

SKAGIT COUNTY EMS DELIVERY MODEL ADVISORY GROUP

Monday, 27 June 2016

9:30 – 11:50 a.m.

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; **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; **Dale Ragan**, Councilmember, City of Mt. Vernon; **Shane Sanderson**, former Washington State Department of Health EMS Manager; **Steve Sexton**, Mayor, City of Burlington; **Tony Smith**, Director, Aero Skagit Emergency Service; **Tom Walsh**, Commissioner, Fire District 11; and **Ron Wesen**, Commissioner, Skagit County

ABSENT: **Jill Boudreau**, Mayor, City of Mt. Vernon; and **Dean Shelton**, Regional Representative, International Association of Fire Fighters (IAFF)

STAFF: **Barb Jack**, Skagit County EMS; **Mark Raaka**, Director, Skagit County EMS; **Jada Trammell**, Information/Data Subgroup and CVAA Operations Manager; and **Jim Reid**, Facilitator, The Falconer Group

GUESTS: Rusty Feay, Ryan Frazier, Mike Gaz, Roy Hari, Bryan Harrison, Chuck Headlund, Earl Klinefelter, Bev Riesland, Judy Ringkrist, Jennifer Russell, John Ruthford, Krista Skonord, Brandon Stone, Nick Walsh, and Levon Yengoyan

SPECIAL GUESTS: **Helen Rasmussen**, Director, Skagit 9-1-1; and **Dr. Mickey Eisenberg**, Medical Program Director, King County EMS Division, Public Health of Seattle-King County and UW Professor of Emergency Medicine

THE MEETING'S GOALS:

This fourth meeting of the Skagit County Emergency Medical Services Delivery Model Advisory Group continued the education process, which is intended to provide the Advisory Group with the equitable amount of information and understanding needed to reach agreement on a future service delivery model. The Advisory Group had the opportunity to learn about the operations of the County's 9-1-1 system, its challenges and opportunities, and how it is and could be integrated into the EMS system. The Advisory Group was also briefed on King County's EMS system to understand key lessons from the operations and service delivery of that hybrid model.

KEY THEMES FROM HELEN RASMUSSEN'S PRESENTATION ON THE 9-1-1 SYSTEM

Helen Rasmussen has served as the director of Skagit County's 9-1-1 System since the middle of 2015. At the first meeting of the Advisory Group on 25 April, the members asked to be briefed on the 9-1-1 System so that they could better understand how it operates and how the EMS System is integrated into it. Helen addressed those issues as well as the challenges the system has been facing for the past few years and future opportunities beginning in 2017 when a new financial structure begins to be implemented.

Here are the key themes of Helen's presentation and exchange with the Advisory Group members:

1. The Skagit County 9-1-1 System has used criteria-based dispatch since 2008. Its protocols are based on those that King County's EMS System uses.
2. In recent years the 9-1-1 System's growth has outgrown its financial, physical, and human resources. For example, the system relies on outdated equipment, there is no room to house new staff if it were possible to hire them, which it isn't, and there is insufficient space to conduct training. Even the ability to take calls is constrained.
3. Financial support for the system has declined over the years. For example, the fee per call was reduced from \$38 to \$5.81 in 2004 when the 1/10th of 1% sales tax was approved.
4. Approximately 60% of all calls received are not "in the computer," meaning that they are not included in the data and information-gathering that is supposed to provide an accurate picture of how the 9-1-1 System functions and the demands placed upon it.
5. When Helen became the director, she and her staff were tasked by the Emergency Management Council (EMC) to research a new funding model to make the system sustainable and ensure that levy funds are used for their intended purposes. They researched funding mechanisms of 9-1-1 centers across the State of Washington, and focused on five that appeared relevant to Skagit County. The EMC adopted a new funding model in 2015; its implementation will begin in 2017.
6. The major elements of the new funding model are: a) administration; b) dispatch for fire and EMS; and c) dispatch for law enforcement.

7. The Skagit 9-1-1 Capital Improvement Plan (CIP) for 2016-'21 was approved last year; it identifies and prioritizes physical and project needs for the next six years.

Here are some of the major points that were made by Advisory Group members and Helen during the subsequent discussion:

- Policymakers feel a sense of urgency about strengthening and solidifying the financial system that supports 9-1-1. The current levy rate of 1/10th of 1% of the sales tax equals \$2.5 million annually. These funds may not be used for the employees' wages and benefits. Costs are escalating, and the needs—facility, infrastructure, technological, and personnel—are growing.

The 9-1-1 System consumes approximately three percent of current levy funds. Because of increasing costs and the cost of projected future needs, the system could require approximately ten percent of the next levy's funds. This gives part of the answer to the question, "How do the costs of the 9-1-1 System affect the EMS System?"

- An Emergency Management Council (EMC) consisting of the three County Commissioners and the mayors of the four cities and two of the towns oversees the 9-1-1 System. An Advisory Board that includes fire and police chiefs among others is also part of the governance model. Helen stated that this is not a typical structure. Eight to ten other consolidated centers are governed similarly, but most 9-1-1 systems are part of the Sheriff's Office.
- Approximately eight percent of the responses to 9-1-1 calls are upgraded or downgraded. This indicates that in the great majority of cases, the needed level of resources is dispatched. The system's Quality Assurance (QA) program reviews calls to determine if the employees need training, and what kinds of training they need, to ensure that accurate responses are provided.

Chief Mike Noyes pointed out that while Skagit County has a criteria-based call and dispatch system, it does not have a criteria-based or tiered response system, which is illustrated by the fact that all patients are transported by a medic unit. (This issue or practice is being addressed in two BLS transport integration "pilot" projects, one involving Central Valley Ambulance Authority and Sedro-Woolley, and the other between Fire District 13 and Anacortes.)

- Dispatchers must take a 40-hour course to be certified. They must also maintain their qualifications by taking twelve hours of additional training per year. Later in the meeting Dr. Eisenberg stated that King County dispatchers must achieve and adhere to the same training standards.
- Employees work ten-hour shifts. At 6 a.m., six employees are on call. At noon that rises to eight employees. After 10 p.m. that number is slightly lower, and between 2 and 4 a.m. five employees are on site.
- Regarding communications infrastructure, Eron Berg made the point that the radio towers are mostly paid for by the users. Helen mentioned that the 9-1-1 System contributes some funding so it owns a "chunk" of the radio system. Eron expressed interest in the towers becoming a jointly funded venture.

- Eron also suggested that a new Interlocal agreement may be needed to reflect the new financial structure or funding model.

HIGHLIGHTS OF THE CONVERSATION WITH KING COUNTY'S DR. EISENBERG

Here are the highlights of the comments of Dr. Mickey Eisenberg, Medical Director of the King County EMS System, and the exchange between him and the Advisory Group members.

1. "If you have seen one EMS System, you have seen one." Each system is different.
2. King County's EMS System is mostly fire-based, but it is a hybrid system. More specifically, the Seattle Fire Department operates the EMS system within Seattle. In South King County it is owned and managed by Seattle-King County Public Health's EMS Division. For the rest of King County, the EMS Division contracts with five paramedic programs, all within municipal fire departments.

Each agency does its own billing; there is no centralized billing system.

3. King County has a five-tiered system. "We are guided by the philosophy that the best level of service to send to a call is the level needed."

A major difference between King County's and Skagit County's systems is that in King County Emergency Medical Technicians (EMTs) initially respond to calls. They decide whether or not paramedics are needed. Thirty percent of the calls received in King County need paramedics. In 70% of the cases, they would add no extra value. King County uses fewer paramedics per capita than any system in the United States. King County has no "split units" consisting of one EMT and one paramedic. It used to have such a unit on Vashon Island, but has ended the practice.

TO DO: Fire Commissioner Larry Kibbee asked that staff present to the Advisory Group the breakdown in Skagit County. What percent of the calls is BLS and, therefore, requires EMTs and what percent requires paramedics?

4. Two reasons to not have two paramedics initially respond to calls are: a) it is neither efficient nor cost effective to dispatch a higher level of service than is needed; and b) when paramedics respond to calls where their level of skill is not required, they are not utilizing the skills for which they were trained. Because there are annual standards that they must attain, their time and effort would be wasted responding to calls for which their skill level is not needed.

A little later in the discussion, during the Q&A session, Chief Mike Noyes noted that "skills degradation is a real threat."

5. Paramedics in the fire departments almost exclusively perform EMS duties, but once each month they work a shift as fire fighters to maintain those skills.
6. Over the years the work of both EMTs and paramedics has evolved. Today EMTs do more than they did years ago. In addition to providing basic first aid, they are

now trained to assess what medication is needed and initially handle and stabilize life-threatening situations. For example, they can use a defibrillator.

Paramedics essentially bring a mobile emergency room to the situation out in the field. They diagnose ailments and make the key decisions about what is needed to save lives. They work in complex situations and are highly trained to answer the question, "What do we do next to save this patient?"

7. Dispatchers must meet identical training standards in Skagit and King County. The initial course is forty hours. Each year dispatchers must participate in twelve hours of additional training.

Some Advisory Group members surmised that Skagit County's dispatch system is, perhaps, not being fully utilized. The comments appeared to echo Chief Noyes' earlier statement that "while Skagit County has criteria-based call and dispatch systems, it does not have a criteria-based or tiered response system."

8. King County has a fixed fee per medic unit, no matter where in the County the unit is housed. The annual cost is \$2 million per unit. In response to a question, Dr. Eisenberg stated that "our budget undergoes tremendous scrutiny." He also noted that there is some variation among the salaries of employees of the different agencies who provide service.
9. For BLS calls, the City of Seattle and the King County Health Department EMS Division use private ambulances to transport patients. The municipal fire departments that contract with King County transported patients for free, but this practice is changing as fees are assessed.

The use of private ambulances is highly regulated. In Washington State there are seven Trauma Councils; the King County EMS System is one of them. The Trauma Council is responsible for licensing and monitoring the private transporters.

Because the King County system doesn't provide free transports, it is not eligible for Ground Emergency Medical Transport (GEMT) Supplemental Reimbursement Program funding.

Fire Commissioner Tom Walsh mentioned that the King County system uses private ambulances because, for example, there are only eight BLS units in Seattle and 4500 "EMT alarms" per year.

10. In a limited number of cases, and with a list of criteria to guide the circumstances, taxis transport patients. The calls taxis respond to are more social or economic than medical but the destination must be a hospital. The fire departments issue taxi vouchers.
11. Commissioner Lisa Janicki asked if fire department services are subsidized by EMS levies. Dr. Eisenberg said, "It depends on how the levy is structured." In King County, the levy rate is thirty-three cents per \$1000 of assessed value. That funding level supports 100% of paramedic services of Seattle-King County Public Health. It also supports 30% of the fire departments' paramedics.
12. Skagit County charges for the transport of patients by paramedics. The King County's levy does not include the cost of transport by EMTs.

13. Dr. Eisenberg addressed the potential risk to rural patients by the practice of first sending EMTs to calls. He first noted that Skagit and King County both have large rural areas. He then stated that: a) criteria-based dispatch sends the right level of service; and b) in cases where a higher level of service is required, EMTs are able to stabilize patients until the paramedics arrive.

King County has also implemented an “advanced” EMT program to bridge the gap in rural areas between EMT and paramedic services. He stated that a number of EMS programs in rural areas have implemented this and it is consistent with the increasingly advanced level of care performed by EMTs.

A bit later in the discussions Skagit County EMS Director Mark Raaka mentioned that there are some places in Skagit County that “will probably always need a paramedic unit.” He suggested that the measurements for determining the level of service to dispatch could be improved.

14. As with many EMS systems, King County is struggling with how to address the inappropriate use of the system by people or organizations (“frequent fliers”). King County has sometimes had a nurse accompany the EMTs on calls, and in other situations has dispatched one Community Medical Technician (CMT) to assess the circumstances when the call is within twenty minutes of the dispatch center. Because Fire Departments did not like the latter option, the County has abandoned this practice.

The City of Kent has tested a “nurse/fire fighter model” to provide a different type of service than EMS. It focuses more on providing social services because the patients are not in need of emergency medical treatment, but may need mental health services, for example.

15. Mike Noyes mentioned that pain management is a big influence in the approach to care. It appears that King County and Skagit County have different approaches or philosophies. King County’s practice of sending EMTs to every call may result in patients experiencing more pain because the EMTs cannot issue as many medications as paramedics may. Because Skagit County deploys a paramedic to calls, the administration of pain medications may be more immediate.

16. Councilmember Dale Ragan suggested that there is a need to be more vigilant about the use of resources. He cited an occasion when four paramedic units came to his home to provide care for his wife. He found this to be a waste of resources and the result of insufficient communication and coordination.

THE ADVISORY GROUP’S NEXT MEETING

The meeting adjourned at noon. The Advisory Group’s next meeting will be held on Monday, 18 July from 9:30 until noon at the Skagit County Commissioners’ Hearing Room, 1800 Continental Place in Mt. Vernon.