

## **SKAGIT COUNTY EMS DELIVERY MODEL ADVISORY GROUP**

Monday, 25 April 2016

9:30 – 11:56 a.m.

Commissioners Hearing Room, 1800 Continental Place, Mt. Vernon, WA

# **DRAFT SUMMARY**

## **OF THE MEETING'S KEY DISCUSSIONS, DECISIONS, AND AGREEMENTS**

*ATTENDED:* **Eron Berg**, Administrator, City of Sedro-Woolley; **Jill Boudreau**, Mayor, City of Mt. Vernon Mayor; **Joan Cromley**, Mayor, Town of Hamilton; **Richard Curtis**, Chief, Anacortes Fire Department; **Ken Dahlstedt**, Commissioner, Skagit County; **Tyler Dalton**, Trauma Coordinator, Skagit Valley Hospital; **John Doyle**, Administrator, Town of La Conner; **Kirk Hale**, Executive Director, Central Valley Ambulance Authority; **Laurie Gere**, Mayor, City of Anacortes; **Lisa Janicki**, Chair, Skagit County Commission; **Larry Kibbee**, Commissioner, Fire District 13; **Judith Dunn Lee**, Councilmember, City of Sedro-Woolley; **Matt Miller**, Councilmember, City of Anacortes; **Roger Mitchell**, Volunteer Fire Fighter, District 5; **Mike Noyes**, President, Skagit County Fire Chiefs' Association; **Dale Ragan**, Councilmember, City of Mt. Vernon; **Shane Sanderson**, former Washington State Department of Health EMS Manager; **Steve Sexton**, Mayor, City of Burlington; **Dean Shelton**, Regional Representative, International Association of Fire Fighters (IAFF); **Tony Smith**, Director, Aero Skagit Emergency Service; **Tom Walsh**, Commissioner, Fire District 11; **Ron Wesen**, Commissioner, Skagit County; **Michelle Brisson**, Skagit County EMS; **Earl Klinefelter**, Skagit County EMS; **Mark Raaka**, Director, Skagit County EMS; and **Jim Reid**, Facilitator, The Falconer Group.

*ABSENT:* **Bill Aslett**, Councilmember, City of Burlington.

*GUESTS:*

### **THE MEETING'S GOALS:**

The goals of this first meeting of the Skagit County Emergency Medical Services Delivery Model Advisory Group were:

1. Discuss, identify, and understand our mutual interests in emergency medical services in Skagit County.
2. Approve the structure by which the Advisory Group operates, including the work plan and ground rules, issues the Committee will address, and information needs.

### **THE ADVISORY GROUP'S AGREEMENTS:**

During the meeting the Advisory Group reached consensus agreements on:

1. Ten mutual interests that will serve as the foundation for a consensus agreement on the future of emergency medical services in Skagit County. (See ATTACHMENT A)
2. The Key Findings from facilitator Jim Reid's interviews last winter. (See ATTACHMENT B)
3. The workplan to guide the Advisory Group's process (Process and Timeline). The adopted version includes Shane Sanderson's suggestion that the implementation plan include performance measurements. Mention of performance measurements is included in the second bullet under the expected accomplishments of the fifth meeting on July 18<sup>th</sup>. (See ATTACHMENT C)
4. Ground rules to guide the process and the Advisory Group's decision-making. The final version includes the Advisory Group's request that guests who attend the meeting be offered the opportunity to address the Advisory Group at the end of each meeting (see #14). (See ATTACHMENT D)
5. The Preliminary List of Issues. In reviewing and approving the list of issues, Advisory Group members recognized that as the process unfolds, there may be the need to add to this list. (See ATTACHMENT E)

## **ADVISORY GROUP MEMBERS SUGGEST INFORMATION AND DATA**

During the meeting various Advisory Group members suggested information, data, and reports that could benefit the Group during its discussions. Below is a list of the requests. Staff will work to compile and organize the information.

- The Power Point slides from Earl Klinefelter's presentation at today's meeting. (They accompany this summary in a separate document.)
- A reading list suggested by staff to help ensure everyone is up-to-date on emergency medical services in the County.
- The report by Public Financial Management, Inc. (The PFM Report).
- The number of: a) aid units (non-transporting BLS ambulances); b) transport capable BLS ambulances (licensed); and c) licensed ALS ambulances, as well as the County's minimum/maximum numbers.
- Recent EMS reports provided to the EMC.
- The same presentation that A.P. Triton's (GEMT consultants) recently provided to the Central Valley Ambulance Authority (CVAA) Board of Directors. (This presentation will be made to the Advisory Group on June 6<sup>th</sup>.)
- The legal framework for emergency medical services.
- A presentation to explain the communication needs related to and operational and financial impacts of Skagit 9-1-1 on EMS.
- Comprehensive financial data system-wide, including a "levy statement" (how levy funding is allocated and how levy funds are constrained). Also provide the budgets of each individual service provider uses funding from the levy. (Mayor Boudreau commented that the PFM Report will help provide this data and information.)

## **THE ADVISORY GROUP'S NEXT MEETING**

The meeting adjourned at 11:56 a.m. The Advisory Group's next meeting will be held on Monday, May 16<sup>th</sup>, from 9:30 until noon at Skagit County Commissioners Hearing Room, 1800 Continental Place in Mt. Vernon.

## **ATTACHMENT A**

SKAGIT COUNTY EMS DELIVERY MODEL ADVISORY GROUP

## **THE PARTIES' MUTUAL INTERESTS**

Approved by the Advisory Group Members on 25 April 2016

These are the ten mutual interests of the Skagit County Emergency Medical Services Delivery Model Advisory Group members. The Advisory Group reached agreement on them at its first meeting on April 25<sup>th</sup>. These interests will serve as the foundation for working to reach agreement on the future of emergency medical services in Skagit County.

1. Deliver high quality services.
2. Provide the right level of services at the right time to the right place.
3. Ensure the system is sustainable, efficient, and accountable.
4. Ensure that response times to service calls are appropriate given the location.
5. Provide stability and certainty to employees, patients, and the public.
6. Make service delivery and decision-making as simple as possible.
7. Make decisions based on facts, information, and best practices.
8. In discussing the future of the system, have thoughtful, respectful, and civil deliberations.
9. Any changes to the system should be made in an orderly manner over time.
10. Preserve the volunteer and community-based elements of the system

## **ATTACHMENT B**

SKAGIT COUNTY EMS DELIVERY MODEL ADVISORY GROUP

# **KEY FINDINGS FROM THE INTERVIEWS**

Approved by the Advisory Group Members on 25 April 2016

## **CONTEXT FOR THIS PROCESS**

At the request of the Skagit County Commissioners, consultant Jim Reid of The Falconer Group, conducted seventeen interviews of nineteen people between 22 December 2015 and 8 March 2016. Most interviews lasted between thirty and sixty minutes, and most, but not all, were conducted by telephone.

The purposes of the interviews were to: 1) ask people with knowledge, expertise, and involvement in the Emergency Medical Services (EMS) system in Skagit County for their assessment of its strengths and weaknesses; 2) identify their interests in the system and in a process to reexamine it; and 3) solicit initial or preliminary ideas for strengthening it.

## **KEY FINDINGS FROM THE INTERVIEWS**

These key findings reflect the overarching themes from the interviews.

1. Everyone is proud of the quality of services currently delivered. For a county whose residents live in communities more suburban, rural, or isolated by mountains and forests than in urban centers, and for a system in which there are multiple providers, the quality of service is considered exceptional. "The citizens are well served. The public doesn't see any gaps. On the front lines, we work well together."
2. The employees and volunteers who provide services were universally praised for their dedication, passion, skills, and high quality work. They are considered the system's greatest resources and assets.
3. Many people expressed pride that Skagit County is one of only a small number of counties in the State of Washington that has a countywide levy to raise and distribute funding for EMS. Interviewees consider the countywide levy an indicator of a sophisticated system; the voters' approval of the levy is seen as a reflection of high caliber services.
4. The multi-year contracts between Skagit County and service providers that were recently agreed to are seen as positive signs of cooperation and as providing stability, certainty, and consistency for the system.
5. A frequent interest expressed during the interviews was that the EMS system must be as efficient and accountable as possible before the EMS levy comes up for renewal by Skagit County voters in November 2018.
6. Many people stated the EMS in Skagit County is "surprisingly highly politicized and needlessly personalized." "The politics are more broken than the system." Reasons given for this condition were: a) historic mistrust between the County and cities and among the cities; b) long-standing rivalries between communities, including between urban and rural areas; c) the belief that the local Fire District (or firehouse), like the local high school, helps define identity of communities, particularly in rural areas; and d) long-held assumptions that may be more myth than reality.

7. Two assumptions that may be most polarizing in discussions about the future of EMS are: a) the cities are seeking more EMS funding to finance their fire departments. Their EMS operations are “over-financed and underperforming;” and 2) cities won’t and don’t provide services outside their boundaries. These perceptions, which are strongly refuted by city officials, need to be addressed.
8. Based on all the interviews, three options appear to be considered viable to explore: a) the status quo; b) a fire-based system; and c) a County managed system. Among those who appear to lean toward the third option, there is concern that the County may be reluctant to assume this risk. One reason for the different positions appears to be an emphasis on quality of service versus an emphasis on efficiency and/or accountability.
9. Many people believe that if the system needs to change, changes would be more easily implemented if a guarantee were given that no current positions will be eliminated because of the changes. One comment seemed to summarize the sentiment of many: “We should be willing to pay a little bit more for a smart transition.”
10. Some people believe that a weakness of the EMS system is the absence of criteria for basing the decision about the level of support that should be dispatched to serve patients. There is a perception that this lack of criteria can result in a higher level of service being provided than is necessary. Some people recommended that the system borrow or learn from the criteria used by King County’s EMS program to dispatch services.

## ATTACHMENT C

SKAGIT COUNTY EMS DELIVERY MODEL ADVISORY GROUP

# PROCESS AND TIMELINE

Approved by the Advisory Group Members on 25 April 2016

### 1. **Meeting #1: Convene the Process**

25 April

- Discuss and understand the parties’ mutual interests.

- Agree on a structure for the negotiations, including ground rules.
- Define and agree on the problems to be resolved and issues to be addressed.
- Agree on information the Advisory Group needs to reach agreement, how it will be organized and provided, and by whom.

2. **Meeting #2: Assess the Existing Service Delivery System** 16 May

- Present the current system for delivering emergency medical services in Skagit County.
- Identify, discuss, and assess the strengths and weaknesses of the existing system.

3. **Meeting #3: Initially Discuss and Analyze the Models** 6 June

- Agree on criteria by which alternative service delivery models will be evaluated.
- Identify the models.
- Discuss the alternative models in light of criteria and parties' mutual interests.
- Discuss any additional information that the Advisory Group may have requested in the context of discussing the models.

4. **Meeting #4: Continue to Discuss and Analyze the Models** 27 June

- Toward the end of this meeting, determine if there is a tentative consensus for one of the models.
- Assignment: Between the fourth and fifth meetings, Advisory Group members to report to their constituents for their reactions to the models and the Group's tentative agreement (if there is one).

5. **Meeting #5: Select a Preferred Model** 18 July

- Stakeholders reach agreement on a model that best achieves the mutual interests of the stakeholders.
- They also "test drive" the agreement by: a) anticipating what the system would look like over time and what might be some unintended consequences that should be addressed now; and b) developing an implementation plan, which should include performance measurements by which to gauge success in implementing the agreement.

6. **Meeting #6: Review and Discuss the Report** 8 August

- This meeting may also be needed to reach consensus on a preferred model.
- Advisory Group reviews and discusses implementation.
- Group also begins to review draft report.

7. **Meeting #7: Finalize the Report** 29 August
  - Advisory Group reaches agreement on its report to the Skagit County Commission.
  
8. **Meeting #8: Present Report to Commission** 19 September
  - Advisory Group formally presents report with recommendations to the Skagit County Commissioners at a Commission meeting.

## **ATTACHMENT D**

SKAGIT COUNTY EMS DELIVERY MODEL ADVISORY GROUP

# **APPROVED GROUND RULES**

Approved by the Advisory Group Members on 25 April 2016

### **The Advisory Group's Purpose:**

To prepare for the November 2018 emergency medical services levy, the Advisory Group will discuss and analyze models for delivering emergency medical services to the public and recommend to the Skagit County Commissioners the model that most effectively and efficiently achieves the stakeholders' mutual interests.

### **The Advisory Group's Roles and Responsibilities:**

1. Each member of the Advisory Group is an equal participant in the process and has equal opportunity to voice opinions and contribute ideas.
2. Advisory Group members represent others from their organization or constituency, not just themselves. Members should periodically update their constituents about the group's progress.
3. Advisory Group members accept the responsibility to come to the meetings prepared for the discussions.
4. We also commit to fully explore the issues and search for creative solutions that best serve our mutual interests.
5. We recognize the legitimacy of the interests, concerns, and goals of others, whether or not we agree with them. We commit to treating each other, and those who attend our meetings, with respect, civility, and courtesy.
6. We will make a special effort to listen carefully, ask pertinent questions, and educate ourselves and those we represent about the interests and needs that must be addressed in a constructive problem-solving atmosphere.
7. In view of the specific scope of this project and limited amount of time available, we will make a concerted effort to focus on the topics under discussion.
8. Each Advisory Group member commits to making every effort to attend all meetings. No alternates are being appointed. Therefore, if a member must miss a meeting, she/he is responsible for asking a fellow member to represent her/his interests and positions at that meeting. The member may also submit written comments to the facilitator that will be distributed to the others.
9. As the process continues, Advisory Group members should provide feedback to the facilitator on the process and his performance. We may do so at meetings and/or by calling or emailing him between meetings.

### **Role and Responsibilities of Subgroups:**

10. The Advisory Group may establish subgroups to more thoroughly and efficiently discuss issues and make recommendations to it. The Group will define the purposes of the subgroups and establish timelines for their work. It is understood that the Advisory Group may accept, reject, or refine and then adopt subgroup recommendations.

### **The Facilitator and Staff's Role and Responsibilities:**

11. The facilitator's role is to manage the process by keeping discussions focused, ensuring that all points of view are heard, and conducting the meetings according to the spirit of these ground rules and in a timely manner. With no stake in the substantive outcome, he is obligated to remain neutral on the substantive issues.
12. Staff from Skagit County, providers, cities and towns, and/or fire districts may be called upon to support the work of the Advisory Group. Staff may research and

present information that the Group determines it needs, and work with the facilitator to organize and prepare for the meetings. Staff members have no decision-making authority and will act in accordance with the direction and decisions of the Advisory Group.

13. The facilitator will draft the Advisory Group's report. Once the members have reviewed, edited, and approved the final version, they will submit it to the Skagit County Commission for consideration.

### **The Roles and Responsibilities of Guests:**

14. Interested and affected parties or individuals who are not on the Advisory Group are welcome to attend the meetings. Guests will be given the opportunity to address the Advisory Group at the end of each Advisory Group meeting. Guests are also encouraged to provide comments to the members during breaks and submit comments in writing. Guests must abide by these ground rules.

### **Agreements and Recommendations:**

15. The Advisory Group is expected to identify and define a wide range of interests, perspectives, and opinions. Every idea is both valid and challengeable.
16. Decisions will be made by consensus. Consensus is defined as the unanimous agreement of the members.
17. If Committee members cannot support an emerging agreement of the entire group, we are obligated to make our concerns known, and the rest of the group is obligated to listen with an interest in resolving them. Everyone is expected to try work to address the concerns, including asking the concerned party (parties) to clarify the underlying interests or about other dynamics that could be interfering with an agreement. Advisory Group members are obligated to try to find an alternative that meets the interests of the concerned party (parties) as well as their own.
18. If the Advisory Group members make a good faith effort to achieve consensus but find that it is not possible, their report to the Skagit County Commission will include alternatives that reflect the members' various preferences. Each alternative will be fully and accurately described, with its strengths and weaknesses clearly documented. The Advisory Group will then submit the report with the various alternative recommendations to the Skagit County Commissioners, who will make the final decision.

### **Meeting Agendas and Summaries:**

19. Meetings will be task-oriented. Draft agendas will be prepared by the facilitator and distributed to all members for review and comment six days before a meeting. Approximately 72 hours before a meeting the final agenda will be distributed to the members. Agendas will describe the matter for discussion and the purpose of discussing it, and be accompanied by information necessary to support informed discussion.

20. If the agenda or facilitation techniques are not working, Advisory Group members need to inform the facilitator so that changes can be made and the group can proceed.
21. Following the conclusion of each meeting, a summary of key decisions and agreements will be developed by the facilitator in coordination with staff and distributed to each member within 72 hours of a meeting's adjournment.
22. Members are obligated to review the summaries for accuracy and to alert the facilitator if they find mistakes.

### **Communicating with the Media and Other Interested Parties:**

21. Advisory Group members agree that it is in their best interests to not negotiate in public during this process. If contacted by representatives of the media, Advisory Group members will speak only for themselves, and should focus the comments on the process, not on emerging substantive positions or proposals. They will avoid characterizing the Advisory Group's or other members' positions. After speaking with the media representatives, or to other organizations or groups, members should inform the facilitator to minimize the possibility that other parties in this process could misinterpret their comments.
22. When appropriate, a joint statement suitable for discussion with the media and with other organizations will be developed by the Advisory Group. At that time the members will agree on who shall present it on behalf of them, and how it will be communicated.

### **The Final Report:**

23. A draft report summarizing the Advisory Group's findings and recommendations will be prepared by the facilitator and staff and distributed to all members for review and approval
24. The Skagit County Commission may approve the Group's consensus recommendations or modify them before approving them. In the absence of consensus, it is understood that the Commission has the authority to adopt a service delivery model.

## ATTACHMENT E

SKAGIT COUNTY EMS DELIVERY MODEL ADVISORY GROUP

# **ISSUES TO BE ADDRESSED**

Approved by the Advisory Group Members on 25 April 2016

In approving this list of issues that the process will address, Advisory Group members acknowledged that as the process unfolds, this list will likely be expanded.

- Organizational structure and governance, including the countywide levy and the Central Valley Ambulance Authority
- Vision for emergency medical services in 3-10 years
- Data collection, analysis, and use or application
- Changes in demographics and their impacts on service delivery
- Changes in public health and the healthcare industry; integration with EMS
- Quality assurance
- Costs of services and of service delivery
- Finances, including the distribution and allocation of financial resources, such as the levy, historical financial reporting, forecasting, capital purchases, and the GEMT

- Staffing, including matching resources to demand patterns, the roles and responsibilities of first responders, including BLS and ALS providers, and how best to provide seamless countywide field (MSO) supervision.
- Dispatch
- Compliance and accountability, including performance measurements
- Role of volunteers
- Coordination with other services providers and partners
- Community collaborations and partnerships
- Lessons learned from elsewhere
- Impacts of federal and state legislation
- Implementation