

SKAGIT COUNTY EMS DELIVERY MODEL ADVISORY GROUP

Monday, 18 July 2016

9:30 a.m. – 12:55 p.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; **Jill Boudreau**, Mayor, City of Mt. Vernon; **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;; **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; **Dean Shelton**, Regional Representative, International Association of Fire Fighters (IAFF); **Tony Smith**, Director, Aero Skagit Emergency Service; **Tom Walsh**, Commissioner, Fire District 11; and **Ron Wesen**, Commissioner, Skagit County

ABSENT: **Judith Dunn Lee**, Councilmember, City of Sedro-Woolley

STAFF: **Michelle Brisson**, Skagit County EMS; **Barb Jack**, Skagit County EMS; **Mark Raaka**, Director, Skagit County EMS; and **Jim Reid**, Facilitator, The Falconer Group

GUESTS: Rusty Feay, Bryan Harrison, Christine Love Johnson, Earl Kleinfelter, Steve Monrad, Bev Riesland, Judith Ringkvist, Jennifer Russell, Brandon Stone, Nick Walsh, Reece Williams, Levon Yengoyan

ADVISORY GROUP REACHES CONSENSUS ON FIVE MODELS AND CRITERIA TO EVALUATE THEM

At this fifth meeting of the Skagit County EMS Delivery Model Advisory Group, the members reached agreement on five governance models to study, analyze, and discuss, and eleven criteria by which to assess the models.

The five governance structures or models that the Advisory Group will further explore are:

- Current Delivery System
- Fire-Based
- County Department
- Public Safety
- County EMS District

The Advisory Group briefly discussed the Hospital-Based and Private models before eliminating them from further consideration.

Advisory Group members also reached agreement on ten criteria that will be used to assess the five models. For the most part, the criteria are mutual interests of the parties that they approved at their first meeting on 25 April. The criteria are (they are numbered to keep track of them, but the Advisory Group chose to not rank them):

1. Focused on patient care.
 - o Deliver high quality services.
 - o Provide the right level of services at the right time to the right place
 - o 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. Ease of implementation.

ADVISORY GROUP ESTABLISHES SUBGROUP TO INITIALLY ASSESS THE MODELS

The Advisory Group members agreed to form a subgroup to apply the criteria to the governance models and report their findings to the full committee. The following Advisory Group members volunteered to serve on the subgroup:

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

THE ADVISORY GROUP'S VISION OF THE FUTURE OF EMS IN SKAGIT COUNTY

At the beginning of the meeting, each Advisory Group member, with the exception of the three Skagit County Commissioners, spoke for up to three minutes about her/his vision of the EMS System in the County ten years from now.

The collective vision of the Group reflects the members' mutual interests with a few additional principles and outcomes. These are elements of an initial shared vision that were articulated by the members:

- 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.

PUBLIC COMMENTS

One citizen, Jennifer Russell, spoke during the public comment period. She urged the Advisory Group to think into the long-term future. While recognizing that the levy cycle extends for six years, the Advisory Group should plan for the next twenty years.

THE ADVISORY GROUP'S NEXT MEETING

The meeting adjourned at noon. The Advisory Group's next meeting will be held on Monday, 8 August from 9:30 until noon at the Skagit County Commissioners' Hearing Room, 1800 Continental Place in Mt. Vernon.

ATTACHMENT:

Visions Articulated by Advisory Group Members on 18 July 2016

ANACORTES' VISION OF EMS SYSTEM

Offered by Mayor Gere, Council Member Miller, and Fire Chief Curtis

- ❖ Provide high quality patient care with superior service to our citizens and visitors.
- ❖ Ensure that a balance of efficiency and effectiveness is maintained.
- ❖ Ensure that contracted EMS providers are dependable and will be sustainable over time.

- ❖ Support a system of coordinated EMS providers to deliver services for unique geographical areas. (Not a One System Fits All)
- ❖ Governance model is equally representative of the entire County. The EMC could provide Policy oversight for regional public safety agencies: Skagit 911, Emergency Medical Services, and Department of Emergency Management.
 - The Governance Board provides policy direction to EMS Department. There needs to be
- ❖ EMS Providers should be independent of governance model and held accountable to key performance indicators (KPI's), or deliverables specified in the contract.
- ❖ Contracts for service providers should be for the duration of the EMS Levy with annual evaluations of KPI's.
- ❖ Establish clear county-wide guidelines for EMS transport (e.g. ALS/BLS) in order to facilitate any logical operational resource sharing, between cities, fire districts and private services (professional or volunteer).
- ❖ Establish county-wide "best practices" repository of information easily shared between agencies across voting/funding boundaries.
- ❖ Continue to investigate innovative systems or criteria based dispatching.
- ❖ Continue to educate citizens about expectations when calling 911 (Example: if you live 20 miles or 1 mile from a fire station you cannot expect the same response time).
- ❖ Every new initiative should be methodically and incrementally planned to ensure improvements are successful. Citizens have voted with their wallets to support a system that has been in place with the promise of the same or better level of service. The level of service should not eroded by sudden reconfigurations, resulting in unintended consequences.

Eron Berg's Vision:

- Fiscally sustainable EMS system, that is
- Flexible & adaptable to changing circumstances,
- Focused on patient care within a
- Framework of clear leadership & governmental oversight that
- Fairly distributes shared revenue to provide equitable levels of service countywide.

Mt. Vernon Council Member Dale Ragan's Vision:

- Today the current delivery system is good and should operate under a contract with the county
- One billing system for the county
- Incorporate appropriate amount of BLS
- To implement fire-based response requires a fire authority
- The ambulance system should not be a county department. County departments tend to grow and levy will not sustain it

- Governance boards need to have some “policy makers” on them, not just mayors and administrators
- The delivery services must communicate with each other, procedures and policies
- Determine an equitable funding model for each delivery service
- Ultimately, regionalization is required.

Roger Mitchell's Vision:

Emergency Medical Services in Skagit County

Roger Mitchell's Vision EMS Delivery Model Advisory Group Meeting 18 July 2016

My vision for EMS in Skagit County is that the patient for each 9-1-1 call gets the same level of service no matter where that patient is located in Skagit County.

I don't see EMS as a transport system or an organized labor system or a constituent service with funding issues or an "expanding market" to replace declining fire calls.

I see EMS only as a patient care system.

So, I have 2 answers about the Skagit EMS vision:

I am unaware of patients complaining about the service or quality of care they have been receiving. If I'm realistic and practical I'd say the current system works quite well. Yes, it's a patchwork. Yes, it can be inefficient. Yes, it needs some improvements.

- EMS starts with that 9-1-1 call and I think Helen and her 9-1-1 crew do a really good job. I think she has inadequate resources and that should be addressed as a priority.
- I think Aero Skagit, CVAA, and Anacortes EMS are doing a really good job of responding to, assessing, and transporting our sick and injured patients. Are incremental improvements possible ? Of course.
- I think we have a significantly underutilized and underappreciated resource in our volunteer firefighters and volunteer EMT's.

My second answer to EMS delivery requires a clean sheet of paper.

- EMS delivery is a logistics issue. Have you ever marveled at how you can give FedEx a package at 4pm today and have it delivered almost anywhere in the US by 10am tomorrow ? FedEx uses logistics.
- If we truly wanted to have the common mantra of “right resource at the right place at the right time” we’d hire the best logistics experts to tell us what resources we need at what location and at what time of day.
- Our EMS system would be a purposeful blend of career and volunteer resources, each augmenting the other.
- Our EMS levy would be based on EMS utilization data not on private property valuations.
- We would routinely collect and analyze appropriate metrics’ data to ensure we are effectively providing the right resources at the right place at the right time and make the necessary adjustments if we are not.

Shane Sanderson’s Vision:

Vision of Skagit EMS System 2025
(Shane A. Sanderson)

- “Border-to-Border” coverage with ALS/BLS response following the Skagit Response-time Standards. Encourage Skagit EMS to exceed those standards.
 - Dispatch may be for ALS or BLS, as determined by MPD-Approved CBD, but *ALS will be available for dispatch* for any patient that meets the criteria.
- Recognition that an “EMS System” is much more than ambulance transport. It includes:
 - Public Injury/illness prevention programs;
 - Citizen education (CPR, First Aid, etc.).

- Alternatives for early resuscitation by EMS providers: e.g., AED Citizen Response Alerts, etc.
 - EMS Provider education: First Responder, EMT, EMT-Advanced, Paramedic; both initial and ongoing training.
 - EMS Provider Response, from Citizen Access to 9-1-1, through Dispatch, to “wheels on the road”, patient care in the field, and transport to an appropriate destination.
 - Hospital-based emergency care: our primary responsibility here is close coordination with the hospitals, both local and out-of-county, that care for our patients. How can we help them; how can they help us? Especially regarding “seamless continuity-of-care” and quality-of-care issues.
 - Defining the role of EMS agencies in post-acute care of patients, particularly with chronic ailments,
 - And this list could go on
- A Public Education program that is ongoing, not just a mad-dash-to-the-finish during the last year of every EMS levy cycle.
 - Recognition of the many BLS First Response agencies in Skagit County, who voluntarily contribute their resources and personnel to EMS without relying on County funding.
 - Recognition that an EMS Levy is a blessing, not a sin.
 - AP Triton stated that Skagit EMS is not sustainable because it is dependent on a property-tax levy. I strongly disagree. The circumstances may be different in Washington than they are in California, but I really doubt they are that different.
 - The EMS levy reminds the Citizens that they “own” our system: If we do not provide them with services they value, they will stop sending us the money to continue.
 - The EMS levy reminds the providers of EMS that they must meet the needs of the patients, not the providers.
 - The EMS levy reminds us bureaucrats that stand between the Citizens and the providers that we must maintain a balance between “excellence of service”, “cost of service”, “equitable distribution of service”, and “sustainability of service”. Otherwise, they will take away our car keys and give them to someone else.
 - Focuses on collaboration with other agencies and organizations that share our goals.
 - ARC, AHA, various other groups that promote health and mitigate disease/injury
 - Groups that work with and advocate for “high risk” individuals (aka, “frequent fliers”).

Tyler Dalton’s Vision:

Systems of medical care are more complex than ever and the tools we have at our disposal are ever changing.

Advances in medicine will also surely change in how we deliver care. What will remain constant are the public's expectation that we serve the emergency medical needs of our community and the basic fundamentals of a well-developed EMS system. The first line of King County's EMS Executive summary is their motto "Measure and Improve." Our task today is to identify Skagit County's motto or overarching mission that will drive our system toward the future.

As Dr. Eisenberg stated, "If you have seen one EMS system than you have seen only one EMS system". EMS systems across the region are trying multiple strategies to improve community health outcomes. Some are reaching out to individual patients with complex problems and taking on the role of case manager. Other systems are focusing on populations and developing systems to improve the outcome of cardiac arrest patients, STEMI (acute coronary syndrome) patients, stroke patients, and trauma patients.

Washington State is a leader in this systems approach. Washington State's EMS and Trauma programs are the envy of the nation. Our Trauma system not only provides great care, but it also tracks that great care so that all of us can improve what we do by looking at the continuum of care with the outcomes. Our stroke and cardiac programs are similarly structured to provide the same system of care no matter where you live.

The success of this system is already evident in Skagit County. At the most recent Skagit County EMS run review it was presented that the national average for bystander CPR is 33%. In Washington State it is 71%. The national outcome for cardiac arrest patients who get discharged neurologically intact is 43%. In Skagit country this percentage is 55%.

We owe it to our community to continue and build on a structured system of care. One that includes all of EMS and the customers it serves under one umbrella.

Having a county managed system will ensure a unified goal, structured data gathering and ongoing training and education that will meet the needs of the 21st century. This was the general premise in both the ESCI report and the AP Triton presentation.

In the past I have mentioned that as a hospital we are one of the consumers of EMS. We must work together in synergy to improve the outcomes of the patients we serve.