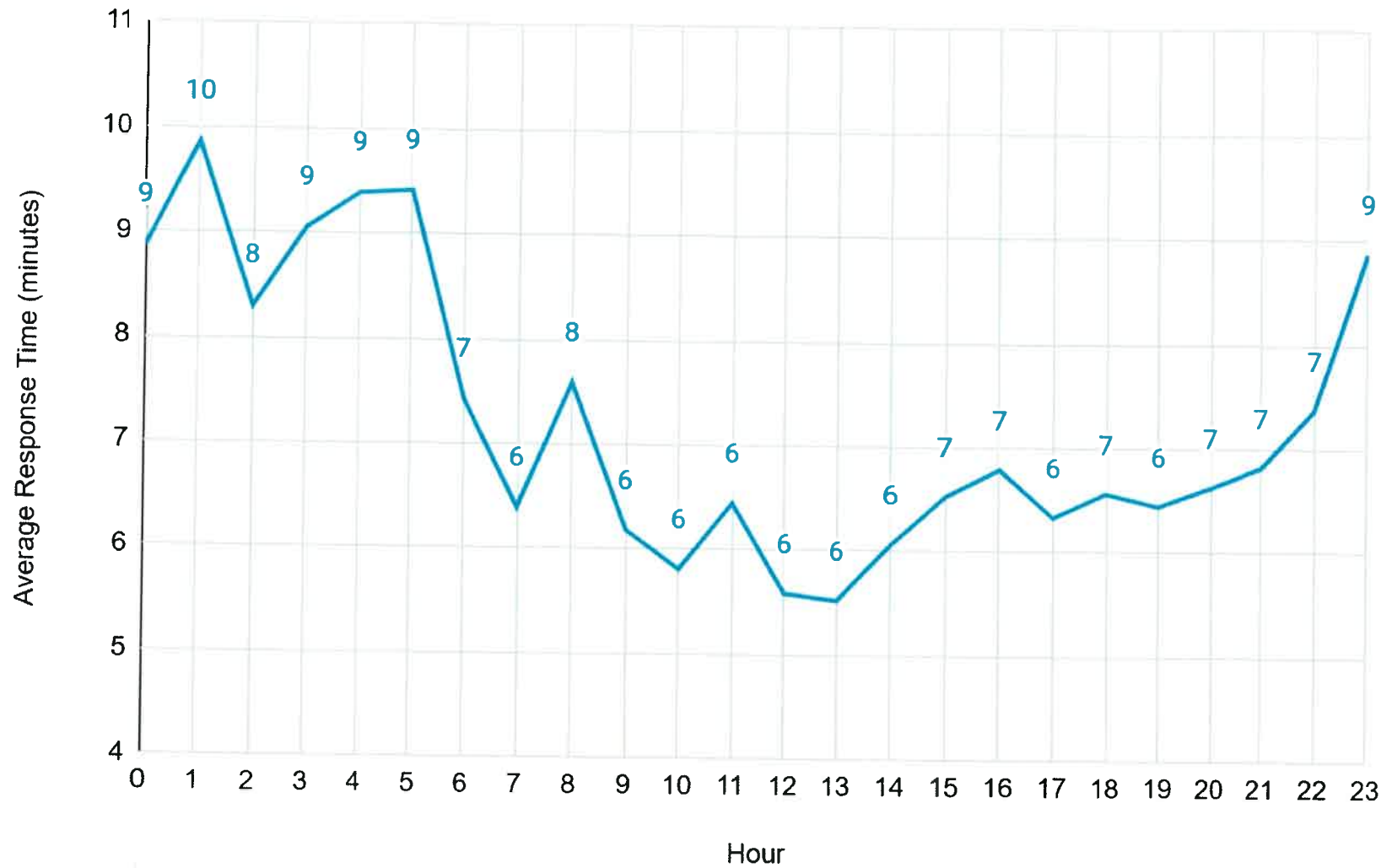


Number of calls in a given hour (2019-2025)



## Average response time by hour of day

Overall average is 7 minutes



## Amount of time spent at every stage of an ambulance run

Average run is 114 minutes total. Dispatch of ambulance to arrival at hospital: average of 54 minutes.

