

2025

Annual Report



*Northern
Oxford
Regional
Ambulance
Service*

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Message from the Director

It is my privilege to share this year's annual report on behalf of Med-Care Ambulance. Over the past year, our organization has continued to demonstrate the strength, dedication, and resilience that define our service to the communities we serve.

In 2025, Med-Care Ambulance responded to 4,366 emergency and non-emergency calls, ensuring that timely, professional medical care reached our residents when it was needed most. Our team's commitment to excellence and compassion remains at the heart of everything we do.

This year marked important progress in our capital replacement plan, an effort designed to ensure that our fleet and equipment remain reliable, safe, and capable of meeting the evolving demands of modern emergency medical care. Continued investment in our infrastructure directly translates to greater efficiency, reduced downtime, and improved patient care.

Our administration's success in securing grant funding continues to be a cornerstone of our sustainability and innovation. Over the past five years, we have been awarded nearly \$2 million in grant funding—resources that have allowed us to update technology, enhance training, and expand community-based programs without increasing the financial burden on our member municipalities.

We are also proud of the continued growth of our Community Paramedicine Program, a cornerstone of Med-Care's proactive approach to healthcare in our region. By bringing care directly to patients in their homes, we not only reduce unnecessary hospital visits but also strengthen preventive care and patient relationships—an especially vital service in rural areas.

This year, Med-Care contracted a systemic assessment of our operations, finances, efficiency, and sustainability. This assessment was conducted by SafeTech Solutions. The purpose of this evaluation is to ensure that we remain responsive to both current and future community needs, making data-driven decisions to secure Med-Care's long-term stability and enhance service quality and efficiency.

As we look ahead, our focus remains clear: to provide exceptional emergency medical service, strengthen our partnerships with the communities we serve, and continue innovating in ways that enhance health and safety throughout our region. None of this would be possible without the dedication of our staff, the guidance of our Board of Directors, and the trust and support of our member towns.

On behalf of everyone at Med-Care Ambulance, thank you for your continued confidence in our mission. Together, we are ensuring that high-quality, compassionate care remains close to home for the people of rural Maine.

Paul Landry, Jr.
Chief / Director
Med-Care Ambulance

Mission Statement

Med-Care Ambulance is committed to providing exceptional, patient centered care with respect, accountability, integrity and dedication at all times. We are devoted to ensuring that every member of the communities we serve has access to lifesaving healthcare because at Med-Care, we are *“In It for Life”*.

About Us

In June of 1988 the eleven communities of the River Valley came together and formed the Northern Oxford Regional Ambulance Service which later came to be known as Med-Care Ambulance. The local funeral home that previously provided ambulance service notified the communities it would be ceasing operations.

Acting swiftly and with purpose, the communities worked collaboratively to form the joint ambulance service agreement in just 90 days.

Since the beginning, the communities have been clear about their desire to have quality, paramedic level care available 24/7. Providing emergency medical services in rural areas of Maine is challenging, however our system is an excellent example of how regionalization can improve care for everyone. In fact, other areas in Maine are looking to our model to better provide services as EMS agencies across the nation are facing more challenges.

Today – as we rapidly approach our 40th anniversary, Med-Care continues to be YOUR community ambulance service. Completely owned by all eleven towns with direct oversight by locally appointed board members. Our close community ties allow us to prioritize our citizen's needs.

With a growing staff of around 60 EMS professionals, we provide two paramedic ambulances 24 hours a day and third ambulance based on call volume. In addition, we continue to find new ways to support our communities through programs such as education, 911 address labeling as well as community paramedicine.



Sun Journal paper from June 1, 1988 when Med-Care was being formed. Courtesy of the Sun Journal Archives/Bruce Farrin.

Year in Review



Image courtesy of Ashley Edmondson

Year in Review: Grant Funding and Organizational Investment

Grant writing efforts by Med-Care Ambulance's administrative team continued to deliver significant value to the organization and the communities we serve. Through considerable time, research, and coordination, our three administrators actively pursued grant opportunities for which Med-Care was eligible and developed competitive applications to support both operational needs and workforce development.

Since 2020, these efforts have resulted in more than \$2 million in grant funding, directly strengthening our ability to provide safe, reliable, and modern emergency medical services.

Grant funding has supported the replacement and enhancement of critical equipment essential to daily operations, including the purchase of new VHF radios compatible with current public safety communication standards, ensuring reliable and direct communication with the county 911 center.

Funding also enabled the replacement of six ambulance stretcher securement systems, a required safety component that improves patient stability during transport while reducing the risk of injury to staff. Five aging stair chairs were replaced with new Stryker equipment, improving safety and efficiency when extracting patients from their homes.



Joint training conducted with Rumford Fire.

In addition to equipment upgrades, grant funding supported workforce training and professional development. Through the Substance Abuse and Mental Health Services Administration (SAMHSA), employees received continuing education in Adult and Youth Mental Health First Aid, strengthening our ability to support patients experiencing behavioral health crises. Educational grants also covered tuition for one EMT, two Advanced EMTs, and three Paramedic licensure programs, supporting career advancement and long-term staffing sustainability.

Med-Care's Community Paramedicine program is also grant supported, allowing the service to expand preventive care, post-discharge follow-up, and resource navigation for patients while reducing avoidable emergency department visits and 911 utilization.

Homeland Security grant funding was used to install security cameras at the station, enhancing safety and security for staff, patients, and facilities. In addition, Maine EMS Sustainability Funds were utilized to complete critical infrastructure upgrades, including improvements to facility power redundancy, ensuring continuity of operations during power outages and severe weather events.

Additional grants supported professional development opportunities for administrative staff to attend national-level EMS conferences, ensuring Med-Care remains informed of best practices and emerging trends in emergency medical services. Grant funding also contributed toward the purchase of a replacement ambulance, helping maintain a safe and dependable fleet.



Paramedic Bellegarde practicing airway management.

Together, these investments reflect Med-Care Ambulance's commitment to responsible stewardship of public and grant funding, operational resilience, and the delivery of high-quality emergency and community-based medical care to the residents of our service area.

By The Numbers

Ambulances: 6

Average mileage: 115,000

Quick Response Vehicles: 2

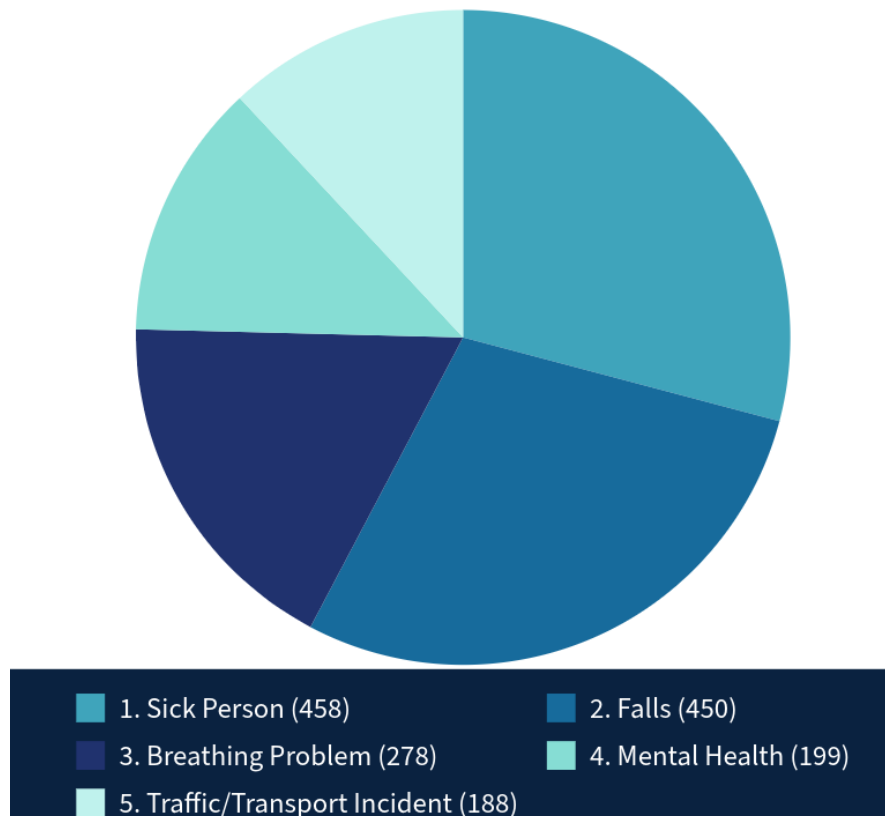
Mass Casualty Trailer: 1

Total emergency calls: 3,283

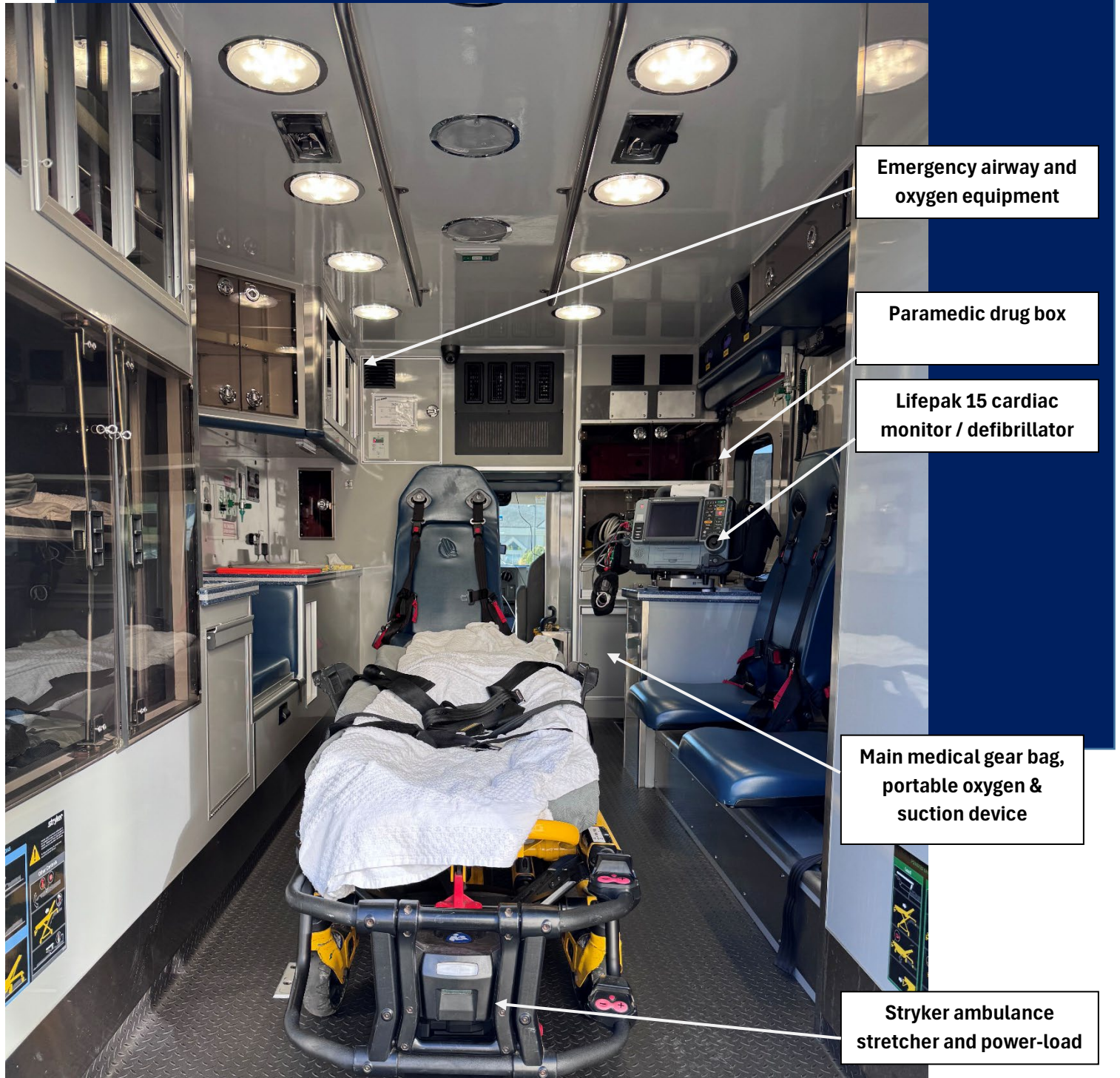
Total inter-facility transfers: 883

Total call volume: 4,366

Top 5 dispatch reasons for 2025



Step Inside Unit 556



Chassis: 2019 Ford E-450

Manufacturer: MEDIX

Mileage: 70,000



***Purchased with grant funds awarded by Maine EMS
Sustainability Funding***

Onboard Technology

- **Dual mobile VHF radios**
- **HAAS enabled GPS system**
- **FirstNet Wi-Fi connectivity**
- **Remote EKG transmission**
- **Power Load stretcher system**

New Programs

Med-Care now has an active peer support team in place to address the needs of our employees. Exposure to traumatic events by first responders far exceeds that of the public. As an organization we have worked to address these concerns by providing resources for employees and developing a culture that supports mental health.

We have partnered with an organization to provide on-site mental health treatment for first responders as well as implementing an app that allows the team to check in with employees after calls that are flagged for potential traumatic events. The system works alongside our electronic patient care reporting system to screen for potential calls meeting these criteria.

Community Paramedicine

This program is a growing trend where paramedics are trained to provide care in the home and address chronic issues or help those who require additional monitoring of their conditions. Community paramedicine visits are episodic, non-urgent, and conducted in out-of-hospital settings like your home. Several programs across Maine are active, including our own.

Community paramedics help fill gaps in health care and support patients with needs like:

- Follow-up care and monitoring after hospital or clinic visits
- Medication compliance checks
- Home safety evaluations
- Chronic condition monitoring
- Assistance connecting patients with primary care or community resources
- Routine vitals, basic labs, vaccinations, and other preventive services



The intent of the program is to reduce unnecessary emergency department visits and hospital readmissions, support chronic disease management, and connect patients with needed resources. Our providers work with our local primary care offices to deliver these services and collaborate with doctors, nurses, and other medical professionals to meet the needs of the patient.



Employee Recognition

Shift Officer Promotion

We want to congratulate Lance Reny, Advanced EMT, on his promotion to the rank of Captain. Lance has worked with us since April of 2023. Prior to that, he has years of experience in both fire and EMS services as well as owned his own repair business and is retired from the United States Navy. Lance contributes to Med-Care as a field training officer (FTO) and actively works as part of our fleet maintenance team.



Chantel pictured at the State House with Chief Landry and Dep. Chief Broomhall at the award ceremony.

Maine EMS Merit Award

Chantel Whitman, Paramedic, received the EMS Merit Award from Maine EMS. The award is conferred for contributions to the EMS system at the local and/or regional level. Recipients have demonstrated involvement and contribution in one or more areas of EMS activities (e.g., system development, education, administration, patient care, service involvement, public education, and quality/process improvement). She was also presented with a legislative sentiment in recognition

of her award, presented by Representative Joe Martin at our base. Chantel is an active member of our team and contributes greatly to various programs. Including serving as a field training officer (FTO) and leading our Peer Support Team. We are very proud of her accomplishments.

Annual Employee Awards

The following were awarded at our annual holiday gathering in December

Part Time Employee of the Year

Jason Foley was awarded part-time employee of the year for 2025. Jason is an EMT and has been with the organization since August of 2024. Jason has a quiet personality but stands out due to his work ethic and professionalism. Jason presents a positive attitude that is contagious and contributes to the overall morale of the organization.



Full Time Employee of the Year

Eric Cripe was awarded full-time employee of the year for 2025. Eric came back to Med-Care in March of 2025. Eric quickly fit in with the crew. He is always looking for ways to help. Eric regularly takes shifts that would otherwise cause a co-worker to be forced. When necessary, Eric fills in as acting Captain, performing additional duties and managing day-to-day operations. Eric treats patients and co-workers with professionalism and compassion.



Innovation Award

The 2025 Innovation award was created to recognize Asst. Deputy Chief Dakota Turnbull for his tireless contributions to Med-Care Ambulance. An innovative person is defined as someone who is creative, original and open-minded. They are characterized by their curiosity and willingness to explore new ideas and concepts. Dakota has not only these attributes, but also the skill, ability and determination to turn these ideas into valuable solutions.



***Thank you to our community members, local officials,
and mutual aid organizations for your continued
support of our organization. We look forward to serving
you and wish you the best in 2026.***

For More Information

Your town office has information available for public access provided by your representative to the board of directors. Board Meetings are held at our facility on the 2nd Wednesday of February, April, June, August, October and December at 6:30pm.

www.med-careambulance.com

SafeTechSolutions

Final Report

ASSESSMENT OF MED-CARE AMBULANCE

December 2025



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I. Executive Summary

As operating today, Med-Care Ambulance is sustainable. This assessment found the service to be financially sound with a stable workforce, community support, and improved organizational culture and leadership. Med-Care Ambulance possesses many of the characteristics needed to thrive. Community members, healthcare providers, and public safety partners speak highly of Med-Care. The organization has the right leadership team in place, and leaders work well together. Ambulance service staff report high employee engagement levels and are invested in the organization.

Med-Care Ambulance, like many rural EMS organizations across the nation, is nevertheless experiencing a slowly evolving crisis made up of many components, including a national change in people's willingness and interest in the EMS profession, the increasing demands of clinical care, regionalization of healthcare, ever-decreasing reimbursement paired with ever-increasing costs of readiness and operations, the decline of rural communities, the population shift to urban and suburban communities, and long transporting distances to tertiary care facilities.

Med-Care Ambulance's long-term sustainability may therefore be threatened due to a combination of many of these factors. Recognizing these challenges, the leaders of Med-Care Ambulance elected to contract SafeTech Solutions, LLP to conduct an agency assessment. SafeTech Solutions is a national EMS consulting firm with deep experience and expertise in rural EMS. The focused assessment, completed in the Summer and Fall of 2025, resulted in 6 major recommendations built from 18 key observations. These are listed and summarized below:

Major Recommendations:	
1. Consider increasing the community subsidy.	Begin a conversation to increase Med-Care's subsidy. This would allow for more competitive wages as well as provide greater capital funds.
2. Practice data-gathering and data-analysis regularly.	Regularly use data to determine if resources are appropriately aligned with call volumes and system needs.
3. Continue development of a capital replacement plan with dedicated funding.	A capital equipment replacement plan has been developed; continue that effort as well as designating a dedicated funding mechanism for forecasted replacement costs.
4. Standardize an annual report to stakeholders and present it regularly.	
5. Invest in leadership training.	Develop leadership by providing structured leadership education/training, specifically to front-line supervisors (Captains).
6. Continue strong stakeholder engagement.	Continue building and maintaining relationships and influence with key stakeholders to ensure transparency, support, and a shared vision for EMS in the River Valley.

Key Observations:
1. As operating today, Med-Care is sustainable and financially sound, with a growing reserve account and access to sophisticated budgeting practices.
2. EMS is a vital and desirable element of healthcare and quality of life, expected by citizens and tourists within Med-Care's service area.
3. Med-Care has the right leadership team in place, and the leadership team works well together and speaks with a unified voice.
4. Med-Care and its clinical practice is held in high regard by the community, its public safety partners, and the healthcare community.
5. All eleven communities served by Med-Care agree regarding the need for financial support of the ambulance service.
6. The current funding stream provided by public tax support and billing for services may not be meeting the current needs and may need to be adjusted to ensure a stable and engaged workforce.
7. Organizational culture and employee engagement have improved under the new leadership.
8. Healthcare system alignments may pose threats to future interfacility transport volumes.
9. There is some tension around the priority given to interfacility transfers. Healthcare organizations view transfers as a priority and feel system stress when resources are unavailable. The public, on the other hand, is concerned that resources for local 9-1-1 become limited due to transfers.
10. Gathering and leveraging data may be helpful and is likely an essential practice in supporting long-term sustainability.
11. The role of the Board of Directors is clear and is focused on budgeting, operational policy approval, and collective bargaining. The Board employs the Director, and the Director employs staff and other leadership.
12. Many of the eleven municipalities regularly attend meetings and actively participate in all efforts.
13. A capital equipment replacement plan has recently been developed and built into the annual budget.
14. Billing rates are legislatively limited and are being maximized with the assistance of the contracted billing service.
15. Oxford County is large, rural, economically challenged, and has an aging population.
16. Front-line supervisors (Captains) are at times inconsistent in their application of expectations, union contract components, and policy interpretations. This leads to stress amongst front-line staff.

17. Grant funding efforts have subsidized numerous purchases and programs.

18. Med-Care utilizes some of the most sophisticated accounting available for an organization of its size.

II. Introduction and Methodology

SafeTech Solutions, LLP is a national EMS consulting firm with expertise in the assessment, planning, and improvement of rural ambulance services. In April 2025, SafeTech Solutions began a multi-month assessment of Med-Care Ambulance Service to consider the sustainability, reliability, and long-term viability of the organization.

The goals of the Med-Care Ambulance assessment were to:

- Evaluate the sustainability, reliability, and long-term viability of Med-Care;
- Look for system components that are working well;
- Evaluate Med-Care's organizational culture, leadership, and finances; and
- Make recommendations for change and improvement as needed.

The assessment focused on local needs, current operations, system design, and available supporting resources, with an eye toward long-term sustainability, reliability, and viability. The scope of the assessment was limited. The assessment was not an audit of the organization's finances, clinical care, or organizational culture. Air medical services were not part of the assessment. All data was provided by Med-Care itself and was validated by SafeTech Solutions' best efforts via follow-up questions and further data gathering. SafeTech Solutions provided a list of key stakeholder categories for focused interviews, and Med-Care selected individuals to be interviewed.

Like many rural, remote, and frontier ambulance services across the United States, Med-Care Ambulance is facing challenges that have converged into a "perfect storm." First, the ability to recruit and retain staff is at an all-time low; second, the regionalization of healthcare means more and more demands are placed on ambulance service staff who must transport patients further distances; third, the ever-increasing cost of providing EMS, along with ever-decreasing reimbursement for services, makes financial resources available to maintain and grow EMS organizations scarce; and lastly, the multi-year effects of the COVID-19 global pandemic on organizations, leaders, and current and future personnel have strained and challenged EMS in ways we are still trying to understand.

Like many rural EMS agencies, Med-Care Ambulance is facing challenges in: recruiting and retaining staff; financial sustainability; the struggle to provide both 9-1-1 and inter-facility transports; insufficient revenues to pay for the true cost of providing EMS; the regionalization of healthcare; and demands for ever-more-sophisticated out-of-hospital clinical care. These concerns, among many others, led the organization to request an assessment by an outside firm.

SafeTech Solutions' approach to assessments capitalizes on the firm's extensive understanding of rural EMS systems and experiences working with leaders and organizations nationwide. The assessment team for the Med-Care Ambulance project gathered quantitative and

qualitative data through research, site visits, interviews, and requests for documentation. Two consultants visited Med-Care Ambulance to review documents and data, conduct interviews, and assess operations. In addition to evaluating the ambulance service (including organizational structure, leadership, and operations), SafeTech Solutions researched and deeply considered the social, economic, demographic, cultural, and political issues in the wider area.

SafeTech Solutions' process aims to produce specific recommendations based on industry best practices that are meaningful, measurable, and actionable. This report summarizes the findings, key observations, and recommendations resulting from the assessment process.

III. Overview of Oxford County, Maine

Oxford County, located in the western foothills of the state of Maine, is bordered to the west by New Hampshire and to the north by Quebec, Canada. A year-round tourist destination, the area is a popular destination for hiking, biking, and camping as well as skiing, snowmobiling, and ATVing.

Officially formed in 1805, Oxford County was originally part of the traditional lands of the Western Abenaki, including the Pequawket Indian band.¹ The county was named for Oxford, Massachusetts and encompassed one of the state's first English farming communities. Organized European settlement of the region was incentivized by Massachusetts-issued land grants that drew individuals and families from states like Massachusetts and Connecticut to establish farmsteads along the Androscoggin and Saco Rivers. As farming and forest-clearing expanded in the 19th century, settlement and local trade burgeoned. By the mid- to late-1800s, small scale manufacturing included wool and sawmills which utilized first mainly seasonal labor and river transport, and then rapidly grew with the introduction of the railway system.²

The town of Rumford, in Oxford County, was organized in 1892 and named for Count von Rumford (Sir Benjamin Thompson), one of the proprietors. Originally named the Oxford Paper Company, the Rumford Mead Paper Company mill was established in 1899 on the Androscoggin River.³ In the mid-20th century, Oxford County's economy continued to rely heavily on the paper industry, which employed thousands. Beginning in the post-World War II period, however, competition from southern mills began to erode Maine's advantages, and coupled with the energy crises of the 1970s, forced the region to transition toward lighter manufacturing and a recreation-based tourist economy.⁴

As the region entered the 21st century, it leveraged its natural assets for ecotourism and outdoor recreational use, thereby offsetting some of its industrial economic and demographic losses.⁵ Today, Oxford County boasts first-class outdoor recreation and visitor facilities, supported by local investments in trails and parks as well as local governance emphasizing practical land use policies that balance conservation and development.

¹ Oxford County Lakes, The University of Maine, <https://umaine.edu/undiscoveredmaine/western-maine/oxford/>

² Oxford County, Maine. Grokipedia. https://grokipedia.com/page/Oxford_County%2C_Maine

³ Oxford County, Maine, United States. Britannica. <https://www.britannica.com/place/Oxford-county-Maine>

⁴ Oxford County, Maine. Grokipedia. https://grokipedia.com/page/Oxford_County%2C_Maine

⁵ Ibid.

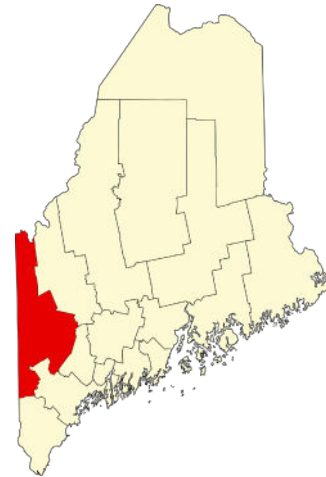
Oxford County encompasses 34 incorporated towns as well as several unorganized territories. Local governance is provided by elected officials and town meetings in incorporated towns. Oxford County's unorganized territories are managed directly by the state, however, and residents of these areas experience structural challenges including the absence of local taxation for services like emergency response, as well as the need to travel to nearby municipalities for schooling and healthcare.⁶ The growth of tourism in the area, in addition to demographic trends and recent shifts in the healthcare landscape, makes the provision of out-of-hospital EMS vital.

The Land

Oxford County covers 2,077 square miles of land area, including portions of the White Mountain National Forest and other federally and state-protected wilderness areas. Principal rivers include the Androscoggin and Saco Rivers, which drain much of the area. The county contains numerous water bodies, including the Mooselookmeguntic and Aziscohos Lakes. Old Speck Mountain is the county's highest point, rising to 4,180 feet.⁷

The Appalachian Trail runs through the county as do numerous other hiking trails. In winter, snowmobilers enjoy an extensive trail system that is well maintained by local clubs.⁸

The climate in Oxford County is marked by cold, snowy winters and mild summers. Annual temperatures range from lows of 10 degrees Fahrenheit in January to highs of 79 degrees Fahrenheit in July.⁹ Primary forest types are maple, birch, and beech, with stands of pine, spruce, fir, and aspen.¹⁰



Source: Wikimedia Commons

Borders

Located in western Maine, Oxford County is bordered to the west by the state of New Hampshire and to the north by Quebec, Canada. To the east is Franklin County, and the south is bordered by Androscoggin County and Cumberland County.

From its source in New Hampshire, the Androscoggin River runs through Oxford County from west to east. Historically, the Androscoggin served as a natural border influencing settlement and trade as well as a highway for the transportation of people and goods. As it flows through present-day Rumford, the Androscoggin features a series of spectacular waterfalls that, together, have a total drop of 176 feet.¹¹

Oxford County is accessible to other more populous regions nearby via its southern border. Portions of Oxford County fall within the Lewiston-Auburn metropolitan area in

⁶ Ibid.

⁷ Ibid.

⁸ Oxford County. Wiki Voyage. [https://en.wikivoyage.org/wiki/Oxford_County_\(Maine\)](https://en.wikivoyage.org/wiki/Oxford_County_(Maine))

⁹ Oxford County, Maine. Grokipedia. https://grokipedia.com/page/Oxford_County%2C_Maine

¹⁰ Oxford County, Maine, United States. Britannica. <https://www.britannica.com/place/Oxford-county-Maine>

¹¹ Maine's River Valley. 2025-26 Four Season Visitor's Guide. River Valley Chamber of Commerce. <https://rivervalleychamber.com/wp-content/uploads/2025/06/RVCC-Guide-25-WEB.pdf>

Androscoggin County. Additionally, the city of Portland, Maine, lies about 41 miles driving distance to the southeast, in Cumberland County.¹²

Land Use, Tourism & Industry

Historically, forestry and agriculture supported the bulk of Oxford County's economy. Today, however, agriculture, forestry, fishing, hunting, and mining comprise only 2.5% of jobs. Oxford County's primary industries reflect a rural economy in transition from resource extraction to services, such as healthcare, social services, and retail.

Manufacturing in Oxford County includes wood product processing, which is tied to timber harvesting in the region. Harvest levels in Oxford County have declined in recent years, reflecting market dynamics as well as regulatory oversight emphasizing sustainable practices.¹³



Source: Wikimedia Commons

Mining in Oxford County was for graphite in the mid- to late-1800s. While today there are some small-scale mineral sites active in the county, mining in the region has ceased to be commercially operational.¹⁴

Tourism in Oxford County provides year-round revenue, with the county's natural abundance of wildlife and scenic landscapes supporting outdoor recreational opportunities such as hunting, fishing, hiking, camping, skiing, and snowmobiling. Winter sports draw many visitors, with Sunday River Resort in Newry offering 884 skiable acres across eight peaks and 14,000 miles of interconnected snowmobile trails spanning western Maine.

In addition to tourism, employment in the healthcare, social assistance, retail, and manufacturing sectors form the base of Oxford County's economy.¹⁵ In 2023, the economy of Oxford County employed 26.8k people.¹⁶

The People

In 2023, the population of Oxford County was 58.7k people. This is an increase of approximately 450 people from 2022.¹⁷ The county's population density stood at approximately 27 persons per square mile in 2020, reflecting the county's rural character with limited urbanization. In 2023, median household income for the county's 23.7k households was \$57,933.¹⁸ A large majority, 93%, of the residents in Oxford County are White. In addition, 99.3% are United States citizens.

Oxford County has three districts into which municipalities are organized as follows:

¹² Oxford County, Maine. Grokipedia. https://grokipedia.com/page/Oxford_County%2C_Maine

¹³ Ibid.

¹⁴ Ibid.

¹⁵ Data USA: Oxford County, ME. <https://datausa.io/profile/geo/oxford-county-me>

¹⁶ Ibid.

¹⁷ Ibid.

¹⁸ Ibid.

1. Bethel, Brownfield, Denmark, Fryeburg, Hanover, Hiram, Lovell, Norway, Porter, Stow, Sweden, Waterford, and the unorganized territories of Batchelders Grant and Mason.
2. Andover, Byron, Canton, Dixfield, Gilead, Hartford, Lincoln Plantation, Magalloway Plantation, Mexico, Newry, Peru, Roxbury, Rumford, Sumner, Upton, the unorganized territory of Milton, and the unorganized territories of Northern Oxford.
3. Buckfield, Greenwood, Hebron, Otisfield, Oxford, Paris, Stoneham, West Paris, Woodstock, and the unorganized territories of Albany.¹⁹

There are also census-designated places (CDPs) within Oxford County that delineate population concentrations lacking independent incorporation. Examples encompass Bethel, Dixfield, Fryeburg, Kezar Falls, Mexico, Norway, Oxford, Rumford, and South Paris, where clusters of denser populations amid rural surrounding areas may be statistically tracked.

Oxford County's unorganized territories include North Oxford, South Oxford, and Milton. North Oxford is the largest and accounts for approximately 25% of the county's total land area.²⁰

According to the 2019-2023 American Community Survey, Oxford County's median age is 48.3 years. This is older than Maine's 44.8 and the U.S.'s 38.7 years, reflecting the county's aging trend.²¹ According to the United States Census Bureau, the share of the population between 0 to 4 years old *decreased* from 5.1% in 2020 to 4.2% in 2022, while the share of the population aged 65 and above *increased* from 17.1% to 23.8% in the same time period.²² The county's aging population poses challenges for workforce and for allocating healthcare resources, including emergency medical services.

Government and Politics

Oxford County is administered by a board of three commissioners, each elected by voters to represent one of the three geographic districts. The commissioners have authority over county operations, oversee budgets for essential services, and manage construction and repair of infrastructure like bridges and roads.

County finances depend heavily on property tax assessments, supplemented by fees and state reimbursements. The budget process entails departmental funding requests, commissioner review, public hearings, and final adoption by the commissioners. A nine-member advisory committee provides input.

In Oxford County, approximately 34% of registered voters are unenrolled, reflecting a strong preference for independence from major parties. Among enrolled voters, Republicans outnumber Democrats and other parties. Voters in both the 2020 and 2024 presidential elections strongly supported Donald Trump over Democratic rivals. Local elections reflect strong fiscal conservatism as well as support for policies that limit regulation of land and resources. This is consistent with rural voting patterns nationwide.²³

¹⁹ Oxford County Online: The Official Oxford County Web Site. At a Glance.

<https://web.archive.org/web/20080120160707/http://www.oxfordcounty.org/glance.htm>

²⁰ Oxford County, Maine. Grokipedia. https://grokipedia.com/page/Oxford_County%2C_Maine

²¹ Ibid.

²² Our Changing Population: Oxford County, Maine. USAFacts. <https://usafacts.org/data/topics/people-society/population-and-demographics/our-changing-population/state/maine/county/oxford-county/>

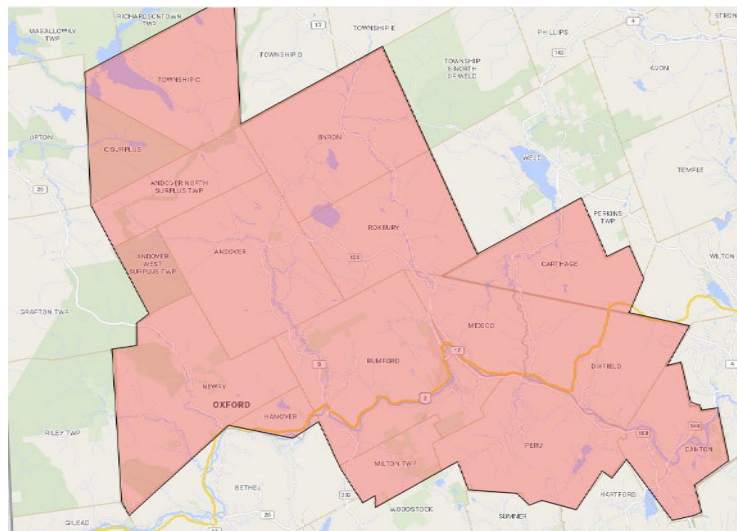
²³ Oxford County, Maine. Grokipedia. https://grokipedia.com/page/Oxford_County%2C_Maine

IV. Overview of Med-Care Ambulance

Med-Care Ambulance provides emergency medical services (EMS) to the citizens of 11 of Oxford County's 34 communities. These include Andover, Byron, Canton, Carthage, Dixfield, Hanover, Mexico, Newry, Peru, Roxbury, and Rumford. Med-Care Ambulance is a quasi-municipal ambulance service based in Rumford Falls. The organization is a licensed Advanced Life Support (ALS) ambulance service, with a coverage area of approximately 560 square miles. The district also includes two unincorporated towns which are served by Med-Care per contract with Oxford County.

Med-Care Ambulance is staffed at a level to respond with ALS to the vast majority of the emergency call requests received. Med-Care employs a full-time Chief who is hired by the Board of Directors. In addition to the Chief, the command structure includes Deputy Chief, Assistant Deputy Chief, and shift Captains. A Lieutenant position, also included in the command structure, is unfilled today. FTOs are new to the organization but are in place, with a training program. Today, Med-Care has a staff of 15 fulltime, 2 parttime, and 26 per diem employees. This includes 17 Paramedics, 14 AEMTs, 11 EMTs, 9 drivers, and 3 administrative personnel.

There are seven vehicles on Med-Care's asset list. Four ambulances are used primarily for 9-1-1 response. Two transit vans provide interfacility transports. There are reportedly some maintenance issues with the 9-1-1 ambulances, which were all purchased as used remounts. Med-Care staffs three ambulances, two at the Paramedic level and one a float, all based out of the organization's Mexico, Maine location.



Med-Care Ambulance responds to approximately 4,200 requests for service annually, including approximately 880 interfacility transports. Of these requests for service, roughly 67% are for emergency responses. Today Med-Care appears to cover most of their own 9-1-1 calls and is the primary transport agency for the local hospital, a critical access hospital with no surgical, obstetrics, or specialty services. The hospital requires a high volume of interfacility transports, both scheduled and unscheduled. Med-Care Ambulance appears to meet the current demand for interfacility transports, with very few ground transports completed by other services.

Staffing levels at Med-Care Ambulance are consistent for the provision of emergency responses to the citizens within the organization's service area as well as for provision of interfacility transports. There is some concern about recruitment and retention, with hourly pay

at Med-Care reportedly \$5 – 7 below other services in the region. Nonetheless, the assessment found employee engagement and organizational culture are strong, having improved under the new leadership. Employees report feeling heard and validated.

All ambulances are based out of Med-Care's Mexico, Maine location. The assessment revealed some concerns regarding maintenance of ambulances used for 9-1-1 responses. Some staff cited major concerns with maintenance, limiting their ability to provide care. All staff are at the base while on shift. Shifts begin at 8:00 am, with a 24-on/48-off/24-on/96-off structure. Wages are dependent on qualifications, ranging from driver/operator to EMT to AEMT to Paramedic. The Chief is a salaried position. Captains receive a biannual stipend.

Call Taking, Dispatch & Communications

Dispatching for Med-Com Ambulance is done by Oxford County Regional Communication Center, using ProQA and giving determinant codes. Crews are paged via radio and iAmResponding. Apart from two fire departments that respond on Delta/Echo level calls, no other first response exists for most of the service area.

Shift captains assign ambulances and delegate transfers to crews on rotation. Charts are completed on iPads with connectivity in the field, using Elite.

Ground Ambulance Service

Med-Care Ambulance provides service to approximately 560 square miles in Oxford County in western Maine. Med-Care provides emergent and non-emergent response to requests for service as well as interfacility transports originating at Rumford Hospital with Central Maine Medical Center in Lewiston (approximately an hour away) as the primary destination.

Staffing levels maintain consistent coverage for the emergent and non-emergent call volume; however, the large volume of medical transports strains resource availability, and there is some concern that the priority given to interfacility transfers limits resources for local 9-1-1 response. Currently, Med-Care Ambulance is the primary transport agency for the local hospital; very few ground transports are taken by other services.

Receiving Facilities & Other County Healthcare Resources

Rumford Hospital is the primary receiving facility for all emergent and non-emergent requests. The facility is a 20-bed (11 ED bed) critical access hospital that provides primary care, diagnostic and nursing services, women's health, and ambulatory surgery. Rumford Hospital does not have comprehensive surgical care, obstetrics, MRI, or specialty services.

When interfacility transports are needed, Med-Care Ambulance responds with most transfers going to Central Maine Medical Center, a Level III trauma center, in Lewiston, Maine. Other destinations include St. Mary's Regional Medical Center in Lewiston, as well as Maine Medical Center in Portland. The assessment found time on task for transfers is approximately 2.5 hours, though transport distances can vary significantly.

Community Paramedicine

Med-Care Ambulance's Community Paramedicine Program is successful and is appreciated by the hospital. The Community Paramedicine Program is currently funded and made possible by a grant.

EMS Education

Currently there is no EMS education in western Maine. Med-Care providers participate in joint training and education opportunities with Rumford Hospital.

EMS System Oversight

Med-Care Ambulance was formed in 1988 when eleven communities in Northern Oxford County pooled resources to ensure emergency medical services for their residents. Today, each member town provides at least one representative to Med-Care's Board of Directors, which is responsible for budget oversight as well as personnel management and policymaking.²⁴

The Board of Directors is responsible for hiring Med-Care Ambulance's Chief, who in turn employs all other personnel. The Board of Directors' Treasurer and ambulance service leadership manage finances jointly.

Clinical oversight is provided by Dr. Carl Barus, Emergency Physician and Medical Director for the ambulance service. Dr. Barus is engaged, active in the review of patient care reports, and confident in the Med-Care Ambulance providers.

How the EMS System Currently Works

Med-Care Ambulance has a staff of 15 fulltime, 2 parttime, and 26 per diem employees:

Staff – 15 Fulltime / 2 Parttime / 26 Per Diem	
Administration	3
Drivers	9
EMT	11
AEMT	14
Paramedic	17

All staff members originate from Med-Care's base when working shifts. Staff are notified by the local PSAP of requests for service via radio and iAmResponding. Ambulance chute times are typically within 1.6 minutes of notification.

Shift captains give truck assignments and delegate transfers to crews on a rotation. Command staff will jump on trucks if they are needed to staff calls.

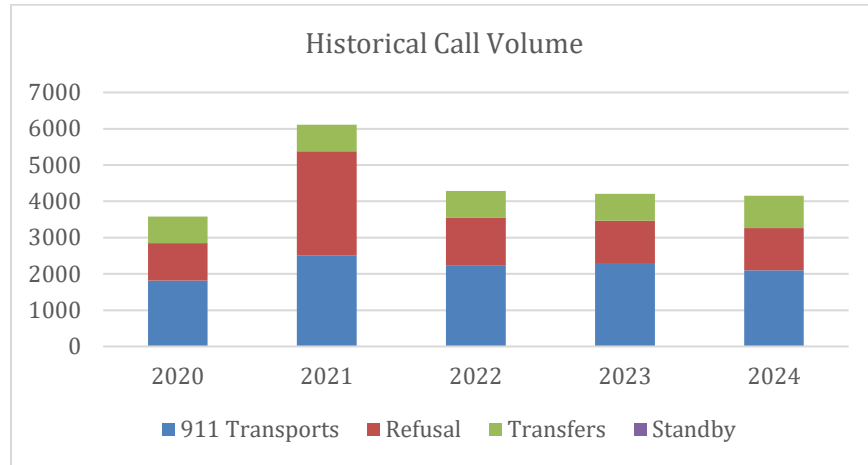
Med-Care Ambulance is the primary transport agency for Rumford Hospital. Patients in need of tertiary care or care levels beyond what Rumford Hospital can provide are transported to other facilities, most often in Lewiston, Maine.

²⁴ Our History. <https://med-careambulance.com/about/>

Upon completion of the ambulance call, crew members complete documentation electronically on iPads using Elite. A third party is used for billing with a separate company for collections.

Call Volume

Med-Care Ambulance responds to approximately 4,200 requests for service annually. Of these, approximately 83% are requests for service through the 9-1-1 system and 17% are interfacility or medical transports.

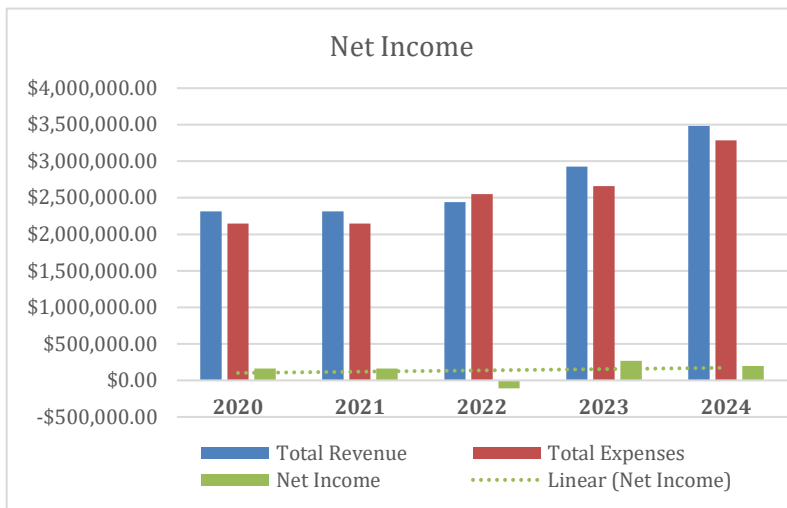


Year	911 Transports	Refusal	Transfers	Standby	Total
2020	1819	1026	734		3579
2021	2513	2866	734		6113
2022	2243	1304	734		4281
2023	2275	1193	734		4202
2024	2102	1164	888		4154

*** Highlighted data is based on estimates of information provided

Financial Structure

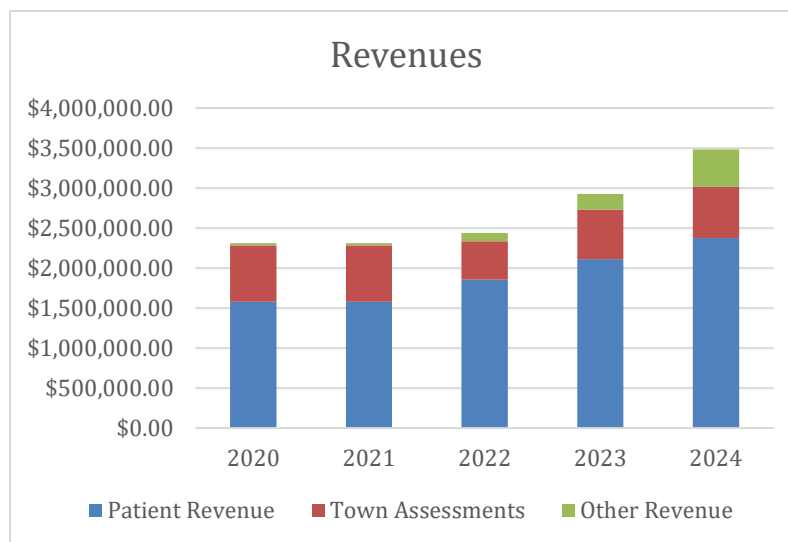
Med-Care Ambulance is a 501 c3 quasi-municipal ambulance service owned by the 11 communities it serves. These communities provide a per capita subsidy, the amount of which is set by the Board of Directors. Subsidy installments are paid monthly and encompass 20% of Med-Care Ambulance's budget. (In addition to its eleven member municipalities, Med-Care serves two unincorporated towns by contract with Oxford County, which funds the coverage for those territories.)



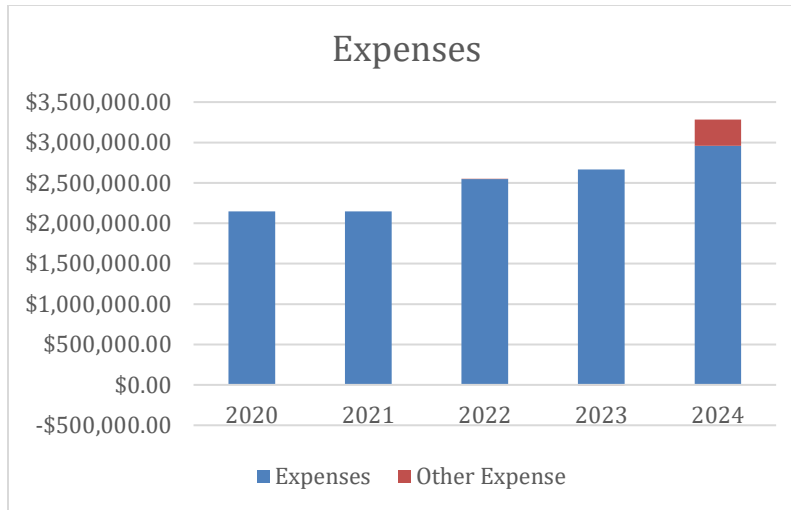
In addition to subsidies from municipalities, Med-Care Ambulance receives funding from billed income as well as grants. Billing for Med-Care Ambulance is done by third-party. Billing rates are legislatively limited, and the assessment found they are being maximized at this time. Grant income generation has been reportedly very successful in

recent years. Grants have helped fund capital expenses and training for staff. A capital equipment replacement plan has recently been formed and built into the annual budget.

The assessment found Med-Care Ambulance's net income to be essentially flat. As call volume has increased, not just revenue, but also expenses, have proportionally increased. Medicare and Medicaid, as well as commercial, reimbursement rates are fixed; thus, revenue growth will not come from billing. Furthermore, the assessment found Med-Care's accounting practices to be sophisticated and thorough. The assessment found the service to be financially sound at present, with a reserve account growing under current budgeting practices.



*** Note: Revenue growth is a product of volume growth.



Equipment, Facilities & Vehicles

Med-Care Ambulance has seven vehicles, including five ambulances used primarily for 9-1-1 response (one of these ambulances is currently out of service); two transit vans used for interfacility transports; and two quick response vehicles. Trucks are all on replacement rotation, approximately every eight years. They all have LifePak 15 monitor, Stryker PowerCot, PowerLoad (with the exception of unit 557), ALS box/meds, Sapphire IV Pump, McGrath Laryngoscope, two portable radios, two mobile radios, WiFi hotspot, iPad for charting in Elite, and GPS tracking.

Car 1 has an ALS box; Car 2 has an ALS box and Monitor. Med-Care Ambulance has one LUCAS device, which is deployed as needed.

Year	Make	Miles	Usage	Unit #
2014	Ford E450 T1	202903	911	557
2013	Ford E450 T3	185799	911	552
2024	Ford Transit 350	40391	IFT	553
2024	Ford Transit 350	58103	IFT	554
2016	Chevy G4500 T3	120539	911	555
2016	Chevy Tahoe	112224	Chief	Car 1
2024	Chevy Tahoe	6584	Community Paramedic	Car 2

The assessment found maintenance concerns regarding the ambulances used for 9-1-1 responses, which were purchased used and may need to be replaced or updated. Equipment is reportedly in good condition, up-to-date, and available.

Clinical Care, Medical Direction & Quality Assurance

Interviews revealed satisfaction and confidence in the quality of patient care being administered by Med-Care Ambulance. Clinical care was reported by all stakeholder groups to be strong. The ambulance service Medical Director is active and engaged with the ambulance service.

Med-Care Ambulance has a Quality Assurance coordinator who oversees the review of patient care reports and sends QI notes to providers.