

EMS Advisory Committee Meeting: March 15, 2017

Attendees: Brandt Butte (AMR), Andy Adolfson (Bellevue), Stacie Martyn (Bellevue), Mark Moulton (Bellevue), Richard Burke (ESF&R), Cynthia Bradshaw (KCEMS), Helen Chatalas (KCEMS), Erik Friedrichsen (KCEMS), Sofia Husain (KCEMS), Michele Plorde (KCEMS), Tom Rea (KCEMS), Keith Keller (KCM1), Joe Monteil (KCM1), Eric Timm (KCM1) Seth Buchanan (Kirkland), Julie Elsom (Redmond), Joe McGrath (Redmond), Reba Gonzales (Seattle), John Nankervis (Shoreline), Delia Fjelstad (South King), John Rickert (South King), Charles Krimmert (VRFR), Kevin Olson (VRFA), Melina Kuzaro (VRFA)

I. EMSAC Membership and Decision Making –Michele Plorde

The EMS Advisory Committee meetings are a collaborative place to discuss regional issues, money, and programs. In the 1998-2003 Strategic Plan, there is a specific line item in the ordinance identifying who can be an official member. Membership includes both the Seattle and the regional Medical Program Directors, King County cities with populations over 50K chiefs, ALS providers, Fire Commissioners rural and urban, ALS and BLS labor representatives, and representatives from dispatch and private ambulance. Meetings are quarterly on the third Wednesday of the month. Although EMSAC is advisory in design, the Division Director takes input from the region seriously and as such major decisions are supported by a vote. These are open meetings, so everyone is welcome and encouraged to attend.

II. EMSAC Financial Subcommittee (Handouts) – Cynthia Bradshaw

Responsibilities of the subcommittee include development of financial recommendations, policies, reserve levels, use of reserves, and review of financial implications. Items are brought to the group to analyze, discuss and determine if they should be recommended to EMSAC for implementation. Financial Subcommittee meetings are held quarterly, the first Wednesday of the month, on the same months as EMSAC.

Emergency Medical Services Levy Financial Plan. Property taxes are higher than planned due to two factors: the beginning AV was higher than planned resulting in higher property taxes than planned in the first year of the levy; and new construction has been robust. Although the rate of new construction is going down and peaking in 2017 new construction will remain higher than planned for the 2014-2019 levy period. Overall revenues are \$25M or 6% higher than in the original levy plan and expenditures are also \$17M or 4% higher. Use of reserves, program balances and the addition BLS core services (\$3.7M) have contributed to the increase (See financial plan handout). Use of Reserves has increased during the 2014-2019 levy period with \$11 million currently committed through 2019. ALS providers were a significant portion of the approved Use of Reserves (see Levy Use of Reserves handout).

ALS mid-levy allocation increase proposal. The review included acknowledging concerns related to the ALS allocation for several reasons. There has been significant use of reserves. Based on actual expenses from 2014 through 2016 plus forecast future expenses, there is a recommended for an ALS mid-levy allocation adjustment. EMS financial policies require covering all eligible ALS costs. The starting allocation for the 2014-2019 levy plus the compound inflation not covering actual costs has led to a proposal to increase the ALS allocation by approximately \$105,000 per unit beginning in 2016. Primary reasons for this request include: negotiated wage increases in collective bargaining agreements, increased retirement and separation costs, paramedic student costs above plan, and increased paid time off (see handout ALS Mid-Levy Request). In looking at this request use of program balances, use of reserves and ongoing trending were reviewed before making a request. Agencies do not have sufficient program balances to cover costs during the 2014-2019 levy period and there is a desire to minimize the number of smaller individual requests to use reserves for the remainder of the levy period. It was also noted that the requested ALS allocation in 2017-2019 matches the allocation in the original plan prior to adjustments related to published Bureau of Labor Statistics measures.

EMSAC Request: Recommend a one-time mid-levy adjustment to be used to cover the majority of operational costs. This will allow agencies to spend less time to managing and preparing individual request for use of reserves. The allocation change will begin in 2016 and include Vashon during the entire time they were providing ALS services (through January 2017) and continue through the end of this levy period.

[EMSAC Request for ALS Allocation for one-time mid-levy adjustments: EMSAC motioned, approved, and seconded; EMSAC Chair approved]

BLS Core Services: Eight agencies are requesting a total of \$980,525 in BLS Core Services funding to cover unanticipated costs related to staffing and equipment. EMSAC Financial Subcommittee member endorsed the proposals, and supported forwarding the requests to EMSAC for review.

[**Consent Item for approval of BLS Core Services Funding:** motion to approve and seconded, Director approves recommendation]

Money added for BLS QI: BLS agencies will get an amended to cover the BLS QI amount and BLS core services amount and a third amendment to add it to the BLS allocation letter in the future; BLS Core must go through EMSAC before money is spent from these funds; contract amendment in 2017 followed by letters in 2018 to avoid having amendments. Funds will be separated out in the letter to allow agencies to track budget and contract amount for BLS QI vs. BLS Core Services. Note: agencies requesting BLS Core Services at this meeting will receive a separate contract amendment just for those services.

III. **Medical Program Director Report - Tom Rea**

Two new programs that involve BLS and in some ways ALS: 1) nasal narcan and 2) revised stroke triage tool

1. **Nasal Narcan:** piloting six (6) BLS agencies include: Eastside Fire and Rescue, Shoreline, Renton, Redmond; nasal narcan to fight the epidemic which is the leading cause of death for young adults in comparison to car crashes – 250 in King County, WA. ~12 uses of nasal narcan; patient care is being applied correctly and is appropriate to the situation and the treatment has advanced patient care. Some modest issues related to documentation and indication of use; however, no adverse effects or harm; most important treatment is bag-valve-mask which is the primary role of BLS providers. Nasal narcan is being judiciously and responsibly by the crews. Due to contract issues, the vendor has ordered the nasal narcan and inventory issues still exist to other fire departments that are trying to make this part of their training; modest amount of money allocated by KC EMS to order a supply of nasal narcan to be delivered by the end of the week for distribution to fire departments next week; credit to KC EMS to make this happen
2. **Revised Stroke Triage Tool:** new therapy to remove a blood clot in a patient's brain to resume the blood flow and restore function to the patient through the use of the transport decisions to go directly to hospitals (Harborview Medical Center, Swedish-Cherry Hill) that can provide this therapy; however only 5-10% of stroke patients that have large vessel occlusions and only a handful of hospitals can offer these interventions on a 24/7, 365 basis; providers are using the LAMS scale in addition to the FAST exam; preliminary data and more to come 18 patients with LAMS 4 or 5 scores; 14 patients had highly successful outcomes; credit to medics for their good work

IV. **ESO Implementations in King County (Handouts) – Tracie Jacinto & Sofia Husain**

Impact to agencies and at King County EMS; NEMESIS 3.4; rollouts require continued training for personnel; King County EMS has been impacted to lead discussions around standardization for ESO eHR configurations to allow for a regional records management system to ensure that we can provide regional QI reports to send out to your constituents; important to have consistency around our

definitions; updated our regional database to accept the data in this new form to harmonize the data across time; discussion of benefits for ESO eHR; Resources Available to All Agencies: SEND Oversight Committee Meeting, singular software system; AMR is working with ESO to establish an interface; 10 times more QA can be completed with ESO vs. paper; Comment from Chief Mitch Snyder: Can we move toward a patient-centric system? Shifting towards that would be a huge next step instead of incident-centric. Developing a vision of where we need to go next to make a patient-centric system;

- V. **Levy Planning for 2020-2025** (page 11) – Helen Chatalas: With the current levy expiring at the end of 2019, the EMS Division will bring together regional stakeholders to develop a new EMS Strategic Plan, and a Financing Plan (levy) to be put before the voters in 2019. Planning for this levy is a lengthy process, beginning about two years prior to the levy’s expiration, and has many moving pieces. The RCW governing the EMS levy requires that cities with 50,000 or more in population approve placing the levy on the ballot; and includes validation requirements of a 60% support and 40% voter turnout.

Medic One/EMS Levy Details (page 12) – Helen Chatalas & Michele Plorde:

There is a fair chance that new members will serve on the 20-member EMS Advisory Task Force, which will be convened late this year. EMSAC members were encouraged to stay in close contact with their elected officials serving on the Task Force to keep them apprised of issues impacting the EMS system, and thus help the levy planning process run smoothly. The EMS Division will host a *Levy Planning Summit* in May 2017, which will be an opportunity for the region to identify core services as well as potential levy planning challenges.

- VI. **Medicaid Transformation Demonstration Project (Handout)** – Michele
Often referred to as the “Medicaid Waiver”, the Demonstration Project reflects how the State plans to reimburse for Medicaid costs during the next five years. This provides for new and innovative ways to manage costs and improve patient care. Due to the limited time, we will reschedule to the next BLS Working Group.

Action Item: Helen to add “Medicaid Transformation Demonstration Project Discussion” to the BLS Working Group Agenda for April 12, 2017.

- VII. **Good of the Order:**
Bellevue and Eastside Fire have been working with the City of Sammamish for assistance with mitigating access to ALS services during a construction project next summer . A proposal will be brought forth at the June 2017 EMSAC meeting for review and discussion.

The next EMSAC meeting is June 21, 2017 from 1-3pm at King County Medic One in Kent.