A

August 15, 2019

Skagit 911 - Board of Directors
2911 E College Way, Suite A
Mount Vernon, WA 98273

As you know, at the June 19, 2019 Special Meeting of the Skagit 911 Board of Directors there was discussion about the state of Criteria Based Dispatch (CBD) in the Skagit 911 center and the current challenges moving forward with a true BLS and ALS tiered-response system. It was stated that a change to the CBD process was not a Skagit 911 decision, and would require a formal recommendation by the EMS Department and the Medical Program Director. With that in mind, a group of stakeholders including representatives from Skagit 911, EMS, and various provider agencies participated in the evaluation of three different vendors of 911 center CBD software.

From an EMS perspective, our goals are to: dispatch the most appropriate level of medical care to each emergency call, provide accurate and detailed information to the responding units, provide a structured and consistent call-taking process and provide a robust QA system for evaluating our performance and produce reliable data to drive our decisions moving forward. I have outlined below some feedback on each of the three products we reviewed:

1. PowerPhone – This product requires the call-taker to choose a call type at the beginning of the call, rather than guiding the call-taker through the critical criteria during the call to drive the call type decision. It did not have the consistency and structure controls that we are looking for.

2. APCO – This product does not currently have an interface with the Spillman CAD system used at Skagit 911 and would require modification to add consistency and structure controls to the call-taking process. It also lacks a robust quality assurance program and monitoring process.

3. ProQA – This product has an existing interface with the Spillman CAD system, provides for structured caller questioning with a logical sequence, utilizes nationally and internationally recognized medical protocols, and features a robust quality assurance program where external quality review and coaching is available for an unbiased perspective from industry experts.

The recommendation of Skagit 911 at the June 19 meeting was to remain on the current King County CBD program based primarily on timing and cost. It is important to understand that the King County CBD program is completely manual and relies on the call-taker to reference the appropriate page in the CBD book and to enter the determinant code into the CAD system. On a daily basis we are seeing an average of 65% of EMS calls being entered in the CAD system without a CBD determinant code. This makes it extremely difficult to monitor or make reliable use of the data collected in the EMS call-taking process. In addition, we are not able to implement a BLS and ALS tiered-response model without determinant codes being used and entered along with appropriate pre-arrival instructions being given to the caller.

Josh Pelonio, Interim Director / Training Coordinator
Freya Peebles, Administrative Coordinator
Matthew F. Russell, M.D., Medical Program Director

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The EMS Department is prepared to provide funding for the initial purchase of the ProQA software. We have also requested a quote from Skagit 911 on the anticipated cost associated with upgrading the computer equipment to support ProQA.

It is well worth the additional time and cost required to purchase and implement a CBD system that will better meet the current and future needs of the EMS system and our community, and provide structured medical decision-support for Skagit 911 call-takers when time is of the essence. My recommendation is that the Skagit 911 Board of Directors take action at the upcoming meeting on September 11, 2019 to approve the timely purchase and implementation of the ProQA software. Please do not hesitate to contact me if I can provide additional information.

Sincerely,

Josh Pelonio
Interim Director
Skagit County EMS

Josh Pelonio, Interim Director / Training Coordinator
Freya Peebles, Administrative Coordinator
Matthew F. Russell, M.D., Medical Program Director

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Skagit County EMS Medical Program Director

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Skagit 911 Board of Directors
2911 E College Way, Suite A
Mount Vernon, WA 98273

August 14th, 2019

Dear Skagit 911 Board of Directors,

I am writing to you after listening to the audio from the June 19th Special Meeting of the Skagit 911 Board of Directors. After listening to the discussion at that meeting, I am under the impression members are interested in soliciting my input as the Skagit County Medical program Director on the topic of EMS dispatch software and programs given the current review apparently underway. Please understand that I have have actualy not received any request for my input from anyone on the Skagit 911 Board of Directors or the 911 Center prior to or after that June 19th meeting, and that this letter is drafted following the suggestion from members of the EMS office who simply attended that June 19th meeting.

I am willing to provide my input on the subject of EMS Dispatch Software and the current status.

The Skagit EMS Department and I share the same goals for the system:

- Dispatch the most appropriate level of care to each emergency call
- Provide accurate and detailed information to the responding units
- Provide structured and consistent call-taking process and provide a robust QA system for evaluating our performance and
- Produce reliable data to drive our decisions moving forward. Below is a summary of our findings:

It is my understanding from discussion with the EMS Department that there has been a recent evaluation of three vendors of potential 911 center criteria based dispatch software. From my discussion with the EMS Department these are summarized as:

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1. **PowerPhone** – this product was very basic, required the call taker to enter a call type prior to beginning caller questioning and allows the call-taker to bypass important components of the questioning process.

2. **APCO** – this product does not currently have an interface with the Spillman CAD and would require modification to lock down the ability for call-takers to bypass important components of the questioning process. It also lacks a robust QA set up and monitoring process.

3. **ProQA** – this software has an existing interface with the Spillman CAD, a rigid questioning process, nationally and internationally recognized medical protocols, and a robust QA system that is monitored by the company up to 25 cases per week. It is also currently the CBD system in use in both Whatcom and Snohomish Counties.

Additionally, there has been discussion on staying with the current King County CBD program. This program is completely manual, it is not integrated into the CAD system, and in my opinion it is difficult to monitor or conduct any kind of reliable, meaningful quality assurance. Furthermore, despite an extended implementation time (years), I am under the impression there does not appear to be a reliable process in place for contemperaneous documentation of determinant codes. CBD systems are driven by determinant codes. Without accurate code documentation even a basic QA review process becomes nearly impossible. Because of this I agree with the EMS Department that implemenation of actual criteria based dispatch is not appropriate until that component of the system is satisfactorally addressed.

Additionally, after discussions with the EMS Department, I share their current concerns that simply that it will be extremely difficult for Skagit 911 make the necessary changes to fully implement a functional King County CBD within the current structure and system. It will require a significant amount of work to modify the existing CBD card system and to provide re-training to staff in order to break old habits.

Having reviewed these options and discussed them with the EMS Department, it is my opinion that purchasing and moving to the ProQA based model is in the best intrest of public safety and prehospital patient care in Skagit County.

I have disscussed the ProQA system and implementation with the EMS Medical Program Director of Whatcom County (Dr. Wayne) and Snohomish County (Dr. Cooper), and both endorse the ProQA system.

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I believe it is in the best interest of patients and the public to move to a modern system that will provide call-taking structure, decision support, legally-defensible protocols, appropriate pre-arrival instructions, and structured QA. I understand that a transition to any new system with be difficult and implementation will be accompanied by a number of hurdles, both seen and unseen. However, if you are looking for the opinion from the Medical Program Director, it is my recommendation that you take the steps necessary to proceed with the purchase and implementation ProQA CBD platform software.

Sincerely,

Matthew Russell, MD
Skagit County EMS Medical Program Director

New Initiative Request Form

Company Name: _____

Company Phone: _____

Company Address: _____

_____

Initiative Title: _____

Initiative Description: _____

_____

Proposed Start Date: _____

Proposed End Date: _____

Checklist (Required – Please attach all supporting documents)

1. Detailed description of initiative: _____

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____ Supporting Documentation Attachment #____   ___N/A

2. Detailed cost break down: _____

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___ Supporting Documentation Attachment #____   ___N/A

3. Data supporting need: _____

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___ Supporting Documentation Attachment #____   ___N/A

4. Explanation of benefits to entire EMS system: _____

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___ Supporting Documentation Attachment #____   ___N/A

5. Determination of potential road blocks: _____

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___ Supporting Documentation Attachment #____   ___N/A

6. Determination of successful initiative: _____

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___ Supporting Documentation Attachment #____   ___N/A

7. Determination of milestones: _____

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___ Supporting Documentation Attachment #____   ___N/A

8. Ongoing cost analysis: _____

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___ Supporting Documentation Attachment #____   ___N/A

9. Asset and dissolution plan should initiative not receive continued funding: _____

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___ Supporting Documentation Attachment #____   ___N/A

10. Additional information and technical specifications: _____

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___ Supporting Documentation Attachment #____   ___N/A

Possible Process:

Advertisement: Announcement and listed on County Webpage by 31 January, 2020

Submission by Date: 1700 30 June, 2020 (electronic or physical copy acceptable)

EMS Review by Date: 31 July, 2020

EMS Trauma Advisory Council Review Date: August 2020

Notification Date: 15 September, 2020

Invoices for payment into EMS by: 15 October, 2020

Award amount: 25k total (Ask Jeff if he wants a set amount)

Awardees: 5 – determined by council vote

Distribution of Program Funding: Up to 80% or 5K, whichever is higher, in 120 days.

2019 County Fee Schedule with comparisons

CMS #	Level of Service	Sno-R	Sno-NR	Whatcom-R	Whatcom-NR	NW Ave-R	NW Av-NR	Skagit-R	Skagit-NR	PROPOSED Skagit-R	Proposed Skagit-NR
A0428	BLS-Non Emergent	$765	$772		$	$778	$1,030	$610	$850	$694	$1,030
A0429	BLS-Emergent	$696	$831	$620	$620	$795	$1,020	$685	$900	$740	$1,020
A0426	ALS-Non Emergent						$	$820	$1,163		
A0427	ALS-Emergent 1	$973	$1,000	781	781	$987	$1,226	$875	$1,168	931	1,226
A0433	ALS-Emergent 2	$1,071	$1,100	990	990	$1,085	$1,314	$985	$1,230	1,035	1,314
A0434	Specialty Care					$1,409	$1,482	$1,150	$1,330		
A0425	Mileage	18.48	19.5	15	15	16.86	17.75	16	18	16.5	17.75

*PROPOSED Skagit-R rate takes the NW Average-R difference in fee and divides it by 50% to create the Skagit Rate-R increase

*PROPOSED Skagit-NR rate is now equal to the NW Average-NR rate

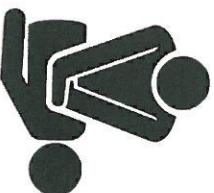*NW Average includes Alaska, Washington, Oregon and Idaho providers

E

Skagit County EMS Training

Q2 2019

COMMUNITY & HIGH SCHOOL TRAINING

Basic First Aid, CPR/AED

696
PEOPLE TRAINED

134
HOURS OF TRAINING

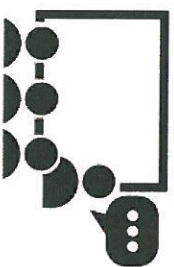### EMS PROVIDER CONTINUING EDUCATION

Basic Life Support, Advanced Life Support

368
PEOPLE TRAINED

80
HOURS OF TRAINING