Skagit County EMS Delivery Model Advisory Group THE WORKGROUP'S ASSESSMENT OF GOVERNANCE MODELS

THE WORKGROUP' S FINDINGS AND

RECOMMENDATIONS

24 August 2016

The Workgroup's Approach:

On August 8th the Skagit County EMS Delivery Advisory Group eliminated from consideration two of the five governance models it had previously identified as worthy of analysis. The Advisory Group also asked the workgroup that it formed in July to assess the governance models to conduct additional analysis of the three remaining models—the Current Governance Model, the Skagit County EMS Department Model, and the Countywide EMS District Model.

The workgroup met on the 22nd to further assess the three models. It applied the eleven criteria (including "GEMTEligible") to the models to identify the pros and cons of each model. After two hours of focused and thorough discussion, the workgroup had considered three criteria.

The workgroup's discussion was also guided by fourteen questions that the Advisory Group had asked it to answer. Some of the questions were directly answered during the course of applying the three criteria to the models. More were indirectly answered while a few were not discussed.

On pages 2-4 of this document is the matrix illustrating the three governance models and criteria. The pros and cons of the models for the first three criteria and #11, GEMT Eligible, are incorporated into the matrix. On pages 5-8 are the workgroup's responses to the questions.

The Workgroup's Findings and Recommendations:

Although the workgroup did not have time to apply the other criteria to each of the models, the members agree that their lengthy discussions about criteria 1-3 highlighted consistent pros and cons of each model. These pros and cons seem likely to recur if the other criteria are evaluated. In assessing the existing governance structure, the workgroup identified more cons than pros. As the August 22nd meeting concluded, the weaknesses of the current system—the cons—appeared to apply to other criteria besides the first three. Thus, the workgroup recommends that the Current Governance Model should be eliminated from further consideration.

While the existing system provides high quality patient care, the Skagit CountyEMS Department Model and the Countywide EMS District Model hold the promise of providing equally high quality patient care, but more efficiently, sustainably, and accountably. Because lines of authority would be clearer, decision-making would be more transparent, understandable, and accountable. Because duplicative functions could be eliminated and GEMT funding would be available, costs could be reduced and the system could be more financially sustainable. Because communication channels could be more direct and employees would be come public employees, certainty and stability—and ownership of the system—could be strengthened.

	CURRENT GOVERNANCE MODEL	SKAGIT COUNTY DEPARTMENT MODEL	COUNTYWIDE EMS DISTRICT MODEL
1. Focused on patient care.	 Pros: a. Patients are served well. b. In place now so no disruption to the system. Cons: a. Layers of bureaucracy make accountability difficult. b. No performance measures applied consistently countywide. 	 Pros: a. With no CVAA Board, a flatter governance structure should provide closer link between policy makers and service providers. Cons: a. Potential liability for County. b. Stand-alone insurance policy costs uncertain. 	 Pros: a. From top to bottom of the organization, focus is on patient care. b. Provides for broad representation of interested and affected parties. c. Fewer layers of bureaucracy could reduce cost of administration. Cons:
2. Fiscally sustainable/ operationally efficient and accountable.	 Pros: a. Levy is countywide. Cons: a. System inefficient because of multiple providers with different processes, equipment, and means of deployment. b. Different methods of accounting make it challenging to track expenditures. c. Communications between multiple providers are more easily misinterpreted, resulting in perceptions of 	 Pros: Levy is countywide. A flatter governance structure should increase accountability and reduce administrative costs. Cons: Will take time, energy, and funds to establish. Potential conflict of interest for County. 	 Pros: a. Levy is countywide. b. Representation of interested and affected parties would increase accountability. c. Could reduce administrative costs, including contracting. d. Appears to be GEMT eligible. Cons: a. Will take time, energy, and funds to establish.

The Workgroup's Application of Four of the Criteria:

2	gamesmanship and decisions made for mostly politic reasons.	Droc:	Proc
3. Provides stability and certaintyto: a) public and patients; b) employees; and c) volunteer firefighters.	 Pros: a. Countywide ALS system. b. Public support for ALS, BLS, and role of volunteers. c. Centralized training. Cons: a. Governance changes over time have destabilized the system. b. Layers of bureaucracy make accountability difficult. c. No formula or transparent means to right direct resources to right places. 	 Pros: a. Employees become public employees. b. A flatter governance structure should increase transparency, stability, and certainty for all parties. c. More direct lines of communication should increase understanding of policy decisions and operations. d. Provides greater ownership to the parties. Cons: 	 Pros: a. More focus on EMS throughout organization. b. Employees become public employees. c. A flatter governance structure should increase transparency, stability, and certainty for all parties. d. More direct lines of communication should increase understanding of policy decisions and operations. e. Provides greater ownership to the
4. Makes service delivery and decision-making as	 d. Providers' budgets built on guesses of levels of financial support. e. Annual employee contracts undermine job security and long- range planning. 	a. All interested and affected parties not at the table so may not eliminate all competition and communications challenges between them.	f. May more effectively align employees' skills and training with job duties.
simple as possible. 5. Makes decisions based on facts, information, and best practices. 6. Preserves volunteer and community-			

based elements.			
7. Fairly distributes shared revenues to provide equitable levels of service countywide.			
8. Provides a framework of clear leadership and government oversight.			
9. Flexible and adaptable to changing conditions.			
10. Ease of implementation.			
11. GEMT Eligible?		Yes.	Yes.
	CURRENT GOVERNANCE MODEL	SKAGIT COUNTY DEPARTMENT MODEL	COUNTY EMS DISTRICT MODEL

The Workgroup's Answers to Advisory Group Questions:

On August 8th the Advisory Group requested answers to the questions below about the three models. During their meeting on August 22nd, the workgroup members answered many of the Advisory Group's questions as they identified and discussed the pros and cons of each model. The questions and answers are as follows:

- 1. Is the County EMS District Model allowed under the Revised Code of Washington (RCW)?
 - Yes, the initial research that the workgroup has conducted indicates it is.
- 2. How would the governance committee of the Countywide EMS District Model be selected, and who would serve on it? Would the members be appointed? If so, by whom?
 - The membership of the Board of the Countywide EMS District would be established through a negotiated agreement between Skagit County and the four cities and four towns within the County.

One idea from the workgroup is that the Board would have nine members. Eight members would represent the following: 1 from Skagit County, 4 from the cities (1 from each municipality), 1 representing the towns, 1 representing the Fire District Commissioners, and 1 representing local Fire Chiefs and their association. The ninth member would be selected by the other eight, and would serve as the Board's chairperson.

A slight variation of this idea is to have 1 Fire District Commissioner and a second representative of Skagit County (instead of the representative of the Fire Chiefs).

If the district directly imposed and collected taxes to fund emergency medical services, would its governance committee need to be elected by the voters?

- No.
- 3. Would cities, towns, and fire districts relinquish some authority under the County Department Model?
 - Yes.

Would they relinquish some authority under the Countywide EMS District Model?

- If they were represented on the District's Board, they would not. If they continued to provide service, they would not. If they were not represented on the Board and no longer provided service, they might.
- 4. Would the models be eligible for GEMT funding? Would some of that funding be available to help pay administrative costs?
 - The workgroup continues to seek clarity on GEMT funding eligibility, but it does appear that such funding would be available if a County EMS Department or a Countywide EMS District were established. The workgroup will try to get an answer to the question of whether or not GEMT funds could help defray administrative costs.
- 5. Can a preliminary governance budget (including administration, personnel, training, facilities, capital improvements, and equipment) be produced to compare the costs of the County Department and Countywide EMS District models to those of the Current System Model?
 - The workgroup suggests that the Advisory Group would benefit by reviewing the County's EMS budget and countywide expenditures for emergency medical services during the past few years.

Yet, when considering the pros and cons of the County EMS Department Model and of the Countywide EMS District Model under criteria 2 and 3, the workgroup agreed that a flatter bureaucracy, more transparent decision-making, and closer links between policy makers and front line staff and the public will help reduce administrative costs once the new governance model is established and implemented. (See p. 2.)

- 6. How long would it take to implement the County EMS Department and Countywide EMS District models? What steps would be necessary to undertake the planning that results in implementation?
 - The answer to this question depends on: a) which model is agreed upon by the Advisory Group and adopted by the Skagit County Commissioners; and b) the timeline adopted by the County, cities, and towns when they negotiate an Interlocal agreement to implement the new governance model. It will be their responsibility to

develop a timeline and the steps or workplan to establish the new governance structure.

- 7. What affect would the models have on things such as retaining qualified personnel, insurance policies, and labor contracts?
 - While the workgroup did not directly discuss this question, its assessment of the three models, particularly in light of criteria 2 and 3, may offer a partial answer to the question. For example, if the County Department Model and the Countywide EMS District Model provide greater stability and certainty to the employees, it would be logical to conclude that the system will be able to retain qualified employees.
- 8. What mechanisms, if any, could be part of the future system to ensure equitable service provision to rural, suburban, and urban residents?
 - The workgroup did not directly address this question. But a mutual interest of the Advisory Group is to provide equitable service across the county. More specifically, the Advisory Group has stated "the right services should be provided to the right place at the right time."
 - In addition, one could surmise that if the County EMS Department Model were agreed upon, County Commissioners would pay careful attention to where emergency medical services funds are spent and if those expenditures are meeting the needs of rural, suburban, and urban residents and customers. Under the Countywide EMS District Model, a Board reflecting urban, suburban, and rural interests and constituents would be the starting point for ensuring that funds are spent where needed and distributed across the county equitably.
 - The members of the workgroup (as well as the members of the data and information subgroup that the Advisory Group formed in May) have suggested that it is difficult for the system to achieve the standards of criteria 2 and 3 without system-wide performance measurements. A system in which Key Performance Indicators (KPIs) are identified, monitored, and reported semi-annually or annually could be part of the solution to ensure that resources are deployed equitably and, more importantly, to the right place at the right time. A benefit of the Skagit County EMS Department Model and the Countywide EMS District Model is that they would be positioned to establish and track countywide or system-wide measurements.

- 9. If the County Department model was selected, what might be the impact on other County services and priorities?
 - The workgroup did not attempt to answer this question. The answer would likely be too speculative.
- 10. Because a governance system must be able to effectively and efficiently deliver services, can we calculate or demonstrate some impact of the models on service delivery?
 - While the workgroup did not answer this question comprehensively, its assessment of the pros and cons of the County EMS Department Model and the Countywide EMS District Model according to criterion 1—focused on patient care—is a starting point in estimating or anticipating that the models would deliver high quality services, as is the case today.
- 11. How do we design a system that is even more effective in attracting funding from a variety of sources?
 - The workgroup expects that the County EMS Department Model and the Countywide EMS District Model would both be GEMT eligible. That would be one more funding source to support emergency medical services. The workgroup has not conducted additional research to identify additional potential funding sources under either of these models.
- 12. What role do citizens play in the emergency medical services system within these models of governance?
 - The workgroup did not have time to answer this question. But criterion 3 is a means
 of assessing each model in terms of the stability and certainty it would provide to the
 public and patients, and the workgroup identified more pros than cons for both the
 County EMS Department Model and the Countywide EMS District Model in terms of
 providing and stability certainty to the public and patients.
- 13. Does the role of the Medical Program Director (MPD) change because of the governance model?

- The workgroup only briefly touched on this question. Because the MPD is a job described in state statute, the group suggests that the role would not be altered by either the County EMS Department Model or the Countywide EMS District Model.
- 14. What are the problems with the current model that the County Department and County EMS District models are intended to fix? How would each of them fix these problems?
 - The workgroup did not specifically answer this question because the Key Findings that were presented to and adopted by the Advisory Group at its first meeting on April 25th identified problems with the current system that warrant examining potential new governance structures.