

MEDIC ONE/EMERGENCY MEDICAL SERVICES

STRATEGIC PLAN & LEVY REAUTHORIZATION

ALS Subcommittee meeting 2/13/2018

Summary

Topics included subcommittee responsibilities; a proposed work plan and timeline; principles to help guide decision making within the group; review of ALS funding (unit allocation and reserves); and identification of issues to be considered during levy planning.

Attendees

Chair: Keith Scully, City of Shoreline
Andy Adolfsen, Bellevue Fire
Tom Agnew, City of Bothell
Dave Beste, Bellevue Fire
Cynthia Bradshaw, KCEMS
Seth Buchanan, Kirkland Fire
Rich Burke, Eastside Fire & Rescue
Helen Chatalas, KCEMS
Todd Dickerboom, Bellevue Fire
Krystal Hackmeister, Bellevue Fire
Alex Herzog, City of Shoreline
Mike Hilley, Redmond Fire
Tracie Jacinto, KCEMS

Keith Keller, King County Medic One
Michelle Lightfoot, KCEMS
Joe Monteil, King County Medic One
Matthew Morris, Puget Sound RFA
John Nankervis, Shoreline Fire
Brian Parry, Sound Cities Association
Michele Plorde, KC EMS
Chris Santos, Seattle Fire
Dmitry Sharkov, KC EMS
Tommy Smith, Redmond Fire
Jay Wittwer, Tukwila Fire

Issues discussed

Roles and Timeline

The ALS Subcommittee will develop recommendations for the span of the next Medic One/EMS levy period (2020-2025). Its task is to review the needs of the system and develop ALS recommendations to ensure the integrity of the world-class Medic One/EMS system is maintained.

Participants are encouraged to bring forward issues now, instead of later, so there is sufficient time for discussion.

Preliminary ALS program recommendations will be developed by end of the 3rd meeting (April 2018). They will proceed to the Finance Subcommittee for review and input and to the full Task Force in April for feedback.

Subsequent meetings will focus on further developing these recommendations and providing financials to support them. These recommendations will go to the Finance Subcommittee and then to the full Task Force in late July 2018 for feedback. After that, the Subcommittee will continue meeting to finalize its recommendations, which the Task Force will endorse in mid-October.

Participants were encouraged to bring forward issues now, instead of later, so there is sufficient time for discussion.

Principles

At the January Task Force meeting, the Chair asked that participants agree to basic principles that will help guide the levy reauthorization process. The Subcommittee reviewed the principles, or “ground rules” and were asked to work within them.

EMS Stakeholders remain committed to these fundamental principles:

1. Regional system
2. Tiered medical model based system
3. Programs & innovative strategies
4. Focus on cost effectiveness and efficiencies
5. Maintaining the EMS levy as the funding source

The ALS Subcommittee also endorsed the following ALS-specific principles:

1. **Maintain ALS as the funding priority.** ALS will remain the primary recipient of the Medic One/EMS Levy and the first commitment for funding within the Medic One/EMS system.
2. **ALS’ primary focus is patient-centric.** Decisions regarding ALS services will be with a view to patient outcomes.
3. **Full unit funding will be made available.** Full reimbursement for all eligible ALS costs.
4. **Resources will be used efficiently.** ALS will maintain high-quality services in our communities, be responsive to emergent needs and do so with reasonable costs evaluated through system-wide analysis.
5. **Use data and sound practices in evaluating service needs.** Conduct analysis in alignment with sound practices.

ALS Financial Review

Overview

The regional Medic One/EMS levy is committed to fully funding eligible ALS costs. These costs account for over 60% of KC EMS levy expenses. Within the King County EMS fund, funds for ALS services are provided to agencies on a per unit allocation, which is increased yearly using a compound inflator tied to specific economic indices. Contingencies and reserves are made available to cover one-time and unanticipated costs.

The economic recession in the 2008-2013 levy caused ALS costs to be less than planned. The current 2014-2019 levy was developed during the recession, which resulted in underestimating the actual costs experienced during the economic upturn. This required that a mid-levy allocation adjustment be provided to ensure ALS costs are fully covered. Total ALS costs per unit (including operating, equipment and system costs) averaged approximately \$2.2 million per unit in 2017.

Discussion:

Participants identified issues to be considered while developing the next levy:

Identification of key financial drivers: Items to be considered in this levy planning process include the economy and inflation, technological changes (such as ESO, defibrillators, power stretcher systems), medical direction related to protocol changes, different transport decisions, new procedures and pharmaceuticals and placeholder for potential additional service needs.

Retirements: The system has a large number of retirements anticipated through the end of the current levy span. High turnover rates could present cost and staffing challenges such as student training costs, retirement payouts, hiring costs and an increased need for recruitment. Retirements are resulting in a reduced workforce, and the region is experiencing a shortage of certified paramedics to put on rigs.

Mental Health/peer support: A great deal of EMS personnel could benefit from some sort of critical incident assistance or peer support program. This issue is currently front and center, both regionally and at the state level, with the King County Chiefs Association is working to develop a proposal to address mental wellness, and legislation in Olympia that would expand industrial insurance coverage for posttraumatic stress disorder of law enforcement and firefighters.

Additional QI improvement opportunities for medics: System-wide QI a necessity. Resources have been invested to assist /augment BLS QI; ALS would also benefit from additional analysis, not necessarily from the clinical side, but from the administrative side.

Opportunities identified:

- Increased funding for paramedic students to accommodate anticipated influx to meet regional needs;
- Mental Health peer support;
- System-wide cost efficiencies /system effectiveness:
 - o Sharing resources across the county-wide system, to help develop greater cost savings and efficiencies. (eg – paramedic float pool)
- Increased Medic QI opportunities

Information requested:

- EMS Division asked agencies to bring retirement-related information to better understand the breadth of the issue.

Please note new date, time and location.

Next Meeting

March 15, 2018: 1:30 – 3:30 pm 2100 Building, Community Room B
2100 24th Ave South in Seattle

Items for discussion include reviewing the ALS allocation to better understand the unit cost model and methodology, as well as analyzing projected demand, and identifying potential efficiencies, effectiveness and best practices.