



SANFORD AMBULANCE

2024 ANNUAL REPORT

SERVING OUR COMMUNITY FOR 65 YEARS

DIRECTOR'S MESSAGE

Thank you for taking the time to read Sanford Ambulance's 2024 Annual Report. Sanford Ambulance is proud to serve the citizens of Cass County, North Dakota and Clay County, Minnesota. We are the largest ambulance service between Minneapolis and Seattle with a service area that encompasses the entire Fargo-Moorhead metro area and much of Clay County in Minnesota. In addition, we provide advanced life support intercepts to much of Cass County in North Dakota.

Sanford Ambulance has a lot to be proud of and accomplished significant goals in 2024. In May, we had a reverification visit from the Commission on Accreditation of Ambulance Services (CAAS). This voluntary accreditation process evaluates every aspect of our operation. We are one of only four accredited agencies in Minnesota and the only accredited agency in North Dakota. We passed our reverification visit with zero deficiencies noted. That puts us in the top 1% of all ambulance services in the United States. All ambulance staff had a role in the reaccreditation process, and I want to thank them for doing such a great job.

We also negotiated a new labor contract with the UFCW that represents our EMTs, paramedics, educators, dispatchers, and wheelchair van drivers. We want to be the employer of choice in our region and we worked hard to create a very favorable agreement for our employees. The people that work here, that serve our patients and citizens every day, are our most important resource.

Workforce continues to be our greatest challenge, but we have made headway on that front with several strategies. Having a favorable union contract is one strategy to recruit and retain our talented workforce. Another strategy that we have developed is to implement several programs to reduce or eliminate the cost to attend paramedic school. Paramedic training is a significant investment in time and money. It takes more than a year of full-time college-level academic training to be eligible to take the National Registry exam to become a paramedic. Sanford Ambulance EMTs are eligible for loan forgiveness programs and some are admitted to the Sanford Paramedic Academy, where all the expenses for paramedic training are covered by Sanford and the employee draws an hourly salary while attending school.

Two years ago we started a new division at Sanford Ambulance called Non-Emergency Ambulance Transport (NEAT). NEAT is a basic life support (BLS) division that primarily takes BLS inter-facility transfers. This frees up our advanced life support (ALS) ambulances to be available for 911 calls in our service area. Last year NEAT took more than 6,000 transfers for our system. It has been a great idea and the EMTs that work there often move on to paramedic training or take a position on an ALS 911 ambulance. We continue to look for opportunities to utilize NEAT in innovative ways in both inter-facility transfers and for low-acuity 911 callers.

The workforce challenges we face are not unique to Sanford Ambulance. It is a national phenomenon. EMS is changing in our country with increased ambulance utilization and a scarcity of licensed staff to recruit. These pressures will lead us to strategies that focus the use of ALS on calls that truly need paramedic level care. We must put the correct resource towards the correct situation to be more efficient.

I hope you enjoy this report as we strive to be innovative and transparent in our operations.



Tim Meyer

Senior Director of Emergency Services

A HISTORIC LOOK AT SANFORD AMBULANCE

The Beginning

F-M Ambulance was started by Paul Korsmo and PC Davidson in 1959. The first vehicle was a Cadillac hearse that was converted into a makeshift ambulance. Within 10 years, it grew to two ambulances on duty during the day and one overnight, serving the communities of Fargo, Moorhead and West Fargo. Eventually, F-M Ambulance was sold to three hospitals in the community - St. Johns, St. Ansgar and St. Lukes. After several hospital mergers and name changes, the ambulance service was co-owned by Dakota Hospital and Mercicare Hospital. After Dakota Hospital closed, Meritcare was the sole owner. Meritcare eventually became Sanford Health, and in 2021, F-M Ambulance became Sanford Ambulance.



Equipment

In the 1960's, ambulances in our community had limited capabilities past loading and transporting patients. Instead of today's battery-loaded cots, EMTs and paramedics in the 1970's and 1980's routinely manually lifted and loaded 50-pound cots that also held the patient's weight. EKG machines were large and heavy. Equipment that was commonly used in the 1980's, like MAST pants, is extinct today.



Training

In 1966, the "White Paper" was released, which advocated for standardization of the EMS systems throughout the nation and identified a lack of regulation and standards for ambulance training. This led to the formation of the National Registry of EMTs in 1970. In 1972, the first EMT class was held at Sanford Ambulance. In 1974, a national paramedic curriculum was created, and in 1981, the first paramedic class graduated from Sanford Ambulance.



Shifts

Prior to 1996, Sanford Ambulance crews worked 24-hour shifts. In 1996, Sanford Ambulance changed to 12-hour shifts. In the early 2000's, varying shift start times were implemented to optimize the number of ambulances on the street with the number of calls that EMTs and paramedics respond to.



Technology

EMS technology has changed dramatically since the 1960's, allowing for faster and more effective patient care. In 2004, the 12-lead EKG was added to the scope of practice at Sanford Ambulance, which allowed paramedics to obtain a detailed view of the heart's electrical activity. In 2013, driven by national research, EMTs and paramedics moved away from using backboards for every trauma patient. In 2014, Sanford Ambulance got it's first LUCAS, a mechanical chest-compression system.



SANFORD AMBULANCE

SERVING OUR COMMUNITY

FOR 65 YEARS

While the roots of emergency medical services (EMS) can be traced back to ancient Greece, EMS in the Fargo, Moorhead metro area wasn't established until 1959, when friends Paul Korsmo and PC Davidson decided to open F-M Ambulance Service (now Sanford Ambulance). Though the name has changed, the quality of care has remained constant. For over 65 years, EMTs and paramedics have dedicated their time and talents to serving the communities that they call home.

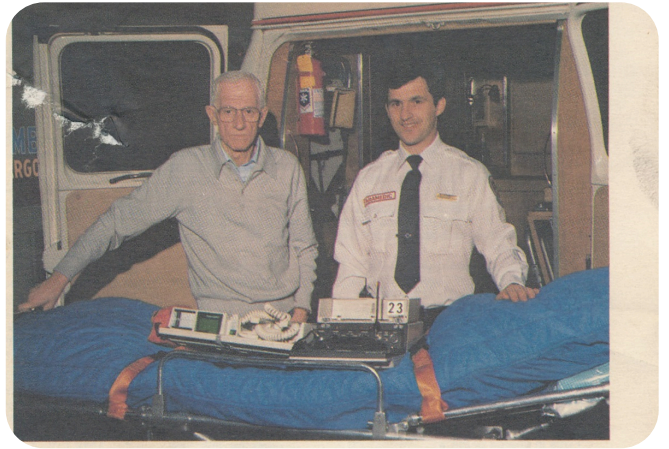


Most people are familiar with the basics of what EMTs and paramedics do, but EMS goes beyond just providing emergency medical care. Sanford Ambulance is an integral part of a larger system that collaborates with other services to improve community health and safety. Sanford Ambulance works closely with other healthcare, public health, emergency management, law enforcement, fire, and public safety organizations to respond to a wide range of emergencies, hazards, and disasters. Paramedics and EMTs frequently work alongside law enforcement and fire service personnel, with a shared focus on delivering critical medical care during emergencies.

Throughout the last 65 years, there have been many changes that have improved safety for our crews, patients, and the public. One significant development was the implementation of emergency medical dispatching (EMD). Before EMD was implemented, paramedics at Sanford Ambulance would respond to emergencies using lights and sirens at their discretion. In 2005, dispatchers in Fargo, Moorhead and West Fargo started using EMD to triage a patient's symptoms and provide pre-arrival instructions to callers until help arrives. All calls are given a priority, and ambulances respond with or without lights and sirens based on the priority of the call. The goal of EMD is to ensure that responders arrive at emergencies quickly but safely, and the public, who we share the roadways with, stays safe. EMD also ensures that the right resources are sent to the right person for the right situation, while offering guidance to the caller before emergency services arrive on scene.

By working closely with local fire and police departments, Sanford Ambulance responds as part of a tiered emergency response system. Firefighters in Fargo, Moorhead and West Fargo are EMTs who can provide initial basic medical care on scene, before an ambulance arrives. Once paramedics arrive with advanced life support capabilities, the ambulance crew handles transportation to the hospital and ongoing medical care. This collaboration allows for faster response times and more comprehensive care, especially in critical situations where additional manpower is needed.

The public also plays a crucial role in a tiered response to emergency medical situations. Recognizing that an emergency is taking place, calling 911, and beginning the emergency care that the dispatcher advises can significantly impact the outcome of an emergency situation. In 2015, Sanford Ambulance began submitting sudden cardiac arrest data from our community into the national Cardiac Arrest Registry to Enhance Survival (CARES) system. CARES was developed to help communities look at data from out-of-hospital cardiac arrests and develop local quality improvement efforts to improve care and increase survival. Using CARES data, we know that since 2015, more than 58 community members have been saved after a family member or bystander started CPR, often guided by a dispatcher. These sudden cardiac arrest victims most likely wouldn't be alive today if someone hadn't called 911 and started CPR. A successful tiered emergency response system requires action from community members as well as first responders.



In the early 2000's, a shift in the paramedic scope of practice took place with the beginning of the community paramedic (CP). The CP model is a different approach to emergency medical services. Instead of responding to 911 calls, CPs help reduce 911 calls from residents with non-emergency related issues. CPs help fill gaps in the healthcare system for patients who don't qualify to receive care from home healthcare programs and/or social services. This also helps deal with overcrowding in emergency rooms and unnecessary ambulance trips. Sanford Ambulance hired its first CP in 2014. Today, three full-time community paramedics serve our community at Sanford Ambulance.



From EMTs and paramedics to dispatchers, billers, maintenance mechanics, administrative staff, and many others, throughout the last 65 years, many people have dedicated their lives to help Sanford Ambulance be successful. Sanford Ambulance is proud to have served the communities of Fargo, Moorhead, West Fargo, and other surrounding areas for 65 years, and we look forward to serving them for many more.



READY WHEELS

For over 35 years, Sanford Ambulance has been the home to Ready Wheels, a professional, non-emergency wheelchair transportation service. Ready Wheels is designed to provide local and long distance wheelchair transportation to anyone whose needs are not met by other services in our community.

Ready Wheels drivers are trained in first aid, CPR, passenger assistance, customer safety, prevention of abuse and customer service. Ready Wheels drivers follow Minnesota DOT Special Transportation guidelines, which helps ensure that drivers meet state and federal safety requirements, with the goal of making sure all passengers reach their destination safely.

*Total number of Ready
Wheels calls in 2024:* **3,590**



SHEMSE

Sanford Health EMS Education (SHEMSE) is a nationally recognized leader in Emergency Medical Services education. The SHEMSE department provides training in emergency medical courses to all levels of providers, including childcare, industry, emergency medical responders, nurses and doctors. The nine full-time educators are all paramedics who have diverse backgrounds and years of experience. The SHEMSE team is committed to educating our community as well as future healthcare providers.







COMMUNITY PARAMEDICS

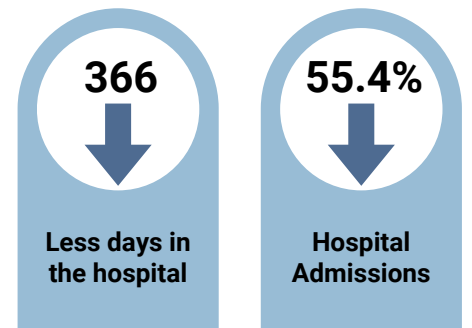
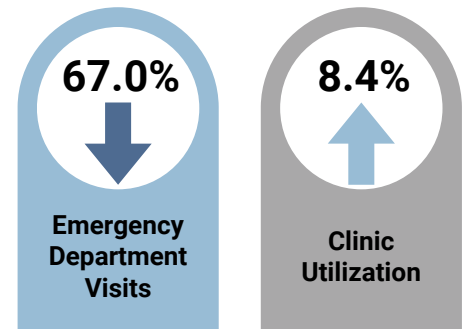
The community paramedic model is almost a complete reversal of what a typical paramedic does; it is a very different approach to emergency medical services. Instead of responding to 911 calls, community paramedics help reduce 911 calls from residents with non-emergency related issues. Community paramedics help fill gaps in the healthcare system for patients who don't qualify to receive care from home healthcare programs and/or social services; this also helps deal with overcrowding in emergency rooms and unnecessary ambulance trips.



Studies suggest that at least one-fifth of the estimated 240 million annual calls to 911 don't qualify as medical emergencies, but instead involve patients with chronic diseases or with mental health or social issues who need help managing their conditions. Sanford Ambulance community paramedics work directly with Sanford Health case managers, social workers, physicians, and RNs who oversee high-risk and complex patients. Anyone on a patient's healthcare team can request services from a community paramedic through a referral system. Once accepted into the program, the healthcare team and the community paramedic work together to deliver the best possible care to the patient.

SANFORD COMMUNITY PARAMEDIC 2024 DATA

-  BLOOD PRESSURES **44.7% IMPROVED**
-  BODY MASS INDEX **37.0% IMPROVED**
-  DEPRESSION **45.5% IMPROVED**
-  A1C LEVELS **72.7% IMPROVED**



COMMUNITY INVOLVEMENT



9,000

Number of hours dedicated to community benefits by Sanford Ambulance employees

3,281

Number of students that learned about seatbelt safety from a Buckle Up with Bucky presentation

90

Number of public relations events Sanford Ambulance attended in 2024

131

Number of community members that completed the SA-F Citizens Academy since 2015



A LOOK AT THE NUMBERS

REQUESTS FOR SERVICE

33,028

22,272

PATIENTS TRANSPORTED

OVERALL MILES DRIVEN
BY OUR CREWS

632,524

84,127

GALLONS OF FUEL USED

TOTAL COST OF FUEL

\$248,787

\$164,240

TOTAL COST OF
VEHICLE REPAIRS

A LOOK AT THE NUMBERS

How often did Sanford Ambulance respond to urban emergency calls in less than nine minutes?

92.75%

Although there is no nationally universally accepted response time goal for ambulance services, most urban ambulance services in the U.S. use the goal of responding to at least 90% of the calls that are coded as emergent responses in under nine minutes.

What was the average chute time?

0:22

Chute time measures the time from when dispatch tells the crew about the call to the time that their wheels start turning to respond to the call. Sanford Ambulance's chute time goal is 0:30.

What was the average response time for an ambulance in 2024?

6:27

What was the average transport time (from scene to emergency room) in 2024?

12:34

What was the average time spent on an emergency call (time dispatched to time available at the hospital)?

48:59

How many calls did an average Sanford Ambulance paramedic respond to in 2024?

728

How many miles was the longest patient transport in 2024?

**335
miles**



A LOOK AT THE NUMBERS

Patient Dispositions

21,393 Transported, non-emergent

The decision whether to transport with lights & sirens is based on the patient's needs. The majority of the patients that we transport are not emergent transports.

3,655 Cancelled

Sometimes we are cancelled prior to arriving at a call if care is not needed.

2,696 Refusal

Unless a patient is unconscious or in an altered state of mind, everyone has the right to refuse ambulance transport.

2,303 2024 NEMSIS Changes

In 2024, the National Emergency Medical Services Information System (NEMSIS) updated their reporting categories. This change caused some overlap in patient dispositions, which makes them outliers on this graph.

865 Assessed, no transport

Some patients may be injured or sick, but they don't need ambulance transport.

824 Transported, emergent

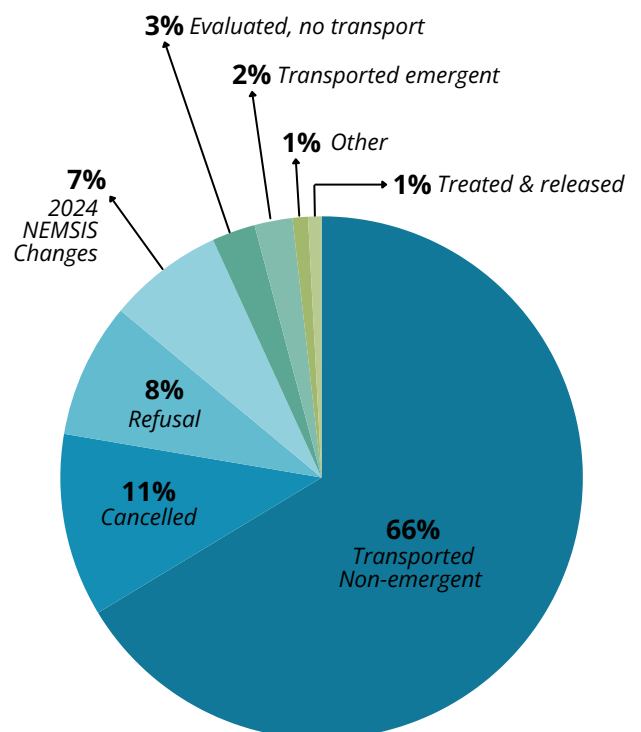
Lights & sirens are used to transport patients who are critically ill or injured in order to get them to definitive care quickly.

307 Other

The "other" category covers calls such as standbys at critical events or times that care is initiated by Sanford Ambulance and then transferred to air transport.

268 Treated & released

In some cases, we can treat a patient on-scene so they don't need to be seen in the emergency department.

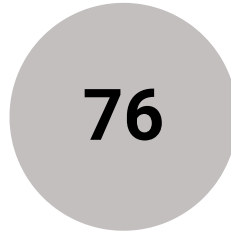


A LOOK AT THE NUMBERS

NUMBER OF IV'S PLACED



CRITICAL PATIENT ALERTS



NUMBER OF IO'S PLACED



MEDICATIONS ADMINISTERED



ADVANCED AIRWAY PLACEMENTS



PATIENTS PLACED ON OXYGEN



STROKE ALERTS



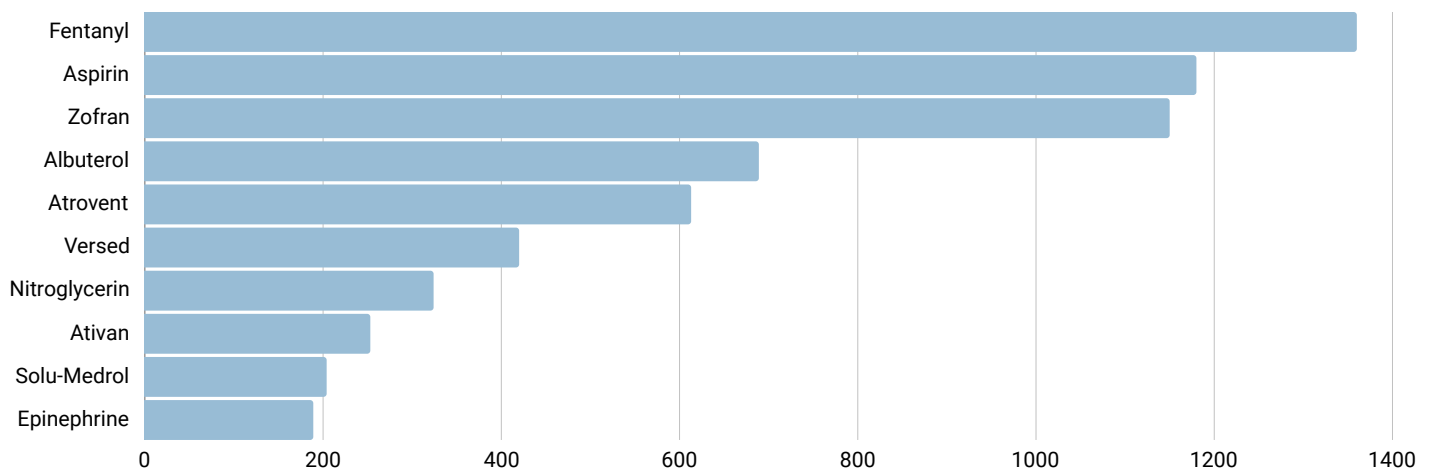
BABIES DELIVERED



TRAUMA ALERTS



Most Common Medications Administered in 2024



A LOOK AT THE NUMBERS



4,038

Number of patients that received a 12-lead EKG

A 12-lead EKG can record the electrical activity of a patient's heart and show paramedics if a patient has an irregular and/or dangerous heart rhythm. 12-lead EKGs are also used to help determine the right course of treatment for a patient.



59

Patients with cath lab activation (STEMI)

A ST-Elevation Mycocardial Infarction, or STEMI, is a very serious type of heart attack in which one of the heart's major arteries is blocked.



202

Number of cardiac arrests

Cardiac arrest happens when the heart stops beating. Without immediate intervention, a patient in cardiac arrest will die.



187

Number of times the LUCAS was used

The LUCAS is a machine that provides high-quality, consistent mechanical chest compressions to patients in cardiac arrest.



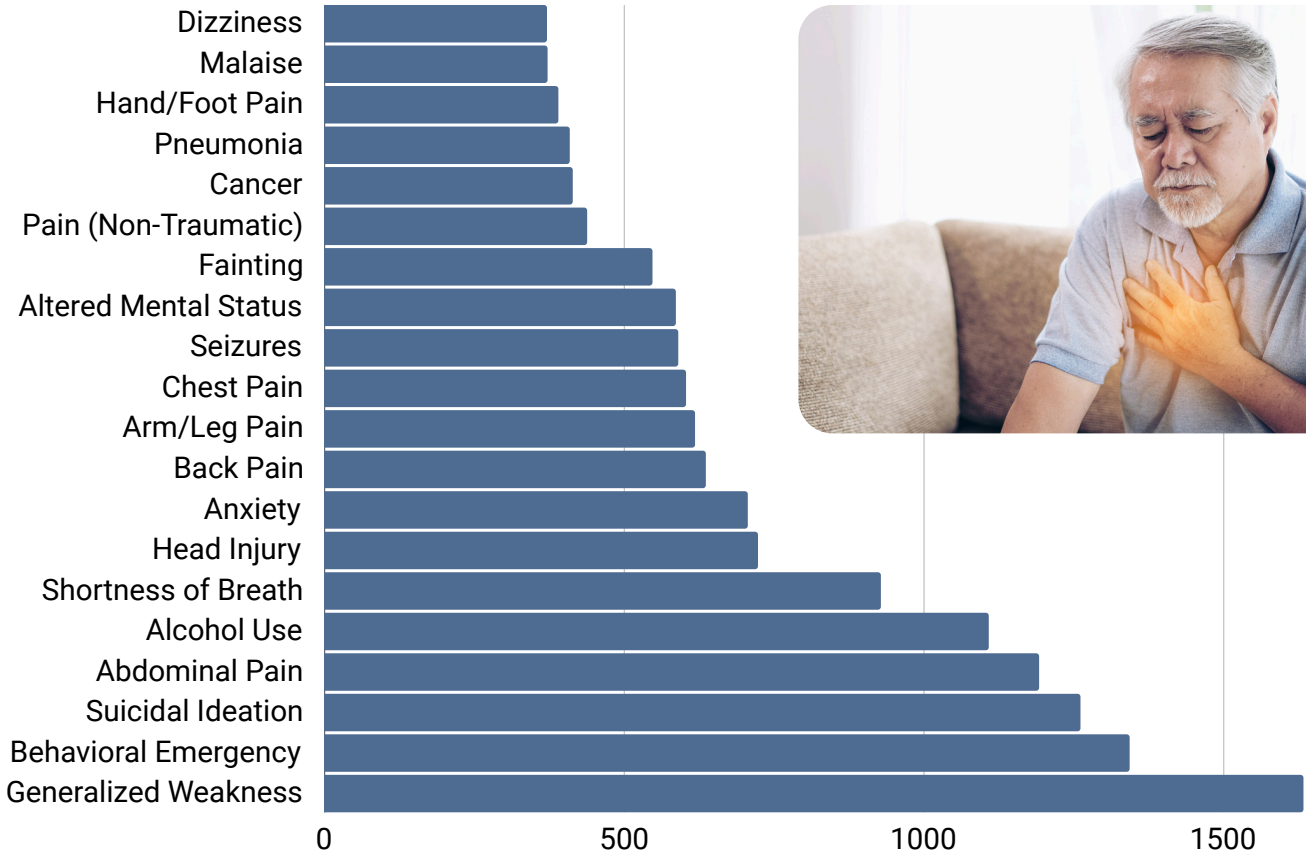
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Number of Sanford Ambulance Citizen Lifesaver Awards in 2024

Pictured: Kyle Cedergren, Justin Sagsveen, David Heideman, and Steve Lorz are all community members whose lives were saved in 2024 by bystanders performing CPR. Sanford Ambulance presents the Citizens Lifesaver Award to bystanders who are essential in saving the life of another person.

A LOOK AT THE NUMBERS

Most Common Calls in 2024



Busiest Day of the Week:

Friday

Slowest Day of the Week:

Sunday

Busiest Time of Day in 2024:

5:00 PM

Busiest Day of 2024:

120 calls in 24 hours

Friday, January 5, 2024

Least Busy Day of 2024:

60 calls in 24 hours

Sunday, September 8, 2024

LOOKING TO THE FUTURE

Once again I end this annual report by saying workforce is still the biggest challenge for our agency. The Sanford Paramedic Academy (SPA) has proven to be an excellent investment in our future. Since its inception we've added four SPA paramedics to our team and look to add another ten in 2025. As we refine this program it will continue to be a major feeder to our full-time staff. In addition to adding new paramedics, we are working hard to retain our veteran work force as well. We realize that having a fully staffed ambulance service will allow us to modify our ambulance deployment plan to allow for static posting of crews at specific stations throughout the city. This will lead to greater employee job satisfaction and greater localized knowledge as crews will spend most of their time in a specific neighborhood.

Sanford Health EMS Education (SHEMSE) will move into the former PRACS building, which we call the Amber Valley Complex, sometime in the third quarter of 2025. We will miss being located in the same building as SHEMSE but the move will offer improved classroom space and educational facilities for our students and free up much needed office space at our headquarters station. Sanford Ambulance Dispatch will move to the Amber Valley Complex in the next phase of development. In addition, we continue to work on plans for a new ambulance post in south Moorhead as that city grows southward as well. In subsequent years we look to build a new headquarters station near the 64th Avenue South intersection with I-94 and to have a dedicated post in Hawley, MN. Our communities are growing and we intend to keep up with that pace.

Sanford Ambulance intends to be innovative with our ambulance deployment model and will look for opportunities to shift volume to our non-emergency ambulance transport division. This will add capacity to the 911 response system to better serve critical patients. We also intend to be innovative with our clinical care. In 2025 we will have whole blood available for infusion in the field and we will be working with our first responding agencies to utilize double sequential external defibrillation for cardiac arrest victims in refractory V-fib or V-tach. This cutting edge intervention will require shocking a patient with two defibrillators from two different pad-placement angles.

In closing I want to recognize that our most valuable resource is the many dedicated professionals that work here. They have touched many lives over the past year. The good work they do often times goes unnoticed but I know they provide great care, show empathy, give comfort, and make a difference every day. I'm humbled with how they accept that great responsibility, and I wish to thank them for their dedication to serving our community.

Thank you,



Tim Meyer, Senior Director
Sanford Ambulance Fargo



