



 *Regional West*
Emergency Medical Services

*2025 Annual Report to the
Scotts Bluff County Board of Commissioners*

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Introduction

The Regional West Medical Center EMS team presents this report reflecting on the accomplishments and challenges of 2025.

Throughout the year, our EMTs and Paramedics faced significant change with the implementation of new evidence-based treatments, the adoption of updated protocols, and operational adjustments. Despite these challenges, our team met or exceeded clinical quality measures while responding to clusters of calls, major medical emergencies, and critical trauma incidents.

Tragically, 2025 also required our team to respond to, care for, and ultimately say goodbye to one of our own. Even in the midst of profound loss, I witnessed this team persevere—continuing to serve our community with professionalism and compassion while carrying heavy hearts.

I am proud their accomplishments and dedication to the patients we have the honor to serve

Shawn Baumgartner, NRP ASM
Director, Regional West Emergency Medical Service

Regional West Health Services Mission and Values



Gratitude

First, Regional West EMS wishes to extend our gratitude to our Patients for the thank you's both verbal and written. These remind us that what we do is impactful and important.

Special Appreciation to;

- Jeff Hollway, our Physician Medical Director, for his mentorship, experience, expertise, and the pursuit of the mission to always act in the best interest of our patients.
- The Regional West Foundation for the funds to purchase our community paramedic vehicle
- The Friends of Regional West, who graciously provided the funds to purchase a blood warmer with initial supplies, as well as a specialized blood cooler for blood storage. Our Friends also graciously support our End-of-Life program.
- The 100 Women's Charity for supporting our End-of-Life Program.

History

Originally established in July 2002 as *Emergency Response Care*, Regional West Emergency Medical Service was created through a cooperative agreement between Regional West Medical Center, Valley Ambulance Services, the City of Sidney, Cheyenne County, and Memorial Health Center.

Under the name Regional West Emergency Medical Service (Regional West EMS), the organization grew with a clear directive: to build a regional emergency response and inter-facility transport network capable of serving the Nebraska Panhandle. Over time, this mission led to the development of additional EMS stations in Oshkosh, Kimball, Ogallala, Chadron, and Gordon, supported by a team of approximately 80 EMTs and paramedics. As healthcare demands evolved a difficult decision was made in mid-2023 to close all outlying EMS stations. This decision was driven by workforce shortages, the lasting impacts of the COVID-19 pandemic, and reimbursement rates that did not keep pace with rising operating costs. Resources were consolidated with Valley Ambulance Services to ensure long-term sustainability and high-quality patient care.

On November 1, 2023, Regional West EMS became the primary EMS provider and transporting agency for the Cities of Gering and Scottsbluff. The service also continued the long-standing co-response partnerships with volunteer agencies in Minatare, Mitchell, Morrill, Lyman, Bayard, and Banner County. Today, Regional West EMS responds to more than 5,000 calls annually across nearly 1,600 square miles, delivering high-quality pre-hospital care.

Leadership

Regional West EMS is a department within the Regional West Medical Center under the leadership of Ned Resch, President and CEO of Regional West Health Services.

Regional EMS operates under Marsia Nicol, Executive Director of Emergency Services. For the first time in the history of Regional West Medical Center, all departments involved in emergency care report to and are coordinated under a single executive leader. These departments include the Emergency Department, EMS, Air Link, Transfer Center/Communications, Trauma Services, and the Behavioral Health Unit.

Within the EMS department, leadership is provided by Jeff Holloway, Physician Medical Director, Shontrice Salazar, Office Coordinator/EMT; Robby Rhembrandt, Clinical Coordinator/Paramedic; and Shawn Baumgartner, Director/Paramedic. Collectively, they lead a dedicated team of 22 EMTs, Advanced EMTs, and Paramedics committed to delivering exceptional patient care.

EMS Response - A System

Essential ground emergency medical services in Scotts Bluff County are delivered through a coordinated, multi-agency system. This system includes Regional West EMS; the Scotts Bluff County Consolidated Communications Center; the City of Scottsbluff Fire Department; Gering Volunteer Fire Department; Minatare Volunteer Fire Department; Mitchell Volunteer Fire Department; Morrill Volunteer Rescue Service; Lyman/Kiowa Fire District; and Scottsbluff Rural Fire District. At the regional level, the system also includes Banner County Volunteer Fire Department and Bayard Fire & Rescue.

For 911 medical calls, both the local responding EMS agency and Regional West EMS are dispatched simultaneously. Within the Scottsbluff and Gering ZIP codes, Regional West EMS serves as the primary patient transport provider, as the Scottsbluff Fire Department, Gering Volunteer Fire Department, and Scottsbluff Rural Fire District do not provide patient transport services. While other agencies within the county have patient transport capabilities, Regional West EMS provides advanced life support (ALS) response, tiered coverage, or backup when those services are unable to respond.

2025 Synopsis

- Response Statistics
 - Total responses 5,374
 - Total emergent responses 4,586
 - 0.4% decreased in total calls from 2024
 - 1,501 of the emergency responses resulted in no patient transport
 - 97.7% of no-transport responses resulted in no reimbursement with service provided at no charge
 - 7.4% increase in no patient transport responses from 2024
 - 13 Responses to Scotts Bluff County Detention Center with 11 being county detainees
 - 502 Call cluster events in which two ambulances were assigned to incidents and a third call was dispatched
- Community Paramedic
 - Program Start March 24th 2025
 - 17 patients enrolled during the year with 82 visits
 - Helped to build a bridge between patient and Regional West Medical Center and Primary Care Providers
 - 1 hospital re-admit in 30 days post discharge
 - Patient satisfaction scores with 5 being highest ranged from 4.56 to 4.83
- Field Blood administration Project
 - First ground EMS service in Nebraska have a field blood administration project
 - 75 responses had blood delivered or taken to the emergency scene
 - 5 patient received whole blood
 - 4 patients discharged neurologically intact
 - 11 additional patients met criteria however logistically blood could not be delivered to the emergency scene
- Encouragement and Support Projects
 - Hospice patient and family special gift from EMS with words of encouragement
 - Condolence cards given family of out-of-hospital deaths
- Quality Matrix
 - Met or exceeded goals in 5 of the 11 categories
 - Many of the unachieved goal has steady improvement during the year

Community Paramedic Program

On March 24th, 2025, Regional West EMS enrolled the first patient in our Community Paramedic Program. The inspiration for this program was based on a 2014 pilot study conducted at Regional West Medical Center utilizing local paramedics to help bridge gaps in healthcare after the patient was discharged.

Program Goals

Utilize community paramedics for the purpose of advancing the health and wellness of the patient through;

- Bridging communication between Regional West and patients in their homes
- Increased access to healthcare for underserved populations and community members
- Improve the recovery time from acute conditions and improve care of chronic conditions
- Develop a strong working connection between the patients enrolled in the program, healthcare providers and the patient's family
- Connect patients to community resources based on the needs of the patient
- Reduce hospital readmission and emergency department visits and ambulance transports by providing direction through a variety of Regional West Departments and stakeholders within the community.

Process

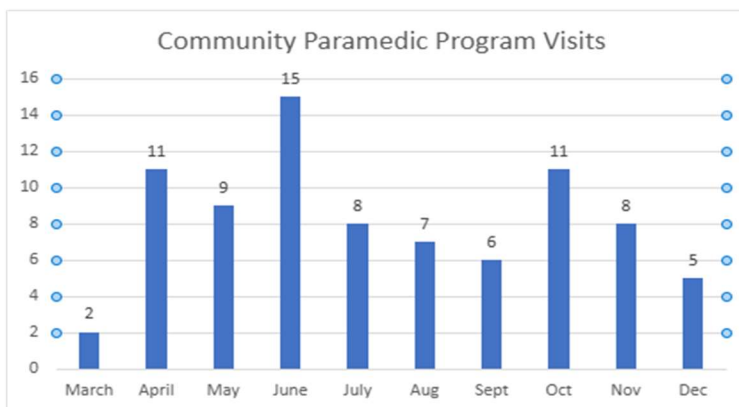
Patients with a primary or secondary diagnoses of pneumonia, chronic obstructive pulmonary disease, and/or congestive heart failure are offered up to six weeks of follow-up care through the Community Paramedicine Program at no charge.

During the initial home visit, the community paramedic;

- Completes a comprehensive assessment
- Review of hospital discharge instructions
- Medication reconciliation and education
- Confirmation of follow-up appointments with healthcare providers
- The patient's primary care provider receives the Community Paramedic's report

Based on findings from the initial visit, the community paramedic and the patient collaboratively establish a plan for ongoing home visits, which may continue for up to six weeks. At the end of the initial six-week period, the community paramedic conducts a formal evaluation of the patient's progress. At that time, the patient either graduates from the program, or continues home visits for an additional two weeks, if clinically indicated.

Each home visit is thoroughly documented. A summary of each visit is provided to the patient's primary care provider to ensure continuity of care and timely communication.



The program made 87 visits to 17 patients that met program criteria and agreed to participate.

Two patients had their visits extended beyond six weeks.

One patient required re-admission to the hospital and two patients were seen in the Emergency Department and discharged.

Community Paramedic Program

Patient Satisfaction 0-5

Community Paramedic Patient Survey	
I was satisfied as a patient enrolled in the CPP	4.83
I would recommend family to the CPP	4.75
I felt respected and listened to by the Community Paramedic	4.83
The Community paramedic made me feel hopeful and motivated about my health	4.83
Without the CPP, I would have been readmitted to the hospital	4.56
Without the CPP, I would have had to go back to the Emergency Department	4.56
The CPP met my healthcare needs	4.83
The CPP improved my outlook of the care provided by Regional West Health Services	4.83
The scheduling and communication were easy and manageable	4.75
The CPP improved the care I received from Regional West Health Services	4.42

Project Review

The community paramedic program included several positive returns on the investment of resources, including

- Improved patient outcomes
- Improved patient experience
- Improved ability for patients to remain independent at home
- Reduced hospital re-admissions

Goals for 2026

The goals for the Community Paramedic

- Recruit two Community Paramedics
- Expand service to include
 - Oncology patients
 - Post surgical patients
 - Neurological patients such as post stroke

Process Improvements for 2026

Improve methods for direct contact with primary care providers to facilitate orders such as prescription changes and lab orders in a timelier manner.

Field Blood Administration Project

On August 1st, 2024, Regional West EMS became the first ground EMS service in Nebraska to implement a system capable of retrieving, transporting, and administering whole blood and/or packed red blood cells in the prehospital setting.

Project Goal

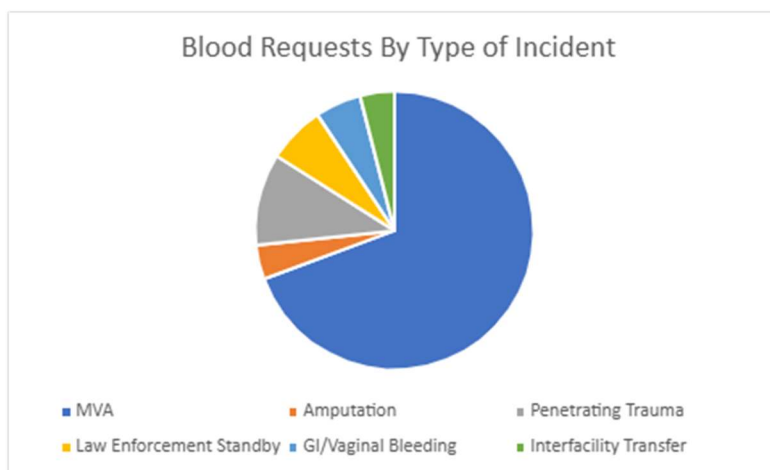
To initiate whole blood and/or packed red blood cell transfusion for patients exhibiting signs and symptoms of hemorrhagic shock in the field without delaying transport to definitive care.

Process

Dispatch information is evaluated upon the initial notification and any updates. When a response involves significant trauma, gastrointestinal bleeding, or post-partum/vaginal hemorrhage, the lead paramedic coordinates both the clinical response and the retrieval of blood products and the blood warmer from the West Nebraska Blood Bank at Regional West Medical Center.

While an ambulance is enroute to the incident, another EMS resource retrieves the blood products and blood warmer then responds to the scene or intercepts the transporting unit enroute to the hospital.

Blood Administration Project Data 8/1/2024 to 12/31/2025

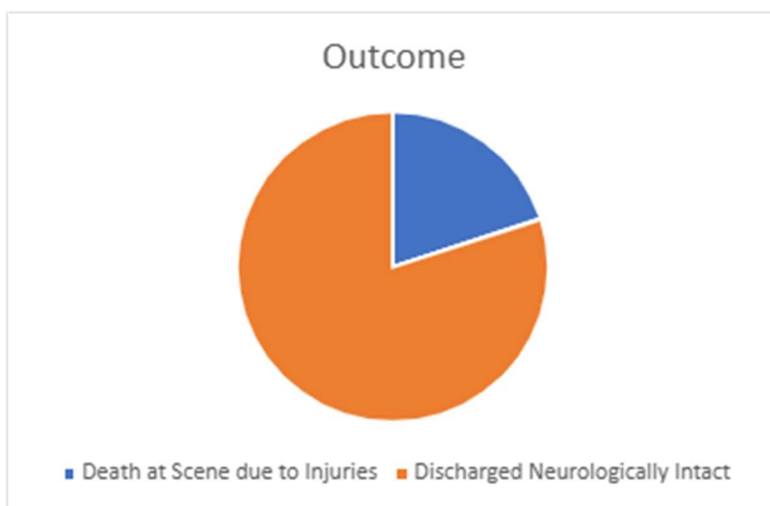


Based on dispatch information blood was requested for 75 incidents.

Motor vehicle accidents accounted for the largest number with 54 requests.

Penetrating trauma with 8 requests followed by 5 law enforcement standby incidents.

Additionally, 4 requests for GI/vaginal bleeding and 3 each for amputation and interfacility transfers.



Five patients received blood while in Regional West EMS care.

Four patients were discharged neurologically intact with early blood intervention playing a key role in the positive outcome of these patients.

One patient was in cardiac arrest upon arrival, despite appropriate interventions, including receiving a unit of blood the patient expired.

Field Blood Administration Project

Process Improvement for 2026

Regional West EMS will maintain whole blood and/or packed red blood cells at the Scottsbluff Station in a specialized portable blood cooler that provides real-time temperature monitoring, alerts when the container is opened, and tracks all required temperature parameters.

Goal for 2026

Reduction of time (25% or 8 minutes) from EMS notification to blood enroute to the incident.

Encouragement and Support Projects

Encouragement During End of Life

Regional West EMS recognized a need to improve support for patients and families during some of life's most difficult moments, particularly when a patient is going home on hospice care or when a loved one passes at home.

Hospice Bags

When Regional West EMS transfers a patient from the hospital to home for hospice care, our crews present the patient and their family with a small collection of comfort items. With the generous support of the Friends of Regional West, these hospice bags are provided to offer both comfort and encouragement. Each bag also includes a handwritten card signed by the EMS team and a jar filled with thoughtful words of encouragement and support.

Sympathy Card Provided at Scene

In situations where a patient has expired and EMS staff must notify family members; Regional West EMS provides a sympathy card that includes our contact information. Families often have questions or concerns in the days following a loved one's passing, and this outreach encourages them to contact us.

In 2026 we plan to provide nationally recognized training to our EMS staff on Death Notifications. This training will have a positive impact on families and loved ones, while also supporting the mental health of EMS staff.

Standby Services

Community Event Support

Regional West EMS provides event standby services based on the event type, number of participants, and spectators, while ensuring uninterrupted 911 coverage. Event standby resources are often positioned in the background, readily available but not always visible, to best integrate with the overall safety plan.

Regional West EMS provided standby support for the Horizon Music Festival, Monument Marathon, Oregon Trail Days parade and 5K, Old West Balloon Festival, Summit to Summit Run, Polar Plunge, the Warrior Run, Festival of Hope 5K, Robidoux Gravel Ride, Scotts Bluff County Fair and various sporting events.

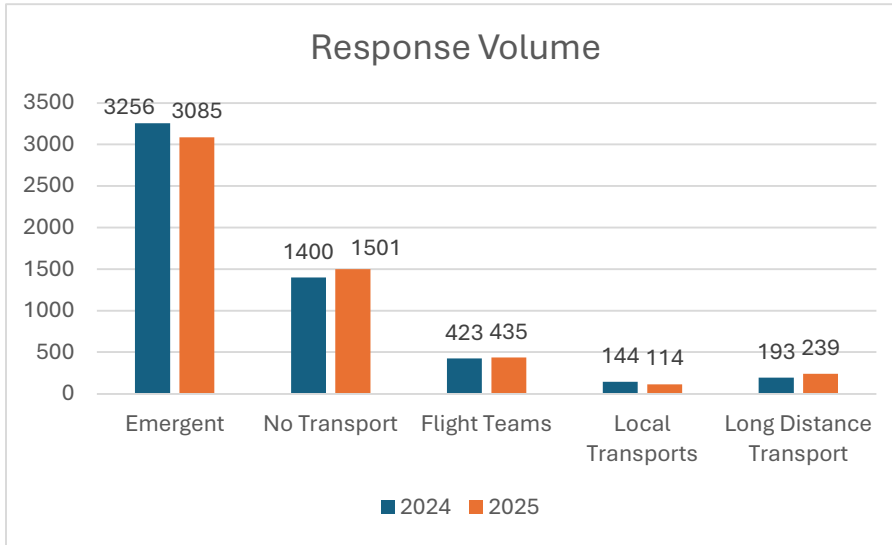
Public Safety Standbys

In cooperation with local law enforcement and fire services, Regional West EMS responds to requests for public safety standbys. Throughout the county, we supported fellow responders during 19 incidents.

In 2025, Regional West EMS began piloting a Fire Incident Support Procedure in cooperation with the City of Scottsbluff Fire Department. This procedure involves deploying key equipment to the front of the fire building while positioning the ambulance to allow rapid exit if required for emergency transport. The procedure also includes establishing firefighter rehabilitation support. As this process is refined, Regional West EMS plans to expand its use to all structure fire standby responses.

In 2026 Regional West EMS will be expanding and improving our support of Law Enforcement standbys. This includes coordination with the command structure for pre-deployment of EMS resources and providing rapid response to an injured officer or injured persons. In situations in which an unplanned event occurs such as a barricaded subject or SWAT response we will coordinate with the command structure to deploy resources that can rapidly and safely be moved into a situation to care for an injury prior to transport.

Response Statistics



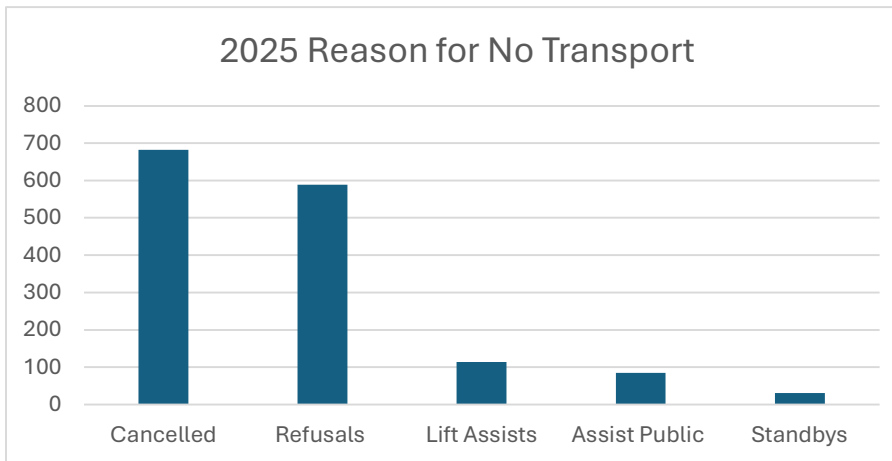
Total Response Volume decreased slightly from 5,416 in 2024 to 5,374 in 2025, representing a 0.4% decrease (44 responses) overall.

Non-Transport Responses increased by 7.2% (101 responses)

Flight Team Transports rose by 2.8% (12 transports)

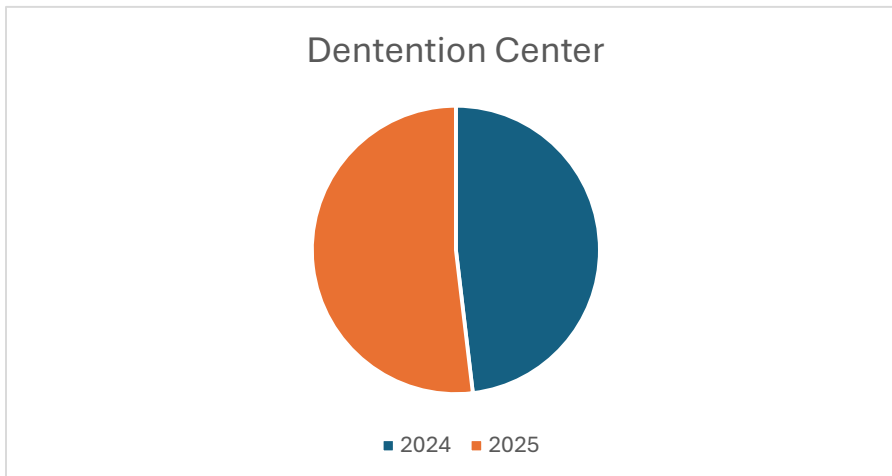
Local Transports experienced a 29% decrease (30 transports)

Long-Distance Transports increased by 23.8% (46 transports)



Nearly one-third (29.9%) of all responses resulted in no transport.

The vast majority (97.7%) of no-transport responses result in no reimbursement and were delivered at no charge.

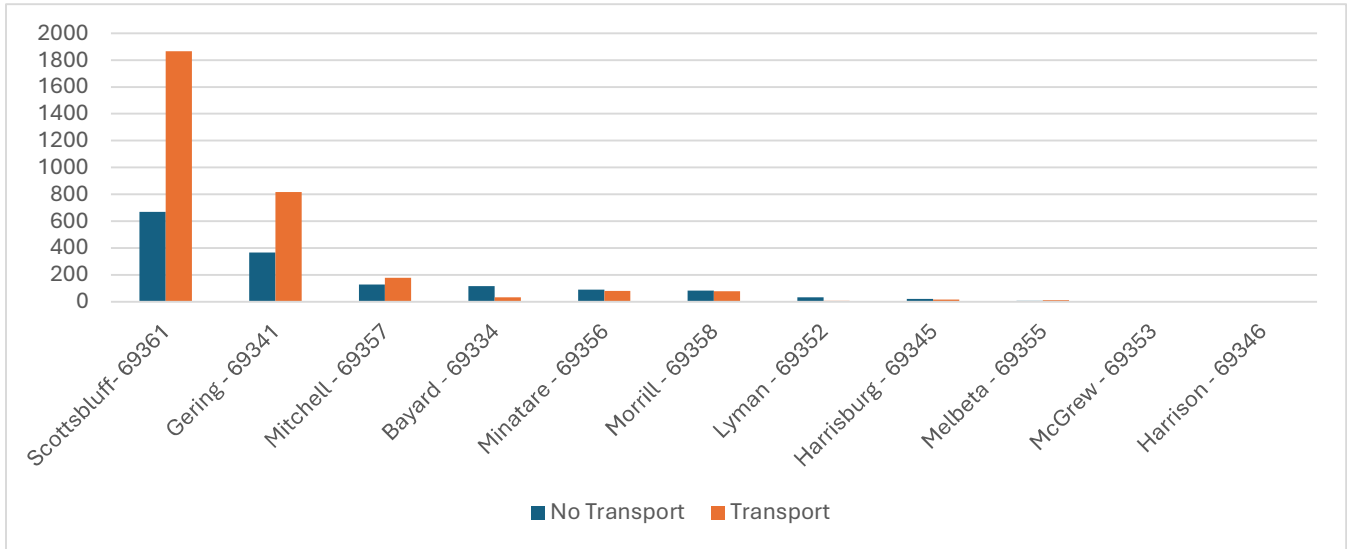


In 2024 we transported 13 patients, one of which was a federal inmate.

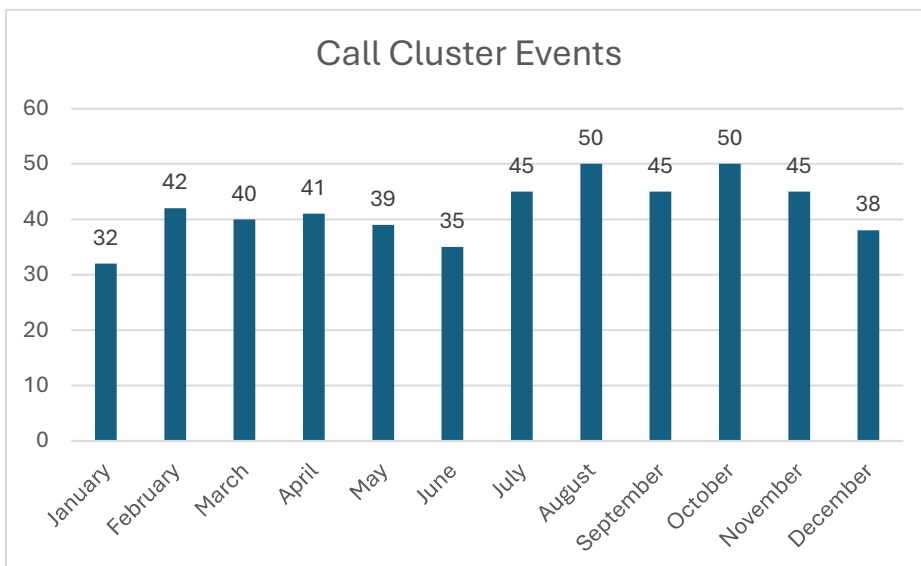
In 2025 we transported 14 patients, two of which were federal inmates.

Response Statistics

Responses by Zip Code

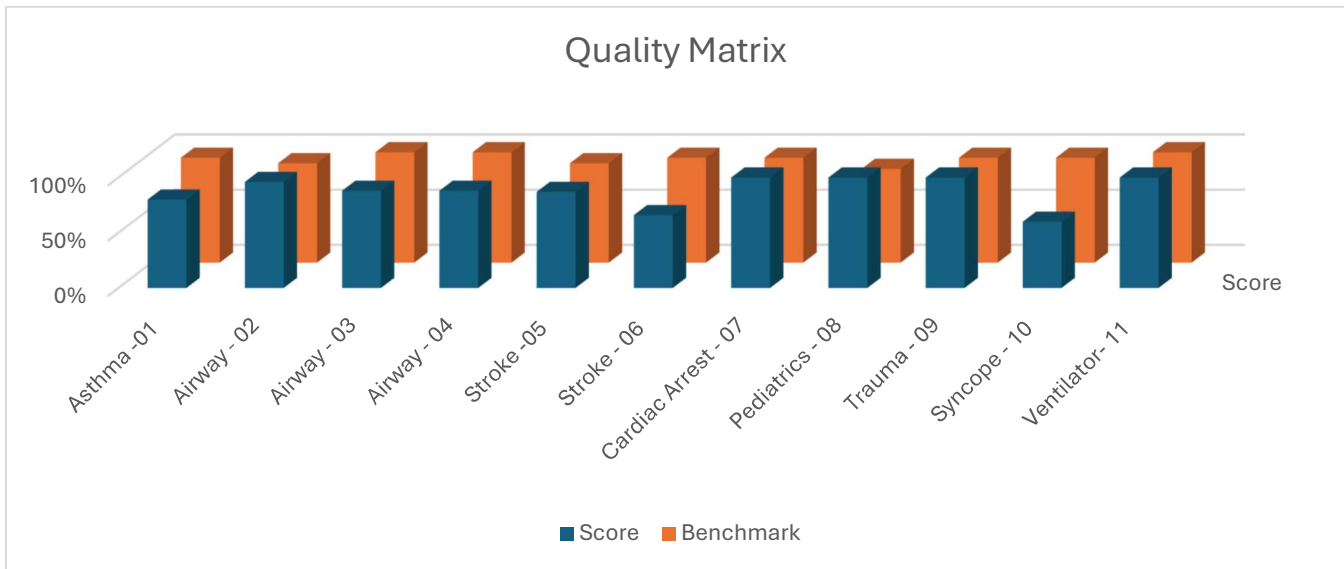


Zip Code	No Transport	Transport	Zip Code	No Transport	Transport
Scottsbluff- 69361	668	1866	Lyman - 69352	31	5
Gering - 69341	365	817	Harrisburg - 69345	20	16
Mitchell - 69357	127	178	Melbeta - 69355	6	10
Bayard - 69334	115	32	McGrew - 69353	0	3
Minatare - 69356	88	79	Harrison - 69346	0	1
Morrill - 69358	81	78	*Emergent Calls Only Flight Teams & Transports Not Included		



Call Cluster Events are situations in which two ambulances are assigned to incidents and another call for service has been dispatched which occurred 502 times.

Quality Matrix



Matrix	Description	Score	Benchmark
Asthma -01	Percentage of patients with asthma with a complaint of shortness of breath had an aerosolized beta agonist administered	80%	95%
Airway - 02	Percentage of successfully placed advanced airways had waveform capnography performed	96%	90%
Airway - 03	Percentage of patients in which an advance airway was placed had at least three methods of confirmation documented, initially, after each move, at patient hand off and any patient deterioration events	88%	100%
Airway - 04	Percentage of first pass success of endotracheal intubation procedure	88%	100%
Stroke -05	Percentage of patients with suspected stroke in which a RACE* score is completed	87%	90%
Stroke - 06	Percentage of patients in which a Stroke Alert is activated have a 10 minute or less scene time (Patient contact to off scene)	66%	95%
Cardiac Arrest - 07	Percentage of cardiac arrest patients that achieve ROSC**in which hypotension was assessed and treated for post arrest hypotension	100%	95%
Pediatrics - 08	Percentage of Pediatric cardiac arrest patient who received supraglottic airway placement and initial dose of epinephrine <6 minutes of arrival at scene	100%	85%
Trauma - 09	Percentage of traumatic cardiac arrest patients who received bilateral chest decompression	100%	95%
Syncope - 10	Percentage of patients with syncope had 12 lead ECG performed	60%	95%
Ventilator- 11	Percentage of patients placed on BIPAP had a 10% or greater improvement in SPO2	100%	100%

* Rapid Arterial Occlusion Evaluation (RACE)

**Return Of Spontaneous Circulation (ROSC)

Quality Matrix

Quality Fall Outs

Matrix	Description	Score	Benchmark
Asthma -01	Percentage of patients with asthma with a complaint of shortness of breath had an aerosolized beta agonist administered <ul style="list-style-type: none"> Asthma only patients without other co-morbidities are low volume All fallouts were in 1st Quarter of the year 2nd and 4th quarter scores 100% No patient met criteria in 3rd quarter 	80%	95%
Airway - 03	Percentage of patients in which an advance airway was placed had at least three methods of confirmation documented, initially, after each move, at patient hand off and any patient deterioration events <ul style="list-style-type: none"> Low volume with high value for positive patient outcome Fallouts occurred during the 1st and 4th quarters due to missing one confirmation after moving the patient All patients had confirmation of placement initially, and at patient hand off 	88%	100%
Airway - 04	Percentage of first pass success of endotracheal intubation procedure <ul style="list-style-type: none"> Low volume/High risk procedure An additional 9% of the patients were successfully intubated on the second pass 	88%	100%
Stroke -05	Percentage of patients with suspected stroke in which a RACE score is completed <ul style="list-style-type: none"> Low volume with high value for positive patient outcome 1st and 3rd Quarters exceed goal Documentation within the electronic patient care record is cumbersome 	87%	90%
Stroke - 06	Percentage of patients in which a Stroke Alert is activated have a 10 minute or less scene time <ul style="list-style-type: none"> Low volume with high value for positive patient outcome 	66%	95%
Syncope - 10	Percentage of patients with syncope had 12 lead ECG performed <ul style="list-style-type: none"> Improved through 3rd and 4th Quarter The younger the patient the least likely a 12 lead ECG done 	60%	95%

Fee Schedule

HCPSC Code	DISCRIPTION	Medicare Allowable	NE Medicaid Allowable
A0428	Basic Life Support Non-Emergency	277.30	189.93
A0429	Basic Life Support Emergency	443.68	154.89
A0426	Advanced Life Support Non-Emergency	332.76	387.24
A0427	Advanced Life Support Emergency	526.87	387.24
A0433	Advanced Life Support Level 2	762.57	387.24
A0427	Mileage (Per Transport Mile)	14.13/Mile 1-17	6.35
		9.42/Mile >17	

- Medicare and Medicaid Allowable is the maximum amount approved.
- Nebraska Medicaid does not pay mileage for patient transport within the same zip code.