

# **SKAGIT COUNTY EMS DELIVERY MODEL ADVISORY GROUP**

Monday, 16 May 2016

9:30 a.m. – Noon

Commissioners Hearing Room, 1800 Continental Place, Mt. Vernon, WA

## **FINAL SUMMARY**

### **OF THE MEETING'S KEY DISCUSSIONS, DECISIONS, AND AGREEMENTS**

*ATTENDED:* **Bill Aslett**, Councilmember, City of Burlington; **Eron Berg**, Administrator, City of Sedro-Woolley; **Jill Boudreau**, Mayor, City of Mt. Vernon Mayor; **Joan Cromley**, Mayor, Town of Hamilton; **Richard Curtis**, Chief, Anacortes Fire Department; **Ken Dahlstedt**, Commissioner, Skagit County; **Tyler Dalton**, Trauma Coordinator, Skagit Valley Hospital; **John Doyle**, Administrator, Town of La Conner; **Kirk Hale**, Executive Director, Central Valley Ambulance Authority; **Laurie Gere**, Mayor, City of Anacortes; **Lisa Janicki**, Chair, Skagit County Commission; **Larry Kibbee**, Commissioner, Fire District 13; **Judith Dunn Lee**, Councilmember, City of Sedro-Woolley; **Matt Miller**, Councilmember, City of Anacortes; **Roger Mitchell**, Volunteer Fire Fighter, District 5; **Mike Noyes**, President, Skagit County Fire Chiefs' Association; **Shane Sanderson**, former Washington State Department of Health EMS Manager; **Steve Sexton**, Mayor, City of Burlington; **Dean Shelton**, Regional Representative, International Association of Fire Fighters (IAFF); **Tony Smith**, Director, Aero Skagit Emergency Service; **Tom Walsh**, Commissioner, Fire District 11; **Ron Wesen**, Commissioner, Skagit County; **Michelle Brisson**, Skagit County EMS; **Earl Klinefelter**, Skagit County EMS; **Mark Raaka**, Director, Skagit County EMS; and **Jim Reid**, Facilitator, The Falconer Group.

*ABSENT:* **Dale Ragan**, Councilmember, City of Mt. Vernon

*GUESTS:* Rick Davis, Sean Farnand, Bryan Harris, Jay Harlburt, Barb Jack, Christine Love Johnson, Earl Klinefelter, Dan Lamp, Steve Monrad, Jennifer Russell, Brandon Stone, Jada Trammell, and Nick Walsh

### **THE MEETING'S GOALS:**

The goals of the second meeting of the Skagit County Emergency Medical Services Delivery Model Advisory Group were:

1. Help the Advisory Group members reach the same level of understanding about how the emergency medical services system of Skagit County operates today, and what are its perceived strengths, weaknesses, and future challenges.
2. Review, discuss, and agree on whether or not to establish a proposal to create a subgroup on information and data.

## **KEY THEMES FROM THE DISCUSSION: EMS SYSTEMS NEEDS A SHARED VISION, STRONGER COMMUNICATION, AND COUNTYWIDE DATA**

Two presentations provided context for the Advisory Group's discussions about the existing system of providing emergency medical services in Skagit County.

The first presentation offered an overview of how the system functions. A panel of representatives from the three providers highlighted the system's current strengths and weaknesses and future opportunities and threats. Presenters were: Richard Curtis, Chief of the Anacortes Fire Department; Kirk Hale, Executive Director of the Central Valley Ambulance Authority (CVAA); Tony Smith, Director of Aero-Skagit; Jada Trammel, Operations Manager for CVAA; and Nick Walsh, the EMS Division Director at the Anacortes Fire Department.

The second presentation, by Mark Raaka, Director of Skagit County's Emergency Medical Services (EMS) Department, focused on the goals of integrating Basic Life Support (BLS) transports into the system (the use of Emergency Management Technicians [EMTs] along with Paramedics [Advanced Life Support or ALS] to transport patients).

*Both presentations used PowerPoint slides that have been sent to all Advisory Group members and posted on the Group's website.*

In his assessment of the existing system, Chief Curtis stated that the three service providers are in "close touch" with the communities they serve and the employees of each agency "do a fantastic job." The Advisory Group members agree with this assessment given their approval on 25 April of the "Key Findings" from facilitator Jim Reid's interviews of most of them in December 2015 and January 2016. Two major themes of those interviews were: 1) The current system delivers high quality service, of which the citizens of Skagit County and the service providers can be proud; and 2) The service providers' employees are the system's greatest asset.

Given that the system delivers high quality service, some Advisory Group members and guests posed this question "What are we trying to fix?" The primary answers provided by other Advisory Group members were: 1) Ensure the system is sustainable into the future; and 2) Make incremental improvements over time to ensure the system remains up-to-date.

A number of Advisory Group members stated that a deficiency in today's system is that the service providers and stakeholders do not have a shared vision and strategic goals. Whatcom County's EMS strategic plan was cited as a potential model. Advisory Group members also cited the need to strengthen the EMS system by improving communication, particularly between the service providers and Skagit County, and by acquiring, analyzing, and sharing countywide data and information.

The discussion about the role of BLS transport integration into the system echoed the discussion about the existing EMS system. Advisory Group members contended that the service providers, Skagit County, and other stakeholders need to jointly define and agree on a shared vision and goals for BLS transport integration. They also argued for identifying the potential benefits and unanticipated consequences of BLS transport integration, and how the latter would be addressed. Finally, they said that the parties should agree on whether or not initial efforts to integrate BLS transports into the system should be designated and conducted as "pilot projects."

## **INFORMATION NEEDED TO COMPLETE THE PROFILE OF EXISTING SYSTEM**

To gain an even better understanding of the existing system, Advisory Group members requested this additional information:

- What are the differences between how the three providers operate? What circumstances and/or organizational characteristics and cultures contribute to the differences? What do the providers think are the advantages and disadvantages of their models? If you could change something to improve your model for the future, what would it be?
- Where are the service calls generated? Are they clustered within certain communities or areas or are spread evenly across the county?
- What times during the day are most calls received?
- What are the actual resources currently available to support the EMS system? What level of resources will be projected to be needed in the future?
- What might we learn from Whatcom County's EMS Strategic Plan? Might its vision, goals, or action steps be replicable in Skagit County?
- What, if anything, is being done or could be done to reduce the frequency of serving the system's "frequent fliers?"

Tony Smith of Aero-Skagit provided some answers to the first two questions to provide more insight into the operations of his agency. He stated:

- Aero-Skagit's strength is that it is owned by the community and mostly staffed by volunteers.
- It is a not-for-profit with lower overhead or administrative costs, which allows it to provide its services for less money. For example, its medic unit operates at a lower cost.
- Its reliance on volunteers is a risk, but hiring employees would drive up costs and prices.
- Aero-Skagit does not have a sufficient number of volunteers to be able to operate more than one medic unit.
- It staffs the unit with three people. "Two would not work in our area. We don't ask Fire Districts to split their staffs."
- The peak time of day for service calls is 9 a.m. to 5 p.m., with 11 a.m. and 3 p.m. the two busiest times of a typical day.
- In Aero-Skagit's service area, communities with an ambulance are Marblemount, Rockport, and Newhalem.
- On roughly 80% of the calls, only the Aero-Skagit crew responds. The remaining 20% of the time the local fire department responds with Aero-Skagit. The fire departments in Aero-Skagit's service area primarily respond only on cardiac arrest calls and motor vehicle collisions.

## **INFORMATION NEEDED TO UNDERSTAND BLT TRANSPORT INTEGRATION'S GOALS AND ROLE**

To better understand the vision and goals behind integrating BLS transports into the existing EMS system, Advisory Group members requested this additional information:

- Data on BLS transports and non-transports
- The number of Fire Districts with aid units and the number of Fire Districts without them.

- o *Mark said he can provide this data.*
- Mutual Aid Agreements.
- Interlocal Agreements (Skagit County contracts with service providers).
- Clarity on the role of volunteers in the system and the impact of BLS transport integration on the use of volunteers, if any. Might it undermine the “volunteer system?”
- Clarity about whether or not the two efforts currently underway or being planned, Sedro-Woolley-CVAA and Fire District 13-Anacortes, are considered “pilot projects” or the implementation of permanent changes in the EMS system.
- The expected costs and savings of using this approach. Is BLS transport integration “cost neutral?”
- Clarify who has the authority to decide whether or not to implement BLS transport integration.
- The report by Public Financial Management, Inc. (The PFM Report).
- Snohomish County’s findings and results from implementing BLS transport integration.

### **ADVISORY GROUP MEMBERS AUTHORIZE INFORMATION/DATA SUBGROUP**

As the meeting was drawing to its end, Advisory Group members authorized the formation of a small subgroup to gather, organize, synthesize, and present information and data that will allow the Advisory Group to reach agreement. The Group authorized facilitator Jim Reid to solicit subgroup members from within and outside the Advisory Group and to begin to organize the subgroup. (SEE ATTACHMENT A on the next page.)

### **THE ADVISORY GROUP’S NEXT MEETING**

The meeting adjourned at noon. The Advisory Group’s next meeting will be held on Monday, 6 June from 9:30 until noon at the Skagit County Commissioners’ Hearing Room, 1800 Continental Place in Mt. Vernon.

## **ATTACHMENT A**

### **PROPOSAL: CREATE AN INFORMATION/DATA SUBGROUP**

Approved by the EMS Advisory Group on 16 May 2016

#### **PROPOSAL:**

The Advisory Group would establish a subgroup to seek, collect, organize, and synthesize information and data that the Group needs to be able to reach agreement on a future model for the delivery of emergency medical services in Skagit County.

**ASSUMPTION:**

This proposal is based on the assumption that there will be a lot of valuable information in this process, including information whose existence is known and may easily come to the Advisory Group and information that the Group is not yet aware of but should be strategically identified and sought. The volume could be overwhelming, and some of the information could be contradictory. To allow the Advisory Committee to efficiently obtain and use information that is most relevant and accurate, the subgroup would vet and present it in an understandable, meaningful, and useful manner. The subgroup's work should not prevent Group members from independently obtaining and reviewing information of particular interest to them, although it would be helpful to share that information and its sources with the rest of the Advisory Group.

**KEY FEATURES OF THE SUBGROUP:**

- Include 7-9 members with expertise or experience in data collection and analysis, particularly in emergency medical services.
- Include representatives of the parties who serve on the Advisory Group, including staff people who are not themselves members of the Group.
- Fulfill its initial mandate by the Advisory Group's fourth meeting on 27 June 2016, at which time the Group will begin to examine and discuss service delivery options.
- Facilitator Jim Reid will staff the subgroup as he does the Advisory Group.

**AN ADDITIONAL POTENTIAL DUTY:**

Recommend performance measurements that the Advisory Group could include in its recommendations to the Skagit County Commission. These measures could be the means of monitoring progress in implementing whatever model or program the Commission adopts.

**ADVISORY GROUP INTERESTS THAT MAY BE ACHIEVED BY THIS PROPOSAL:**

On April 25<sup>th</sup> the Advisory Group approved ten mutual interests. Interests 7 and 8, which address the Group's process, appear to be most relevant in evaluating this proposal.

7. Make decisions based on facts, information, and best practices.
8. In discussing the future of the system, have thoughtful, respectful, and civil deliberations.