

# MEDIC ONE/EMERGENCY MEDICAL SERVICES STRATEGIC PLAN & LEVY REAUTHORIZATION

Regional Services Subcommittee meeting 2/20/2018

## Summary

*Topics included subcommittee responsibilities; a proposed work plan and timeline; principles to help guide decision making within the group; review of current Regional Services and Strategic Initiatives; and the identification of areas of focus for future programs.*

## Attendees

*Chair: Tom Agnes, City of Bothell*

Andy Adolfsen, Bellevue Fire

Cynthia Bradshaw, KCEMS

Seth Buchanan, Kirkland Fire

Helen Chatalas, KCEMS

Jeff Clark, Eastside Fire & Rescue

Kevin Coughlin, Woodinville Fire

Pam Fernald, City of SeaTac

Erik Friedrichsen

Mike Hilley, Redmond Fire

Lyman Howard, City of Sammamish

Tracie Jacinto, KCEMS

Michelle Lightfoot, KCEMS

Mike Marrs, KCFD #2

Vonnie Mayer, Valley Communications

John Nankervis, Shoreline Fire

Toby Nixon, City of Kirkland

Jon Nolan, King County Medic One

Kevin Olson, Valley Regional Fire Auth.

Eli Panci, City of Kirkland

Cal Schlegel, King County Medic One

Harold Scoggins, Seattle Fire

Tommy Smith, Redmond Fire

Mitch Snyder, Puget Sound RFA

Mark Thompson, South King Fire & Rescue

## Issues discussed

### Roles and Timeline

The Regional Services Subcommittee will develop recommendations for the span of the next Medic One/EMS levy period (2020-2025). Its task is to develop recommendations outlining core Regional Services and Strategic Initiatives that “tie together” the medical components, and support all aspects of the regional system.

The Subcommittee will develop preliminary program recommendations by end of the 3rd meeting (April 2018) for review and input by the Finance Subcommittee and feedback by the *Task Force* in April.

Subsequent meetings will further develop recommendations and provide financials to support them. These recommendations will go to the Finance Subcommittee and 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.

## 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

In addition, the Regional Services Subcommittee endorsed the following Regional Service-specific principle:

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

This overarching goal encompasses the support for

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

## Summary of Regional Programs & Strategic Initiatives

### Overview:

The EMS Division manages core regional Medic One/EMS programs that help “tie together” the system, providing consistency, standardization, and oversight of the direct services provided by system partners. In addition, the region undertakes innovative pilot projects (known as Strategic Initiatives) that focus on improving EMS care, containing costs and managing system growth.

Discussion:

The EMS Division briefed participants on the numerous programs it currently conducts, after which the group discussed potential needs. **Regionalism** was a common theme throughout the discussion, which included;

1. Programs that educate the public on the appropriate use of the system, like Communities of Care, can go a long way in reducing the rate of calls:
  - Consider enhanced education focused on when it is appropriate to call 911 (incorporate into current Student CPR/AED program).
  - Develop a Public Service Announcement about 911 usage.
  - Recognize that dispatch and its triage delivery can play a large role “on the front-end.”

**Action item:**

It was suggested that the group/EMS Division look at the triage philosophy of different companies throughout the county to learn more about how others in the industry manage the use of the system.

2. Regional and standardized mental health/peer support program
  - This should be approached from a regional standpoint, with a standardized program that uses standardized training, available to all agencies across the system.
  - Any such program would need to build upon the Mental Health effort currently underway by the King County Chiefs Association.
3. Regional data/QI oversight & performance measures
  - Consistent regional training on ESO would help ensure the integrity of the data.
  - The system should track other types of cases in addition to cardiac arrest.
  - Developing, tracking and reporting on additional and/or BLS-specific performance measures would provide benefit to the system.

**Action item:**

EMS staff will add the development of performance measures to an upcoming BLS Working Group agenda.

**Next Meeting**

March 20, 2018:      1:30 – 3:30 pm      Renton Highlands Library conference room  
2801 NE 10<sup>th</sup> Street, in Renton

Items for discussion include reviewing Status Quo program costs, additional program review, and identifying opportunities to create cost efficiencies and system effectiveness.