

Lisbon Emergency

Informed Community Self Determination Report

Presentation for residents and municipal officials
Lisbon • Bowdoin • Bowdoinham

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Why this assessment matters

The goal is informed decision-making, not criticism of current performance.

Core question:
How should Lisbon Emergency evolve so it can continue meeting community expectations in a changing EMS environment?

- Clarify current system performance and capacity
- Explain the cost and funding realities of EMS readiness
- Identify governance and planning constraints
- Provide practical pathways forward for three communities



Residents need clear information



Officials need decision-grade options



The service needs stability to plan

The service is strong — the challenge is alignment

Lisbon Emergency is operating from a position of strength, not crisis.



Operational finding:
High-performing, clinically
capable, stable, and trusted.



Structural finding:
Annual funding uncertainty and
governance complexity limit long-
term planning.



Strategic recommendation:
Stabilize the foundation first, then
expand deliberately.

This is the central message residents and officials need to hear:

Do not replace what is working. Align governance, funding, and operations so it keeps working.

Three communities, one regional EMS reality

Lisbon, Bowdoin, and Bowdoinham create a mixed urban-rural EMS environment.

16,075

combined residents

6,412

households

\$85k

median household income

41

average age

Lisbon

Population center • higher call density • defined commercial areas

Bowdoin

Rural geography • longer travel distances • dispersed demand

Bowdoinham

Rural and waterfront patterns • coverage distance • community events

Operational implication: staffing, response times, transport duration, and mutual aid cannot be evaluated town-by-town only; this is a shared regional system.

What is working now

Lisbon Emergency has the core attributes of a mature EMS agency.

- Stable core workforce with strong EMS identity
- Modern clinical equipment and fleet investments
- Quality assurance, onboarding, and field training processes
- Mutual aid relationships that support regional resilience
- Operational flexibility around interfacility transfers and other activities that have future opportunities

Not an operational crisis

The report does not recommend replacing what is working. It recommends protecting it with better long-term alignment.

Strength to preserve: EMS culture and staff trust

Constraint to solve: planning horizon and funding stability

EMS funding pays for readiness, not just transports

Ambulance billing alone cannot support a 24/7 emergency response system.

\$2,673

national average cost per transport

\$1,147

national average reimbursement

\$1,500+

average gap per transport

Municipal subsidy is not a failure of the model — it is how communities purchase readiness.

- Crews and ambulances must be available before the call occurs
- Medicare and MaineCare reimbursement do not pay for standby readiness
- More volume can improve efficiency — but only until the system becomes strained

Public funding buys the capacity to respond when demand is unpredictable.

What taxpayer support provides

A clearer “funding-to-service” model will help residents understand what they are buying.

Staffed ambulance hours

Paid crews, scheduled coverage

Clinical capability

ALS/BLS capacity, equipment, medications, medical oversight

Regulatory readiness

Licensure, QA/QI, documentation, compliance

Capital resilience

Ambulance replacement, equipment lifecycle, facility support

Mutual aid reliability

Ability to receive and provide regional backup

Future programs

Community paramedicine, TIP, regional coverage options

Recommended communication tool: a monthly or quarterly dashboard showing dollars → staffing → coverage → performance.

From Statistics to a Clear Public Story

Lisbon Emergency already provides operational and financial information. The next step is to translate that into a simpler public story.

What the subsidy buys

Staffed ambulance hours
24/7 readiness
Clinical capability, equipment,
compliance, and backup capacity

Why readiness costs money

EMS must be available before the call happens — not only when a patient is transported.

What service levels depend on

Staffing depth
Overlapping-call capacity
Transport time and mutual aid
availability

Where the future is going

Community Paramedicine
Treatment in Place
Regional partnerships
Changing healthcare demand

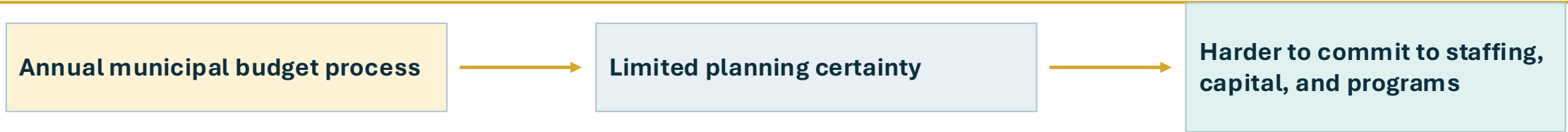
Core public question: Not simply “How much does EMS cost?” — but “What level of service are we choosing to support?”

Key message: The next step is not more data — it is clearer, decision-grade understanding.

Tell the story forward: today’s subsidy supports readiness now and creates the planning foundation for future EMS models.

The central constraint: short-term funding for a long-term service

EMS requires multi-year planning even when public approvals occur annually.



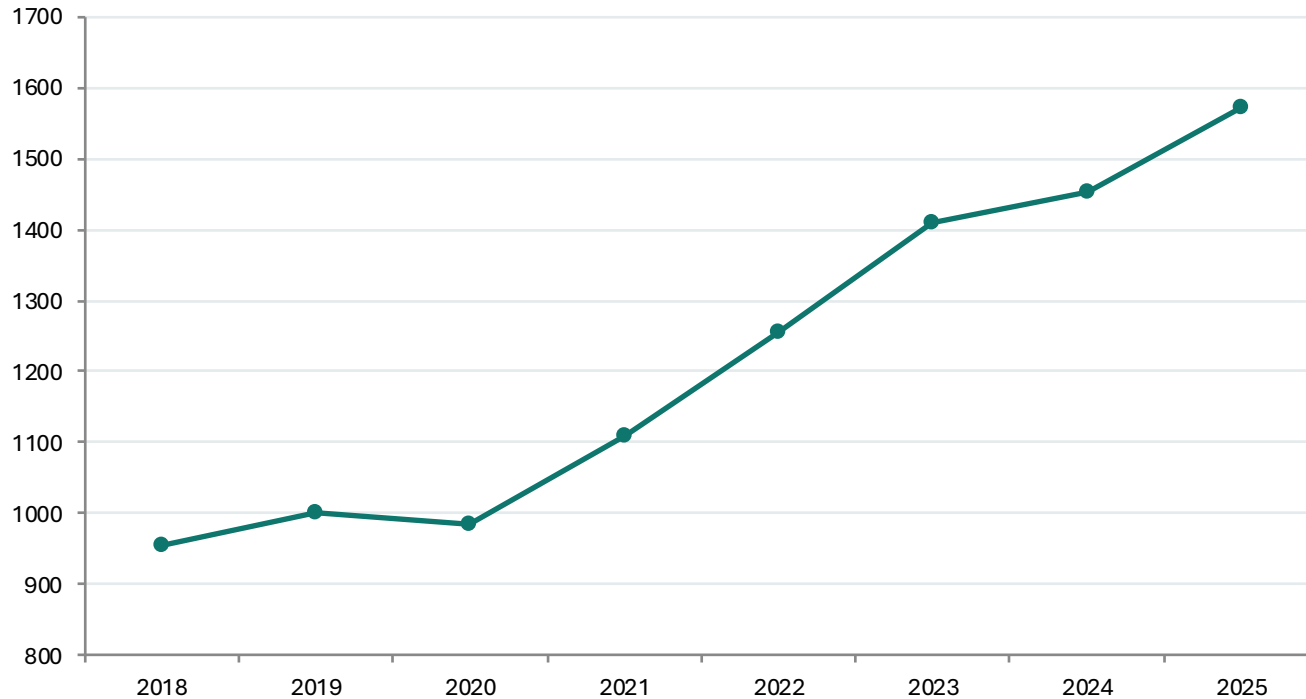
- Lisbon: Town Council budget authority after public hearings and input
- Bowdoin and Bowdoinham: town meeting budget approval processes
- All three communities: public understanding and trust are essential
- The service needs clear authority, clear accountability, and predictable planning assumptions

Recommended minimum step:

A shared 3–5 year planning framework, reviewed annually, that connects funding to service levels.

Call volume is increasing — and time-on-task matters

Volume, duration, transport distance, and concurrency all drive system pressure.



+65%

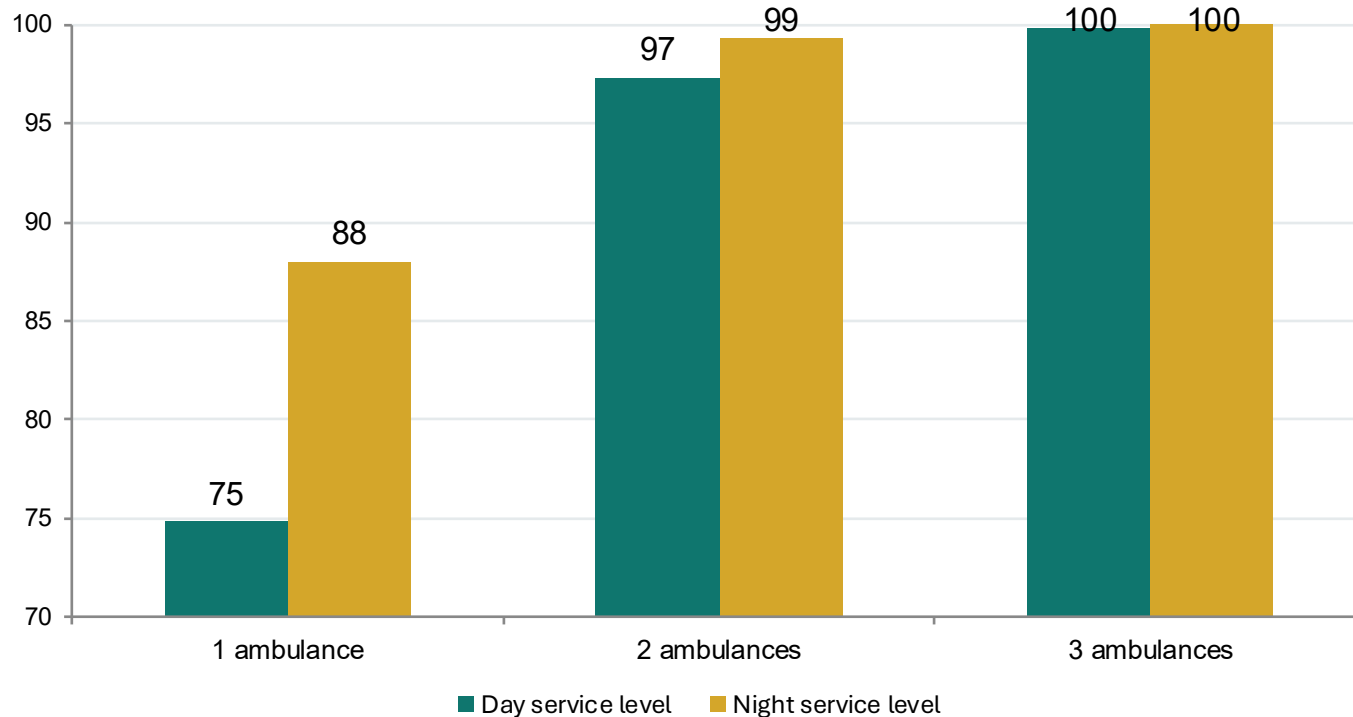
approx. response growth since 2018

- Aging populations increase medical complexity
- Regionalized healthcare can lengthen transports
- Overlapping calls drive the need for backup capacity

The issue is not just how many calls occur — it is how long each call occupies a crew and ambulance.

A second staffed unit dramatically improves reliability

Erlang modeling helps estimate the effect of unit availability under call concurrency.



Key interpretation:

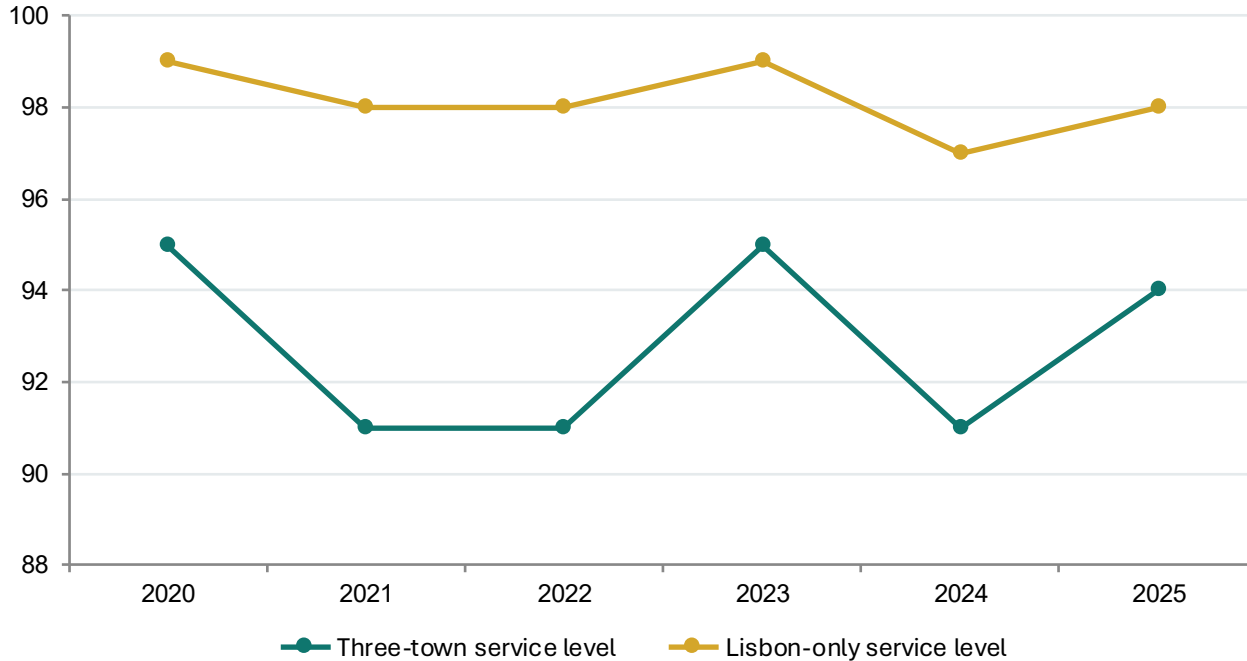
One ambulance can cover much of baseline demand, but system reliability falls quickly during overlapping calls.

A second unit provides a major reliability jump, especially during daytime demand.

This supports ongoing monitoring of concurrency, mutual aid, and unit-hour availability.

Mutual aid is working — and should be watched closely

Mutual aid is both a safety net and a system stress indicator.



- Inbound mutual aid can signal local demand exceeding available capacity
- Outbound mutual aid shows Lisbon Emergency supporting regional partners
- A healthy system gives and receives aid — but trends matter

Regional reality:

Lisbon Emergency is part of a larger EMS ecosystem. Local decisions affect regional performance, and regional pressures affect Lisbon.

Future opportunities should be piloted — not bolted on

Community Paramedicine and Treatment in Place need structure, funding, and medical oversight.



Community Paramedicine

Targeted support for oxygen-dependent residents, high-frequency 911 users, fall risk, and medically vulnerable patients.



Treatment in Place

Clinical care that may avoid unnecessary ED transport when protocols, documentation, and reimbursement structures support it.



Regional collaboration

Shared training, recruitment, mutual aid planning, and carefully defined coverage relationships with neighboring communities.

Rule of thumb: protect 911 readiness first.

Any future program should have defined scope, staffing, medical direction, referral pathways, data reporting, and success measures.

Strategic options are parts of one strategy

The options are not mutually exclusive; they sequence the work.

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- 1 Governance alignment** Clarify roles, accountability, and municipal communication
 - 2 Multi-year funding framework** Build predictable planning assumptions while preserving public approval
 - 3 Controlled revenue optimization** Use idle capacity carefully; do not let revenue drive readiness
 - 4 Regional collaboration** Shared training, mutual aid, and measured coverage opportunities
 - 5 Future EMS pilots** Community Paramedicine and TIP only when properly scoped

The recommended sequence: align first, then seek opportunities.

Primary recommendation: stabilize the foundation

The highest priority is creating a predictable framework for service, funding, and accountability.

1. Establish a multi-year funding framework

2. Clarify governance and accountability

3. Define the funding-to-service relationship

4. Implement data-driven operational monitoring

- Pursue regional collaboration as a strategic opportunity
- Maintain controlled growth in revenue activity
- Pilot Community Paramedicine and future EMS programs carefully

**Minimum step: Align and stabilize.
Preferred long-term path: Align, stabilize,
and then seek strategic opportunities.**

Three practical choices for municipal leadership

The report frames the decision in levels of commitment and long-term benefit.

1. Maintain current model

Lowest disruption, but continued limits on planning and future service development.

2. Align and stabilize

Recommended minimum step: funding framework, governance clarity, communication, and workforce stability.

3. Stabilize and expand

Preferred long-term path: build on a stable foundation to pursue regional collaboration and future EMS pilots.

The decision is not whether Lisbon Emergency is worth preserving — it is how to preserve it responsibly.

Recommended first 6–12 months

Focus on practical steps that build trust and planning discipline.

- 1 Develop a 3–5 year financial and service model
- 2 Clarify governance roles and decision pathways
- 3 Publish a funding-to-service communication framework
- 4 Implement a recurring performance dashboard
- 5 Begin exploratory regional discussions with neighboring communities

Final message

Lisbon Emergency does not need to become something entirely new. It needs to continue becoming what it already is: a professional, community-centered EMS system that is aligned, sustainable, and prepared for the future.