

## Emergency Medical Services Working Group Recommended Plan Summary

This list is in chronological order:

1. Maintain a unified countywide emergency medical service.
2. 2005 - Develop a tiered level of service in conjunction with changes and enhancement through the 911 dispatch center– Medic One paramedics providing advanced life support response and transport; fire department and district emergency medical technicians (EMTs) providing first response, basic life support and transport.
3. 2005 - Adjust the Medic One Joint Powers Agreement to allow for the appropriate use of Medic One reserve funds and longer term commitments to the four Medic One units through the end of 2006.
4. 2005 - Reconstruct the Emergency Medical and Ambulance Advisory Board with a charge of active and comprehensive oversight of emergency medical services in Whatcom County.
5. 2005 – Recommend that all cities, fire districts and Whatcom County adopt formal resolutions supporting implementation of the recommended plan.
6. 2005 and 2006 - Develop and distribute comprehensive and up-to-date information on the progress of changes and status of emergency medical services.
7. 2005 and 2006 - Use the Medic One reserve fund to support the projected program deficit.
8. 2005 and 2006 - Develop a comprehensive service agreement covering future emergency medical services in Whatcom County for 2007 forward.
9. 2006 through 2012 -Maintain and moderately increase the Whatcom County and City of Bellingham general fund contributions to the Medic One program.
10. 2006 – Recommend that Whatcom County, all cities and fire districts resolve to support a voter considered revenue measure that will cover the 2007 through 2011 projected deficit of approximately 10 million dollars in the Medic One program .
11. 2006 - Recommend that the County Council, following approval of an interlocal agreement with all cities, place a measure before the voters in September 2006 requesting a 1/10th of 1% increase in sales tax. The tax would be used exclusively for EMS and in compliance with state law.
12. 2008 - Develop a paramedic supervisor chase car countywide.
13. 2010 - Add a 5<sup>th</sup> Medic One unit through Fire District 7.

## The Emergency Medical Service (EMS) Working Group's Recommended Plan

The EMS Working Group was organized at the request of the Whatcom County Executive during the fall of 2004. The working group is made up of fire district commissioners and chiefs, representatives from cities, private ambulance, paramedics, the medical community and the County Executive's office. The basic charge to the group was to develop and recommend to the County Executive a plan for the future of emergency medical services in Whatcom County. The fundamental challenges faced by the working group included a notice of termination of Medic One services provided by the City of Bellingham, rising costs, falling revenues and no existing capacity to deliver a paramedic response to communities outside of Bellingham.

After reviewing many options, including starting up a county stand-alone system, the working group **recommends continuation of a unified fire-based countywide system with adjustments and improvements.** An emergency medical service system that remains unified with all fire districts and fire departments, including the City of Bellingham. The group believes this unified approach continues to be the most cost effective method for providing EMS services to the people of Whatcom County.

For the past several years Whatcom Medic One has struggled with how to manage the rapidly increasing call volumes with the limited funding available. The current planning process identified a **tiered level of service** as the most cost effective and efficient option of providing future EMS service. Using this model, the primary role of Whatcom Medic One will be to provide emergency advanced life support (ALS) care and transport service. Local fire districts and departments with available staff will provide basic life support (BLS) care and transport service. Volunteer firefighter staff in more rural areas are not as readily avail-

able for transport responsibilities, especially during the daytime. In these areas Medic One will continue to be the primary provider for emergency transportation regardless of BLS or ALS designation.

Involving fire districts and departments in the delivery of BLS transports will relieve Medic One of a large portion of the anticipated BLS call volume in the short term. This allows Medic One to continue to handle anticipated call volumes with four medic units until 2008.

Private ambulance service can be an appropriate and effective adjunct to the existing and projected BLS transport needs anticipated under this plan. Fire districts and departments, either individually or collectively, have been encouraged to consider private ambulance service in a primary or supportive BLS transport role.

Stipulating service standards is an important step in providing BLS transport service. Other issues that need to be considered include staff training and certification standards, coordination with Medic One transport capacity, assignment of dispatch costs and fee for service billing responsibilities.

In 2008 the community would see the **implementation of a supervisor chase car.** This chase car will have one supervisor paramedic available twenty-four hours a day, seven days per week. The chase car will be used for additional emergency call coverage as needed and provide a paramedic supervisor to assist in managing complex emergency medical situations. The paramedic supervisor would answer the call in a well-equipped SUV type vehicle. The closest BLS transport unit would handle the transport of the patient, if necessary, with the paramedic on board. An EMT from the transport unit would follow in the chase car. The chase car paramedic would handle

other duties such as quality assurance, training, supervisory duties and assistance with transport during periods of high emergency call volumes.

The new plan also proposes that a **5th Medic One unit (twelve hours per day, seven days per week) be added in 2010**. The paramedics on this new 5th unit will be employees of Whatcom County Fire District 7. The plan anticipates that **future growth in Medic One units will occur in fire districts in the Lynden and Blaine areas**. The location of the 5th medic unit and subsequent additions will depend upon service demands.

The Bellingham Fire Department will continue day-to-day operational oversight for the departmental Medic One units. Fire agencies would retain their authority and responsibilities as first responders and for BLS response and transports. Fire District 7 would, as well, maintain responsibility for the implementation of the 5th Medic One unit with financial support through the countywide EMS system.

The working group is recommending that the **County and City of Bellingham reconstruct the existing Emergency Medical and Ambulance Advisory Board** in order for it to become an official oversight committee. This board would monitor performance and make comprehensive recommendations regarding the Whatcom Medic One program. It is anticipated that the board would hold at least two large public meetings each year, one meeting in the spring to review accomplishments from the previous year and one in the fall to analyze and comment on the projected budget and goals for the coming year.

Costs for emergency medical services continue to rise and the Medic One program currently operates with higher expenditures than revenues. The working group recommends that **the existing Medic One reserve fund be used to cover the deficit resulting from maintaining existing services for 2005 and 2006**. This fund of approximately 1 million dollars has previously been used to pay for unanticipated but necessary emergency equipment

purchases and to provide the cash flow necessary to keep the program financially stable. The amount necessary to support Medic One from the reserve fund for 2005 will be approximately \$350,000 and for 2006 the amount will be approximately \$650,000. As a result, it is anticipated that the reserve fund will be exhausted by the end of 2006.

The EMS working group strongly recommends that **the City of Bellingham and Whatcom County continue their current Medic One contributions from their respective general funds**. As an example, Whatcom County currently contributes 1.323 million dollars to the program. These contributions will increase at 1% per year under this recommended plan.



Unfortunately, as a result of increasing calls for service and their associated costs, coupled with decreasing support from Medicare, Medicaid, private insurance and fee revenue, the projected Medic One deficit will continue to grow. This projected deficit is projected to reach \$870,000 in 2007, 1.6 million in 2008, and 2.6 million in 2009. The combined deficit for the period 2007 through 2011 is anticipated to be approximately 10.1 million dollars. The combined deficit for the period 2007 through 2012 is anticipated to be approximately 13 million dollars.

This 13 million dollar deficit over a six year period is significantly lower than the 38.5 cent per thousand assessed valuation EMS levy requested in November of 2003. This recommended plan proposes a 1/10th of 1% sales tax or a 14 cent property tax levy dedicated to

EMS. This represents approximately a two-thirds reduction in the amount of money requested. The reduction would be a direct result of implementing this proposed plan and the continuing substantial cooperative efforts of many EMS providers.

The EMS Working Group recommends that **the Whatcom County Council and Executive along with the City of Bellingham Mayor and Council consider and support a revenue measure that would be placed before the voters of Whatcom County in 2006.** The working group also recommends similar support be expressed through resolution from all other cities and fire districts in the County.

Included in this plan are financial projections based on the service model recommended by the working group. Many other models for service were considered and following analysis rejected as either too expensive or inadequate for the future emergency medical service needs for Whatcom County. The elected leadership of Whatcom County, following consultation with the cities and fire districts, should **announce and formally propose, by at least 2006, a specific voter supported measure that will fully fund the projected deficit for 2007 to 2011 or 2012.**

The working group recommends a **1/10th of 1% increase in sales tax measure be placed before the voters to be used to support EMS.** This measure would follow a unanimous agreement among the County and all cities to commit the allowable portion of the voter approved sales tax revenues to emergency medical services. The official ballot measure should specify an ongoing commitment to direct the funds for emergency medical service. If the Council does not support the recommendation of a sales tax measure being placed before the voters to fund EMS, the working group recommends a property tax measure of approximately 14 cents per thousand assessed value, limited to EMS, be considered.

**Adjustments to the Medic One Joint Pow-**

**ers Agreement** are also necessary to maintain high quality emergency medical services through the end of 2006. These technical amendments will clarify the use of the Medic One reserve fund and also allow for reimbursement to the City of Bellingham by Whatcom County for the direct costs associated with the hiring of replacement firefighters. Hiring firefighters as fire department vacancies occur will allow existing paramedics to remain in all four Medic One stations rather than be rotated back to firefighter positions. The financial adjustments associated with the hiring of firefighters will be moot if an adequate funding source is adopted to allow the recommended unified program to remain operational in 2007 and beyond.

The working group has concerns over the lack of readily available, up-to-date, accurate, and complete information regarding emergency medical services, especially among the many hundreds of people currently involved in providing EMS. In an effort to resolve this issue, the group is recommending **an active committee be formed to oversee the compiling and distribution of information to these EMS providers.** Providers include hospital personnel, the medical community, EMTs, paramedics, firefighters, elected officials, first responders, fire district volunteers and staff, fire commissioners, etc.

The working group requests that **a formal resolution be crafted and submitted for adoption to the County, all cities and all fire districts for their approval.** The resolution would indicate active support for the goals of the plan and an ongoing commitment to work cooperatively in implementing this recommended plan.

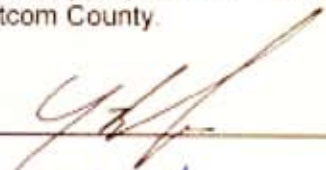

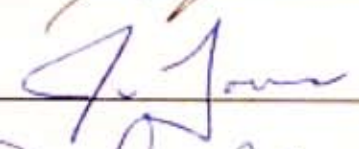
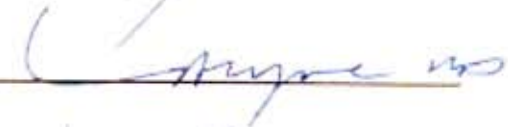



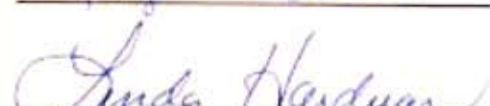
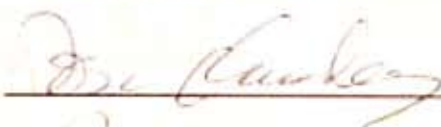
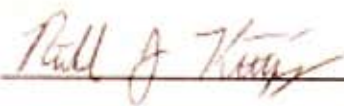
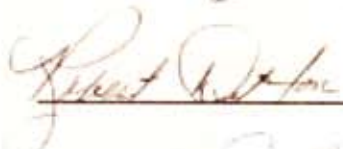


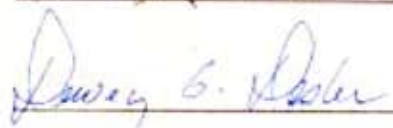





Finally, **a new agreement between the County, the City of Bellingham and other EMS organizations** will be necessary to carry out the key service elements of emergency medical services beyond 2006. This agreement would detail the key roles and responsibilities of all EMS providers as well as standards for service that are clear and measurable.

## **Whatcom County Emergency Medical Services Working Group Participants**

The EMS Working Group was organized at the request of the Whatcom County Executive during the fall of 2004. Members are:

Deputy Administrator Dewey Desler (Chair)  
County Executive Pete Kremen  
Commissioner Harry Andrews, Fire District 6  
Chief Dave Ralston, Fire District 2  
Commissioner Bob Busch, Fire District 11  
Chief Gary Russell, Fire District 7  
Commissioner Rich Bosman, Fire District 3  
Chief Ben Thompson, Fire District 19  
Commissioner Floyd Roorda, Fire District 1  
Chief Warren Gay, Lynden Fire Department  
Mayor Jack Louws, Small Cities Representative  
Commissioner Monty McIntire, Fire District 6  
Chief Neil Good, Fire District 10  
Commissioner Bob De Hon, Fire District 4  
Chief Don Chumley, Fire District 4  
Dr. Marvin Wayne, Medical Program Director  
Rick Kowsky, Cascade Ambulance Service  
Rob Wilson, Medic One Paramedic  
Rich Kittinger, Medic One Paramedic  
Chief Bill Boyd, Bellingham Fire Department  
Roger Christensen, Medic One Director  
Assistant Chief Gary Baar, Lynden Fire Department  
Commissioner Butch Hinchey, Fire District 13  
Chief Denise Christensen, Fire District 14  
Chief Tom Fields, North Whatcom Fire and Rescue  
Battle Nelson, Concerned Citizen  
Marianne Caldwell, Whatcom County Finance  
Linda Harduar, Whatcom County Administrative Services

The working group formally endorses the attached EMS Recommended Plan. It is our hope that this plan be considered as a set of comprehensive recommendations that will continue appropriate and cost effective emergency medical services to the people of Whatcom County.

 _____	 _____
 _____	 _____
 _____	 _____
 _____	 _____
 _____	 _____
 _____	 _____
 _____	 _____
 _____	_____
 _____	_____
 _____	_____
 _____	_____
 _____	_____