

2025 Annual Report



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LOGAN COUNTY EMERGENCY MEDICAL SERVICES

2025 Annual Report

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LOGAN COUNTY EMERGENCY MEDICAL SERVICES 2025 Annual Report

Purpose of this Report

This report presents key operational and financial data for the Logan County EMS department to its stakeholders. Stakeholders of Logan County EMS include EMS staff, the county commission, and Logan County taxpayers. This information may also be shared with other EMS agencies to support operational, education, and quality improvement. For more information on the details within this report, or for other operational details, please feel free to contact the EMS Assistant Director through any of the methods below:

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Call Volume

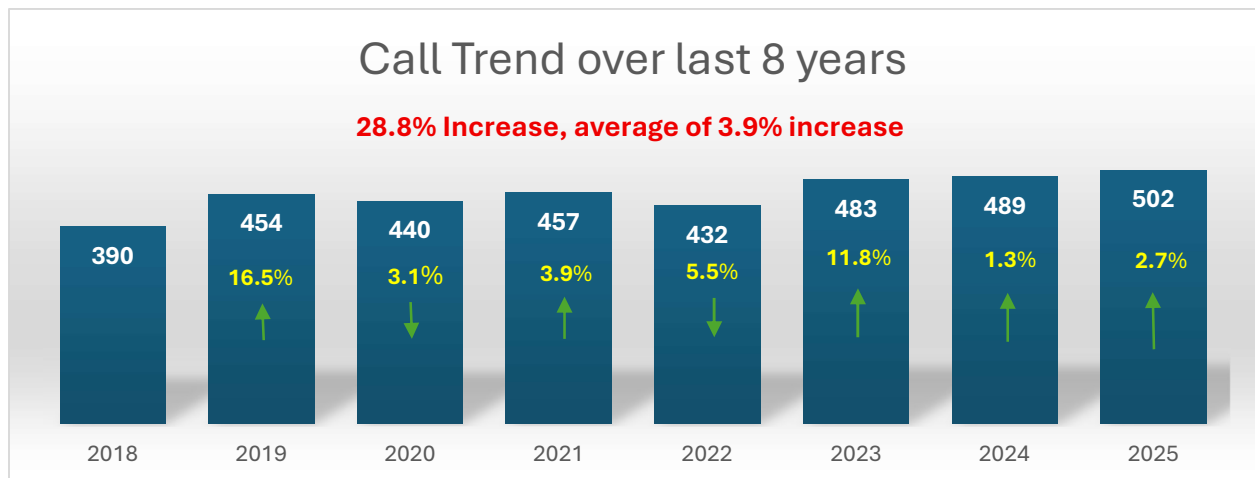
Emergency medical service activity fluctuates from year to year, but long-term trends at both the national and state levels indicate a steady increase in demand. An aging population, more complex medical needs, and increased reliance on EMS within the healthcare system, especially in rural areas such as Logan County, are primarily driving this growth.

In **2025, Logan County EMS received 502 ambulance service requests.** These requests included a mix of emergency calls, transfers, and standby coverage:

- **174 were interfacility transfers that were completed**
- **118 were transfer requests that could not be completed**, most often due to ambulance or staffing availability at the time of the request
- **32 were standby requests** for community or public safety events
- **The remaining requests were 9-1-1 emergency calls**

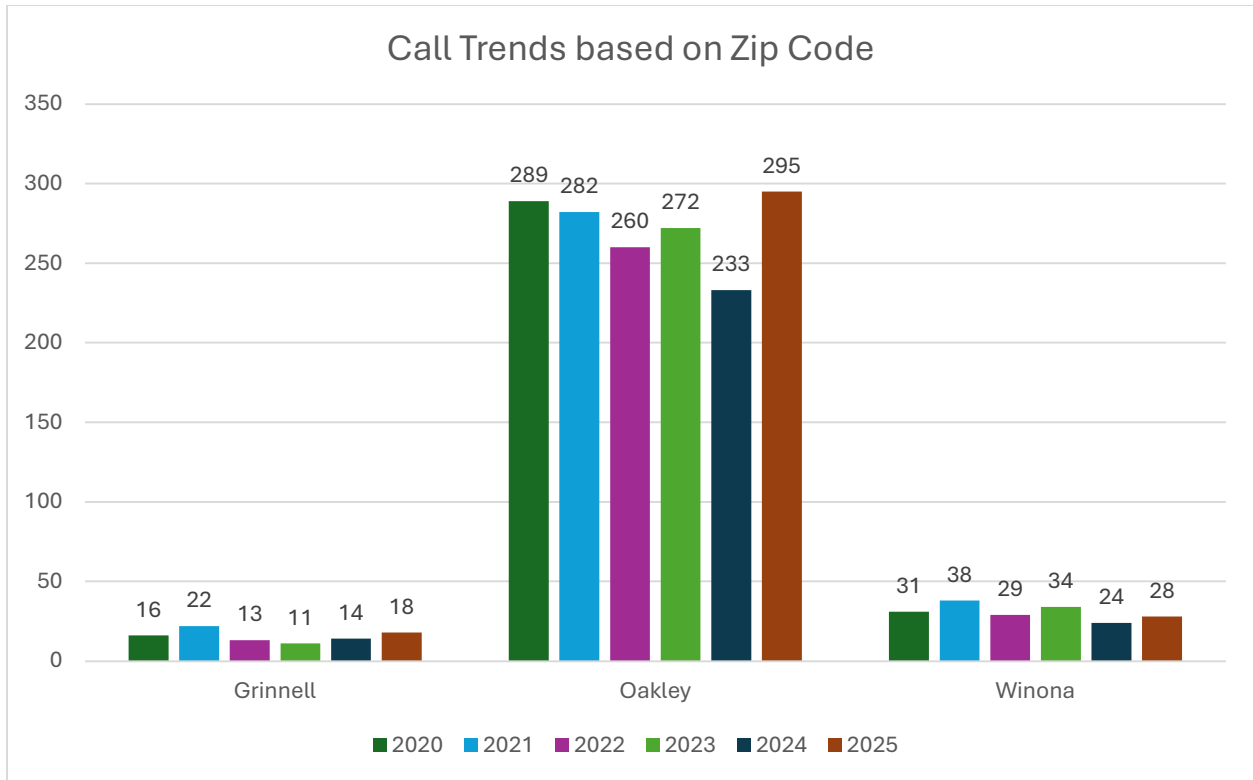
Each time an ambulance is requested, it is counted as a **call**, regardless of urgency. Some calls involve more than one patient—such as traffic accidents—so the total number of patients cared for may exceed the number of calls. For this reason, patient encounters are often used internally to better understand workload and staffing needs.

Looking ahead, Logan County EMS expects demand for services to **continue to increase gradually**. Rural EMS agencies are increasingly asked to fill gaps in the healthcare system, particularly when other options are limited or unavailable. Planning for future staffing, equipment, and funding needs requires recognizing not only the number of calls but also their complexity and the availability of resources to respond.





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Service Area, Operations, and System Impacts

Logan County EMS provides emergency medical coverage across **1,485 square miles**, serving a large rural area with **two ambulance stations**, one located in **Oakley** and one in **Winona**. This geographic size, combined with weather exposure, highway traffic, and long transport distances, creates unique operational challenges that must be considered when evaluating staffing, equipment, and response capability.





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On **May 18, 2025**, Logan County EMS responded to the **Grinnell tornado**. All **three ambulances were deployed** during the incident, and 15 technicians responded. Despite the event's scope, only **two patients required transport**, both from the interstate. During the incident, **911 coverage for the county was maintained by one ambulance from Thomas County**, with additional assistance from **Kylee Maxfield**, an EMT student at the time, who helped with **county navigation and coordination**. This response highlights both the importance of mutual aid agreements and the effectiveness of coordinated regional responses during large-scale emergencies.



Staffing remains a significant operational consideration. **Winona currently has a limited number of certified technicians (four)**. To ensure patient safety and continuous coverage for the Winona service area, the **Oakley ambulance routinely responds when the Winona ambulance is paged**. If the Winona ambulance is staffed with **two certified technicians**, the Winona crew can **cancel the Oakley unit or request that it continue to the scene for assistance**, depending on the situation. Winona crews may also **request an ALS intercept** when patient assessment findings indicate the need for a higher level of care.

Fleet reliability has had a notable impact on operations in 2025. Logan County EMS **took possession of the new "1 Logan 2" ambulance on October 8, 2025**. Overall, the service is pleased with the new unit, though there were **initial challenges that had to be resolved before it could be fully placed into service for transfers**.

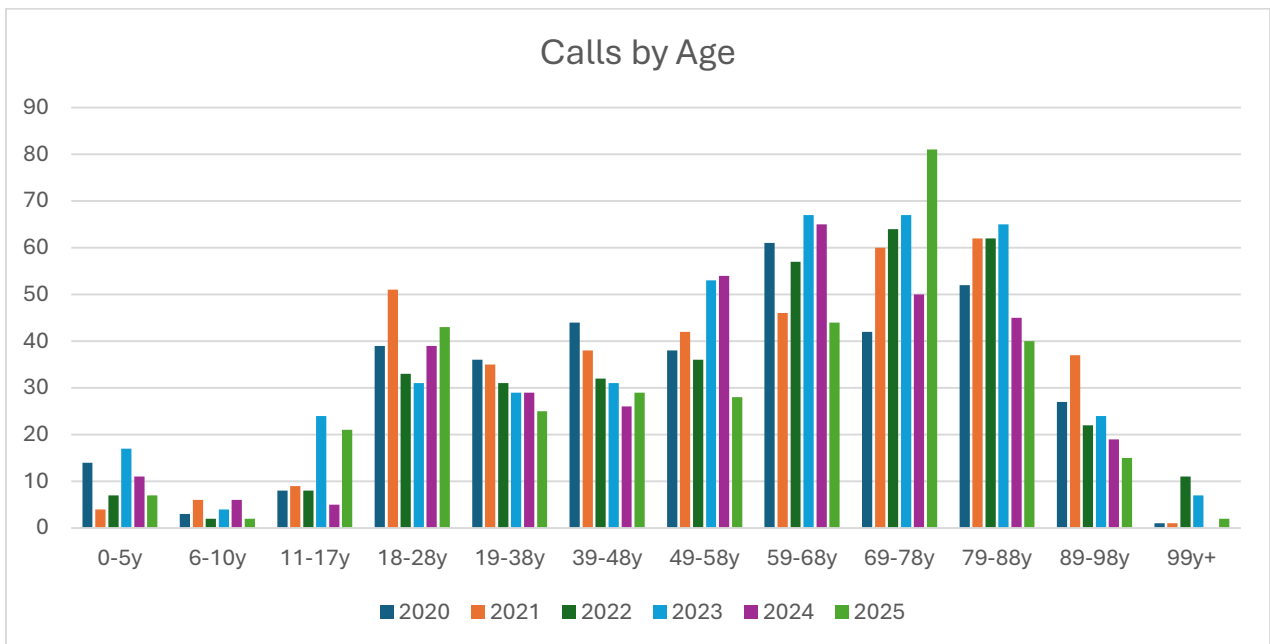
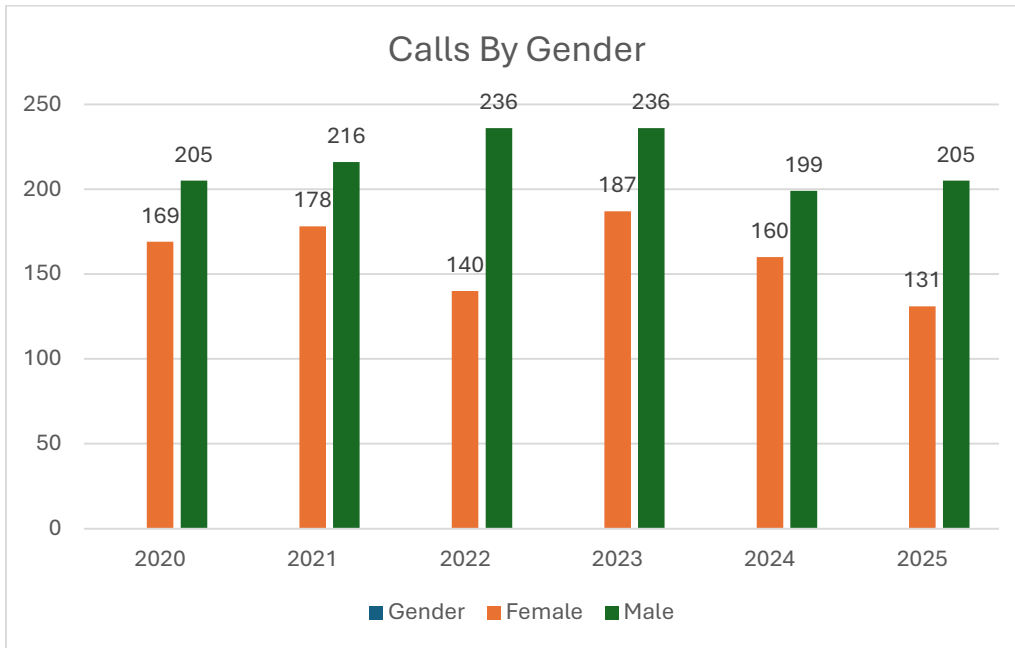
Prior to receiving the new ambulance, the **old "1 Logan 2" unit was inoperable from early September until the replacement arrived**. Beginning in **March**, the older ambulance experienced frequent mechanical issues and was **out of service more often than it was available**, particularly affecting transfer capability. These fleet challenges placed additional strain on remaining units and staff.

Additionally, the **cot in the Logan 1 ambulance has been a persistent issue**, further impacting day-to-day operations and underscoring the need for continued attention to equipment reliability and replacement planning.



Patient Demographics

In **2025**, Logan County EMS saw a notable shift in patient demographics. **Most patients served were male**, with a **significant concentration in the 69–78-year age range**. This represents a **marked increase over prior years and reflects** growing demand for EMS services among older adults in Logan County.





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This local trend closely aligns with **national EMS data**, which shows that adults **65 years and older account for the fastest-growing segment of emergency medical service utilization**. As the baby-boomer generation ages, EMS agencies across the country—particularly in rural areas—are responding to higher call volumes involving complex medical conditions, multiple comorbidities, and increased transport needs.

Older adults are more likely to require EMS care due to:

- Chronic medical conditions
- Falls and mobility-related injuries
- Cardiac, respiratory, and neurologic emergencies
- Medication-related complications
- Limited access to primary or specialty care in rural settings

These calls often require **longer on-scene times, more detailed assessments, additional lifting and movement assistance, and longer transport distances**, all of which place increased demands on personnel and equipment.

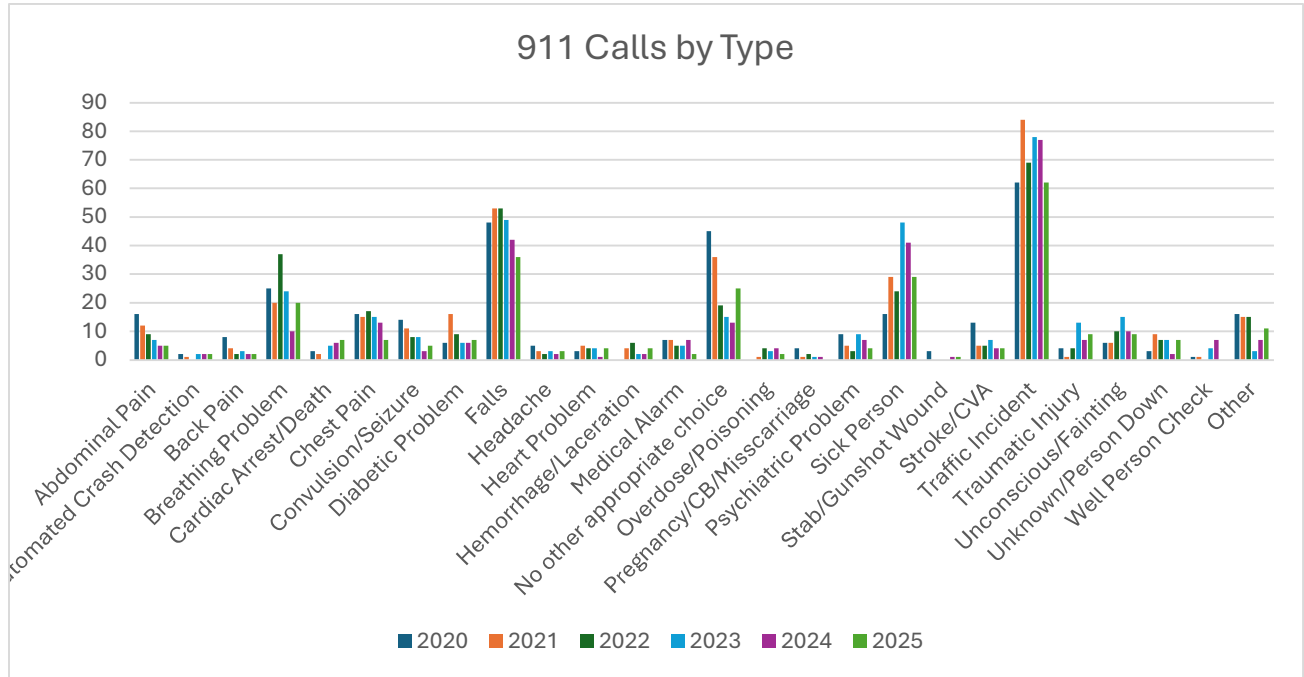
For Logan County EMS, the increase in patients aged **69–78 years** highlights the importance of **staffing stability, reliable patient-handling equipment, and dependable ambulances**. As national aging trends continue, this demographic shift is expected to **persist and grow**, reinforcing the need for forward-looking planning to ensure safe, timely, and effective emergency medical care for Logan County residents.





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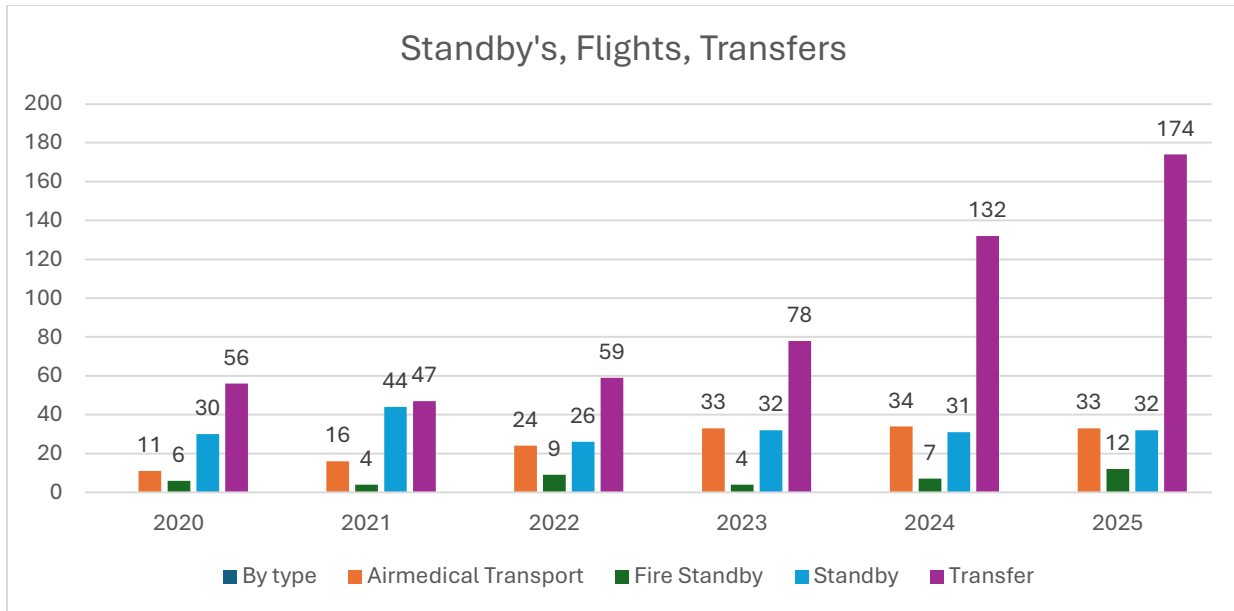
Call Type by Dispatch



911 Call by Type	2020	2021	2022	2023	2024	2025
Abdominal Pain	16	12	9	7	5	5
Auto Crash Detect	2	1	0	2	2	2
Back Pain	8	4	2	3	2	2
Breathing Problem	25	20	37	24	10	20
Cardiac Arrest/Death	3	2	0	5	6	7
Chest Pain	16	15	17	15	13	7
Convulsion/Seizure	14	11	8	8	3	5
Diabetic Problem	6	16	9	6	6	7
Falls	48	53	53	49	42	36
Headache	5	3	2	3	2	3
Heart Problem	3	5	4	4	1	4
Hemorrhage/Laceration	0	4	6	2	2	4
Medical Alarm	7	7	5	5	7	2
No appropriate choice	45	36	19	15	13	25
Overdose/Poisoning	0	1	4	3	4	2
Pregnancy/OB	4	1	2	1	1	0
Psychiatric Problem	9	5	3	9	7	4
Sick Person	16	29	24	48	41	29
Stab/Gunshot Wound	3	0	0	0	1	1
Stroke/CVA	13	5	5	7	4	4
Traffic Incident	62	84	69	78	77	62
Traumatic Injury	4	1	4	13	7	9
Unconscious/Fainting	6	6	10	15	10	9
Unknown/Person Down	3	9	7	7	2	7
Well Person Check	1	1	0	4	7	0
Other	16	15	15	3	7	11



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In **2025**, the most common call type for Logan County EMS was **interfacility transfers**, accounting for **33.6% of total call volume**. This reflects the growing role of EMS in supporting access to higher levels of care, particularly in rural areas where hospital capabilities and specialty services may be limited.

The second most common call type was **traffic-related incidents**, accounting for **11.8% of calls**. These incidents often involve highway travel through the county and can range from minor crashes to high-acuity, multi-patient events requiring significant resources.

Falls accounted for 6.2% of call volume. Many of these calls result in a **public assist**, meaning the patient was not injured but required help getting up after a fall. These calls are especially common among older adults and still require EMS responses to ensure patient safety and appropriate assessment.

The **“Sick Person” category** encompasses a wide range of general medical complaints and miscellaneous illnesses and remains a frequent reason for EMS activation, underscoring EMS's role as a frontline healthcare resource.

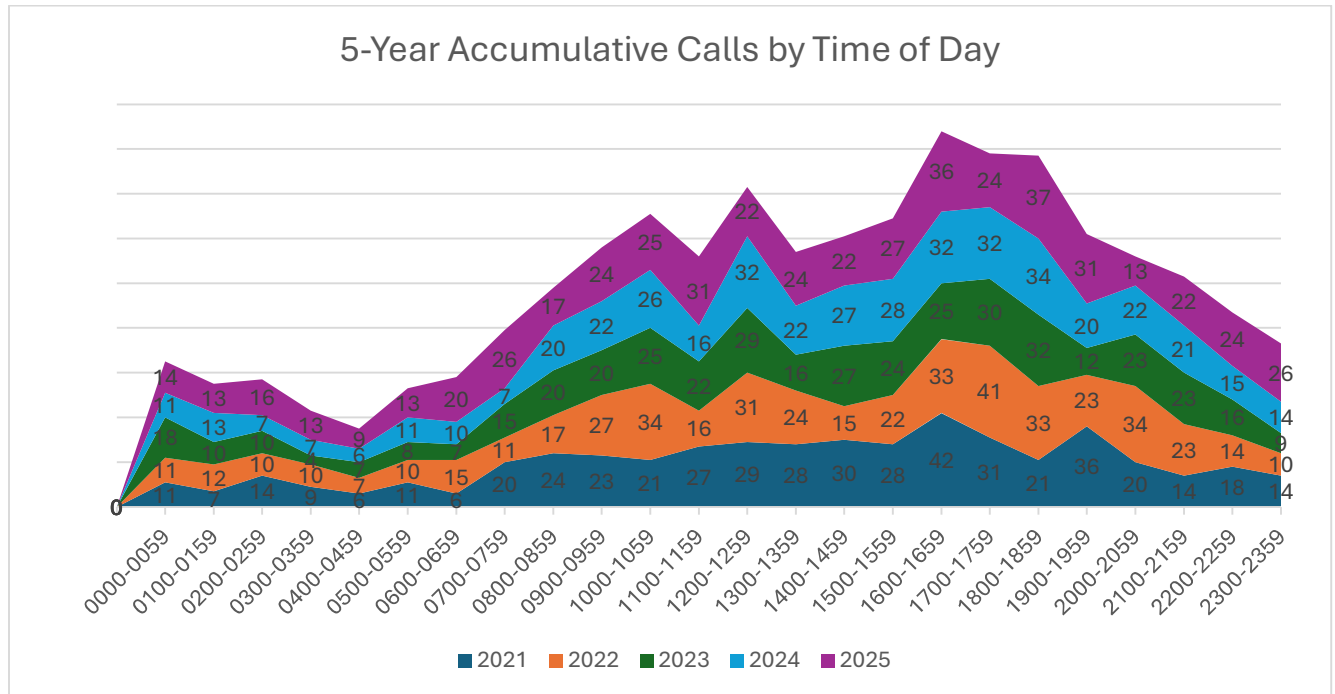
The **“Other” category** includes lower-volume call types such as headaches, pregnancy-related issues, assaults, and similar events that individually occur less frequently but collectively contribute to the overall workload.

It is important to note that **call types are based on information provided at dispatch** and may change once crews arrive on scene and complete patient assessment. For example, calls initially dispatched as falls or unconscious people may ultimately be identified as cardiac arrest or other serious medical emergencies. Dispatch data reflects how EMS is requested, not always the final medical determination.



Calls by Time of Day

Review of **call activity by time of day over the past five years** shows a consistent pattern in when Logan County EMS is most frequently paged. Historically, the **most common time to be paged out has been between 5:00 p.m. and 6:00 p.m.** In **2024 and 2025**, that peak shifted slightly later, with the highest call volume occurring between **6:00 p.m. and 7:00 p.m.**



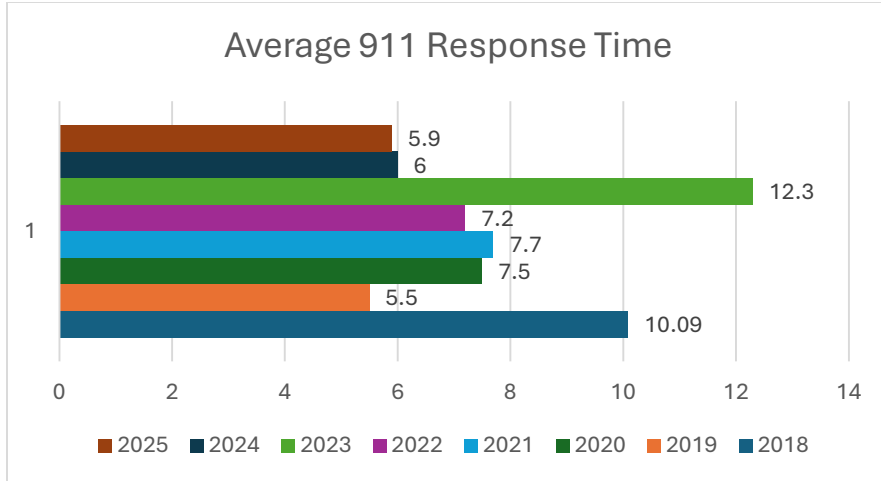
Response time data indicate an overall improvement in 2024 and 2025, largely attributable to having staff physically present in the office during normal working hours under the **0700–1900 EMS shift**. This staffing model has improved daytime and early evening response readiness and reduced delays related to assembling crews.

Note that this data includes **all responses from both Oakley and Winona**. Due to distance, staffing limitations, and geography, **Winona's response times may be longer**, which can affect countywide averages.

Kansas state standards require EMS agencies to make every effort to achieve a **5-minute response time**. Logan County EMS continues to work diligently toward meeting this expectation. Logan County EMS is staffed 100% of the time with at least two, if not three, responders. This always includes one volunteer and sometimes a combination of Volunteer and staff crew. Response times reflect the commitment of both volunteer and staff personnel to respond as quickly as possible in rural conditions.



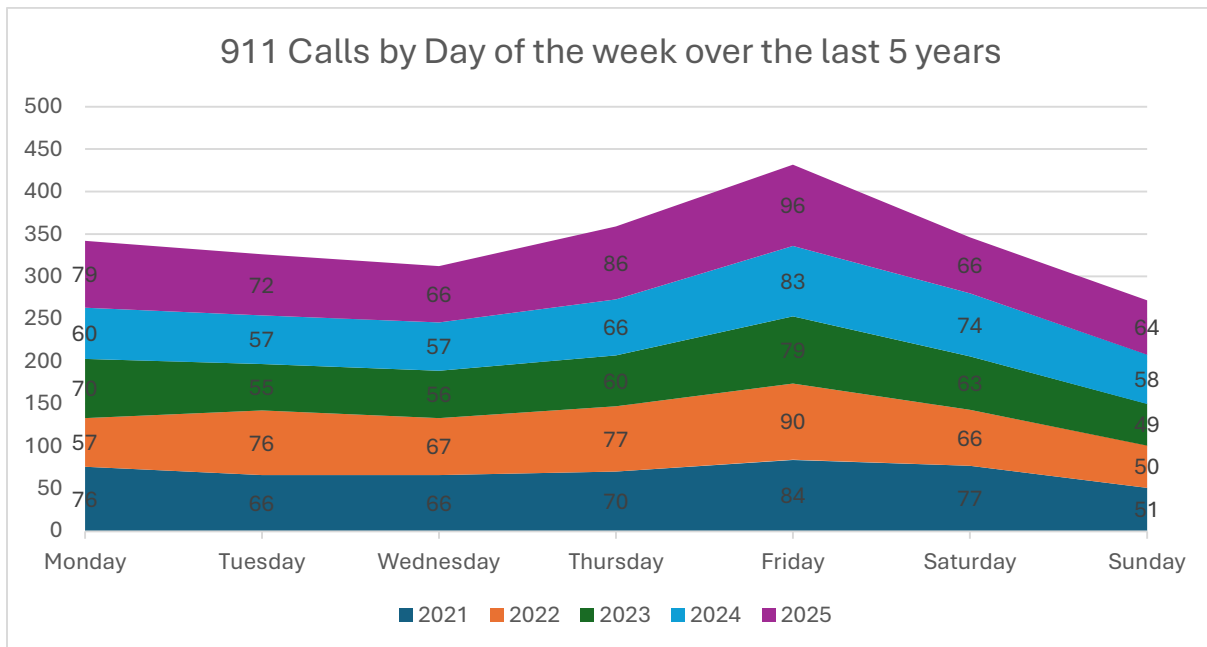
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Analysis of daily call volume shows Fridays consistently generate the highest **volume**. When reviewing call volume by month:

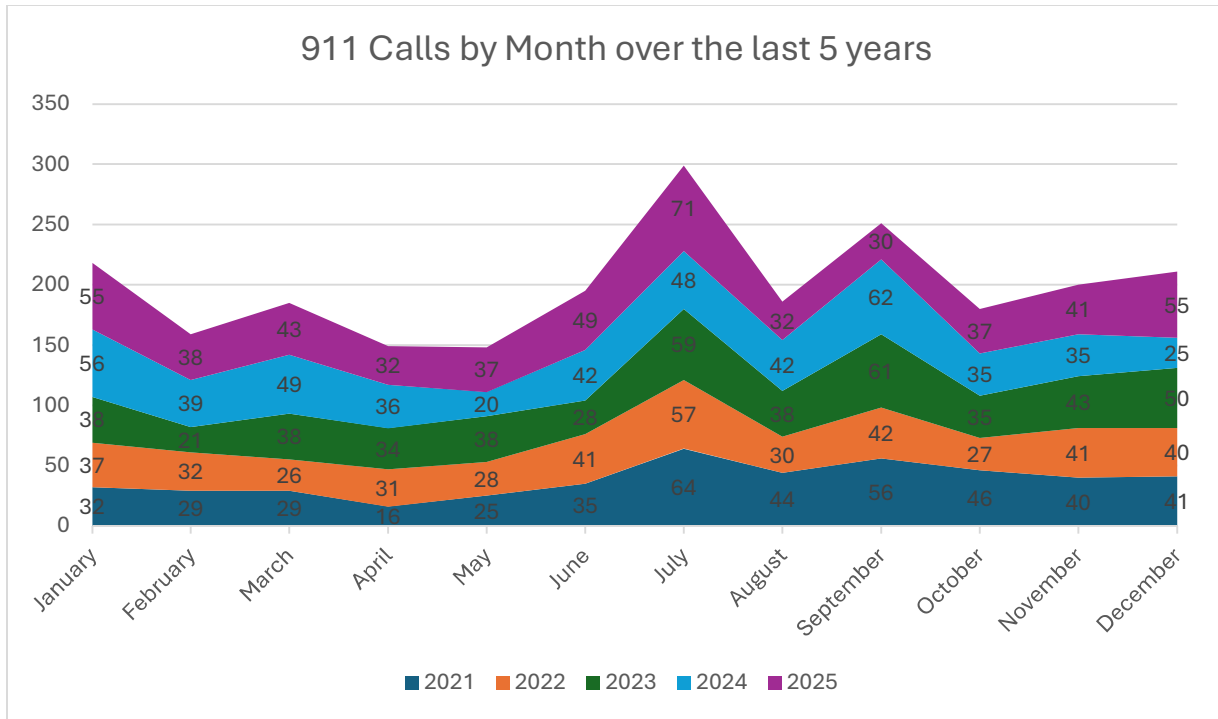
- **July** is the highest-call month over the **five-year trend**
- **September** was the highest-call month in **2024**
- **July** again emerged as the **highest-call month** when reviewing longer-term patterns

These trends align with increased travel, agricultural activity, community events, and seasonal population movement.





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EMS Call Times

Response Time Definitions and Performance – Logan County EMS (2025)

Response time is the interval from when Logan County EMS receives a call from dispatch to when the ambulance is **enroute to the call**.

Two different response-time views are used in reporting:

- **“Response Times (ALL Calls)”** include *all* EMS responses, such as **interfacility transfers, standbys, and 9-1-1 calls**.
- **“Response Times (EMERGENCY Calls)”** include **only 9-1-1 originated calls**. Under Kansas regulations (KAR 109-2-6), **standbys and interfacility transfers are not classified as emergency calls**.

This distinction is important because emergency and non-emergency calls entail very different response expectations, travel distances, and on-scene requirements.

9-1-1 Emergency Calls – 2025 Performance

For **9-1-1 emergency responses** in 2025:

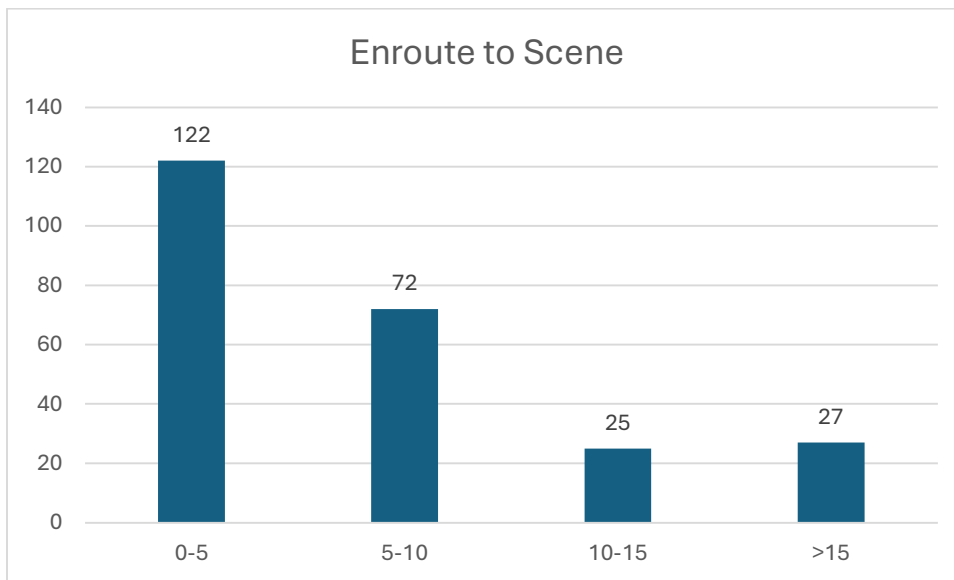
- Dispatch notification to En route time average is 5.9 minutes



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- **En route to the on-scene time is generally less than 5 minutes**
- **Time on scene** is routinely **15–20 minutes**, reflecting patient assessment, stabilization, and preparation for transport
- **39% of 9-1-1 transports** reached the hospital in **5 minutes or less**
- **77% of 9-1-1 transports** reached the hospital in **under 10 minutes**
- **Hospital drop-off to back-in-service time** averages **15–30 minutes**, depending on patient acuity and hospital workflow
- **Average page-to-hospital time** for 9-1-1 calls is **30–60 minutes**

These times reflect both rapid response and the realities of rural transport distances and hospital processes.



Interfacility Transfer Calls – 2025 Performance

For **interfacility transfers**, response times vary based on location and destination:

- **En route to on-scene time is less than 5 minutes** for transfers originating at **Logan County Hospital**
- Transfers originating **outside Logan County Hospital** typically exceed **15 minutes** due to distance
- **Time spent at the sending hospital** is often **greater than 20 minutes**, commonly due to patient access, stabilization, or waiting on required paperwork
- **Average transport time to the receiving hospital** is **greater than 60 minutes**, which is why most transfer calls show total durations exceeding one hour
- **Off-load time** (turning the patient over to hospital staff) averages **5–15 minutes**, depending on the receiving facility



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Transfer calls require longer commitments of personnel and equipment and significantly impact ambulance availability for 9-1-1 coverage.

Context for Response-Time Expectations

Kansas establishes a **5-minute response-time expectation**, and Logan County EMS continues to work diligently to meet this standard whenever possible. As a **rural service staffed 100% of the time with at least one volunteer responder**, these response times reflect the strong commitment of personnel to respond quickly despite staffing, distance, and system limitations.

Ambulance Vehicle Data

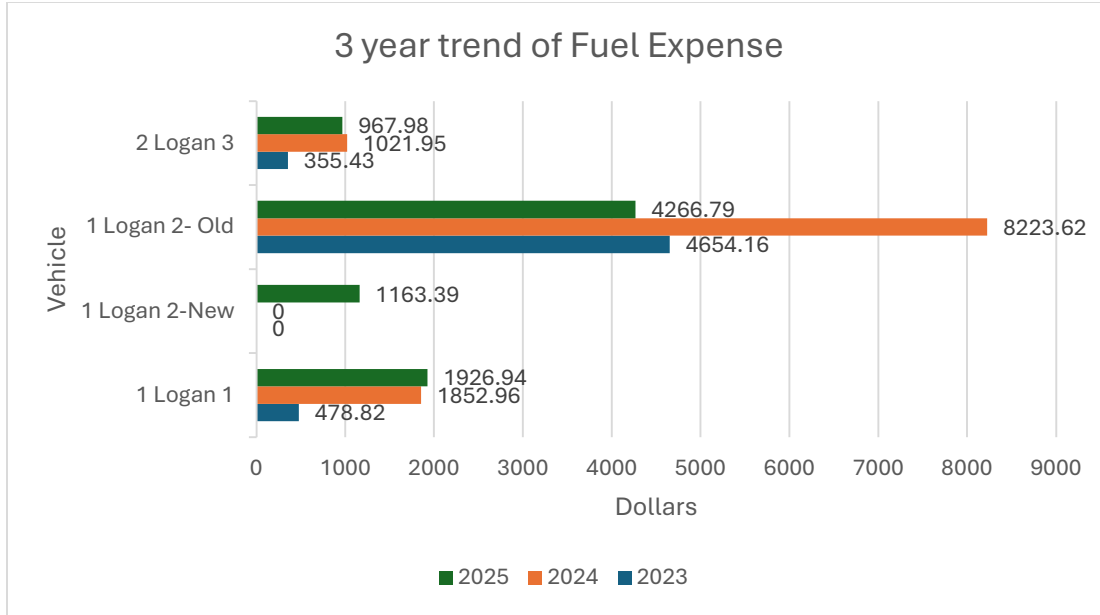
In **2025**, Logan County EMS took delivery of a **2026 Osage ambulance** to replace the aging **2013 Wheel Coach ambulance**. While the most noticeable change is that the new unit is **not diesel-powered**, the replacement resulted from a **three-year wait from order to delivery**, reflecting current national manufacturing delays in emergency vehicles.

Over the past **three years**, Logan County EMS has seen a **clear upward trend in fuel expenses**, largely due to the service's increased capacity to perform ALS interfacility transfers, which require longer transport distances and longer ambulance use. While this has increased fuel consumption, it has also allowed Logan County EMS to provide higher-level care and generate additional billing revenue.





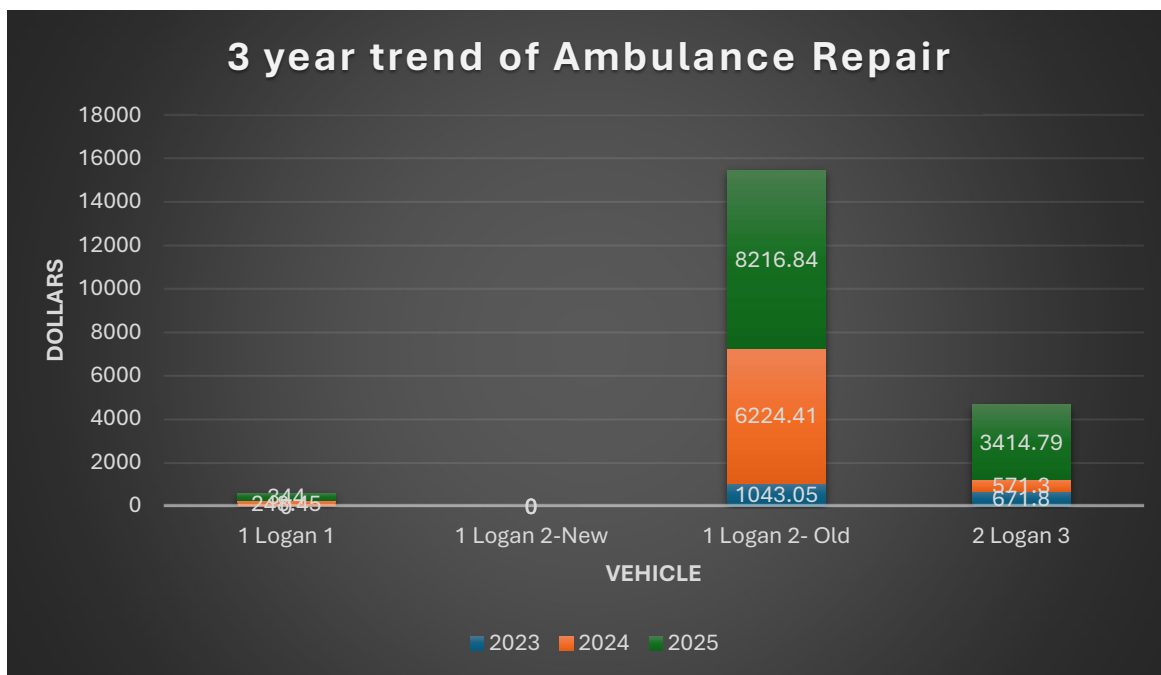
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The financial impact of aging equipment is evident in repair costs:

- The former **1 Logan 2 ambulance** incurred **\$15,484.30** in repair costs over the past three years
- **2 Logan 3**, now the next oldest ambulance in the fleet, is already showing an upward trend in maintenance expenses, with **\$4,657.89** in repairs over the past three years

These figures highlight the importance of **planned ambulance replacement** rather than relying on reactive repairs, which increase downtime and costs.





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In **2025**, Logan County EMS billed for **8,711.5 transport miles**, totaling **\$130,672.35 in charges**. While not all billed revenue is collected due to **required contractual write-offs, Medicare rules, and medical necessity requirements**, this billing activity demonstrates the service's operational value.

Importantly, even accounting for write-offs, Logan County EMS billed **significantly more than the combined 2025 fleet operating costs**. Total ambulance **fuel and repair expenses for 2025 were \$20,290.73**, meaning transport activity alone exceeded annual fleet operating costs by a substantial margin.

This data reinforces that **strategic investment in reliable ambulances supports both public safety and fiscal responsibility**. Replacing aging units reduces repair downtime, improves response reliability, supports ALS transport capability, and helps ensure that operational costs remain manageable while continuing to deliver essential emergency services to Logan County residents.

Community Relations

Logan County EMS remains committed to maintaining a strong, visible presence in the communities it serves. In **2025**, the service actively participated in a range of community engagement and public safety initiatives to promote education, trust, and preparedness.

EMS personnel participated in community parades, vehicle exploration events, and school visits, giving residents—especially children—the opportunity to learn about emergency medical services and see EMS operations firsthand. Logan County EMS also provided **CPR and Stop the Bleed training**, supporting community readiness to respond during medical and traumatic emergencies.

In addition to educational outreach, Logan County EMS provided **standby medical coverage** for community events, including **football games, rodeos, trail rides, and the county fair**, ensuring rapid medical response during large public gatherings.

As part of its 2025 community engagement efforts, Logan County EMS distributed lighted rally towels at football games in both Oakley and Winona, increasing visibility and reinforcing community connection at local events.



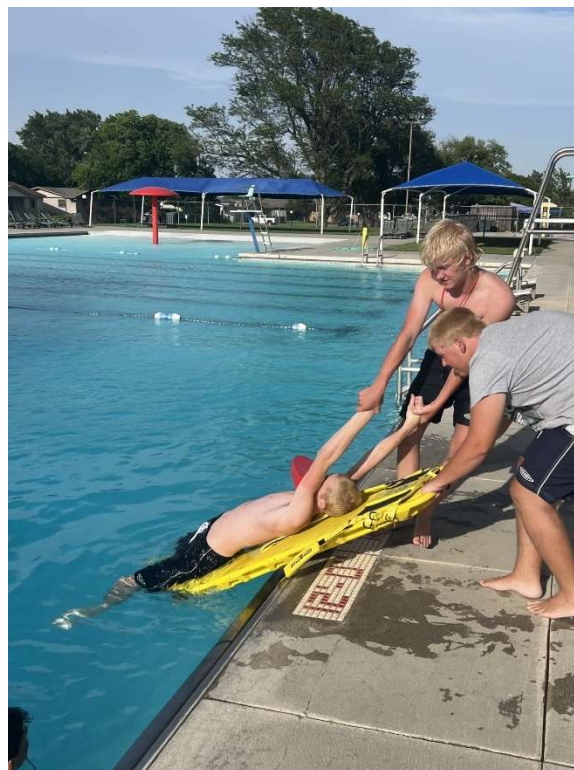


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Logan County EMS has also focused on **strengthening communication and working relationships** with fellow first responders and **Logan County Hospital staff**. These efforts have led to improved coordination, smoother transitions of care, and positive feedback from partner agencies, contributing to better patient outcomes and a more unified emergency response system.

The Logan County EMS classroom is a multi-use, secure space for state and local agencies to conduct confidential, mission-critical meetings. Logan County EMS is proud to provide a **safe, professional, and accommodating environment** that supports the operational needs of partner organizations.

In addition to meetings, the classroom is frequently used for **joint training and collaborative planning**. These shared training opportunities strengthen working relationships, improve communication, and enhance coordination between agencies during emergency responses.



By supporting interagency collaboration and shared use of facilities, Logan County EMS contributes to a more **unified, efficient, and effective public safety system**, benefiting both responders and residents.

During **prom week**, Logan County EMS hosted a **live-action distracted driving simulation** in the **north parking lot of Oakley High School**. This event was designed to provide students and the community with a realistic view of the consequences and complexity of serious vehicle incidents.

EMT students performed in full EMT roles, while National Honor Society student volunteers served as live actors. A total of **13 organizations** participated in the exercise, creating a highly realistic, multi-agency response scenario.



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The Oakley Graphic

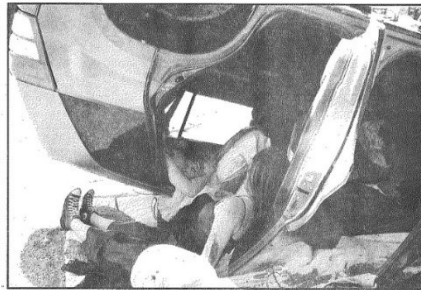
Wednesday, April 16, 2025

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Logan County EMS - Mock Car Crash



Firefighters access the passengers inside the vehicle



Student actors are the passengers in the wrecked vehicle



Logan County EMS and Sheridan County EMS



Logan County EMS and Firefighters work to extract the passengers

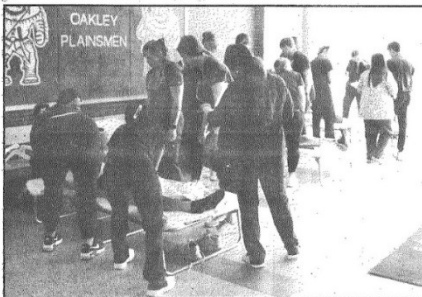
EMT Carter Krier and student Kylee Maxfield access the situation and call for help



Logan County Firefighters at question and answer session



EagleMed lands on sight



Nursing students from CCC access the patients in the mock ER



First responders prepare the patient for EagleMed

The simulation proved impactful not only for students, but also for **parents, teachers, and school administration**, many of whom commented on how eye-opening it was to see firsthand the coordination, decision-making, and resources required to manage a complex emergency scene.

This event provided valuable hands-on experience for students, strengthened interagency relationships, and reinforced important safety messaging within the community. Logan County EMS has since received **ongoing requests to repeat the event**, reflecting strong community support and engagement.

Notably, **Logan County experienced no vehicle-related incidents during the following prom weekend**, highlighting the potential positive impact of proactive education and prevention efforts.

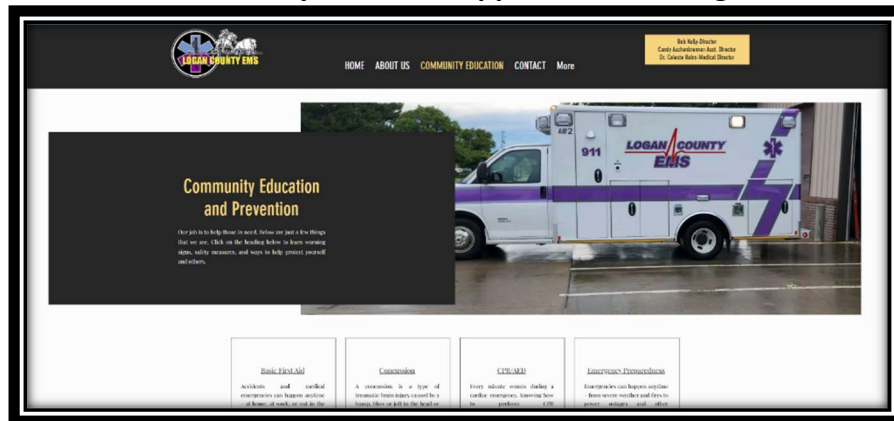


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In **2025**, Logan County EMS launched its **official website**, made possible by Deanna Slippers, an **EMT**. The website serves as a centralized, public-facing resource that improves transparency, communication, and access to information for Logan County residents.

The website, located at <https://logancountyksems.wixsite.com/logancoksems>, highlights Logan County EMS activities through regular blog updates and provides clear information on **services offered, community education opportunities, and general EMS contact information.**



In conjunction with the website, Logan County EMS maintains an active presence on **Facebook** through the shared page “**Logan County-KS Emergency Services,**” which is jointly used with the Fire Department. This shared platform strengthens coordination between agencies while ensuring consistent messaging to the public.

As part of ongoing community education efforts, Deanna Slippers also developed “**Safety Sunday,**” a series of **community-focused safety briefings** that are posted regularly to raise public awareness. Recent topics have included **winter weather preparedness** and **personal and family safety**, providing timely, practical information that helps residents reduce risk and better prepare for emergencies.



These communication efforts support **community risk reduction, public trust, and proactive safety education**, while also reinforcing Logan County EMS’s role as a reliable and accessible public safety resource.



Training

In **2025**, Logan County EMS continued to invest in education and professional development to ensure personnel met recertification requirements and maintained high standards of patient care. The service offered **in-house continuing education opportunities**, allowing staff and volunteers to complete required training locally while minimizing time away from service coverage.

With support from the Region 1 EMS Council, three Logan County EMS providers were sponsored to attend the annual Kansas EMS conference in Manhattan, which offered statewide education, updates on best practices, and networking with other EMS agencies.

Logan County EMS is also expanding its focus on **first responder wellness and peer support**. **Deanna Slippers** has been attending workshops and specialized training in **peer support**, strengthening Logan County’s capacity to support the mental health and well-being of all **first responders**, not just EMS personnel.



Quality Assurance and Quality Improvement (**QA/QI**) remain a cornerstone of operations. Logan County EMS uses its patient care reporting software to review call data and outcomes, enabling leadership to identify training needs monthly and tailor education to real-world trends and performance indicators.

In March, Logan County EMS hosted **Adam Chriss and Humberto Marcenaro from the Kansas Division of Emergency Management (KDEM)**, who provided training on the county’s **new 800 MHz radio system** to improve communication and interoperability.

In March, Logan County EMS hosted **Adam Chriss and Humberto Marcenaro from the Kansas Division of Emergency**



In November, Logan County EMS hosted Jason Kotas from the Children's Hospital of Colorado, who provided focused training on caring for **pediatric patients during respiratory infection season**. This training enhanced provider confidence and preparedness for high-risk pediatric calls common during the winter months.



Overall, these education and QA/QI efforts support **clinical excellence, provider readiness, and system reliability**, ensuring Logan County EMS remains prepared to meet both routine and complex emergency care needs.



EMT/AEMT Classes

January 2025 marked the final semester of the **Logan County High School EMT program**. While the two participating students ultimately chose not to challenge the written EMT examination, the program provided valuable **exposure to EMS careers within the high school setting** and strengthened relationships with local education partners. The program's visibility has already generated interest, and Logan County EMS has been **approached about offering another**



course during the 2026–2027 school year.

Discussions are currently underway to ensure **instructional time during the school day**, which would improve student access and participation. Logan County EMS also hopes to **expand the program to surrounding communities**, allowing students to participate in the lecture portion via **Zoom**, further strengthening the regional EMS workforce pipeline.

At the **end of January**, Logan County EMS began an **Advanced EMT (AEMT) course**. As a result, the service gained **one new AEMT, Jonathan Temaat**, with a second student completing all requirements except the written examination. She plans to retest in February 2026. This represents a meaningful advancement in local clinical capability and staffing depth.

In **February**, Logan County EMS hosted an **EMT class for Comanche County Ambulance Service**. While three Logan County participants initially enrolled, all three determined that the time commitment required was more than they could manage at this time. Each has expressed continued interest in future classes, underscoring the importance of offering flexible, well-timed educational opportunities.

Logan County EMS is **consistently asked when the next EMT or AEMT class will be offered**, which reflects strong community and regional interest. Continued investment in EMS education benefits not only Logan County but also the State of Kansas by helping ensure a steady supply of well-trained EMTs and AEMTs to meet increasing demand for emergency medical care.

CPR Class Summary

In **2025**, Logan County EMS achieved a significant milestone by becoming an **American Heart Association (AHA) Training Site**, operating under a Training Center partnership with **Finney County**





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EMS. This designation allows Logan County EMS to deliver nationally recognized resuscitation training locally, improving access to certification while reducing travel and cost barriers for providers and community partners.

As part of this expansion, Logan County EMS currently has **seven certified CPR instructors**:

- **Six instructors are authorized to teach BLS and Heartsaver courses**
- **One instructor is authorized to teach Heartsaver courses only**

To further strengthen instructional capacity, Logan County EMS **hosted an AHA Instructor Course on December 29, 2025**. As a result, the service expects to add six BLS instructors, significantly expanding the county's capacity to meet growing training demand among healthcare providers and the public.

During **2025**, Logan County EMS issued the following AHA certification cards:

- **6 Heartsaver Pediatric CPR cards**
- **3 Heartsaver CPR AED cards**
- **2 Heartsaver First Aid CPR AED cards**
- **6 BLS cards**
- **17 ACLS cards**
- **11 PALS cards**

In addition to EMS-specific certifications, Logan County EMS provided training to **15 instructors and staff members** from **Oakley Schools** and **St. Joseph's School**, further strengthening community preparedness and emergency response capability in educational settings.



Becoming an AHA Training Site enhances Logan County EMS's role not only as an emergency response agency but also as a **community education and preparedness leader**. This capability supports provider recertification, improves cardiac arrest survival readiness, and builds long-term value for Logan County through locally delivered, nationally standardized training.

Billing Summary

The chart below reflects the **current fee schedule used by Logan County EMS**. These fees were **approved in approximately May 2023**, when Logan County EMS became authorized to **bill for Advanced Life Support (ALS) services**.

It is important to understand that the listed fees represent **standard charges**, not guaranteed revenue. Logan County EMS is required to **adjust or write off a significant portion of billed**



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charges due to insurance contracts, Medicare and Medicaid regulations, and payer policies. These contractual and regulatory write-offs are standard across EMS systems and are not discretionary.

As a result, the **amount collected is often substantially less than the billed amount**, even though the full cost of providing the service—including staffing, equipment, fuel, training, and readiness—remains the same.

The fee schedule ensures that Logan County EMS bills appropriately for the **level of care provided**, supports compliance with billing regulations, and helps offset operational costs, while continuing to provide emergency medical services to all patients regardless of ability to pay.

Type of Charge	May 2023- Current	Prior to May 2023
<i>BLS Emergency</i>	550	450
<i>BLS Trauma Emergency</i>	650	550
<i>BLS Non-Emergent</i>	550	450
<i>ALS 1 Emergency</i>	650	0
<i>ALS 1 Trauma Emergency</i>	750	0
<i>ALS 1 Non-Emergent</i>	650	0
<i>ALS 2 Emergency</i>	750	0
<i>ALS 2 Trauma Emergency</i>	850	0
<i>ALS 2 Non-Emergent</i>	750	0
<i>Mileage</i>	15.00/Mile	15.00/Mile

Billing Definitions

The following defines the different types of charges by Logan County EMS:

BLS Emergency: Charged when Basic Life Support (BLS) intervention or monitoring was required during the care of a patient. These calls are immediate 9-1-1 responses. This charge also includes deceased patients who either received resuscitation efforts or an assessment to determine that the patient was deceased.

BLS Trauma Emergency: Charged when Basic Life Support (BLS) intervention or monitoring was required during the care of a patient. These calls are immediate 9-1-1 responses. This charge also covers the EMS crew's safety needs during motor vehicle collisions (MVCs).

BLS Non-Emergent: Charged when BLS intervention or monitoring was required during the care of a patient. This service is typically scheduled with advance notice. Often, in the case of Flight Crew pick-ups and transfers.



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ALS 1 and 2 Non-Emergent: Charged when advanced life support intervention or monitoring was required during the care of a patient. In these instances, the department had notice, and the situation was not immediate, or an external factor prevented transport, such as weather, causing the transport to wait until a scheduled time.

ALS 1 Emergency: Charged when advanced life support (ALS) intervention or monitoring was required during the care of a patient. These are also immediate-level calls in which the crew was paged out via 9-1-1.

ALS 1 Trauma Emergency: Charged when advanced life support (ALS) intervention or monitoring was required during the care of a patient. These are also immediate-level calls in which the crew was paged out via 9-1-1. This charge also covers the EMS crew's safety needs during motor vehicle collisions (MVCs).

ALS 2 Emergency: Same as ALS Level 1 Emergent -PLUS- advanced procedures such as oral-tracheal intubation, intraosseous access, synchronized cardioversion, chest decompression, or the administration of 3 or more ALS medications.

ALS 2 Trauma Emergency: Same as ALS Level 1 Emergent -PLUS- advanced procedures such as oral-tracheal intubation, intraosseous access, synchronized cardioversion, chest decompression, or the administration of 3 or more ALS medications. This charge also covers the EMS crew's safety needs during motor vehicle collisions (MVCs).



Mileage: Only patients transported are charged mileage, and mileage applies only to "loaded miles." Loaded miles are the number of miles traveled with a patient in the ambulance, or otherwise, from the scene to the hospital or other destination.

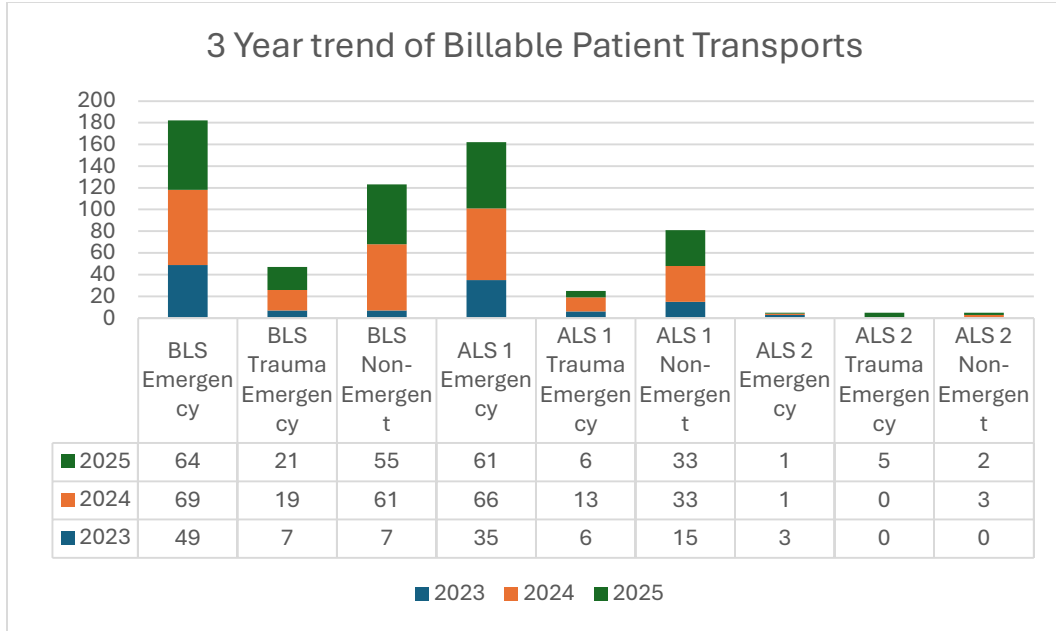
CPR Education: All CPR classes provided by Logan County EMS are priced the same and take the same duration.

Charge Summary

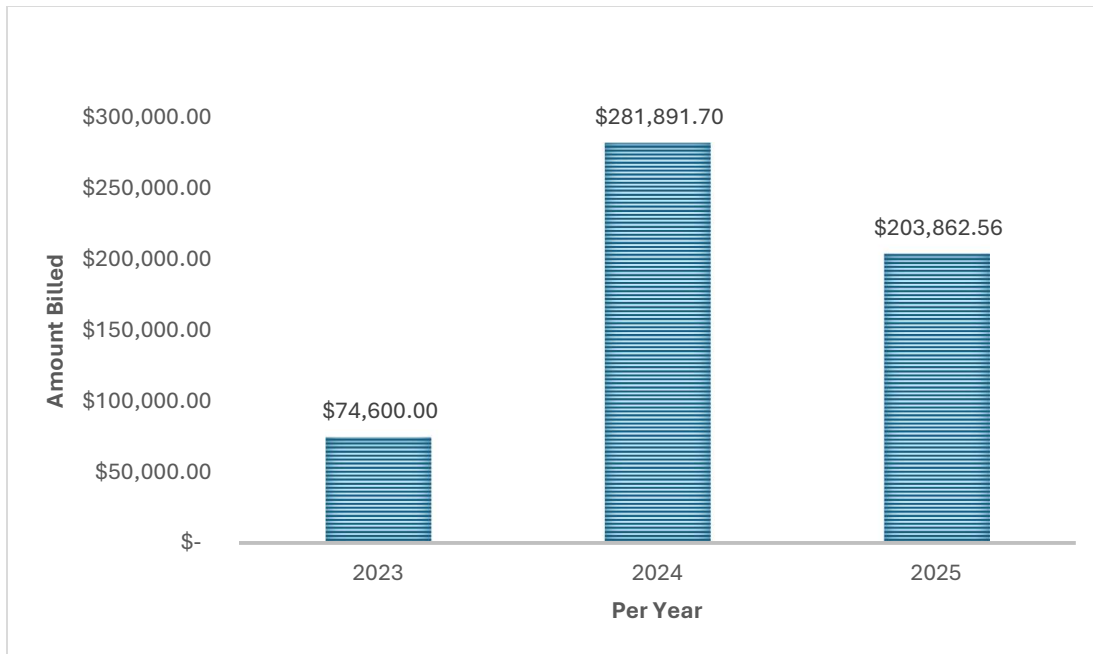
In **2025**, Logan County EMS experienced a **slight revenue decrease, primarily due to an inability to complete as many interfacility transfers as requested**. This reduction was largely related to **staffing availability, employee injury, and periods of reduced vehicle reliability**, all of which temporarily limited the service's capacity to accept additional transfer requests.



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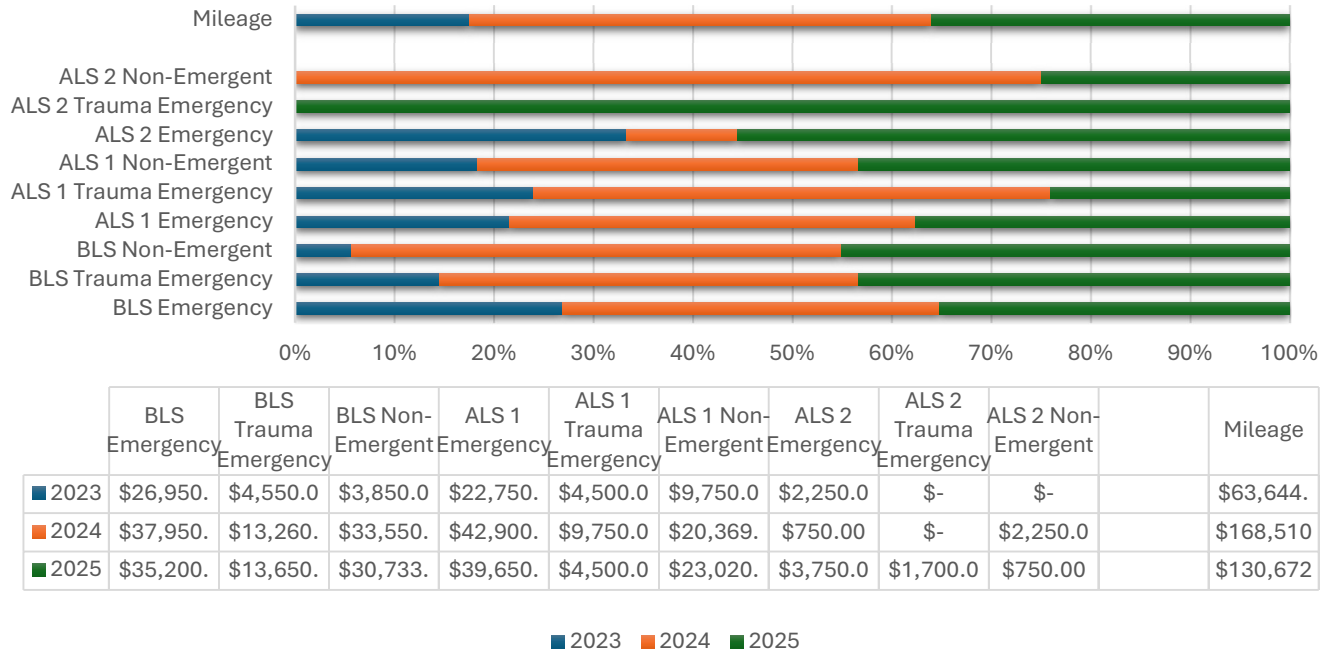
At the same time, revenue was partially offset by an **increase in emergency 9-1-1 calls and completed transfers**. As call volume and service demand rose, Logan County EMS continued to provide essential emergency care while balancing operational constraints





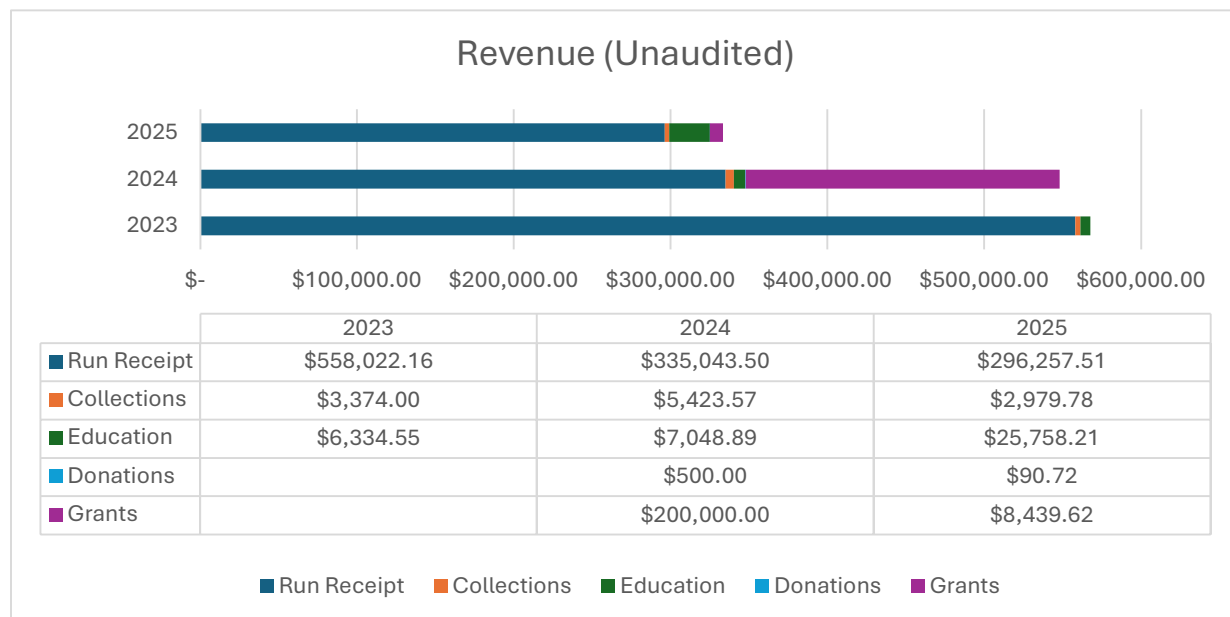
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3 year trend of EMS Charge Summary



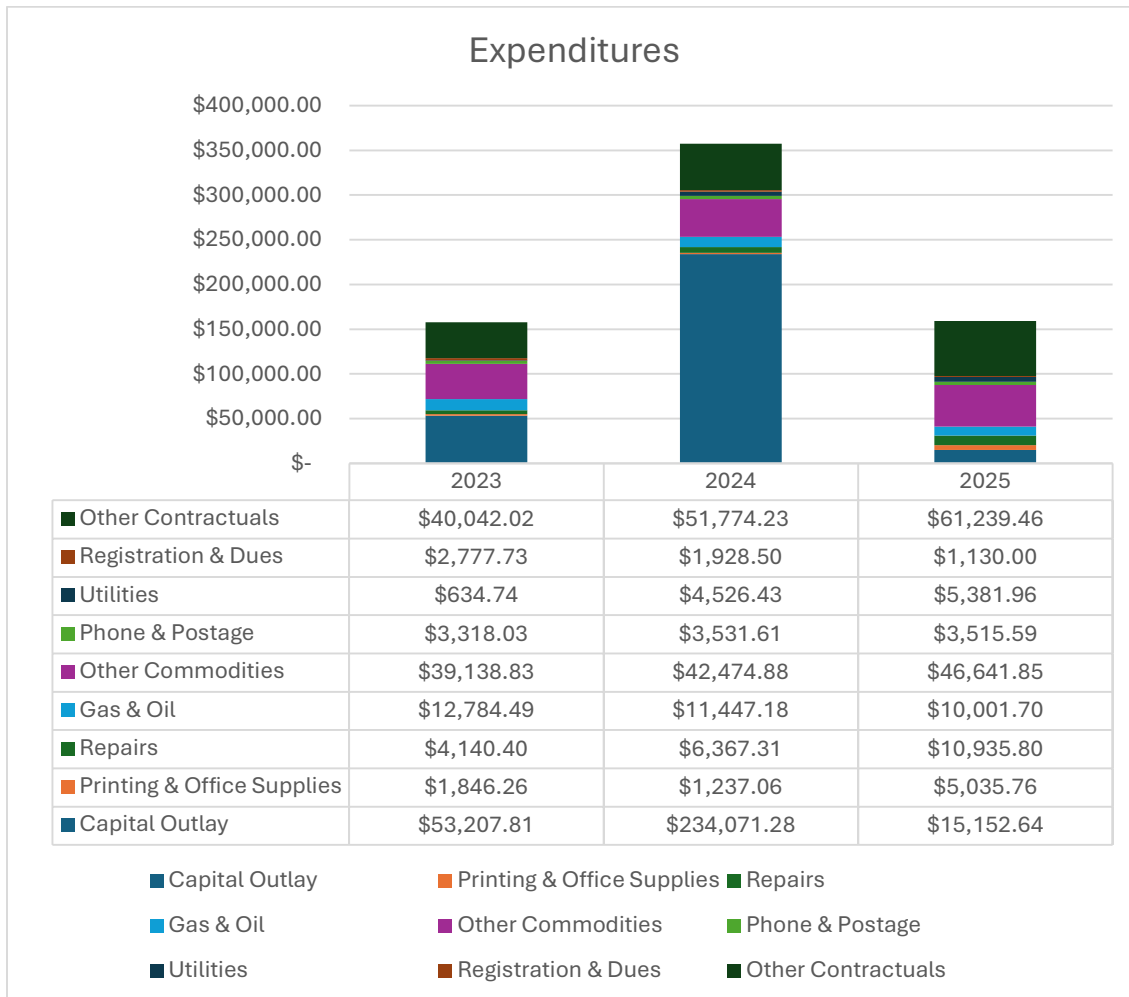
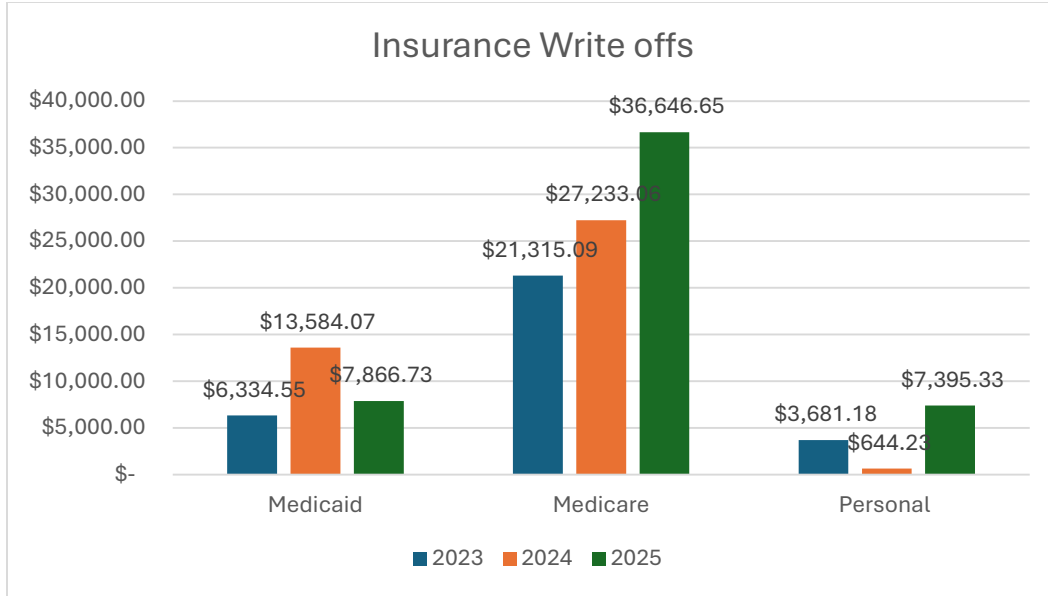
Overall, revenue trends in 2025 reflect **capacity constraints rather than demand, underscoring the need for** continued investment in staffing stability, injury prevention, and fleet reliability to support both public safety and financial sustainability

Unaudited Budgetary Summary



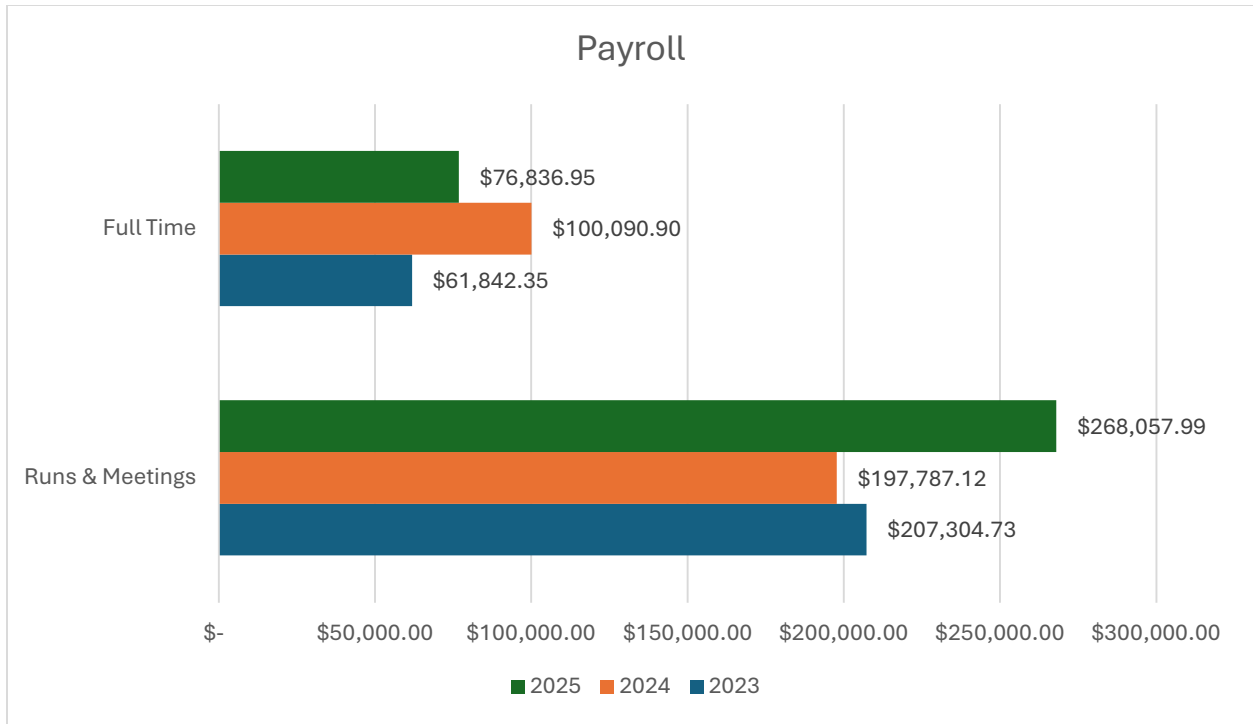


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Overall Budget Summary

All financial figures used for budgeting and analysis were sourced **from QuickBooks** and reviewed using **13-month comparison reports** to provide a clearer view of trends and seasonal variation.

It is important to note that **2023 was the first year Logan County EMS transitioned to the new accounting system**. As with any system migration, the **validity and consistency of 2023 data are more limited**, and those figures should be viewed as a baseline rather than a fully comparable historical benchmark.

REVENUE

Item	2023	2024	2025
Run Receipts	\$ 558,022.16	\$ 335,043.50	\$ 296,257.51
Collections	\$ 3,374.00	\$ 5,423.57	\$ 2,979.78
Education	\$ 6,334.55	\$ 7,048.89	\$ 25,758.21
Donations		\$ 500.00	\$ 90.72
Grants		\$ 200,000.00	\$ 8,439.62
TOTAL REVENUE	\$567,730.71	\$ 548,015.96	\$ 333,525.84



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INSURANCE WRITE OFF

Type	2023	2024	2025
Medicaid	\$ 6,334.55	\$ 13,584.07	\$ 7,866.73
Medicare	\$ 21,315.09	\$ 27,233.06	\$ 36,646.65
Personal	\$ 3,681.18	\$ 644.23	\$ 7,395.33
Commission Write-offs	\$ 132,865.08	\$ 5,656.00	\$ 42,608.70
Total Write Off	\$ 164,195.90	\$ 47,117.36	\$ 94,517.41

During the transition to the **new QuickBooks accounting system**, it was discovered that **collections activity had not been consistently entered since 2019**. Once identified, steps were taken to address this issue and recover as much outstanding revenue as possible.

Outstanding balances that remained eligible for collection were submitted to ARSI for collection. This action was taken to pursue recovery while remaining compliant with applicable laws and policies.

The **Logan County Commission approved the write-off of accounts that exceeded statutory time limitations**, totaling **\$125,945.16**. These balances were no longer legally collectible and needed to be removed from the books to ensure accurate financial reporting.

Additional write-offs approved by the County Commission were applied for standard and appropriate reasons, including **bankruptcy, inability to locate the debtor, and expiration of collectability**. These write-offs reflect regulatory and legal realities rather than a lack of billing or collection effort.

This review and corrective process improved the **accuracy of the EMS financial records**, strengthened internal controls, and ensured that future budgeting and reporting are based on **current, realistic, and verifiable data**.

Submitted for Collections

Company	2023	2024	2025
ARSI	\$ 112,646.32	\$ 12,996.73	\$ 21,466.50
Set Off	\$ -	\$ 7,533.34	\$ 25,250.38
TOTAL Submitted	\$ 112,646.32	\$ 20,530.07	\$ 46,716.88

In **2024**, during the audit process, the auditors **encumbered funds for the purchase of the new ambulance**, even though the vehicle was not physically received until **2025**. The ambulance was officially taken into possession in 2025 when **Bob and Candy traveled to the Osage Ambulance factory** to complete delivery.



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Expenditure

Line Item	2023	2024	2025
Capital Outlay	\$ 53,207.81	\$ 234,071.28	\$ 15,152.64
Printing & Office Supplies	\$ 1,846.26	\$ 1,237.06	\$ 5,035.76
Repairs	\$ 4,140.40	\$ 6,367.31	\$ 10,935.80
Gas & Oil	\$ 12,784.49	\$ 11,447.18	\$ 10,001.70
Other Commodities	\$ 39,138.83	\$ 42,474.88	\$ 46,641.85
Phone & Postage	\$ 3,318.03	\$ 3,531.61	\$ 3,515.59
Utilities	\$ 634.74	\$ 4,526.43	\$ 5,381.96
Registration & Dues	\$ 2,777.73	\$ 1,928.50	\$ 1,130.00
Other Contractual	\$ 40,042.02	\$ 51,774.23	\$ 61,239.46
TOTAL Expenditures	\$ 157,890.31	\$ 357,358.48	\$ 159,034.76

2023 marked the first full year that Logan County EMS employed **one full-time staff member**. In **2024**, staffing expanded to include **two full-time staff members**, increasing system stability and response readiness.

In **2025**, Logan County EMS began the year with **one full-time staff member and two part-time staff members**. By the end of the year, staffing had stabilized at **two full-time staff members**, reflecting ongoing efforts to strengthen coverage while balancing budget realities and workforce availability.

Logan County EMS continues to rely heavily on **volunteer personnel**, who are compensated for the services they provide rather than being salaried. Volunteer compensation includes:

- **Payment per run**
- **Patient-loaded miles for 9-1-1 calls**
- **Mileage to and from Oakley for interfacility transfers**
- **Time spent providing public event standby coverage**

Fire standbys are generally treated as standard runs because they typically do not require extended time commitments. However, when a fire standby exceeds **one hour**, volunteers are compensated at **standby rates**.

In addition to response-based pay, Logan County EMS **compensates volunteers for attending required meetings and training sessions**, recognizing the time commitment necessary to maintain readiness, certification, and coordinated response.

This hybrid staffing model allows Logan County EMS to **maximize coverage across a large rural area** while maintaining fiscal responsibility and ensuring personnel are appropriately compensated for their time and service.



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PAYROLL

	2023	2024	2025
Volunteer	\$ 207,304.73	\$ 197,787.12	\$ 268,057.99
Full Time	\$ 61,842.35	\$ 100,090.90	\$ 76,836.95
TOTAL Payroll	\$ 269,147.08	\$ 297,878.02	\$ 344,894.94

This accounting treatment was appropriate for audit and budgeting purposes, but it does affect year-to-year comparisons. As a result, **2024 and 2025 financial figures must be reviewed with this timing difference in mind** to avoid misinterpretation of expense and capital outlay trends.

Budget Accountability Comparison

	2023	2024	2025
Budget Authority	\$ 435,000.00	\$ 480,000.00	\$ 480,000.00
Expenditures	\$ 157,890.31	\$ 357,358.48	\$ 159,034.76
Payroll	\$ 269,147.08	\$ 297,878.02	\$ 344,894.94
Revenue	\$ 567,730.71	\$ 548,015.96	\$ 333,525.84
Budget Usage	\$ 7,962.61	\$ (175,236.50)	\$ (23,929.70)
Budget After Revenue	\$ 575,693.32	\$ 372,779.46	\$ 309,596.14

