

Proposal for Dover Township EMS

This project's strength lies in the writer's fieldwork and firsthand knowledge of the problems inherent in a volunteer EMS system. Primary research supplements the secondary research well, and she tailors her argument to the needs and concerns of a small town audience. The cost analysis is detailed, as befits a municipal proposal.

[Address withheld]

April 30, 2001

Clarence E. Aldrich III, Committeeman
Dover Township Committee
33 Washington St.
Toms River, NJ 08755

Dear Mr. Aldrich:

I would like to thank you for your attendance at the presentation of my proposal "Implementing a Paid System of EMS in Dover Township." I'm glad that you agreed that providing emergency medical services to the residents of Dover Township is important in ensuring their safety and health. My proposal is enclosed.

As you know, currently six volunteer squads provide EMS to Dover Township. Unfortunately, the volunteer squads are experiencing membership shortages that make it difficult to effectively provide services during the daytime hours, 6am to 6pm, Monday through Friday. In addition, with the growing population and the increased emergency call volume during the week, the volunteers are unable to adequately provide EMS to the residents. Often, residents must wait approximately twenty to thirty minutes for an ambulance during the week. Many townships have implemented paid systems of EMS to supplement similar volunteer shortages. In Ocean County, Lakewood and Jackson townships have successfully introduced paid systems using two different models. Both are very successful in that they provide excellent care with a response time under ten minutes. My proposal provides a paid system of EMS for Dover Township that results in effective patient care and municipal profits. Additionally, the plan acknowledges the importance of volunteerism for our town.

I hope you find my proposal reasonable and appealing. Thank you for your time and consideration. Please feel free to contact me at xxx-xxx-xxxx if you have any questions or if you would like to further discuss my proposal.

Sincerely,

Christina
Enclosure

***Implementing a Paid System of EMS in
Dover Township***

Submitted by:
Christina
Certified EMT

Submitted to:
Clarence Aldrich
Mayor of Dover Township
33 Washington St.
Toms River, NJ 08753

April 30, 2001

Final Proposal for Scientific and Technical Writing
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ABSTRACT

Due to the recent population growth and lack of volunteers during the daytime hours, Monday through Friday, 6am to 6pm, the residents of Dover Township have to wait an average of twenty minutes for an ambulance to respond to an emergency call. In addition, the funding to the volunteer squads has been cut. Studies have shown that quick response times greatly improve the rehabilitation and survival rates of patients in most emergencies, and that delay greatly jeopardizes the health of the patient. Many townships are beginning to implement paid systems of EMS due to similar problems with the lack of volunteers. Within Ocean County, Jackson Township and Lakewood Township have both implemented different models of paid systems, and both are very successful. Each township has been able to keep response times under ten minutes, a very important criterion for the health of a patient. This proposal suggests an implementation plan of a paid system of EMS in Dover Township that will allow quicker response times to emergencies. By having the township provide its own service, a profit will be gained for each year of operation. The proposed system will also keep the volunteers active in the community.

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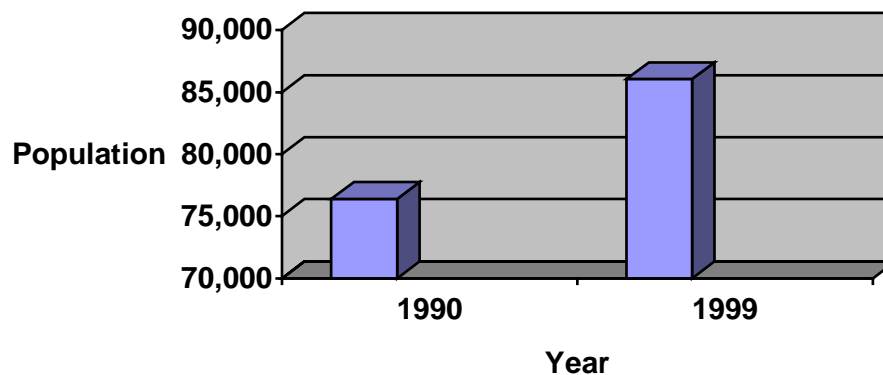
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INTRODUCTION

When most people establish residency in a town, they are trying to ensure that their family will live in a safe and secure environment. From the post office to schools, grocery stores, and police departments, most of their needs are met within the town. Most people never think that they will need to call for help; but when they do, they expect an immediate response. When a person is faced with a medical emergency, one minute can feel like an hour. Everything in the patient's world comes to an abrupt stop, and depending on the emergency, his or her life may be threatened. The person expects his or her town to provide the personnel to treat the emergency, and he or she believes that the trained individuals are available day and night. Unfortunately, this is not always the case in Dover Township. Currently, the township's volunteers provide all Emergency Medical Services (EMS), and due to numerous shortages of volunteers, patient care is now being jeopardized. During the daytime hours, 6am to 6pm, Monday through Friday, there is an average of two (out of the six) volunteer first aid squads available to handle emergency calls. Due to the current system, patients often find themselves waiting for help.

Dover Township is by no means a small town. The 1999 census report indicated that the population grew 12.7 percent between 1990 and 1999. As seen in figure one below, the population consisted of 76,371 people in 1990, and in 1999, the population grew to 86,044 people. This was a 9,673-person increase in less than ten years (Ocean County, 1999). With the recent housing developments occurring around town, the population can easily reach 100,000 by the end of this decade. In addition, many people who do not reside in Dover Township do work in the township. This fact also increases the number of people within the town.

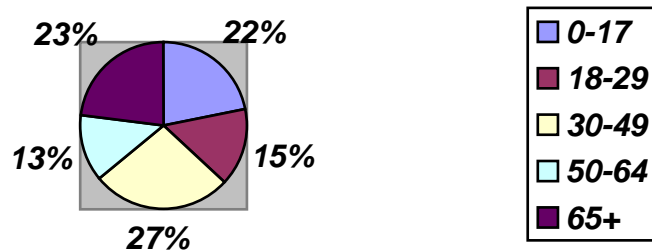
Figure 1: Population Growth in Dover Township



Of the 86,044 people, there are almost 23,000 people in the fifty or older age group. Most medical emergencies occur within this group of people, and typical emergencies include heart attacks, strokes, or respiratory distress. Most traumas occur in the younger age groups, and include near drownings, car accidents, or broken bones. The following graph represents the age distribution in Dover Township. The graph illustrates

that the near even distribution of people results in a wide variety of emergencies. Not one type of emergency dominates the types of calls the volunteers experience. As a result, the volunteers need to be knowledgeable in all areas of EMS (Ocean County, 1999).

Figure 2: Age Distribution of Dover Township



This graph does not factor the ages of people who only work within the town or are visiting. An increased number of people simply driving through the township, especially in the summer months, augment the potential number of motor vehicle accidents. Most work-related injuries in Dover Township are also not represented in the graph. These two factors contribute to the number and types of emergencies possible. From the two graphs, one can see that there are many people within Dover Township and that there is a wide variety of emergencies. Not having an adequate system of EMS jeopardizes the lives of many people.

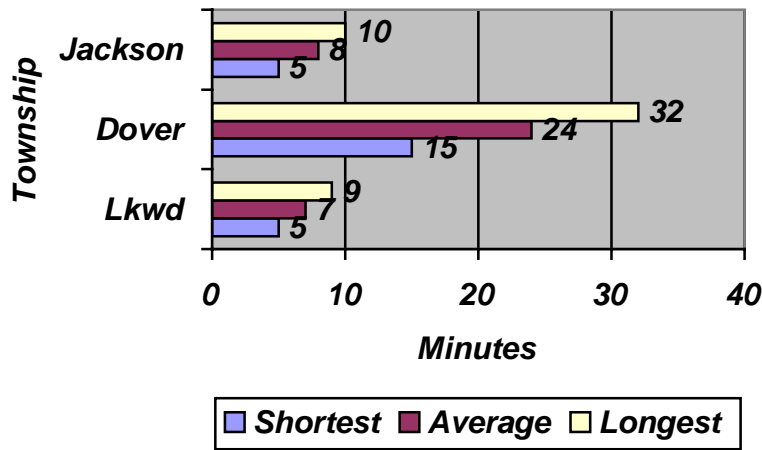
The current status of the system

For the most part, the volunteers have done a great job of providing EMS to the residents of the town. They are able to sufficiently respond during the nights and the weekends. However, from 6am to 6pm, Monday through Friday, the EMS system in Dover Township is almost absent. Under the current system, it is possible for a person to wait 30 minutes for an ambulance to arrive during these hours. Volunteers are not required to wait at their building as long as they can arrive at the squad house within ten minutes of notification of an emergency to form a full crew. A full crew is at least two completely certified EMT's with additional certifications in operating an ambulance. If a full crew cannot be obtained within those first 10 minutes, a second request is made over the paging system by the dispatcher. Again, the same first aid squad has another ten minutes to form a full crew in order to answer a call. If there is still no one available, a third request is made by the dispatcher; but this time, a different first aid squad receives the request to answer an emergency. Now, this new squad has an additional 10 minutes to fill a crew. This process continues until a full crew is able to respond to a call. The dispatcher may use another town or a private ambulance service if no one else is available in Dover Township. When a full crew is finally available, the volunteers now

must drive to the patient, which can take another 10 minutes depending on traffic and distance from the volunteer’s building.

In other towns where a paid system of EMS has been implemented, an average response time is under ten minutes, usually around seven minutes, for most calls. Within Ocean County, Lakewood and Jackson have established paid systems. The following table compares the response times of Dover, Lakewood, and Jackson Townships during the daytime hours, Monday through Friday. The data was compiled from Mr. Terry McCarthy (representing services for Jackson Township), Mr. Gar Woodfield (representing services for Lakewood Township), and Mr. Clifford Corbet (a dispatcher for Dover Township) in separate interviews. As one can see from the table, Dover Township has a response time that is roughly three times longer than Jackson and Lakewood townships. Lakewood Township frequently has a lot of congestion on the roadways despite being smaller. This factor tends to lengthen their response time, but usually not by much. Similarly, Jackson Township’s response times are lengthened, but for a different reason. While there are not as many people that reside in the township, the overall size is large. Traveling distance often affects their response times. Despite these factors, the two townships are still able to keep response times under ten minutes.

Figure 3: Comparative Response Times



In addition to the ambulance, police officers and paramedics are dispatched to the emergency when warranted. The police officers act as first responders for emergencies, and their main responsibility is to guarantee that the scene of the emergency is safe for the EMT’s. Police officers are able to provide basic life support, which includes cardio-pulmonary resuscitation (CPR). Some police officers are certified EMT’s and all carry some supplies like oxygen and a defibrillator. Despite the fact that they can arrive at a patient’s home within ten minutes, they are unable to provide appropriate means of transportation. Additionally, if the emergency is severe enough, paramedics are also dispatched to the patient. Paramedics will have the adequate training and supplies to properly treat a patient. They have the ability to administer medication through doctor’s orders via a radio. Similarly, they do not respond in an ambulance, and as a result have

no means of transporting a patient to the hospital. Consequently, despite the fact that the patient is receiving proper care, he or she still has to wait for the volunteers to provide the ambulance for transportation.

The volunteer squads are faced with yet another problem. Despite being non-profit organizations, the squads still require funding for operations. The funds are often obtained from numerous fundraisers throughout the year and through funding by the District 1 and District 2 Fire Commissioners. In recent developments, the District 1 Board of Fire Commissioners decided to cut \$40,000 in funding to four of the six first aid squads (Mikle, 2001). Each squad had received \$10,000 every year to help support their operations, which includes the buying of equipment and the upkeep of the squad buildings and ambulances. Without this money, the ability for the squads to remain operational is now jeopardized. The District 1 Fire Commissioners stated that the squads may receive some funding at the end of the year, if there is any money left over. This will not compare to the \$10,000 however. This puts the town at a greater risk of not receiving adequate emergency medical services.

In summary, Dover Township is experiencing many problems with the volunteer system during the daytime hours. The township's response times are roughly three times longer than that of neighboring towns. This mainly results from the insufficient number of daytime volunteers, but also from the growing number of emergencies. In addition, the inadequate funding is causing more problems. By not having enough funds to buy supplies, the volunteers will not be able to provide ample services. Volunteers now must rely more on fundraising to provide extra money for operations. This will prove to be an extra burden on the volunteers. Research and statistics show that the current system in Dover Township can be remedied.

LITERATURE REVIEW

Medical Importance

It is extremely important for a quick response in all types of emergencies. Not only does response time affect the treatment a patient receives, but the survival rate is based upon how quickly trained professionals are able to come to the aid of people. From heart attacks to strokes, car accidents, near drownings, respiratory distress, and other types of emergencies, a quick response time is vital in insuring the survival and proper care of the patient. Even when I was attending the emergency medical technician (EMT) certification program, my instructors stressed the importance of responding to calls in a short time frame. The EMT curriculum emphasizes that in all trauma situations, it is necessary for a patient to arrive at a trauma center within an hour of the incident. This is known as the golden hour of traumas. If patient care is delayed, the survival and rehabilitation of the patient are jeopardized (McSwain, 1997). An important study performed by Brown University (1995) reflects these findings. The study showed that EMS response times under ten minutes resulted in a 9.2 percent survival rate for patients in full cardiac arrest. This number may seem small, but one must realize it is very difficult to save a patient who is in full cardiac arrest. After ten minutes extensive brain damage begins to occur since the brain is not receiving oxygenated blood. With every additional minute, there is a substantial increase in brain damage. If heart function returns to a patient at this time, survival and full recovery is extremely rare due to the brain damage. The researchers also noted that bystander cardiopulmonary resuscitation (CPR) had no significant effect on immediate or ultimate outcomes. Survival was due to the fact that trained professionals arrived to the patient in a short time and were able to provide medical care to save the patient's life.

Another important study, performed by Leslie, Urie, Hooper, and Morrison (2000), analyzed people's ability to recognize symptoms of heart attacks and their responses to these symptoms. The group found that most people do not recognize the common symptoms of heart attacks right away. People tend to believe that their headaches, back aches, and any other signs associated with the problem will go away. In addition, it was found that people are reluctant to call the emergency services since they feel that their symptoms are not serious enough to warrant an ambulance. Only 25 percent of the people studied called for help within an hour of the onset of the symptoms, which was due to the fact that most of the people in this group had a previous history of heart attacks. Forty percent waited more than four hours. Since this is a typical trend with most people, ambulances need to be able to respond to emergencies as soon as possible. The study also found that administration of medication within one hour of the onset of symptoms results in a 45 percent reduction in mortality. The reduction of mortality drops to 23 percent when the medications are given within three hours. The addition of longer response times by EMT's to the delays already made by the patient further damage the likelihood for the full recovery of the patient.

Other systems implemented in Ocean County

Other towns in New Jersey and around the United States have recognized a need for paid systems of EMS, and have implemented these systems very successfully. Within New Jersey, numerous towns have made the switch from volunteer-based to paid services. Two local towns, Lakewood and Jackson, have employed different paid systems.

First, Lakewood Township began providing a paid system in 1979 when the volunteers realized that they were unable to provide adequate services during the daytime hours. In an interview on March 2, 2001 with Gar Woodfield, the director of EMS for Lakewood, he stated that the township provides two ambulances, two first responder vehicles, and supplies for the 9 full-time and 15 part-time employees. The township bills the patients' insurance companies for the services provided, and any revenue is returned to the township budget. However, the township only started billing the patients in 1994. The paid service shares a building with the volunteers, who provide services on Saturday and Sunday nights. The township also provides funding for the volunteers. The average response time for all emergencies is approximately 7 minutes, and the longest response times due to distance is 9 minutes. The only problem is the lack of money received from the billing, since a large amount of people in Lakewood cannot afford medical insurance and ignore the bills. Despite this, the township still makes enough money to keep the system operational and gain some revenue.

Jackson Township in New Jersey has also been under a paid system since 1988. The town decided to have a private ambulance service provide EMS during the daytime hours, Monday through Friday. The current company is EMTAC, an affiliate of the Saint Barnabas Healthcare System. According to Terry McCarthy, the director of Southern operations in an interview on March 7, 2001, EMTAC does not require any money from Jackson Township for its services. It provides the township with two ambulance crews Monday through Friday from 4:45 am to 6:00 pm. The company obtains money by billing the patients' insurance companies. All equipment is provided by EMTAC and all revenue is returned to the company. The average response time for the company is between five and eight minutes. There are some response times around ten minutes due to the large size of the township. The volunteers take over during the nights and weekends. The township provides some funding for the volunteers to remain operational. Again, the only problem with the system is the inability for some patients to pay the bills due to the lack of health insurance but this is a loss to EMTAC and not the township.

Other systems implemented in the United States

Other townships in the United States have been able to implement paid systems of EMS, even on a multiple-community basis. First, in Oakland County near Detroit, Michigan, seven communities banded together to contract with one private company (Feighan, 2000). It resulted in better services and lower cost to the taxpayers by creating one large service. The merger even allowed for more resources, quicker response times, and better training for the employees. Next, Lawrence Leonard (2001) reported on a

remarkable case in Texas where an air ambulance service was implemented for 15 counties. Since the area suffered from large hospital closures, a cost-effective helicopter service was implemented in order to provide EMS to the residents. After several options were evaluated, a hospital's administration decided that a company willing to supply a helicopter, pilots, and maintenance would provide the air ambulance service. The company would bill the hospital for their expenses while the hospital would provide the medical personnel, medical equipment, and landing site. The service started in 1994 and is still currently operational. The two examples reflect how an ambulance service was needed on a large-scale level, and was implemented successfully.

Avon, Connecticut is experiencing a similar problem with volunteer firefighters where there are simply not enough to support the town. However, this has not always been the case given that there used to be a waiting list for volunteers since there were so many eager to join the fire departments. Unfortunately, signs begging for volunteers have replaced the waiting lists. As a result, the Connecticut State Firefighters Association has established a task force to recruit volunteers. A statewide recruitment campaign is urging the Office of Emergency Medical Services in Connecticut to adopt a similar recruitment program since the need for volunteers has become critical throughout the state (Axelbank, 1999). Waldrof EMS is also experiencing a shortage of volunteers in Charles County, Maryland. In 1995, there were almost 5,000 emergency calls, which was an all time record for the town. To combat the growing number of emergencies, another volunteer squad was added to the township. This alleviated the problem somewhat, but in 1999, the number of calls jumped to roughly 9,000. The squads do not wish to implement a paid system, and are currently looking for new methods to attract volunteers while retaining the current ones. Unfortunately, there is still a lack of volunteers as the town grows (Reel, 2000).

A recruitment plan is not the answer Dover Township should be considering. Actually, it is already in progress in the town to preserve volunteerism. This is being conducted by the Mayor's Commission on Volunteerism, and was started in August of 1999. Despite the actions by the committee, there is still a shortage of volunteers in Dover Township. The six first aid squads have been trying to recruit members for several years now. While some attempts gain a few members here and there, it is still not enough to support the large volume of EMS calls during the daytime hours. Furthermore, most of the new members must pass the six-month certification program along with other requirements by the squad before they are able to practice their EMT skills on an emergency call. Therefore, the few members that do join due to the recruitment attempts usually have to wait several months before they can fully participate as volunteer EMT's. It is important for townships to provide emergency services to its citizens. Dover Township would benefit the most by merging the systems under Jackson and Lakewood. Dover Township has the ability to provide its own services (like Lakewood) during the daytime hours, Monday through Friday (like Jackson).

PROPOSAL

From the research conducted, it is important for Dover Township to establish a paid system of EMS as soon as possible. This system can either be provided by the township or by a private ambulance company. Despite the effectiveness of a private system, Dover Township will benefit more if it establishes its own ambulance service. All of the profits would go to the township instead of a private service. Furthermore, the volunteers will remain an important element to the system. Overall, the township could benefit greatly.

The goal of the proposal is to implement a paid system through the township by no later than January 1, 2002. Initially, two ambulances will be operational Monday through Friday from 6am to 6pm, and the volunteers will continue to cover the town on nights and weekends. Each ambulance crew will consist of two EMT's. The EMT's will be required to arrive to work at 5:45 am in order to make sure the ambulances are properly stocked with supplies, fueled, and operational. The crews will be able to respond to emergencies at 6am. The ambulances and an office will be stationed at Police Headquarters, which is roughly the center of town. The office will store the supplies and allow workers to conduct the necessary business. At all times, the EMT's will be in the office or in the ambulance when they are not responding to calls. In addition, since there will only be two ambulances initially and since the township tends to be very busy some days, the volunteers will respond to some emergencies when the two paid ambulances are already responding to an emergency. This will ensure that no patient will have to wait more than ten minutes for an ambulance. The volunteers will not lose any of their equipment, ambulances, or access to their buildings. All additional equipment for the paid service will be provided by the township. The volunteers will remain operational with everything they are currently using. Furthermore, police officers will continue to be first responders to an emergency call. This will ensure that the scene of the emergency is safe for the EMT's. Also, paramedics will respond to emergencies when warranted. Their additional training and medications will be needed on certain types of calls.

At first, there will be eight full-time employees. Four full-time EMT's will work three shifts a week, with each shift being 12 hours in length. The full-time employees will also consist of two people for billing and other office work and two supervisors (one for EMT's and one for billing). The office personnel will be mainly responsible for sending the appropriate information to patients' health insurance providers to receive payment, and to evaluate the patients' charts to ensure that the EMT's have properly completed them. The billing supervisor will oversee this operation. The EMT supervisor will make certain the medical supplies are always in stock and that all of the EMT's are up-to-date with their certifications. As the service expands, the EMT supervisor will also train new employees in the system. The supervisors and office personnel will work five days a week for eight hours. Additionally, there will be eight per diem employees. Four EMT's will work the additional 2 days each week, and two EMT's will be able to fill in for people when they call out of work. One per diem employee will work in the office while another per diem employee will be available to repair the ambulances and equipment when necessary.

The following figure provides the billing information each patient will receive. Again, the patient's health insurance company will be billed; and 99 percent of the time, the company pays the bill in full.

Figure 4: Billing Information

Charge for BLS transport (flat rate).....	\$300.00 per patient
Loaded Mileage.....	\$5.00 per mile
Oxygen Use.....	\$50.00 per patient
Cervical Collar.....	\$17.00 each

Each patient will be billed a flat rate of \$300.00 per transport. In the event that the patient decides not to be transported to the hospital, this flat rate will not be charged to the patient. For every mile the patient is in the ambulance, from his or her location to the hospital, there will be a charge of \$5.00 per mile. If the patient needs oxygen during his or her transport, a flat rate of \$50.00 will be charged; and if the patient needs a cervical collar, another flat rate of \$17.00 will be charged. If the patient does not need oxygen or a cervical collar, the two rates will not be charged to the patient. The purpose of charging the patient is to offset the expenses the ambulance service will have for being operational. As one will see from the budget, a profit can be obtained for the township.

BUDGET

Expenditures (First Year)

(1) Employees	
Full-time.....	\$272,000
Per Diem.....	\$120,000
Dispatchers.....	\$ 0
(2) Supplies	
Medical.....	\$30,000
Defibrillators.....	\$10,000
Gas for ambulances.....	\$ 0
Office Supplies.....	\$18,000
(3) Ambulances.....	\$250,000
(4) Uniforms	\$3,560
(5) Aid to Volunteers.....	\$335,000
(6) Insurance.....	\$100,000
(7)TOTAL.....	\$1,138,560

Profits (First Year)

A. Gross Profits.....	\$1,200,000
B. Net Profits.....	\$61,440

Profits (Subsequent Years)

Net Profits.....	\$325,000
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Budget Justification

(1) Employees: For the full-time employees, the 4 EMT's and the 2 office personnel will receive \$32,000 a year. The 2 supervisors will receive \$40,000 a year. These figures include benefits. For the per diem employees, each person will receive \$12.00 per hour, and this figure does not include benefits. The township already provides the dispatchers, and therefore, this is not an additional expense to the town.

(2) Supplies: All of the medical supplies include items like oxygen, cervical collar, various types of gauze, etc. One defibrillator is required for each ambulance at a cost of roughly \$5,000. Gas is already provided by the township, and therefore, is not an additional expense. Office supplies include computers and paperwork.

(3) Ambulances: Depending on certain models, ambulances usually cost around \$125,000. Since the township needs two ambulances, the above estimate is reached.

(4) Uniforms: The uniforms will be worn by the EMT's. Pants usually cost around \$50.00 per pair, a polo shirt for the summer usually costs \$30.00, and a long sleeved dress shirt for the winter usually costs \$35.00. The full time EMT's will receive three of each while the per diem EMT's will receive two of each. In addition, each EMT will receive an all-weather jacket, which costs approximately \$80.00 per jacket. Discounts are usually given when uniforms are bought in bulk. With embroidery, the above estimate is reached.

(5) Aid to Volunteers: Since the volunteers are currently losing funding, this figure provides the six volunteer first aid squads with roughly \$55,000 a year.

(6) Insurance: The insurance is needed in case one of the employees is injured while working. For example, if an EMT hurts his or her back while lifting a patient, this money will pay for any medical bills and therapy needed by the EMT.

Profits: There are approximately 4,000 emergency calls in Dover Township from Monday through Friday, 6am to 6pm. If only the flat rate was charged to each patient, a total of \$1,200,000 will be grossed for the township each year. This is the least amount of profits since loaded mileage, cervical collar and oxygen use are not considered. By subtracting the total expenditures from this amount, a net profit of \$61,440 will be the least net profit for the first year of operation. In the second year of operation, the ambulances and the defibrillators will not need to be purchased again. Some uniforms may need to be replaced. If these expenditures are added to the net profit from the first year, the second year net profits approximately will be \$325,000. There are some people in Dover Township that will not be able to pay their bill due to a lack of medical insurance. This problem will not affect the profits since most residents do have health coverage.

DISCUSSION

It is important to have an evaluation of the implemented system, especially during the first year of operation. Since police officers will continue to be first responders for the patient, they will be able to evaluate the effectiveness of the system. On a simple documentation sheet, the officer will note the type of care the patient received and how well the two EMT's worked together. If the ambulance crew does not provide adequate patient care or if there are conflicts between the EMT's, the evaluation sheet will allow the EMT supervisor to improve on any problem areas within the system. In addition, the dispatchers will record the response times of the ambulances to ensure the crews arrive to the emergency under ten minutes. A police liaison will periodically meet with the EMT supervisor to discuss any problems. If necessary, the ambulance crews will also be involved in the meetings in order for all problems to be worked out. Under this evaluation process, the paid EMS system will be able to operate at its full potential.

In conclusion, the implementation of a paid system of EMS provided by Dover Township will be very successful in that it will provide immediate patient care, gain profits for the township, and preserve volunteerism. The profits will allow the paid system to remain operational. As the net profits increase in the second year, it is recommended that the system is expanded with the revenue, and wage raises given to the existing employees. Since the population of Dover Township is constantly growing, a third ambulance will most likely be needed within a few years. This will require more employees and supplies. If the net profits are saved, the additional expenditures will not damage the service, and it will be able to remain operational. If the system does not need to be expanded, the profits can be applied to the township. Improvements on roads, schools, libraries, or any other areas can be made with the net profits received.

The system will also allow volunteerism to be preserved. This implementation plan is not trying to replace the volunteers. They have provided the township with an excellent service for many years. Unfortunately, population growth and lack of volunteers are resulting in delays in patient care. This implementation plan is simply helping the volunteers. They will still be able to participate, even during the hours the paid service is operational. Together, the volunteers and the paid service can provide an exceptional service to the residents of the township. Response times less than ten minutes are extremely important for the patient's recovery and chance of survival. There is no reason that patient care should be delayed, especially with a paid system of EMS. This is the most important reason for implementing a paid system. After all, the health and safety of the population of Dover Township should be the top priority.

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