

Regional Services Subcommittee

Medic One/EMS Strategic Plan and Levy Reauthorization

Tuesday, April 17, 2018

1:00 PM – 3:00 PM

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

Chair: Tom Agnew, Councilmember, City of Bothell

Agenda

- **Opening Remarks & Introductions** 1:00-1:10 (10 min.)
 - **Report from Other Subcommittees** 1:10-1:20 (10 min.)
 - **Regional Services 2020-2025 Status Quo** 1:20-1:35 (20 min.)
 - **Strategic Initiatives** 1:35-2:45 (70 min.)
 - VPSI
 - Mental Wellness
 - Threading together different ideas and pieces
 - **Next Steps** 2:45-3:00 (10 min.)
-

Future Regional Services Subcommittee Meetings

Please note new location and time

Tuesdays, 1:30 p.m. – 3:30 p.m.

May 15, 2018	2100 Building, 2100 24 th Ave S., Seattle (Community Room A)
June 19, 2018	2100 Building, 2100 24 th Ave S., Seattle (Community Room A)
July 17, 2018	2100 Building, 2100 24 th Ave S., Seattle (Community Room A)
August 21, 2018	2100 Building, 2100 24 th Ave S., Seattle (Community Room A)
September 18, 2018	2100 Building, 2100 24 th Ave S., Seattle (Community Room A)

Regional Services Subcommittee Contact:
Helen Chatalas, KC EMS Assistant Director
(206) 263-8560 | Helen.Chatalas@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.

REGIONAL SERVICES SUBCOMMITTEE GUIDING PRINCIPLES

As members of the Regional Services Subcommittee, we remain committed to this fundamental Regional Services principle:

Decisions regarding programs and Initiatives will be viewed in respect to patient outcomes and high quality services.

- Collaboratively develop programs with partners that meet the emergent community needs to ensure standards of patient care are maintained or improved.
- Use existing resources efficiently to improve operations of the system and to help contain costs, with no degradation of services or the system.
- Seek system effectiveness and efficiencies that focus on:
 - improving the quality of EMS services
 - managing the rate of growth; and
 - containing costs
- Maintain Strategic Initiatives that meet the directives of system effectiveness and efficiencies, and create new Initiatives as appropriate.

MEDIC ONE/EMERGENCY MEDICAL SERVICES

STRATEGIC PLAN & LEVY REAUTHORIZATION

Future Meetings

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 Rooms A & B
Tuesday, October 16, 2018	1 pm – 3 pm	Tukwila Community Center

SUBCOMMITTEES:

Advanced Life Support (ALS)	<i>Tuesdays from 1:00 – 3:00, South Seattle location</i>	
✓ 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)	<i>Thursdays from 1:00 – 3:00, various Renton sites</i>	
✓ February 8, 2018		Renton Fire Station 14
✓ March 8, 2018		Renton Fire Station 14
✓ April 5, 2018		Renton City Hall, Council Chambers, 7 th Floor
May 3, 2018		Renton City Hall, Council Chambers, 7 th Floor
June 7, 2018		Renton Fire Station 14
July 12, 2018		Renton City Hall, Council Chambers, 7 th Floor
August 9, 2018		Renton City Hall, Council Chambers, 7 th Floor
September 6, 2018		Renton City Hall, Council Chambers, 7 th Floor
October 4, 2018		TBD

Regional Services (RS)	<i>Tuesdays from 1:00 – 3:00, Renton location</i>	
✓ 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
June 19, 2018	1:30 – 3:30	2100 Building, Community Room A
July 17, 2018	1:30 – 3:30	2100 Building, Community Room A
August 21, 2018	1:30 – 3:30	2100 Building, Community Room A
September 18, 2018	1:30 – 3:30	2100 Building, Community Room A

Finance	<i>Tuesdays or Thursdays 1:00 – 3:00, Kirkland location</i>	
✓ 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

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	0	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
				BLS 8	9	10
4	5	6	7	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
				BLS 8	9	10
4	5	6	7	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
				BLS 5	6	7
1	2	3	4	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
				BLS 3	4	5
		1	2	3	4	5
6	7	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
				BLS 7	8	9
3	4	5	6	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
			H4	5	6	7
1	2	3	4	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
				BLS 9	10	11
5	6	7	8	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
				BLS 6	7	8
2	H3	4	5	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
				BLS 4	5	6
	1	2	3	4	5	6
7	H8	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
				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
						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

	Task Force
	Finance Subcommittee
	ALS Subcommittee
	BLS Subcommittee
	Regional Services Subcommittee

Changes made from previous version:

April Finance meeting moved to **May 17, 2018**

April Task Force meeting moved to **May 30, 2018**

RSSI -- 2014-2019 Inflated to 2020-2025 Preliminary Status Quo

4/17/2018

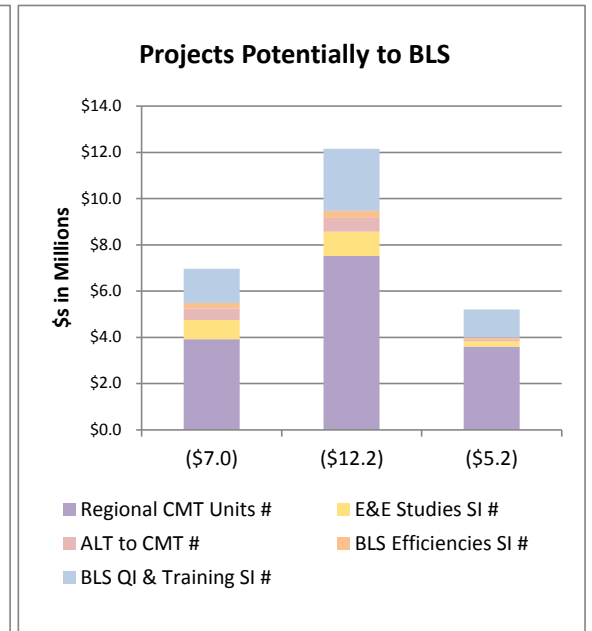
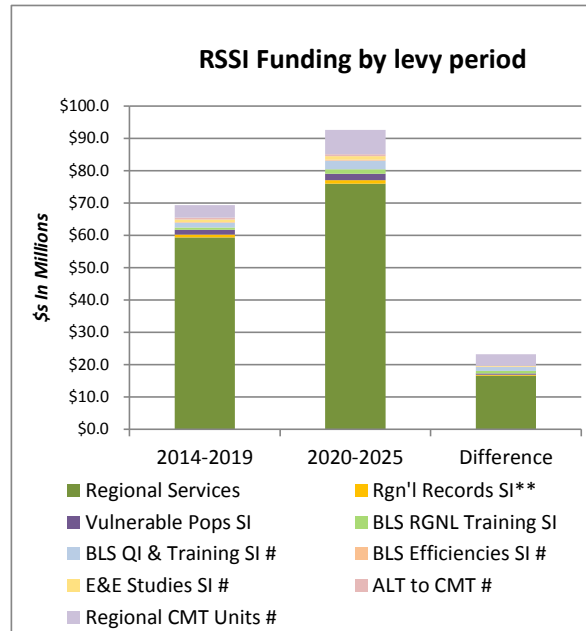
(In Millions)

RSSI Funding Categories	2014-2019	2020-2025	Difference	% Incr*
Regional Services	\$59.4	\$76.0	\$16.6	28%
Rgn'l Records SI**	\$0.9	\$1.1	\$0.2	29%
Vulnerable Pops SI	\$1.5	\$2.0	\$0.5	31%
BLS RGNL Training SI	\$0.6	\$1.4	\$0.7	116%
BLS QI & Training SI #	\$1.5	\$2.7	\$1.2	82%
BLS Efficiencies SI #	\$0.2	\$0.3	\$0.1	27%
E&E Studies SI #	\$0.8	\$1.1	\$0.2	27%
ALT to CMT #	\$0.5	\$0.6	\$0.1	19%
Regional CMT Units #	\$3.9	\$7.5	\$3.6	92%
TOTAL RSSI	\$69.4	\$92.7	\$23.3	34%
Projects to BLS(?) #	(\$7.0)	(\$12.2)	(\$5.2)	75%
Potential Rev RSSI	\$62.4	\$80.5	\$18.1	29%

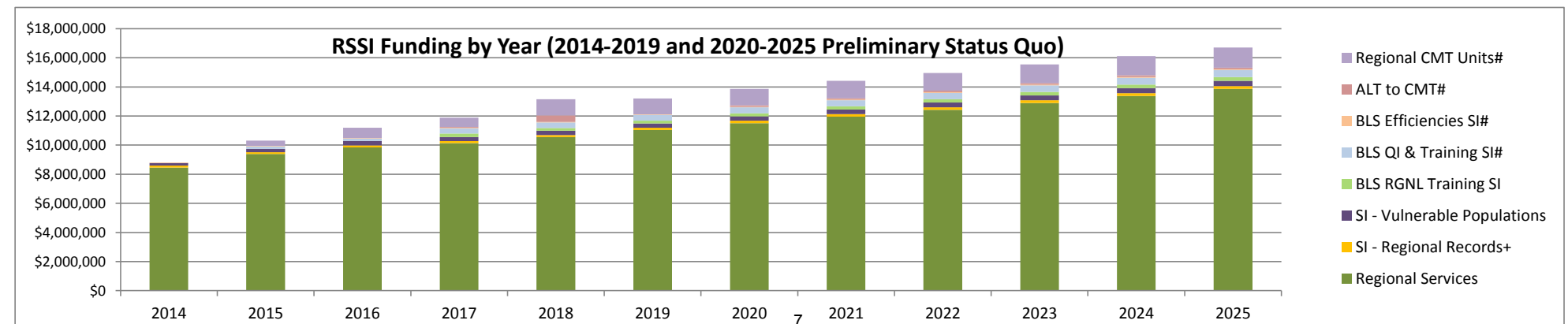
*Increase at CPI-W+1=25.5%; at CPI-W increase is 18.5%

**Contract to be negotiated

There has been some preliminary discussion of moving these projects to BLS.



RSSI Funding Categories	2014	2015	2016	2017	2018	2019	2020	2021	2022	2023	2024	2025	2014-2019	2020-2025	Difference
Regional Services	8,460,204	9,385,566	9,842,690	10,136,986	10,545,507	11,033,764	11,508,216	11,960,489	12,418,575	12,894,207	13,372,582	13,858,007	59,404,717	76,012,075	16,607,358
SI - Regional Records+	126,443	132,210	138,771	145,000	152,299	159,989	166,869	173,426	180,069	186,965	193,902	200,940	854,712	1,102,171	247,459
SI - Vulnerable Populations	179,062	219,281	291,183	271,850	281,229	291,044	303,559	315,489	327,572	340,118	352,736	365,541	1,533,649	2,005,015	471,366
BLS RGNL Training SI				236,507	200,000	200,000	208,600	216,798	225,101	233,723	242,394	251,193	636,507	1,377,809	741,301
BLS QI & Training SI#		170,833	176,539	365,046	377,640	390,820	407,625	423,645	439,871	456,718	473,662	490,856	1,480,878	2,692,376	1,211,498
BLS Efficiencies SI#	35,246	36,762	38,342	39,991	41,711	43,504	45,375	47,158	48,964	50,840	52,726	54,640	235,556	299,702	64,147
E&E Studies SI#	124,628	129,987	135,576	141,406	147,487	153,829	160,443	166,749	173,135	179,766	186,436	193,203	832,913	1,059,732	226,819
ALT to CMT#				49,433	450,567		90,000	93,537	97,119	100,839	104,580	108,377	500,000	594,452	94,452
Regional CMT Units#		363,546	704,299	649,502	1,104,770	1,091,217	1,138,139	1,182,868	1,228,172	1,275,211	1,322,521	1,370,529	3,913,334	7,517,441	3,604,107
TOTAL Current RSSI	8,925,583	10,438,185	11,327,401	12,035,722	13,301,209	13,364,167	14,028,826	14,580,159	15,138,579	15,718,386	16,301,539	16,893,284	69,392,267	92,660,773	23,268,507
Projects to BLS (?) #	-159,874	-701,128	-1,054,757	-1,245,378	-2,122,174	-1,679,370	-1,841,583	-1,913,957	-1,987,262	-2,063,374	-2,139,925	-2,217,604	-6,962,681	-12,163,704	-5,201,023
TOTAL Rev RSSI	8,765,709	9,737,057	10,272,644	10,790,344	11,179,035	11,684,797	12,187,243	12,666,202	13,151,317	13,655,013	14,161,614	14,675,680	62,429,586	80,497,070	18,067,484



(Updated 5/8/18)

BLS SI & BLS FUNDING

Totals per levy period (PSQ)

Program	Projects	2014-2019	2020-2025**
Mobile Integrated Healthcare (MIH)	*Reg'l CMT Units *Alt to CMT *BLS Efficiencies SI *E&E Studies	\$5,481,803	\$9,471,328
BLS QI and Training SI		\$1,480,878	\$2,692,376
BLS Reg'l Initial EMT Training SI		\$636,507	\$1,377,809
SUBTOTAL BLS SIs*		\$7,599,188	\$13,541,512
BLS Core Services		\$4,500,000	\$4,500,000
BLS Allocation		\$101,669,312	\$127,374,370
TOTAL		\$113,768,500	\$145,415,882

* Difference from discussion to be moved to BLS is Reg'l Initial EMT Training SI:

Total to match dashboard ---->


\$6,962,681

\$12,163,704

** Preliminary Status Quo is a rough way of inflating programs costs into the next levy period



Vulnerable Populations Strategic Initiative (VPSI)

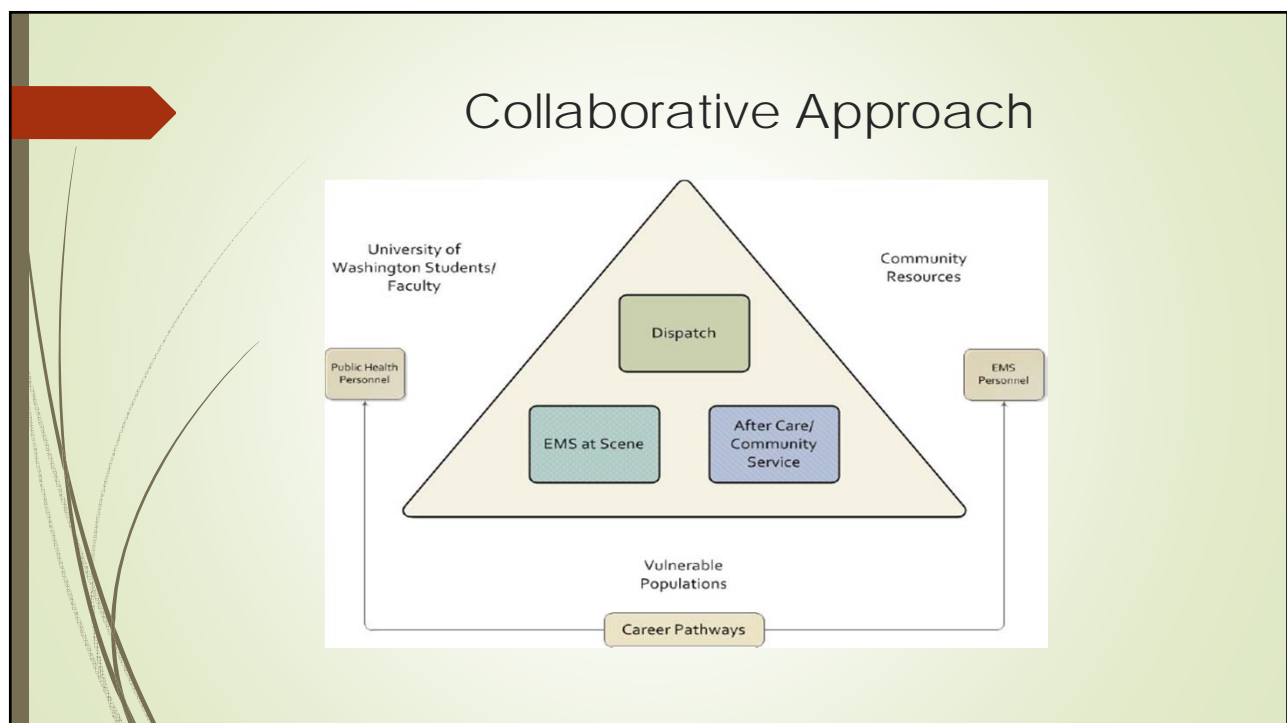
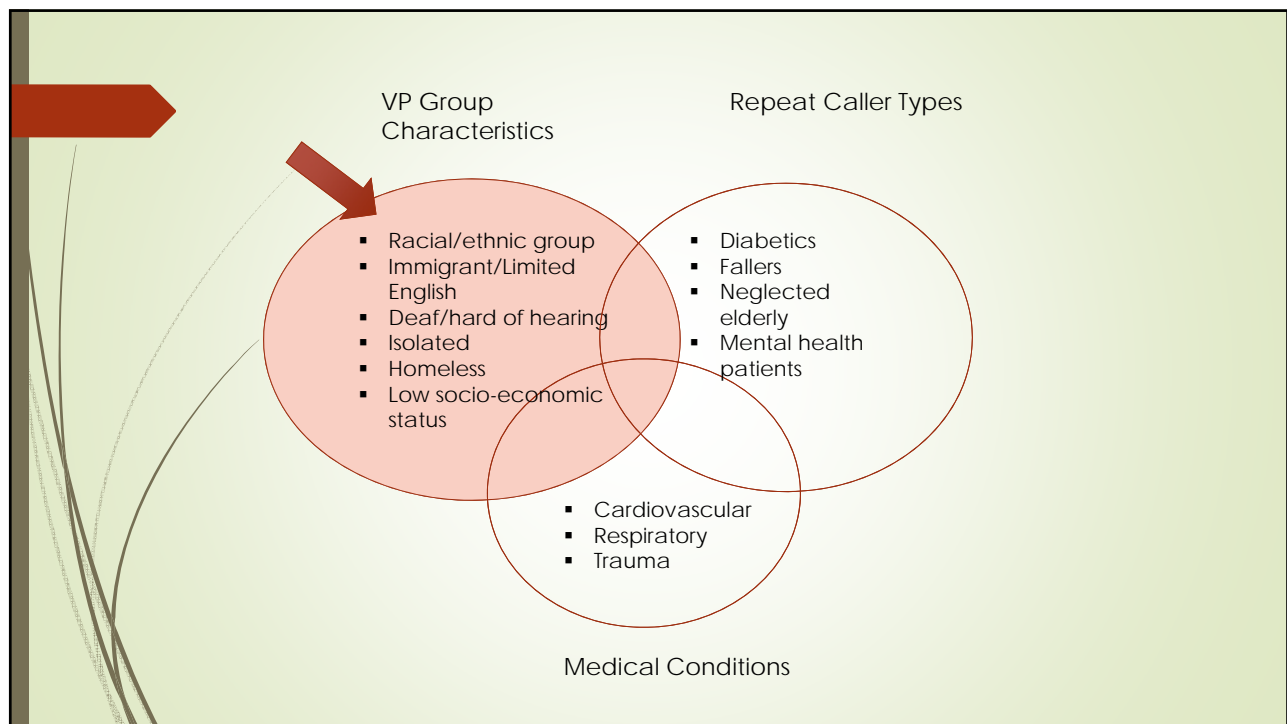


Where we've been,
and where we want to go.



VPSI Mid-Levy Report (2014-2017)

- The goal of VPSI is to *conduct **programmatic, scientific and case-based evaluations** to ensure that the interface between EMS and **vulnerable populations** is of the highest quality.*





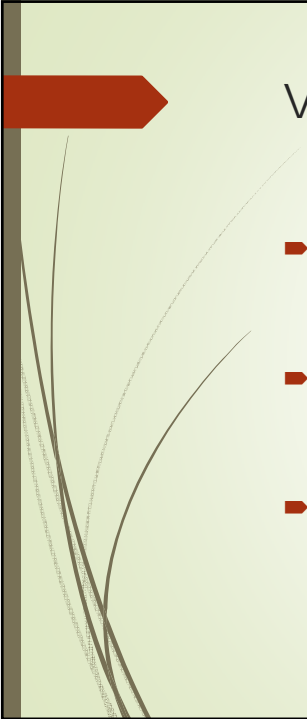
Where we've been.....



2014 County-wide Needs Assessment (N=698) EMS Providers

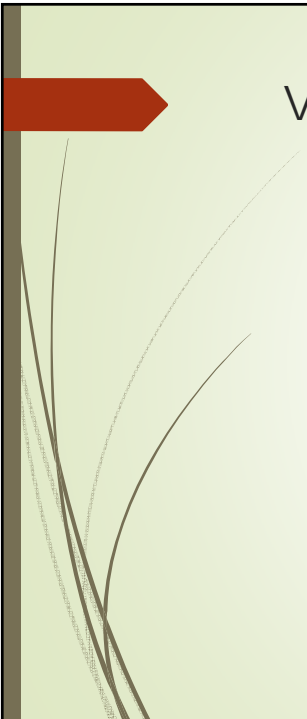
The patient groups that pose the greatest challenges for effective service delivery are:

- patients under the influence of alcohol or drugs, institutionalized patients (i.e., nursing home, adult family home),
- patients who speak limited English (LEP).
- patients with a mental health condition



VPSI Programmatic Activities

- **Education and Outreach** on 9-1-1 and bystander CPR for vulnerable populations (LEP and seniors)
- **Fire department-based** pilot projects to evaluate different care delivery strategies for vulnerable populations
- **Other:** Diversity in the Workforce (STAR program); Training on communication with LEP callers; Mental Wellness (needs assessment)



VPSI Community Partners

- Chinese Information Service Center
- Somali Health Board
- City of Seattle, Office of Emergency Management
- Aging and Disabilities Services
- Seattle FD Cadet Program
- Center for Human Services
- Tukwila School District
- Vulnerable Population Action Team
- University of Washington

Education and Community Outreach

Main Messages:

- When and how to call 9-1-1
- Interpreter services
- How to perform bystander CPR
- Stroke symptoms and response

Material Development

Download the flyers using the following links (files in pdf format):

- Chinese (Simplified) 中文
- Chinese (Traditional) 中文
- English
- Korean 한국어
- Oromo
- Romanian
- Russian русский
- Somali
- Spanish
- Thai ไทย
- Vietnamese Tiếng Việt



Chỉ dẫn Hô Hấp Nhân Tạo

- Khoảng chừng 383.000 cuộc nhồi máu cơ tim xảy ra mỗi năm trên nước Mỹ
- 75% xảy ra ở nhà
- Có học cũng mất tăng 3-5 lần nếu người người cuộc thực hiện hô hấp nhân tạo ngay lập tức

Nhìn họ cần nhận vào hô hấp nhân tạo

- Gọi 9-1-1
- Đặt tay vào giữa ngực
- Đặt một tay trên tay kia
- Khẩu khuỷu tay và đẩy xuống mạnh và nhanh

Đăng ký để tìm hiểu thêm về hô hấp nhân tạo bằng sức ép với Red Cross hoặc American Heart Association.

Biết thêm chi tiết:

King County Emergency Medical Services:
401 5th Avenue, Suite 1200
Seattle, WA 98104
<http://www.kingcounty.gov/healthservices/>

Chinese Information & Service Center (CISC)
611 5 Lane St
Seattle, WA 98104
<http://www.cisc-seattle.org/>

Số Không Khẩn Cấp

- Cho thông tin giao thông
- Cho các dịch vụ xã hội
- Cho tất cả những câu hỏi khác/thông tin cần thiết

Số không khẩn cấp của cảnh sát
• Cho những tài phạm mà đã xảy ra
Seattle: (206) 625-5011
Spokane: (509) 855-3111
San Jose: (408) 295-3311

Tại Ủy ban American Heart Association, hoặc tại Red Cross, hoặc American Heart Association.

Những điều cần biết về 9-1-1 và Hô Hấp Nhân Tạo



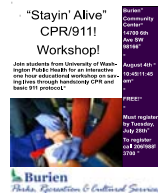
Outreach to LEP Residents



Outreach and Education to Seniors



More intensive education





Impact to Date.....

- reached **12,000 limited English Proficient community residents** education on 9-1-1 and CPR via one-on-one education; health fairs or workshops.
- UW undergraduate students knocked on **2,066** doors in King County and educated **267 seniors** about 9-1-1, CPR and stroke.
- UW undergraduate students and EMS personnel conducted 28 workshops at senior centers and reached **488 seniors** with 911/CPR/stroke education and training.
- Survey results show that the education was effective in **increasing knowledge and awareness of when and how to call 9-1-1 and bystander CPR.**



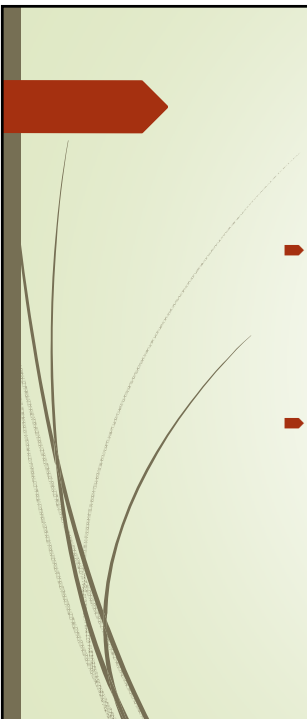
Fire Department-based Pilot Studies

- **Vulnerable Adult Pilot Project:** a program targeted at improving the identification and reporting of vulnerable adult abuse and neglect,
- **Patients with Mental Health Illness and/or Chemical Dependency Disorders:** a program implemented by the Shoreline Fire Department to test a method of connecting 9-1-1 callers who have mental illness or substance use disorder to health care resources
- **Implementation and Evaluation of the city of Renton Sobering Center project:** a program implemented to provide an alternative destination for acutely intoxicated individuals in the Cities of Kent and Renton who did not require further medical care in the Emergency Department (ED).



Lessons Learned from FD Pilots

- Provide **regular, ongoing training** to FD personnel on how to identify, refer and how to provide alternative care for vulnerable patients in need of social services.
- Make data collection, referrals by FD personnel and feedback to FD personnel **easy and timely**.
- **Meet patients where they are at**; in person visits; real-time; warm hand-off.
- Dedicated MSW/CMT/case **manager**.
- **24/7 access** to new services.
- **Regular communication** with stakeholders.



Partnership with University of Washington

- Over the past four years **121 undergraduate students** have contributed a total of **6,050** service-learning hours to the VPSI outreach and education program. These activities include: needs assessments; materials development and pre-testing; outreach and education.
- In addition, **8 graduate students** have provided over **2,000 hours** in free service to develop and evaluate the many fire-based VPSI projects.

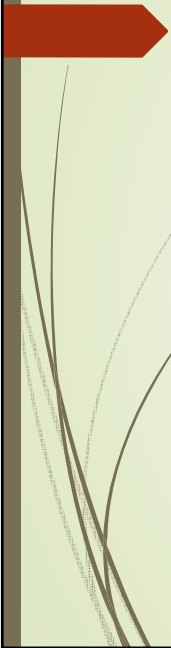


Other VPSI Activities

- Evaluation of the STAR (scholarship) program.
- Development of on-line training for communication with LEP callers.
- King County-wide mental wellness needs assessment.



Where we want to go.....



Outreach and Education

- Expand to language communities we have not yet reached, such as **Russian and Spanish** language communities.
- Further expand to King County cities and areas **outside the City of Seattle**.
- Broaden the educational content to include additional topic areas such as: **Stroke symptoms; AMI symptoms; Choking; Heat events and Overdose**.
- Develop **train-the-trainer programs** on these topics to assure a standardized content of our trainings.
- Expand the involvement of **UW undergraduate Public Health students and** develop a more **systematic way** to evaluate impact.



Fire Department-based Pilot Studies

- Periodic needs assessment of fire-departments' needs regarding VPSI-related pilot studies.
- Recruit MPH students, in partnership with the FDs to meet the needs of a student as well as the FD.
- Recruit and supervise up to 6 MPH students per year to engage with FD projects as part of their thesis/capstone academic requirement.



Workforce Diversity

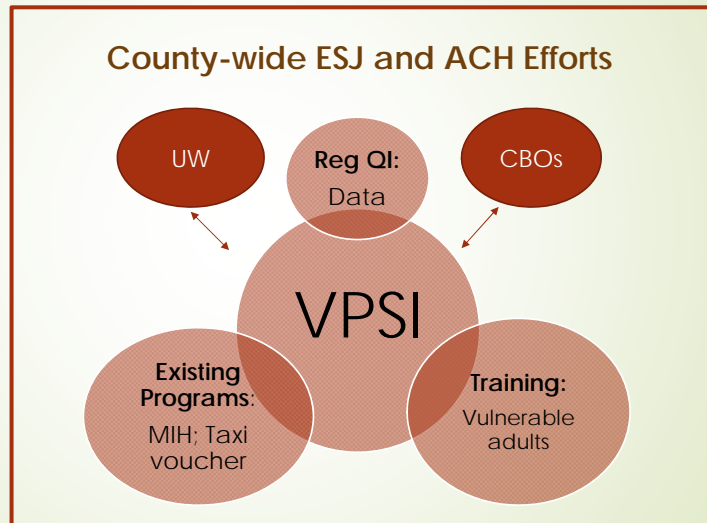
- Needs assessment of the barriers to careers in EMS for under-represented minority youth/adults.
- Expanding the STAR scholarship program and better market the program.
- Develop a more systematic marketing campaign on career options in EMS to reach under-represented individuals.
- Develop specialty camps (Academies) to recruit women and/or other under-represented individuals into the STAR program.



EMS Workforce (Training)

- Improve access to resources and training on how to communicate most effectively with LEP populations.
- Improve access to mental wellness resources and training for 9-1-1 personnel in King County.

VPSI Integration with Existing Programs



Questions and comments?



Mental wellness: A Regional Approach

- **Mental Wellness Planning Committee:** Chair: Steve Heitman. Members: Michele Plorde, Maureen Pierce, Stephen Rawson, Joel Ingebritson, Aaron Tyerman, Jay Wittwer, Matt Riesenber, Pat Ellis, Cathy Browning, Jamie Formisano, Vonnie Mayer, Hendrika Meischke.



County-wide Wellness Survey (N=984)

- Response rate ~ 20% overall
- Response rate by agency (0%-51%)
- Good representation across the county

Who are the survey respondents?

Male	85%
Age (18-29)	7%
(30-44)	34%
(45-59)	52%
(60+)	7%
Years worked in FS	
< 5 years	13%
6 and 15 years	26%
16 and 25 years	30%
More than 25 years	31%

Firefighter/EMTs	49%
Officer	24%
Paramedic	8%
Administration	6%
Admin support	2%
Dispatcher	4%
Call receiver	2%
Other:	4%

Access to and participation in wellness resources

	Agency Offer?	Participated?	Would use?
EAP	97%	29%	69%
Chaplaincy program	91%	27%	57%
CISD	86%	49%	79%
Peer Support	85%	18%	74%
Substance abuse programs	74%	2%	32%
Crisis hotline access	75%	3%	39%
One-on-one counseling	48%	24%	67%
Mental wellness awareness training	45%	13%	74%
Helping co-workers with stress	36%	7%	77%
Stress management training	31%	12%	76%
Conflict resolution programs	28%	5%	61%
Screening brief intervention	25%	2%	42%
Mindfulness training	17%	8%	59%
Stress First Aid programs	10%	2%	53%

Health and Wellness Programs

Does your agency offer the following Health and wellness programs?	Yes	No	Not sure
Access to exercise equipment on duty	94%	4%	
Dietary or nutritional counseling	32%	52%	15%
Tobacco cessation program	23%	49%	28%
Stress management classes	12%	68%	20%
Group exercise classes	6%	90%	4%
Membership to local fitness center	5%	91%	4%

Attitudes and Perception of Agency culture


- Although 50% feels that emotional problems are better solved with professional help, only **25%** would seek professional help (as their first thought) if they were experiencing an emotional crisis
- Although 61% report their agency considers mental wellness important, **just half of respondents** feel comfortable talking about mental wellness concerns with co-workers.
- More than **one-third** believe that bringing up mental wellness concerns at work will impact their career negatively

Stress

	Never	Sometimes	Most of the time	Always
How often do you find your work stressful?	4%	74%	20%	4%
In the past year, how often have you been bothered by:	Not at all	Several days	More than half the days	Nearly every day
Little interest or pleasure in doing things	46%	42%	9%	3%
Feeling down, depressed or hopeless	49%	43%	6%	2%
Trouble falling or staying asleep or sleeping too much	25%	45%	20%	11%

More on stress.....

Below is a list of problems that people sometimes have in response to a very stressful experience. Please read each problem carefully and indicate how much you have been bothered by that problem in the past year	1	2	3	4	5
Being "super alert" or watchful or on guard	36%	31%	17%	12%	5%
Having difficulty concentrating	33%	40%	16%	9%	2%
Trouble falling or staying asleep	25%	31%	20%	16%	8%
Response categories: 1= not at all; 2= a little bit; 3= moderately; 4=quite a bit; 5= extremely					




Impact of stress

- 1 in 3 respondents report they have called in sick because they mentally just could not perform their job. For 1 in 5 this happens occasionally
- Almost half the respondents report they had experienced an occasion where they were not able to do their job well because of sleep deprivation. Almost 40% report this happens occasionally



Stress differs by "role"

- Different stressors and different wellness needs for different groups
- Training and resources need to be targeted to different needs of different audiences



Planning Committee ideas

Areas for further exploration:

- Leadership training (how to deal with own stress; self-care; how to support personnel)
- Wellness Approach (prevention of stress)
- Peer support (organize and disseminate all the peer support efforts; deal with issues around confidentiality)
- Increase awareness around mental wellness and “market” programs/services that are available
- Assess gaps; and focus on “ongoing training” around mental wellness
- FD grants to develop; implement and evaluate mental wellness pilot projects.



Questions and comments?

Needs & Ideas Generated by Levy Planning Subcommittees

Updated for 4/17/18 Regional Services Subcommittee meeting

- As of April 13, 2018, the Medic One/EMS Strategic Plan and Levy Reauthorization process has held nine meetings of the various subcommittees, at which ideas to strengthen an already excellent EMS system have been identified and discussed.
- Participants voiced their interest for increasing system efficiencies and effectiveness using **a strong regional approach** that:
 - increases standardization and coordination;
 - provides regional support to everyone/all agencies;
 - increases interconnectedness; and
 - continues using the EMS Division as conveners, supporters and analysts for driving system-wide decisions.
- Dovetailing into that was the overarching support for **better sharing resources system-wide** to help develop greater cost savings, system effectiveness, and flexibility.
- The following areas were identified as those that would benefit from a **strong regional approach and sharing of resources**:

Overall system effectiveness

- System-wide resource sharing.
- Standardization/consistency/liaison across agencies focusing on standardization of equipment, oversight of medicine.

Regional data/QI opportunities and oversight

- Enhanced opportunities for data review and feedback; additional and/or BLS-specific performance measures; and ESO training to help ensure data integrity.

Reducing the rate of calls

- Public education about the appropriate use of the system/calling 911.
- Research and adoption of triage philosophy of others within the industry.

Workforce issues

- Costs and staffing challenges, such as student training costs, retirement payouts, hiring costs and an increased need for recruitment, brought on by the current and future retirements within the EMS field.
- The reduced workforce throughout the region, resulting in shortage of certified personnel to put on rigs.
- A regional and standardized mental health/peer support program that is approached from a regional standpoint, with a standardized program that uses standardized training, available to all agencies across the system.