

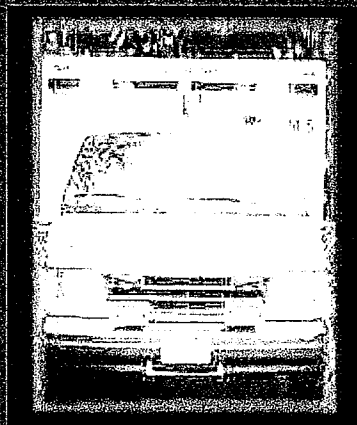


Public Health

Seattle & King County

HEALTHY PEOPLE. HEALTHY COMMUNITIES.

Medic One/Emergency Medical Services



2008-2013 Strategic Plan

January 2007



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ACKNOWLEDGEMENTS

Developing a strong regional consensus about Medic One/Emergency Medical Services (EMS) priorities was critical to drafting the *Medic One/EMS 2008-2013 Strategic Plan*. Throughout this tiered process, Stakeholder Committees reviewed and approved the plan in each phase of its development. The King County EMS Division would like to thank the numerous members of these Committees who so willingly gave their time, access and expertise to assist in the planning of the *Medic One/EMS 2008-2013 Strategic Plan*.

Steering Committee Members:

Allen Church	Chief, South King Fire & Rescue
Gregory Dean	Chief, Seattle Fire Department
Mickey Eisenberg, MD	Regional Medical Director, King County EMS
Tom Hearne	Director, EMS Division, Public Health - Seattle & KC
Marcus Kragness	Chief, Shoreline Fire Department
Mario Trevino	Chief, Bellevue Fire Department

Technical Stakeholders consisting of representatives from the following areas:

- Medical Program Directors
- Paramedic Providers
- Fire Departments and Districts
- Dispatch Agencies
- Private Ambulance Companies
- Labor

Bob Berschauer	Director of Operations, American Medical Response
Jeff Blake	Chief, Kirkland Fire Department
Allen Church	Chief, South King Fire & Rescue
Michael Copass, MD	Medical Director, Seattle Medic One Program
David Daniels	Chief, Renton Fire Department
Gregory Dean	Chief, Seattle Fire Department
Mickey Eisenberg, MD	Regional Medical Director, King County EMS
Chris Fischer	Director, Valley Communications Center
Tim Fuller	Chief, Redmond Fire Department
Tom Hearne	Director, EMS Division, Public Health - Seattle & KC
Greg Kipp	Chief Administrative Officer, Public Health - Seattle & KC
Marcus Kragness	Chief, Shoreline Fire Department
John Rickert	Commissioner, South King Fire & Rescue
Jim Schneider	Chief, Kent Fire & Life Safety
Mario Trevino	Chief, Bellevue Fire Department
Mike Wilson	District #8 Representative, WA State Council of Fire Fighters
Keith Yamane	Acting Chief, Vashon Island Fire & Rescue

Finance Representatives from:

Auburn Finance Department
City of Bellevue Finance Department
Bellevue Fire Department
Federal Way Finance Division
King County Office of Management & Budget
Kirkland Department of Finance & Administration

Redmond Finance & Business Solutions Department
Renton Finance Department
Seattle Finance Department
Seattle Fire Department
Shoreline Finance Department
Vashon Island Fire & Rescue

Elected Official Committee Members:

Ron Sims, Chair King County Executive, King County*
Terry Anderson, Vice Chair Councilmember, City of SeaTac*

Cities with 50,000 + in population:

City of Bellevue:

Grant Degginger Mayor, City of Bellevue*
John Chelminiak Councilmember, City of Bellevue**

City of Federal Way:

Mike Park Mayor, City of Federal Way*
Linda Kochmar Councilmember, City of Federal Way**

City of Kent:

Tim Clark Councilmember, City of Kent*
Jim Schneider Chief, Kent Fire Life & Safety**

City of Renton:

David Daniels Chief, Renton Fire Department*
Larry Rude Deputy Chief, Renton Fire Department**

City of Seattle:

Gregory Nickels Mayor, City of Seattle*
Gregory Dean Chief, City of Seattle Fire Department**

City of Shoreline:

Bob Ransom Mayor, City of Shoreline*

Suburban Cities Association:

Ron Hansen President, Suburban Cities Association*
Councilmember, City of Shoreline

* Denotes Representative

** Denotes Alternate Representative

King County Council:

Polly St. John

Senior Legislative Analyst*
King County Council Budget Committee

King County Fire Commissioners Association:

Roger Hershey

President, King County Fire Commissioners Association*
Commissioner, South King Fire and Rescue

Jim Farrell

Boardmember, King County Fire Commissioners Association*
Commissioner, King County Fire Protection District 44
Mountain View Fire and Rescue

Labor:

Greg Markley

WA State Council of Fire Fighters*

Medical Directors:

Michael Copass, MD

Medical Director, Seattle Medic One Program*

Mickey Eisenberg, MD

Regional Medical Director, King County EMS*

Paramedic providers not represented by cities with 50,000+ in population:

Gayle Sommers

Commissioner, Vashon Island Fire and Rescue*

Rosemarie Ives

Mayor, City of Redmond*

Jane Christenson

Assistant to the Mayor, City of Redmond**

* Denotes Representative

** Denotes Alternate Representative

The willingness of King County EMS Division staff to facilitate and lead meetings, prepare briefings, and provide substantial financial research and costing support was greatly appreciated.

Emergency Medical Services (EMS) Division Staff

Tom Hearne

Division Director

Cynthia Bradshaw

Finance Officer

Helen Chatalas

Levy Planning Manager

Linda Culley

Community Programs Section Manager

Mike Helbock

Training Section Manager

Michele Plorde

Planning Section Manager

Participation in the development of the recommendations was certainly not limited to those identified on the committees above; interested parties convened to monitor the process, resulting in the development of subcommittees and technical work groups that grew substantially over the span of this levy planning process. The King County EMS Division would like to recognize and thank these individuals who spent an inordinate amount of time sharing their ideas and insight. They went above and beyond our expectations for participation in this process.

The broad-based membership of these committees, coupled with an open process that sought input from numerous interested constituencies, assures that the *Medic One/EMS 2008-2013 Strategic Plan* clearly reflects the collective thoughts and perspectives of the communities served by the Medic One/EMS system.



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Commonly Used Acronyms:

Emergency Medical Services (EMS)	Emergency Medical Dispatch (EMD)
Advanced Life Support (ALS)	Emergency Medical Technician (EMT)
Basic Life Support (BLS)	Assessed Value (AV)
Regional Services/Strategic Initiatives (RS/SI)	

EXECUTIVE SUMMARY

STRATEGIC PLAN OVERVIEW

The Medic One/Emergency Medical Services (EMS) system provides life-saving medical assistance to all residents of King County. It is recognized as one of the best emergency medical services programs in the country, and its response model has garnered an international reputation for innovation and excellence in out-of-hospital emergency care. It serves over 1.8 million people throughout King County and, on average, responds to a medical emergency in the region every three minutes. In 2005, Medic One/EMS responded to over 162,000 calls for assistance.

The highly praised patient and program services of the Medic One/EMS system are funded by a Medic One/EMS levy that expires December 31, 2007. To continue providing this vital service in 2008 and beyond, a new strategic plan, defining the roles, responsibilities and programs for the system, and a levy rate to fund these approved functions, needed to be crafted.

In early October 2005, the King County EMS Division initiated a region-wide effort to review the issues and options facing our system, and develop recommendations for the next strategic plan. This process brought together Stakeholders that represented the full range of Medic One/EMS providers - urban and rural fire departments and districts, paramedic providers, emergency physicians and medical directors, labor representatives, finance specialists, dispatch agencies and private ambulance companies. Elected officials and appointees from large cities, suburban cities, and fire districts joined the discussions later in the process to advise the group about potential political concerns with the recommended levy proposal.

In total, these Stakeholders spent one year reviewing the needs of the Medic One/EMS system, the financial and programmatic policies necessary to meet these needs, and the impacts that a specific levy type, length and rate might have on the regional system and taxpayers. In addition, issues regarding the state requirements for validation and the timing of when to ask voters to support such a levy had to be considered.

In October 2006, regional representatives developed consensus around the future funding and operational plans for a 2008-2013 Medic One/EMS levy, unanimously endorsing a levy proposal that they deemed appropriate and prudent.

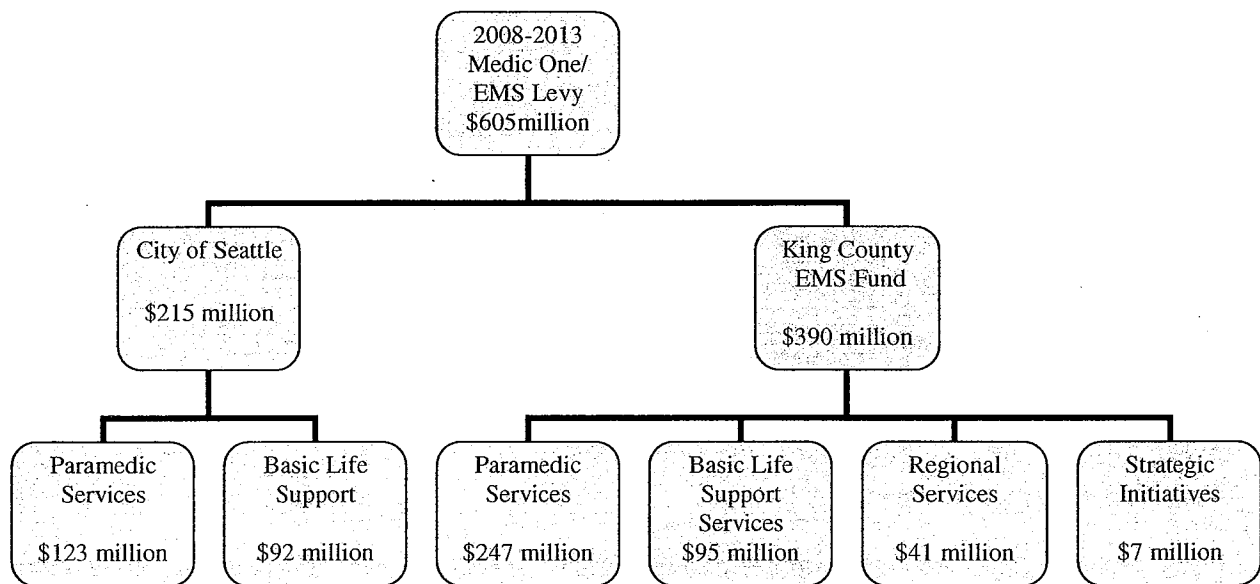
This document summarizes the results of these discussions, and includes the Stakeholders' approved proposals:

- A six-year Medic One/EMS levy at \$.30 per \$1,000 Assessed Value (AV);
- A financial plan that provides full funding for Advanced Life Support (ALS)/ paramedic service and identifies ALS as a funding priority;
- The funding of an anticipated 3.0 new paramedic units over the span of the six-year levy period to maintain existing levels of services in anticipation of moderate growth in call volumes and anticipated increases in the age of the population in the region;
- Provision of paramedic service to outlying areas;
- A funding increase for Basic Life Support (BLS) services, tying BLS financial support to incidents where BLS most closely supports paramedic services;

- Sustained and enhanced funding in anticipation of expected demands for the Core Regional Services/Programs that support the Medic One/EMS system;
- Continued emphasis on Medic One/EMS Strategic Initiatives designed to improve patient care, manage growth in paramedic services, and develop system efficiencies and cost savings;
- Development of a reserve fund to address unanticipated service or demand needs, potential emergencies, and/or significant changes in strategic and financial plan assumptions; and
- Placement of this proposal on the November 2007 General Election ballot.

The overall levy is structured into four main funded programs: Advanced Life Support Services (ALS), Basic Life Support Services (BLS), Regional Services, and Strategic Initiatives. ALS services are provided by six primary agencies, BLS services are provided by 32 fire departments and districts, and Regional Services and Strategic Initiatives are provided by the King County EMS Division. The following table shows estimated expenditures by program:

2008-2013 Projected Expenditures by Fund and Program



The theme during this planning process was 'transparency, input, and collaboration'. These three values were critical in ensuring that a strong regional consensus was obtained regarding Medic One/EMS service priorities among the full range of Medic One/EMS providers throughout King County. As such, this is the first Medic One/EMS strategic plan where the programmatic and financial sections include combined City of Seattle and King County EMS Fund levy information at a detailed level.

INTRODUCTION AND BACKGROUND: THE MEDIC ONE/EMS SYSTEM

PURPOSE OF THE MEDIC ONE/EMS STRATEGIC PLAN

The *Medic One/EMS 2008-2013 Strategic Plan* is the primary policy and financial document that will direct the Medic One/EMS system into the future. It details the system's current accomplishments, and recommends the necessary steps to ensure the system can meet tomorrow's commitments. The plan provides a description of the programmatic Medic One/EMS services to be supported throughout the levy, and a financing plan to implement these recommendations.

The recommendations put forth in the *Medic One/EMS 2008-2013 Strategic Plan* were developed and approved by both public and private regional partners, local Advanced Life Support (ALS) and Basic Life Support (BLS) providers, regional elected officials, the King County Executive's Office, and the King County EMS Division.

Objectives of the Medic One/EMS System

Global objectives for the Medic One/EMS system to ensure it remains a regional, cohesive, medically-based, tiered response system are:

1. Maintain the Medic One/EMS system as an integrated regional network of basic and advanced life support services provided by King County, local cities, and fire districts.
 - Emergency Medical Dispatchers receive 9-1-1 calls from citizens and rapidly triage the call to send the appropriate level of medical aid to the patient while providing pre-arrival instructions to the caller.
 - Fire fighters, trained as Emergency Medical Technicians, provide rapid, first-on-scene response to emergency medical service calls and deliver immediate basic life support services.
 - Paramedics, trained through the Paramedic Training program at the University of Washington/Harborview Medical Center, provide out-of-hospital emergency medical care for serious or life-threatening injuries and illness. As has been adopted in prior Medic One/EMS strategic and master plans, Advanced Life Support will be most cost effective by delivering services on a sub-regional basis with a limited number of providers.
 - Regional programs emphasize uniformity of medical care across jurisdictions, consistency and excellence in training, and medical quality assurance.
2. Make regional delivery and funding decisions cooperatively, and balance the needs of Advanced Life Support (ALS), Basic Life Support (BLS), and regional programs from a system-wide perspective.
3. Develop and implement strategic initiatives to provide greater efficiencies within the system that:
 - Maintain or improve current standards of patient care;
 - Improve the operational efficiencies of the system to help contain costs; and
 - Manage the rate of growth in the demand for Medic One/EMS services.

THE MEDIC ONE/ EMS SYSTEM DESIGN AND OPERATION

Anytime you call 9-1-1 for a medical emergency, you are using the **Medic One/EMS system**. In the late 1970's, Leonard A. Cobb, M.D. and Chief Gordon Vickery, Seattle Fire Department, pioneered this system to deliver pre-hospital emergency care in King County. The program was novel in that it placed a team of highly specialized paramedics in the field, responding only to the most critical calls for medical assistance, especially cases of cardiac arrest. Recognized by the American Heart Association in 1991 as the 'Chain of Survival', the system identifies the interdependence of essential links that are directly tied to cardiac patient survival and health status.

The **five major components** in the regional tiered Medic One/EMS system are:

Universal Access: A patient or bystander accesses the Medic One/EMS system by calling 9-1-1 for medical assistance. Citizens' rapid responses to an accident can greatly impact the chances of patient survival.

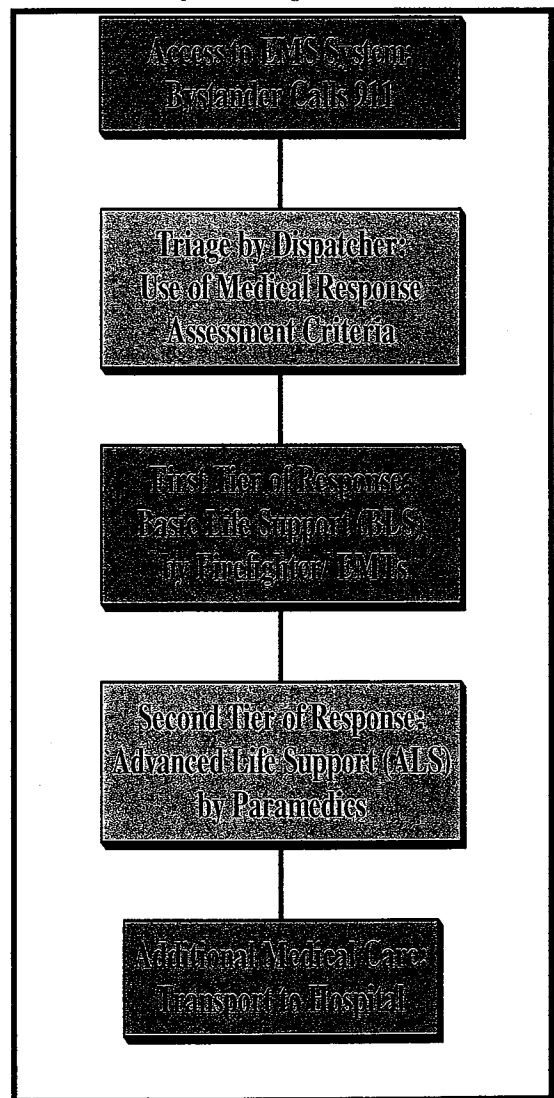
Dispatcher Triage: Calls to 9-1-1 are received and triaged by professional dispatchers who determine the most appropriate level of care needed. Dispatchers are trained to provide pre-arrival instructions for most medical emergencies, and guide the caller through life-saving steps, including CPR and AED instructions, until the Medic One/EMS provider arrives.

Basic Life Support (BLS) services: BLS personnel are the "first responders" to an incident, providing immediate basic life support medical care that includes advanced first aid and CPR/AED to stabilize the patient. Staffed by firefighters trained as Emergency Medical Technicians (EMTs), BLS units arrive at the scene on average under five minutes.

Advanced Life Support (ALS) services: Paramedics provide ALS out-of-hospital emergency medical care for critical or life-threatening injuries and illness. Paramedics respond on average to about 30% of all Medic One/EMS responses.

Transport to Hospitals: Once a patient is stabilized, it is determined whether transport to a hospital or clinic for further medical attention is needed. Transport is provided either by an ALS agency, BLS agency, or private ambulance.

Tiered Medic One/EMS Response System



Today, the regional Medic One/EMS system provides an internationally renowned regional service to the residents of King County, responding in an area of 2,134 square miles and serving a population over 1.8 million. It operates in coordinated partnerships based on the acknowledgement by the BLS

