

SKAGIT COUNTY EMERGENCY MEDICAL SERVICES (EMS)
DELIVERY MODEL ADVISORY GROUP

THE ADVISORY GROUP'S REPORT

TO THE

SKAGIT COUNTY COMMISSIONERS

6 October 2016 Edition

D R A F T

ADVISORY GROUP MEMBERS

COUNTY COMMISSIONERS:

Commission Chair **Lisa Janicki**
Commissioner **Ken Dahlstedt**
Commissioner **Ron Wesen**

CITY AND TOWN ELECTED OFFICIALS:

Anacortes Mayor **Laurie Gere**
Anacortes Councilmember **Matt Miller**
Burlington Mayor **Steve Sexton**
Burlington Councilmember **Bill Aslett**
Hamilton Mayor **Joan Cromley**
Mt. Vernon Mayor **Jill Boudreau**
Mt. Vernon Councilmember **Dale Ragan**
Sedro-Woolley Councilmember **Judith Dunn Lee**

FIRE DISTRICT COMMISSIONERS:

Larry Kibbee, District 13
Tom Walsh, District 11

SERVICE PROVIDERS:

Kirk Hale, Central Valley Ambulance Authority Executive Director
Richard Curtis, City of Anacortes Fire Chief
Tony Smith, Aero Skagit Emergency Service Director

CITY AND TOWN APPOINTED OFFICIALS:

Eron Berg, Sedro-Woolley Administrator
John Doyle, La Conner Administrator

FIRE CHIEFS' ASSOCIATION:

Mike Noyes, Chief, Fire District 11, and President, Skagit County Fire Chiefs' Association

HOSPITALS:

Tyler Dalton, Skagit Valley Hospital Trauma Coordinator

LABOR:

Dean Shelton, International Association of Fire Fighters (IAFF) Regional Representative

CONSUMERS:

Shane Sanderson, former Washington State DOH EMS Manager

VOLUNTEERS:

Roger Mitchell, Fire District 5

SKAGIT COUNTY:

Mark Raaka, Skagit County Emergency Medical Services

GOVERNANCE WORKGROUP MEMBERS

Mayor Jill Boudreau, Mount Vernon
Mayor Laurie Gere, Anacortes
Eron Berg, Administrator, Sedro-Woolley
Richard Curtis, Chief, Anacortes Fire Department
Kirk Hale, Executive Director, Central Valley Ambulance Authority
Mike Noyes, Chief, Fire District 11 and President, Skagit County Fire Chiefs' Association
Mark Raaka, Skagit County EMS
Shane Sanderson, former Washington State Department of Health EMS Manager
Dean Shelton, IAFF Regional Representative
Tony Smith, Director, Aero-Skagit EMS

With assistance from:

Melinda Miller, Skagit County Prosecuting Attorney's Office
Jada Trammell, Operations Manager, Central Valley Ambulance Authority
Bryan Brice, Chief, Mt. Vernon Fire Department

THE ADVISORY GROUP'S REPORT TO THE SKAGIT COUNTY COMMISSIONERS

THE CONTEXT FOR THIS EXAMINATION OF SKAGIT COUNTY'S EMS SYSTEM

In Autumn 2015, the Skagit County Commissioners, having heard concerns about the Emergency Medical Services (EMS) system, hired a consultant to interview key stakeholders to better understand the concerns, needs, and interests of the community. Jim Reid of The Falconer Group conducted nineteen confidential interviews between late December 2015 and early March 2016.

The purposes of the interviews were to: 1) ask people with knowledge, expertise, and involvement in the EMS system in Skagit County for their assessment of its strengths and weaknesses; 2) identify their interests in the system and in a process to reexamine it; and 3) solicit initial or preliminary ideas for strengthening it.

Jim produced a summary of the key findings and common themes from the interviews (See Appendix A, p.9).

In March 2016 the County Commissioners appointed twenty-one citizens to serve on the EMS Delivery Model Advisory Group. They represented the three current service providers, cities and towns, Fire Districts and Fire Chiefs, local hospitals, volunteers, labor, consumers, and Skagit County. The three Commissioners also decided to attend the Advisory Group's meetings to ask questions and learn more about the concerns and needs of those who are involved in and affected by the EMS system.

THE ADVISORY GROUP'S PROCESS, FINDINGS, MUTAL INTERESTS, AND CRITERIA

The Advisory Group met eight times between late April and mid-October 2016. At its first meeting on April 25th, Advisory Group members adopted the key findings. *They concluded that the delivery of services by front-line staff is not the problem facing the system. On the contrary, the staff is the system's greatest strength. Rather, the governance structure is the problem.* It has led to confusion about who is really in charge. That has resulted in a lack of transparency, efficiency, and accountability. And many people fear that the current governance structure undermines the financial sustainability of the system.

At that meeting the Advisory Group also agreed on ten mutual interests (See Appendix B, p.11). These interests served as the foundation for working to reach agreement on the future of emergency medical services in Skagit County.

In July the Advisory Group reached agreement to study and assess five governance models: 1) the Current Delivery System; 2) a Fire-Based Model; 3) the Skagit County EMS Department

Model; 4) the Public Safety Model; and 5) the Countywide EMS District Model. The Advisory Group briefly discussed the Hospital-Based and Private Service Delivery Models before eliminating them from further consideration.

The Group also approved the criteria by which to consider and evaluate alternative governance models (See Appendix C, p.12). The criteria reflected the mutual interests of the parties. (See

THE ADVISORY GROUP'S VISION FOR THE FUTURE

The members of the Advisory Group presented their individual visions for the future of emergency medical services and the delivery of those services in Skagit County. From their visions emerged this collective vision.

- The system is focused on patients (patient-centric) and delivers the highest quality care.
- The right level of resources is provided to the right place at the right time.
- The system is countywide, delivering services equitably and seamlessly to rural, suburban, and urban areas and residents.
- The EMS System is recognized as much more than ambulance transport; it is seen as part of the comprehensive system of care.
- Hallmark qualities of the system are innovation, best practices, responsiveness, effectiveness, efficiency, accountability, and consistently and predictability balanced with flexibility and adaptability.
- Responsibilities and lines of authority are clear and accurately understood. Governance and decision-making are transparent and accountable.
- The partnership among the stakeholders creates a synergy that enables the system to be as strong and vital as possible.
- Service providers are cohesive and cooperative and share resources for the good of patients.
- The system is properly funded and, therefore, stable and fiscally sustainable.
- The system can demonstrate successful results based on a set of clear standards and performance metrics.
- Refinements and improvements to the system are based on evidence, metrics, and stakeholder and public support.
- Employees have a mix of skills, talents, and strengths.
- Employees are respected, treated fairly, and supported.
- Our EMS system is a purposeful blend of career and volunteer resources, each augmenting the other.
- Public education and prevention are key components of the system.

THE GOVERNANCE WORKGROUP'S PROCESS AND RECOMMENDATIONS:

At its fifth meeting on 18 July 2016, the Skagit EMS Delivery Model Advisory Group established a workgroup from among its members to assess five governance models and recommend a governance structure that will most effectively achieve the mutual interests of the Advisory Group members.

The governance workgroup met six times between mid-July and early October. Early in its process it applied the ten criteria to the models and recommended to the Advisory Group that the Fire-Based and Public Safety Models did not merit further examination. The Advisory Group members agreed and on 8 August authorized the governance workgroup to more deeply assess the remaining three models. In late August most Advisory Group members indicated a preference

for the Countywide EMS District and asked the workgroup to more thoroughly develop a proposal regarding the particulars of the model, including how it might be implemented and a rough estimate of its budget.

THE WORKGROUP'S RECOMMENDATION: ESTABLISH A PLANNING COMMITTEE TO CONTINUE TO EXPLORE THE COUNTYWIDE EMS DISTRICT MODEL

The workgroup recommends that a planning committee be created to continue to explore the Countywide EMS District for providing emergency medical services in Skagit County. The committee's tasks would include: 1) refine the steps needed to reach agreement among the parties on the establishment of the District; 2) address the legal issues and questions about establishing and operating it; and 3) build community support for the concept.

The Skagit Countywide EMS District:

The Skagit Countywide EMS District would be established according to the provisions of RCW 36.32.475, which outlines the requirements for Emergency Medical Services Districts. It would be a quasi-municipal corporation with independent taxing authority (per Article VII, Section 1 of the RCW).

The Countywide EMS District would assume the responsibilities of one of the three current service providers, the Central Valley Ambulance Authority (CVAA). The other current providers of emergency medical services in Skagit County, the Anacortes Fire Department and Aero-Skagit, would continue to provide services. The County's EMS Department would become part of the District. There has been discussion that in the future the Countywide EMS District might take over the responsibilities of Aero-Skagit. From its inception, the District could provide centralized billing services for all service providers.

A governing body consisting of key representatives of the interested and affected parties would provide leadership and policy direction to the District's staff. One potential structure that should be considered is a Board consisting of nine members. Eight of the members would represent Skagit County, the cities and towns, and the Fire Districts. The ninth member would be the Board's chairperson and selected by the other members. A Director or CEO would manage the District's daily operations and report to the governing body. The Director would need to be a skilled leader who has the capacity and energy to build positive relationships among the many parties in Skagit County who have a stake in EMS policy and service delivery issues.

Benefits of the Countywide EMS District:

The principal benefits of the Countywide EMS District model of governance will be:

1. The organization is mission-driven, focused exclusively or primarily on emergency medical services.
2. The District includes a geographic mix of rural, suburban, and urban citizens and organizations.

3. The Board reflects broad, inclusive, fair, and equitable representation of the interested and affected parties.
4. The Board could include a mix of skills, including elected policy-makers, service providers, and experts in the field. (Each party represented on the Board should have the right and responsibility to determine its representative.)
5. A smaller “backbone” organization with fewer layers of bureaucracy will be more flexible, transparent, and accountable, particularly in the expenditure of funding.
6. This model maintains the roles and responsibilities of the existing providers while eliminating competition between them.
7. The District continues the countywide levy while offering a more regional perspective of EMS and more seamless countywide service provision.
8. By making employees of what is now the Central Valley Ambulance Authority (CVAA) public employees, the District offers provides employees more certainty, stability, and ownership of the system, which should increase pride and job satisfaction.

In addition to these benefits, a Countywide EMS District will be different from the current and past governance structures for the EMS System in two ways: 1) it will be a separate, independent legal entity; and 2) the composition of its Board will be inclusive and representative of the various parties and interests with a stake in EMS.

Establishing the Countywide EMS District:

The parties involved:

Representatives of Skagit County, the four cities within the county—Anacortes, Burlington, Mt. Vernon, and Sedro Woolley—and the county’s four towns—Concrete, Hamilton, La Conner, and Lyman—must reach agreement to create the Countywide EMS District. The agreement would be in the form of an Interlocal Agreement. They will also need to negotiate and agree on a path to implementation, including the timing for making the District operational.

While these nine parties must formally agree to establish the District, the support of the fire districts, hospitals, other key stakeholders, and the public will be needed.

Once the Interlocal is signed, the County Commission would need to hold public hearings and adopt an ordinance approving the establishment of the District.

There is urgency to implementing the District:

There is urgency to establishing and implementing the Countywide EMS District because the sooner it begins operating, the sooner it can begin to apply for and receive GEMT funding.

The State of Washington’s plan for providing GEMT funds to eligible agencies is expected to be in place by mid-2017. Once in place, the plan would allow eligible agencies to be reimbursed for specific expenses dating back to July 2016.

Who is eligible appears to still be unclear or uncertain. But workgroup members believe that the Countywide EMS District will be eligible. On 29 August the Advisory Group suggested that during an interim period between now and when the District begins operating, Skagit County might become the centralized billing agent through whom GEMT funds would be applied for and distributed. The workgroup concluded that the process of getting the County to be the approved centralized billing agent would be laborious. It might require so much work that it would constitute a major step toward establishing Skagit County as the governing agency for EMS.

Therefore, the sooner the District begins operating, the sooner it can begin to apply for and receive GEMT funding.

Funding the District's Operations:

The Countywide EMS District would submit a levy to the voters for funding. It would be a new levy, different from the existing one that is managed by Skagit County. The existing levy would not be renewed.

GEMT funding and grants from a variety of sources would provide the District with additional funding options.

To allay concerns about the distribution of funding currently and in the future, the District's governing body may want to agree upon a formula for the distribution of levy funds among the service providers.

The District's Potential Budget and Service Delivery:

At the request of the Advisory Group, the workgroup examined the previously published Public Financial Management (PFM) Report to develop an estimated budget for the Countywide EMS District and consider performance standards that might be adopted to guide service delivery decisions. The workgroup's response to the Group's request is provided in the Power Point slides that accompany this report.

The workgroup strongly recommends that a system of Key Performance Indicators (KPIs) be developed and approved under the future governance model to give decision-makers, customers, and stakeholders confidence that the system is performing as intended. In addition to the KPIs, the system should include a systematic approach to gathering, analyzing, and reporting data and information, and a publicly issued "scorecard" or "dashboard" to publish progress in how the delivery of services is achieving or advancing the District's policy and service delivery goals.

The workgroup also suggests that once established, the Countywide EMS District governing board should move expeditiously to address some key service delivery issues. Among them are: 1) standards of service; 2) dispatch and deployment, including the use of BLS and ALS providers; 3) the roles and responsibilities of fire districts in the new system and how the District works with them; 4) the roles and responsibilities of volunteers in the new system and how the District works with them; and 5) performance-based contracts.

Two Other Suggestions to Consider:

The workgroup suggests considering two ideas because they could result in cost efficiencies. The two ideas are:

1. The boards of the Countywide EMS District Board, Skagit 9-1-1, and the County's Emergency Management Department could be served by one administrator; and
2. The three agencies could share the same building and administrative and operational resources, including administrative staff such as finance, human resources, legal, and information technology.

APPENDIX A

SKAGIT COUNTY EMS DELIVERY MODEL ADVISORY GROUP

KEY FINDINGS FROM THE INTERVIEWS

Approved by the Advisory Group Members on 25 April 2016

CONTEXT FOR THIS PROCESS

At the request of the Skagit County Commissioners, consultant Jim Reid of The Falconer Group, conducted seventeen interviews of nineteen people between 22 December 2015 and 8 March 2016. Most interviews lasted between thirty and sixty minutes, and most, but not all, were conducted by telephone.

The purposes of the interviews were to: 1) ask people with knowledge, expertise, and involvement in the Emergency Medical Services (EMS) system in Skagit County for their assessment of its strengths and weaknesses; 2) identify their interests in the system and in a process to reexamine it; and 3) solicit initial or preliminary ideas for strengthening it.

At its first meeting on 25 April, the Advisory Group adopted these findings.

KEY FINDINGS FROM THE INTERVIEWS

These key findings reflect the overarching themes from the interviews.

1. Everyone is proud of the quality of services currently delivered. For a county whose residents live in communities more suburban, rural, or isolated by mountains and forests than in urban centers, and for a system in which there are multiple providers, the quality of service is considered exceptional. "The citizens are well served. The public doesn't see any gaps. On the front lines, we work well together."
2. The employees and volunteers who provide services were universally praised for their dedication, passion, skills, and high quality work. They are considered the system's greatest resources and assets.
3. Many people expressed pride that Skagit County is one of only a small number of counties in the State of Washington that has a countywide levy to raise and distribute funding for EMS. Interviewees consider the countywide levy an indicator of a sophisticated system; the voters' approval of the levy is seen as a reflection of high caliber services.
4. The multi-year contracts between Skagit County and service providers that were recently agreed to are seen as positive signs of cooperation and as providing stability, certainty, and consistency for the system.

5. A frequent interest expressed during the interviews was that the EMS system must be as efficient and accountable as possible before the EMS levy comes up for renewal by Skagit County voters in November 2018.
6. Many people stated the EMS in Skagit County is “surprisingly highly politicized and needlessly personalized.” “The politics are more broken than the system.” Reasons given for this condition were: a) historic mistrust between the County and cities and among the cities; b) long-standing rivalries between communities, including between urban and rural areas; c) the belief that the local Fire District (or firehouse), like the local high school, helps define identity of communities, particularly in rural areas; and d) long-held assumptions that may be more myth than reality.
7. Two assumptions that may be most polarizing in discussions about the future of EMS are: a) the cities are seeking more EMS funding to finance their fire departments. Their EMS operations are “over-financed and underperforming;” and 2) cities won’t and don’t provide services outside their boundaries. These perceptions, which are strongly refuted by city officials, need to be addressed.
8. Based on all the interviews, three options appear to be considered viable to explore: a) the status quo; b) a fire-based system; and c) a County managed system. Among those who appear to lean toward the third option, there is concern that the County may be reluctant to assume this risk. One reason for the different positions appears to be an emphasis on quality of service versus an emphasis on efficiency and/or accountability.
9. Many people believe that if the system needs to change, changes would be more easily implemented if a guarantee were given that no current positions will be eliminated because of the changes. One comment seemed to summarize the sentiment of many: “We should be willing to pay a little bit more for a smart transition.”
10. Some people believe that a weakness of the EMS system is the absence of criteria for basing the decision about the level of support that should be dispatched to serve patients. There is a perception that this lack of criteria can result in a higher level of service being provided than is necessary. Some people recommended that the system borrow or learn from the criteria used by King County’s EMS program to dispatch services.

APPENDIX B

SKAGIT COUNTY EMS DELIVERY MODEL ADVISORY GROUP

THE PARTIES' MUTUAL INTERESTS

Approved by the Advisory Group Members on 25 April 2016

These are the ten mutual interests of the Skagit County Emergency Medical Services Delivery Model Advisory Group members. The Advisory Group reached agreement on them at its first meeting on April 25th. These interests will serve as the foundation for working to reach agreement on the future of emergency medical services in Skagit County.

1. Deliver high quality services.
2. Provide the right level of services at the right time to the right place.
3. Ensure the system is sustainable, efficient, and accountable.
4. Ensure that response times to service calls are appropriate given the location.
5. Provide stability and certainty to employees, patients, and the public.
6. Make service delivery and decision-making as simple as possible.
7. Make decisions based on facts, information, and best practices.
8. In discussing the future of the system, have thoughtful, respectful, and civil deliberations.
9. Any changes to the system should be made in an orderly manner over time.
10. Preserve the volunteer and community-based elements of the system

APPENDIX C

SKAGIT COUNTY EMS DELIVERY MODEL ADVISORY GROUP

CRITERIA TO EVALUATE GOVERNANCE MODELS

Approved by the Advisory Group Members on 18 July 2016

At its meeting on 18 July the Advisory Group developed and agreed on these ten criteria by which to assess and evaluate the governance models.

1. Focused on patient care.
 - Deliver high quality services.
 - Provide the right level of services at the right time to the right place
 - Ensure that response times to service calls are appropriate given the location.
2. Fiscally sustainable and operationally efficient and accountable.
3. Provides stability and certainty to the public, patients, employees, and volunteers.
4. Makes service delivery and decision-making as simple as possible.
5. Makes decisions based on facts, information, and best practices.
6. Preserves the volunteer and community-based elements of the system.
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. Eligible for GEMT funding.