

EMS Advisory Committee Meeting: June 15, 2022

Attendees: Dave Tait (Bellevue FD), Josh Erskin (Duvall FD), Jeff Clark (Eastside F&R), Anita Sandall (Eastside F&R Fire Commissioner), Brant Butte (GMR), Cynthia Bradshaw (KC EMS), Helen Chatalas (KC EMS), Chris Drucker (KC EMS), Jamie Emert (KC EMS), Marlee Fischer (KC EMS), Erik Friedrichsen (KC EMS), Jason Hammond (KC EMS), Tracie Jacinto (KC EMS), Michele Plorde (KC EMS), Tom Rea (KC EMS), Ray Desmarais (KC Fire District 2), Andrea Coulson (KCM1), Graham McGinnis (KCM1), Steve Perry (Labor ALS), Dave VanValkenburg (Kirkland FD), Aaron Tyerman (Puget Sound RFA), Charles DeSmith (Renton RFA), Mark Foster (Shoreline FD), Todd Wollum (Shoreline FD), Scot McDonald (South King F&R) Vonnie Mayer (ValleyCom), Brad Thompson (Valley RFA)

I. Introduction - Michele Plorde

Welcome to our newest member of the EMS Advisory Committee, Mike Millman, Woodinville Fire & Rescue Fire Commissioner

II. Medical Program Director Report - Dr. Tom Rea (handout)

Highlighting 2021 Cardiac Arrest Statistics for King County:

- Cardiac Arrest is a benchmark condition for all EMS systems. We track very closely how the patients do both in the field and through hospitalization. The dispatch centers identify cardiac arrests, coach callers to do CPR and fire departments are very nimble and quick and provide exceptional CPR.
- Time is critical. Hands-on chest time is 90% in King County. Truly remarkable and as good as possible with the need for AED to access the rhythm.
- The 2020 Utstein survival rates (patients that present with a shockable rhythm) declined 20-40%, substantially due to pandemic. This happened across all systems in the world. Patients were more likely to have the cardiac arrest in the home and were less likely to get bystander CPR, be witnessed or have police or lay person apply an AED. These circumstances caused survival to decline before EMS and fire even arrive on the scene. In 2020 the time to patient increased by 1 min average. Logistically due to time to apply personal protective equipment.
- In 2021 there were improvements. Utstein survival went from 39% to 46% (historically above 50%). There were increases of total number of cardiac arrests - from 1350 to 1500 patients, a 12-15% increase and most were non shockable rhythms. Average of 250 survivors and last year 241.
- Patients live or die depending on the care in the field. Care is consistently excellent even with the challenges of the pandemic. More detail to come in 2022 annual report.

III. Financial Report - Cynthia Bradshaw (handout)

Revenues:

- While some property tax funds are experiencing challenges, EMS levy property taxes are stable with projected growth. Property taxes to EMS Levy fund increased from original starting in 2020.
- Interest income higher than original plan.
- Increased revenue projections will contribute to supplemental funds that can be used for:
 - Expenditure costs increase in current levy period
 - Contribute towards reserves funding for next levy period
 - Buy down levy rate for next levy period

Expenditures:

- Increases primarily due to inflation (local CPI-W) higher than originally forecast.
- Looked at potential of 2022 CPI-W coming in higher than forecast in March and have sufficient revenue to cover potential increase.

Reserves:

- 2021 fund balance sufficient to cover required reserves (Rainy Day & ALS) and potential funding of supplemental reserves.

Dispatch Center Contracts:

- Contracts supporting dispatch centers (similar to ALS and BLS allocations) are an important part of EMS tiered system. Contracts updated with lowered budget and did not include yearly increases.
- Proposal:
 - Restore to 2020 levels
 - For equity with ALS & BLS allocations, include yearly increases at CPI-W +1%
 - Cover within existing RSS allocation
- Process:
 - Budget deficit was recently identified.
 - With insufficient content to justify EMSAC Financial meeting, sent e-mail requesting comments and questions. Received one comment with question about availability of revenues to cover expense (revenues are available).
 - Recommended moving proposal as presented to EMSAC for review.
- EMSAC Action: Unanimous recommendation to move forward as proposed.

Heads up for September EMSAC Presentation:

KC Economist forecast presentation to EMSAC Finance and summary presentation to EMSAC. Anticipate two requests:

- ALS Facility Reserve request (similar to Redmond request last year)
- Looking at better funding for ALS support of EMS system

IV. Mobile Integrated Health (MIH) Mid-Levy Review – Erik Friedrichsen and Marlee Fischer, MIH program manager (handout)

History: MIH started as CMT pilot program July 2010 where Kent and South King split a unit and evaluated the program. Then Eastside and Woodinville units started in 2012. In 2015 Puget Sound, Shoreline, Bothell and Woodinville had CMT units and 2016 Valley RFA and South King CMT unit. The pilots transitioned into MIH in 2018 with the vision to establish regional networks of Mobile Integrated Healthcare programs serving all of King County.

Objectives:

- Connect community members to appropriate health and social services.
- Optimize availability of emergency services
- Position EMS as an integrated and interconnected link in the broader health and social service system.

MIH Direct Response:

- 60% related to falls.
- Primary response types included trauma, pain, sick and behavioral health
- 30% transported to ED (versus 37% BLS) 60% not transported (versus 54% BLS)

Discussion Topics:

- Programs combined received over 6,500 unique referrals from 2020 – 2021. Dr. Rea suggested presenting this to hospitals. Creating a huge positive impact on ER's throughout the county.
- Valley hospital releasing people to home early with hip replacements and asking for MIH to follow up.
- Discussions started with Dr. Bol (Overlake) to get a medical professional from hospital to work with Bellevue Cares.
- Encourage this type of evaluation overtime. It speaks volumes when someone has questions.

Next Steps:

- Develop questions and prompts to reach out to agencies and individuals involved in MIH for assessment to include in mid-levy review.
- Look at cost and quality from patient and provider.
- Julota with ESO will make a huge difference in future assessments.
- 26 million added for agency MIH programs.

EMSAC meeting packet:



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handout pkg