

## **ALS Subcommittee**

### **Medic One/EMS Levy Planning**

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Tuesday, July 10, 2018

1:00 PM – 3:00 PM

2100 24<sup>th</sup> Avenue S, Community Room A  
Seattle, WA 98144

Chair: Keith Scully, Councilmember, City of Shoreline

### **Agenda**

- |  |                     |
|--|---------------------|
| ➤ <b>Opening Remarks &amp; Introductions</b>   | 1:00-1:20 (20 min.) |
| ➤ <b>ALS Service to Skykomish Discussion</b><br>√ <b>Action item:</b> Endorse service provision to Skykomish | 1:20-1:50 (30 min.) |
| ➤ <b>Refinement of Baseline Unit Allocation</b><br>√ <b>Action item:</b> Endorse revised unit allocation     | 1:50-2:10 (20 min.) |
| ➤ <b>Review/Refinement of ALS Reserves</b><br>√ <b>Action item:</b> Endorse revised reserves                 | 2:10-2:55 (45 min.) |
| ➤ <b>Next Steps</b>  | 2:55-3:00 (5 min.)  |
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### **Future Advanced Life Support (ALS) Subcommittee Meeting Schedule**

Tuesdays, 1:00 p.m. – 3:00 p.m.

August 14, 2018      2100 24<sup>th</sup> Ave. S (Community Room A) Seattle, WA 98144

September 11, 2018   2100 24<sup>th</sup> Ave. S (Community Room A) Seattle, WA 98144

October 9, 2018      2100 24<sup>th</sup> Ave. S (Community Room A) Seattle, WA 98144\*

\*Meeting location – tentative

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ALS Subcommittee Contact:  
Michele Plorde, KC EMS Division Director  
(206) 263-8603 | [Michele.Plorde@kingcounty.gov](mailto:Michele.Plorde@kingcounty.gov)

## **EMS STAKEHOLDER PRINCIPLES**

As regional EMS Stakeholders, we are committed to these fundamental principles:

### **1. REGIONAL SYSTEM**

The Medic One/EMS system is based on partnerships that are built on regional, collaborative, cross-jurisdictional coordination. This seamless cohesion allows the system to excel in pre-hospital emergency care.

### **2. TIERED MEDICAL MODEL**

The medical model, with its tiered system and intensive dispatch, EMT and paramedic training and protocols, has led to our success in providing high quality patient care throughout the region.

### **3. PROGRAMS & INNOVATIVE STRATEGIES**

State of the art science-based strategies and programmatic leadership have allowed us to meet the needs and expectations of our residents and our system.

### **4. FOCUS ON COST EFFECTIVENESS AND EFFICIENCIES**

The Medic One/EMS system has maintained financial viability and stability due to the region's focus on operational and financial efficiencies, effectiveness and cost savings.

### **5. MAINTAINING AN EMS LEVY AS FUNDING SOURCE**

The EMS levy is a reliable and secure source of funding our world-renowned system.

## **ALS SUBCOMMITTEE GUIDING PRINCIPLES**

As members of the ALS Subcommittee, we remain committed to these fundamental 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 practice

# MEDIC ONE/EMERGENCY MEDICAL SERVICES

## STRATEGIC PLAN & LEVY REAUTHORIZATION

### Future Meetings

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#### EMS Advisory Task Force:

✓ Thursday, January 18, 2018	1pm – 3 pm	Tukwila Community Center
✓ Wednesday, May 30, 2018	1 pm – 3 pm	Tukwila Community Center
Tuesday, July 31, 2018	1 pm – 3 pm	2100 Building Community Room
Tuesday, October 16, 2018	1 pm – 3 pm	B Tukwila Community Center

#### SUBCOMMITTEES:

##### Advanced Life Support (ALS)

*Tuesdays from 1:00 – 3:00, South Seattle location*

✓ February 15, 2018		Renton Fire Station 14
✓ March 15, 2018	1:30 – 3:30	2100 Building Community Room B
✓ April 10, 2018		2100 Building, Community Room A
✓ May 8, 2018		2100 Building, Community Room A
✓ June 12, 2018		2100 Building, Community Room A
➔ July 10, 2018		2100 Building, Community Room A
August 14, 2018		2100 Building, Community Room A
September 11, 2018		2100 Building, Community Room A
October 9, 2018		TENTATIVE - 2100 Building

##### Basic Life Support (BLS)

*Thursdays from 1:00 – 3:00, various Renton sites*

✓ February 8, 2018		Renton Fire Station 14
✓ March 8, 2018		Renton Fire Station 14
✓ April 5, 2018		Renton City Hall, Council Chambers, 7th Floor
✓ May 3, 2018		Renton City Hall, Council Chambers, 7th Floor
✓ June 7, 2018		Renton Fire Station 14
July 12, 2018		Renton City Hall, Council Chambers, 7th Floor
August 9, 2018		Renton City Hall, Council Chambers, 7th Floor
September 6, 2018		Renton City Hall, Council Chambers, 7th Floor
October 4, 2018		TBD

##### Regional Services (RS)

*Tuesdays from 1:00 – 3:00, Renton location*

✓ February 20, 2018		City of Seattle Joint Training Facility
✓ March 20, 2018		Renton Highlands Library Conference Room
✓ April 17, 2018		Renton Highlands Library Conference Room
✓ May 15, 2018	1:30 – 3:30	2100 Building, Community Room A
<del>June 19, 2018</del>	1:30 – 3:30	2100 Building, Community Room A 2100
July 17, 2018	<b>1:30 – 3:30</b>	<b>Building, Community Room A 2100</b>
August 21, 2018	<b>1:30 – 3:30</b>	<b>Building, Community Room A 2100</b>
September 18, 2018	<b>1:30 – 3:30</b>	<b>Building, Community Room A</b>

##### Finance

*Tuesdays or Thursdays 1:00 – 3:00, Kirkland location*

✓ February 1, 2018 (Thursday)		Renton Fire Station 14 (1900 Lind Ave SW)
✓ May 17, 2018 (Thursday)	12:00 – 2:00	Peter Kirk Room, Kirkland City Hall
July 24, 2018 (Tuesday)		Peter Kirk Room, Kirkland City Hall
September 25, 2018 (Tuesday)		Peter Kirk Room, Kirkland City Hall

**Bold = recently revised**

## **LOCATIONS:**

Renton Fire Station 14  
1900 Lind Ave SW, Renton

Phone: (425) 430-7000

City of Seattle Joint Training Facility  
9401 Myers Way South, Seattle

Phone: (206) 386-1600

The 2100 Building  
2100 24th Ave S, Seattle

Phone: (206) 407-2100

Renton City Hall  
1055 South Grady Way, Renton

Phone: (425) 430-6400

Kirkland City Hall  
123 5th Ave, Kirkland, WA

Phone: (425) 587-3000

Renton Highlands Library conference room  
2801 NE 10th Street, Renton

Phone: (425) 277-1831

Tukwila Community Center  
12424 42<sup>nd</sup> Ave South, Tukwila

Phone: (206) 768-2822

**EMS Advisory Task Force**  
**Medic One/EMS Levy Reauthorization Calendar**

**2018**

**JANUARY**

S	M	T	W	Th	F	S
	H1	2	3	4	5	6
7	8	9	10	11	12	13
14	H15	16	17	TF 18	19	20
21	22	23	24	25	26	27
28	29	30	31			

**FEBRUARY**

S	M	T	W	Th	F	S
				FIN 1	2	3
4	5	6	7	BLS 8	9	10
11	12	ALS 13	14	15	16	17
18	19	RS 20	21	22	23	24
25	26	27	28			

**MARCH**

S	M	T	W	Th	F	S
				1	2	3
4	5	6	7	BLS 8	9	10
11	12	13	14	ALS 15	16	17
18	19	RS 20	21	22	23	24
25	26	27	28	29	30	31

ALS-revised

**APRIL**

S	M	T	W	Th	F	S
1	2	3	4	BLS 5	6	7
8	9	ALS 10	11	12	13	14
15	16	RS 17	18	19	20	21
22	23	24	25	26	27	28
29	30					

**MAY**

S	M	T	W	Th	F	S
		1	2	BLS 3	4	5
6	7	ALS 8	9	10	11	12
13	14	RS 15	16	FIN 17	18	19
20	21	22	23	24	25	26
27	H28	29	TF 30	31		

Finance and Task Force meetings - revised

**JUNE**

S	M	T	W	Th	F	S
					1	2
3	4	5	6	BLS 7	8	9
10	11	ALS 12	13	14	15	16
17	18	RS 19	20	21	22	23
24	25	26	27	28	29	30

**JULY**

S	M	T	W	Th	F	S
1	2	3	H4	5	6	7
8	9	ALS 10	11	BLS 12	13	14
15	16	RS 17	18	19	20	21
22	23	FIN 24	25	26	27	28
29	30	TF 31				

**AUGUST**

S	M	T	W	Th	F	S
			1	2	3	4
5	6	7	8	BLS 9	10	11
12	13	ALS 14	15	16	17	18
19	20	RS 21	22	23	24	25
26	27	28	29	30	31	

**SEPTEMBER**

S	M	T	W	Th	F	S
						1
2	H3	4	5	BLS 6	7	8
9	10	ALS 11	12	13	14	15
16	17	RS 18	19	20	21	22
23	24	FIN 25	26	27	28	29
30						

**OCTOBER**

S	M	T	W	Th	F	S
	1	2	3	BLS 4	5	6
7	H8	ALS 9	10	11	12	13
14	15	TF 16	17	18	19	20
21	22	23	24	25	26	27
28	29	30	31			

**NOVEMBER**

S	M	T	W	Th	F	S
				1	2	3
4	5	6	7	8	9	10
11	H12	13	14	15	16	17
18	19	20	21	H22	H23	24
25	26	27	28	29	30	

**DECEMBER**

S	M	T	W	Th	F	S
						1
2	3	4	5	6	7	8
9	10	11	12	13	14	15
16	17	18	19	20	21	22
23	24	H25	26	27	28	29
30	31					

Econ forecasts: 3/7-3/14; 7/18-7/27; 8/17-8/27

3/30/2018

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# ALS Service to Skykomish/KCFD 50

## Background:

Since 2006, Snohomish County Fire District #26 (SCFD #26) has contracted with King County EMS to provide ALS services to the communities of Gold Bar, Index, Baring, Skykomish and Stevens Pass.

## Service:

Sharing a response area with King County Fire District #50 (KCFD #50), SCFD 26 uses an EMT/P model to provide ALS services, 24 hours a day, 7 days a week, bringing service consistency along the Highway 2 corridor, from Gold Bar to Stevens Pass.

Working in this austere environment demands that paramedics provide a meticulous level of care, due to long transports that are often over 90 minutes.

SCFD 26 requires that its medics work for other agencies to maintain critical skills, and be well trained in advanced specialized equipment to assist in those high acuity patients during prolonged transports, or times of limited manpower. It provides education and quality improvement opportunities including MSO attendance at with KCFD #50 run review to provide QA and follow-up of ALS incidents, and hosting in-house EMT and A-EMT classes.

## Partnerships:

SCFD #26 has a long-standing and strong partnership with KCFD #50, which helps ensure that the best possible medical care is provided throughout the area.

A joint board of commissioners and administration from both agencies oversees the operations and finances so that the needs of both districts are being met. This collaboration has led to improving ALS service, with more staffing, coverage and equipment.

Together, these two agencies have created an approach that continues to provide excellent care and improved patient outcomes to the residents living in or visiting the Skykomish Valley.

## Proposal:

Continue with current practice of contracting with Snohomish County Fire District 26 to provide 24/7 ALS services to Skykomish/KCFD 50.

## Budget:

	2020	2021	2022	2023	2024	2025	2020-2025
Skykomish/KCFD 50	\$395,871	\$411,429	\$427,187	\$443,548	\$460,004	\$476,702	\$2,614,741

- 313 square mile response area
- 2017/2018 ski resort saw 450,000 guest total and 1,266 incidents (record year)
- 5,600 vehicles travel over Stevens Pass daily
- 2017: 65 calls (M54)
- 2016: 95 calls (M54)



- 18 Paramedics/50% Harborview trained
- Average 20 years of experience
- Must be employed full time with another agency to maintain high patient contacts.
- 90% First Pass ETT success.
- Run a Single Paramedic/ EMT Crew
- Oversight by Dr. Ron Brown, SCFD#26 and Dr. Eric Cooper, County MPD



- Average Response Time 22:43 Minutes
- Average Incident Turn Around Time 1:38:44
- Back up Medic Unit (District Seven) +20 minutes additional response time



King County Fire Protection District No. 50  
107 West Cascade Highway  
PO Box 311  
Skykomish, W A 98288  
360 677-2686

06/07/2018

To Whom It May Concern,

**SUBJECT: SKYKOMISH VALLEY FIRE AND RESCUE**

Since June 2005 when commissioners from both King County Fire District # 50 and Snohomish County Fire District #26 approved of functional consolidation of advanced life support serving both Districts services have improved in the Valley. It was great when we received formal approval from the EMS Advisory Committee December 21, 2005, then contract completed for funding starting in 2006. Increase in Medic One Levy funds over the years has greatly assisted in providing a service that North Eastern King County deserves to be provided, needed apparatus and equivalent Equipment to the rest of King County.

We will continue to grow and strengthen the program. With only receiving a portion of the base line unit allocation we are not able to provide the same model as the rest of King County with two medic units that are UW trained. We will not cause financial hardship to any of our residence but we have always had to bill for ALS and BLS transports unlike most other medic one tax payers.

To my knowledge our Tax payers do realize the difficulties we face being isolated from the rest of the County and limited resources due to low AV. Since the consolidation service levels, response times, and working relations have greatly improved in the Skykomish Valley. Since the very beginning we have not had any residence come to the station, call, email or attend commissioner meetings with concerns of ALS services provided.

I hope we are providing what is expected from us to King County EMS. It is our hope that we continue to receive funds and funding level will continue to improve. We are always educating our tax payers on the importance of the Medic One Levy and what it provides for our area.

Sincerely,

James Knisley  
Chief  
King County Fire District #50



The ALS Working Group consists of operations, financial, and labor representatives from the region's paramedic agencies. The group met on June 12, 2018, to further refine service costs and finalize its unit allocation and reserve proposals for discussion at the July 10, 2018 ALS Subcommittee meeting. Based on these refined costs, the ALS Working Group recommends the following:

## **ALLOCATIONS**

*Note: All dollars in the recommendations shown below are in 2017 dollars. Refer to the next page for the estimated 2020 dollars.*

### **1. Unit Cost Allocation**

- May 2018 Initial Proposed Unit Cost Allocation: \$1,816,862/unit

**Recommendation: Decrease Initial Proposed Unit Cost Allocation to \$1,809,152/unit**

Rationale: After refining their costs, agencies report that this funding level will cover the estimated costs of providing paramedic service with two paramedics to staff each unit.

### **2. ALS Program Administration Allocation**

- May 2018 Initial Proposed ALS Program Administration Allocation: \$448,702/unit

**Recommendation: Adjust Initial Proposed Allocation to \$456,075/unit**

Rationale: Both small and larger agencies have challenges. Adjusting the funding level provides flexibility and help assures all agencies will have sufficient funds to provide supervision, analytical and administrative support.

### **3. ALS System Cost Allocation**

- May 2018 Initial Proposed ALS System Cost Allocation: \$199,989/unit

**Recommendation: Decrease Initial Proposed Allocation to \$194,118/unit**

Rationale: This adjustment reflects a 0.67 students per unit, which is closer to agencies' estimated need. It will cover the costs of the Anatomy & Physiology class, and the training/ hiring and associated indirect/overhead costs of transitioning new paramedic onto unit.

### **4. ALS Equipment Allocation**

- May 2018 Initial Proposed ALS Equipment Allocation: \$96,773

**Recommendation: Decrease ALS Equipment Allocation to \$90,825.** This is the carryforward level from 2014-2019 levy dollars and inflator.

Rationale: Based on actual and projected expenditures and current agency equipment plan balances, there will be sufficient funds to cover planned expenses, included 2014-2019 add of power load systems using current allocation.

### **5. Inflator**

- ALS has traditionally used a compound inflator to annually inflate costs over the span of the levy.

**Recommendation: Inflate entire allocation by CPI-W +1%**

Rationale: The difference between compound inflator and CPI-W +1% is not material and is simpler.

## SUMMARY OF TOTAL UNIT ALLOCATION

ALS Allocation Type	Initial Proposed (in 2017\$)	Updated Proposed (in 2017\$s)	Final Proposed (Estimated 2020\$)
<b>ALS Operating Allocation:</b>	<b>\$2,465,553</b>	<b>\$2,459,345</b>	<b>\$2,792,020</b>
Unit Cost Allocation	\$1,816,862	\$1,809,152	\$2,053,876
ALS Program Allocation	\$448,702	\$456,075	\$517,768
ALS System Cost Allocation	\$199,989	\$194,118	\$220,376
<b>ALS Equipment Allocation:</b>	<b>\$96,773</b>	<b>\$90,825</b>	<b>\$96,175</b>
<b>TOTAL ALLOCATION PER UNIT</b>	<b>\$2,562,326</b>	<b>\$2,550,170</b>	<b>\$2,888,195</b>

# Advanced Life Support Systems

## 2020-2025 Levy Initial Proposed ALS Allocation

**Allocations:** Provide adequate funding for basic (eligible) ALS costs. The ALS Operating Allocation consists of sub-allocations of Unit Cost Allocation, ALS Program Allocation, and ALS System Cost Allocation. The ALS Equipment Allocation covers equipment costs.

**Distribution of Funds:** The Unit, Program, and Equipment portion of the allocation will be distributed to agencies on a per unit allocation. While the System allocation is calculated on a per unit basis, System funds will be included in ALS contracts and distributed based on actual costs.

**Program and Equipment Balances:** Since actual costs vary year-to-year (including expenses such as retro payments related to labor contracts) agencies are able to set-aside funds from current year Unit, Program, and Equipment allocations to cover future year anticipated costs.

ALS Operating Allocation	Costs in 2017\$s	Inflator*
<b>Unit Cost Allocation</b> -- costs related to direct paramedic services (paramedics, medical supplies, pharmaceuticals, vehicle and facility operating and maintenance costs, communications and other costs associated with direct paramedic services).	\$1,809,152	CPI-W +1%
<b>ALS Program Allocation</b> -- costs associated with management, administration, and supervision of direct paramedic services.	\$456,075	CPI-W +1%
<b>Total Unit &amp; Program Costs</b>	<b>\$2,265,227</b>	
<b>ALS System Cost Allocation</b> -- system wide allocation to cover highly variable costs such as paramedic students, dispatch; also included medical direction; could, but does not include costs associated with retirements and transition costs for EMTs becoming paramedics in other agencies. Expressed in a per unit #.	\$194,118	CPI-W +1%
<b>Total Cost per Unit (in 2017\$s)</b>	<b>\$2,459,345</b>	CPI-W +1%

\*Recommend simplifying from a compound inflator to CPI-W +1% (CPI-W+1% is also used for BLS & Regional Services).

ALS Equipment Allocation	Inflator
<b>Equipment costs</b> including medic, MSO & staff vehicles, defibrillators, stretchers, radios, etc. (continue allocation from 2014-2019 levy)	<b>\$90,825</b> Vehicle PPI

<b>TOTAL ALLOCATION PER UNIT</b>	<b>\$ 2,550,170</b>
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Estimated 2020 allocation: \$ 2,888,195

For comparison, Initial Proposed (in 2017\$s): \$ 2,556,379

## CONTINGENCIES

*Contingencies are primarily used for significant increases in operating costs at system or individual agency level not covered by allocation and balances. This includes paid-time-off above amounts included in the allocation and other potential cost increases outside of allocation. Contingency funding is available to cover potential costs for strategies to ensure sufficient number of applicants to meet paramedic system hiring needs in addition to current uses and can be used by RSSI to cover unplanned costs outside of the control of the EMS Division.*

### 6. Contingencies - Funding, Approval Level, Carryforward, Changes

#### **Recommendations:**

- a. **Funding:** \$1 million/year
- b. **Review and Approval Process:**
  - Review and recommendation by ALS Working Group to EMS Director. EMS Director can approve and start processing the request through the King County approval process (including King County appropriation authority) or request review and recommendation by EMS Advisory Committee Financial Subcommittee and the EMS Advisory Committee (EMSAC).
  - Approved use of contingencies will be reported to EMSAC Financial Subcommittee and EMS Advisory Committee with a yearly review of use of contingency by EMSAC Financial.
- c. **Allow carryforward** to unused contingencies
- d. **Allow changes in contingencies** based on need and review and recommendation by EMSAC Financial Subcommittee and EMS Advisory Committee (plus King County appropriation).

Rationale: Actual use of these funds related to this category averaged \$1.5m/year in (2014-2017) including the ALS mid-levy allocation adjustment (including the paramedic student changes the average increases to \$1.9m/year). However, changes in ALS operating allocation were designed to address some of these needs.

## EXPENDITURE RESERVES

### 7. ALS Capacity Reserves

**Recommendation:** Fund the ALS Capacity Reserve at \$1.2 million to cover the costs for facility renovations to support moving units (rather than adding new units), and temporary capacity increases.

Rationale: Allows 3-5 facility moves/relocations/renovations and/or significant temporary capacity increases

### 8. “Placeholder” for New Unit(s) in Reserve

**Recommendation:** Include ~\$11.5m to plan for two placeholder, 12-hour units in reserve. The first 12-hour placeholder unit is included in Fall 2021. The second 12-hour placeholder unit is included in Fall 2024. If the region requires additional units, replenish the reserve from Rainy Day Reserve.

Rationale: Adding two placeholder 12-hour units will address the projected demand for ALS services. Trends indicate that ALS will respond to approximately 37,000 calls in 2021 and approximately 40,000 calls in 2024. ALS responses are closely correlated with population of growth of seniors (65 years or older), which will continue to increase steadily into the levy period. Historically, decreases in ALS responses have occurred due to various factors such as economic recession and revisions to criteria-based dispatch guidelines. The trend does not take into account any decreases that would occur from these events.

### 9. ALS Equipment Reserves

**Recommendation:** Fund at \$1 million recommended level; ALS equipment costs not included/accommodated within equipment allocation or contingencies

Rationale: Covers \$25k increase in vehicles/equipment for each medic transportation unit (both primarily and back-up/secondary)

### 10. Replenishing Reserves and Review Process for Use of Reserves

**Recommendation:** To continue the current practice to allow reserves to be replenished. Any changes to reserves will be reviewed by EMSAC Financial Subcommittee and the EMS Advisory Committee (plus King County appropriation).

Rationale: To allow all reserves to be replenished and to provide oversight into use of reserves.

## RAINY DAY RESERVES

**Recommendation:** Maintain Rainy Day Reserves and ALS access to reserves, as appropriate. Use reviewed and recommended by EMSAC Financial Subcommittee, EMSAC (and appropriation by KC Council).

# Advanced Life Support Systems

## 2020-2025 Proposed ALS Contingencies and Reserves

### ALS Financial Structure Framework

**Adequately fund** basic (eligible) ALS costs through **Unit Allocations**.

**Continue use of Program & Equipment Balances** that allow agencies to set aside allocation funds to cover future year expenses.

**Include Contingencies & Reserves** to cover costs not included in allocation.

**Contingencies** cover anticipated expenses outside of allocation such as excess paid time off.

**Expenditure Reserves** are set aside funds to pay for specific activities and program costs, such as added ALS capacity.

**Rainy Day Reserves** are EMS system wide reserves designed to offset unknown and known risks variable costs, and unanticipated revenue fluctuations.

ALS Operating Contingencies	2020-2025 Amount	Level of Approval
<p><b>Contingencies</b> -- funds set aside to cover the normal type of costs exceeding amounts provided in allocation such as paid time off over amount allocated. Funded at \$1 million/year.</p> <p><i>Proposed change in approval process: Review by ALS Working Group and recommendation to EMS Director. EMS Director can approve and start King County approval process or request review and recommendation by EMS Advisory Committee (EMSAC) through its Financial Subcommittee.</i></p>	<b>\$6,000,000</b>	EMS Director determines appropriate level
ALS Reserves - reviewed and approved by EMSAC	2020-2025 Amount	Level of Approval
<p><b>ALS Equipment Reserve</b> -- covers unplanned costs related to equipment including new equipment added (such as the power load systems, decreased lifespans or early replacement of equipment, or increased costs from manufacturers).</p>	<b>\$1,000,000</b>	EMSAC (with KC Council Appropriation)
<p><b>ALS Capacity Reserve</b> -- Includes costs for facility renovations to support moving units rather than adding new units, ability to add temporary unit to address specific conditions (such as bridge closures), and potential new units.</p> <ul style="list-style-type: none"> <li>- Renovations and temporary capacity increases</li> </ul>	<b>\$1,200,000</b>	EMSAC (with KC Council Appropriation)
<ul style="list-style-type: none"> <li>- Place holder for new units</li> </ul>	<b>\$11,603,288</b>	
<b>TOTAL ALS RESERVES</b>	<b>\$13,803,288</b>	

## ALS 2020-2025 EFFICIENCY/EFFECTIVENESS PROJECTS

### 11. Paramedic Student Recruitment

**Recommendation:** Look at ways to address recruiting a paramedic workforce to meet King County needs. Include evaluating challenges / obstacles King County EMTs may experience that discourage them from becoming paramedics (particularly EMTs working at BLS only departments).

### 12. Operational Efficiencies

**Recommendation:** Explore options to improve efficiency through regional collaboration and resource sharing, or potential standardization across agencies.

# Advanced Life Support Systems

UPDATED

7/9/2018

## ALS FUNDING -- 2014-2019 Inflated to 2020-2025 Updated Proposed

### Prelim Status Quo

(In Millions)

ALS Funding Categories	2014-2019	2020-2025	Difference
ALS Operating Allocation	\$259.1	\$330.8	\$71.7
ALS Equipment Allocation	\$10.2	\$11.8	\$1.6
ALS Contingencies/Reserves	\$4.4	\$7.7	\$3.3
<b>TOTAL</b>	<b>\$273.7</b>	<b>\$350.3</b>	<b>\$76.6</b>

Reserve Components	2014-2019 <sup>1</sup>	2020-2025	Difference
Operating <sup>2</sup>	\$2.2	\$4.7	\$0.5
Equipment	\$0.8	\$1.1	\$0.3
Capacity	\$0.4	\$0.5	\$0.1
Risk (Rainy Day) <sup>3</sup>	\$1.0	\$1.4	\$0.4
Placeholder for new units <sup>1,4</sup>			
<b>ALS Subtotal</b>	<b>\$4.4</b>	<b>\$7.7</b>	<b>\$1.3</b>

### Updated Proposed

2014-2019	2020-2025	Difference
\$259.1	\$353.0	\$93.9
\$10.2	\$11.8	\$1.6
\$4.4	\$19.8	\$15.4
<b>\$273.7</b>	<b>\$384.6</b>	<b>\$110.9</b>

2014-2019 <sup>1</sup>	2020-2025	Difference		2020-2025	2020-2025	Difference
\$2.2	\$6.0	\$3.8		\$4.7	\$6.0	\$1.3
\$0.8	\$1.0	\$0.2		\$1.1	\$1.0	(\$0.1)
\$0.4	\$1.2	\$0.8		\$0.5	\$1.2	\$0.7
\$1.0	\$0.0	(\$1.0)		\$1.4	\$0.0	(\$1.4)
\$0.0	\$11.6	\$11.6		\$0.0	\$11.6	\$11.6
<b>\$4.4</b>	<b>\$19.8</b>	<b>\$15.4</b>		<b>\$7.7</b>	<b>\$19.8</b>	<b>\$12.1</b>

### 2020-2025 Difference

Status Quo	Updated Proposed	Difference
2020-2025	2020-2025	2020-2025
\$330.8	\$353.0	\$22.2
\$11.8	\$11.8	\$0.0
\$7.7	\$19.8	\$12.1
<b>\$350.3</b>	<b>\$384.6</b>	<b>\$34.3</b>

<sup>1</sup> 2014-2019 Reserve Components include estimated Use of Reserves which does not include budgeted 2014-2019 Reserve for new ALS unit; chart below shows budgeted 2014-2019 reserves.

<sup>2</sup> Initial proposed moves Operating Reserves to ALS contingencies; to compare between levy periods

<sup>3</sup> New EMS system wide Rainy Day Reserve includes most of the elements of the previous ALS Risk Abatement Reserve.

<sup>4</sup> Does not include 2014-2019 Reserve for New ALS Unit not activated  
Additional note: Preliminary Status Quo updated 7/10/2018

### Budgeted/Proposed Reserves

Reserve Components	2014-2019	2020-2025	Difference
Operating/Contingency <sup>2</sup>	\$1.0	\$6.0	\$5.0
Equipment	\$0.5	\$1.0	\$0.5
Capacity	\$1.1	\$1.2	\$0.1
Placeholder for new units	\$2.3	\$11.6	\$9.3
Risk (Rainy Day) <sup>3</sup>	\$1.5	\$0.0	(\$1.5)
<b>ALS Subtotal</b>	<b>\$6.3</b>	<b>\$19.8</b>	<b>\$13.5</b>