

Overview of the Medic One/EMS System

for the EMS Advisory Task Force
2014-2019 Medic One/EMS Levy Reauthorization



Public Health - Seattle & King County



Division of
Emergency Medical Services

INTRODUCTION

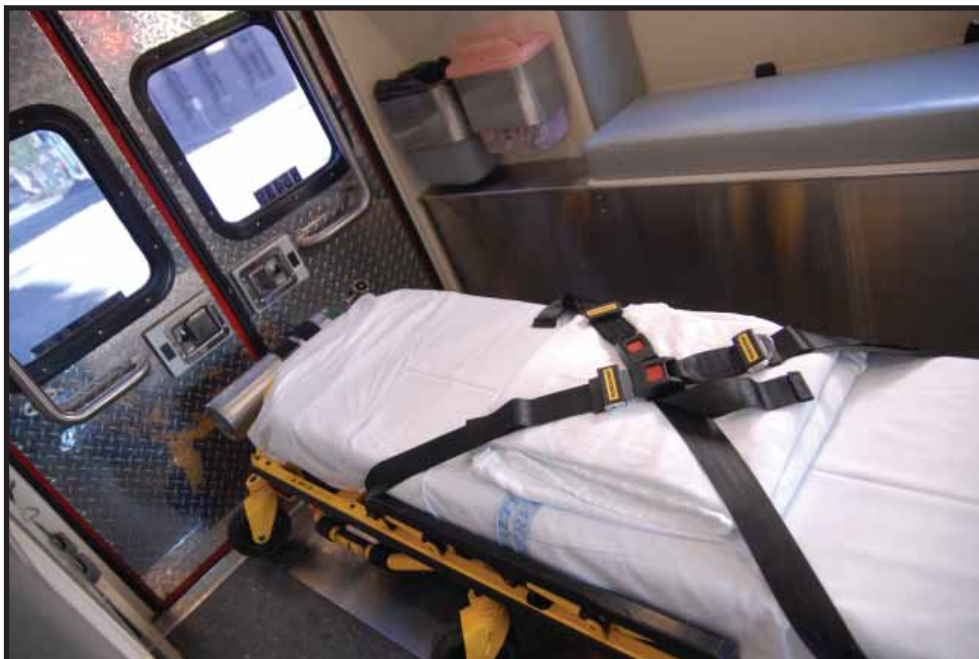
We are pleased to present an overview of the Medic One/Emergency Medical Services (EMS) system in King County along with the many EMS programs and activities that are occurring throughout the region.

The Medic One/EMS system is known worldwide for its service excellence, its leadership, and most importantly, its medical results. For over 30 years, our system has held steadfast to its core beliefs of providing pre-hospital medical care that is regionally designed, medically based, and uses a tiered response model.

As members of the EMS Advisory Task Force, you will be approving the reauthorization of the Medic One/EMS levy for 2014-2019. You will work with EMS Stakeholders to review the needs of the system, and subsequently recommend programmatic policies and a levy rate that the voters of King County can support. In order to undertake this effort, it is important that you have a solid understanding of how our system operates and why it is so successful.

Although there are many different types of Medic One/EMS systems, our unique system design has proven itself time and again to maintain a resiliency and consistency of results though good times and bad. Our Medic One/EMS system has continued its mission of providing world renowned, high quality pre-hospital emergency care while successfully adapting to the financial constraints imposed by the lingering economic downturn. In fact, we achieved a survival rate of 49%, the highest survival rate to date in the world, in 2010. Since most survival rates in the nation hover around 10%, this is an astounding achievement.

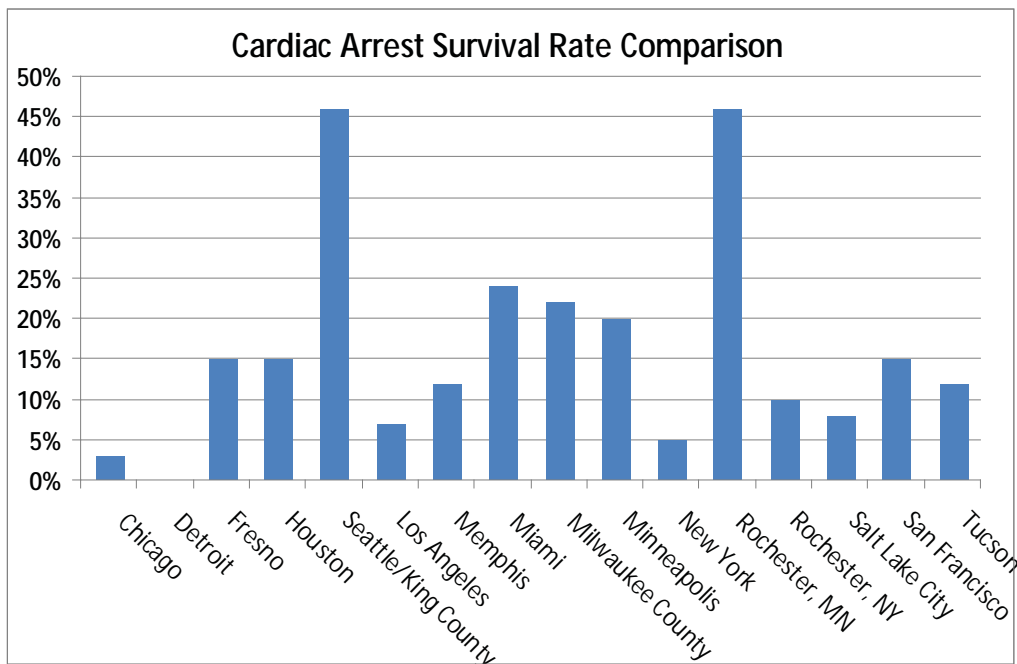
The King County Medic One/EMS system has measurably among the finest of medical outcomes in the world. It provides fiscally responsible, quality driven local and regional services for healthy, safe, and vibrant communities throughout all of King County. We appreciate the opportunity to share with you the excellence of the EMS system and the commitment of the people who plan and deliver it.



INTRODUCTION

The Medic One/EMS system in King County is recognized as one of the best emergency medical services programs in the country. With an international reputation for innovation and excellence, it offers uniform medical care regardless of location, incident circumstances, day of the week, or time of day. The Institute of Internal Medicine reports that the King County system continues to be recognized as the model to emulate in out-of-hospital care.

The optimal standardized outcome measure for assessing EMS systems is survival from cardiac arrest. This is due to the discrete nature of a cardiac arrest; a patient has stopped breathing and their heart is not pumping. Whether a patient is discharged alive following a cardiac arrest is identifiable, measurable, thus easily comparable.



Comparative survival rates, by percentage, for ventricular fibrillation across communities.

Eisenberg, Mickey. Resuscitate! How Your Community Can Improve Survival from Sudden Cardiac Arrest.
Seattle: University of Washington Press, 2009.

SERVICE
excellence
LEADERSHIP
RESULTS

KEY COMPONENTS

We believe our success can be traced to our system design, which is based on the following:

1. REGIONAL SYSTEM BASED ON PARTNERSHIPS

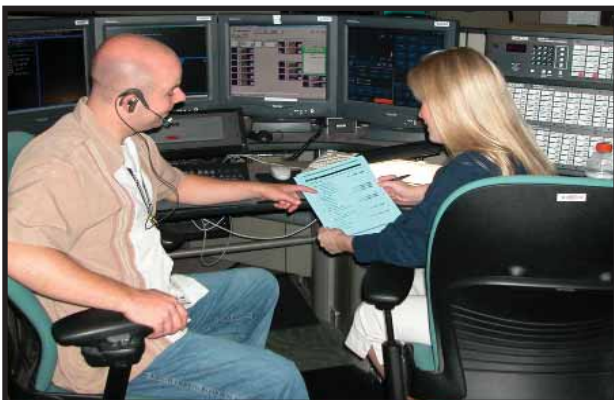
The Medic One/EMS system is based on partnerships that are built on regional, collaborative, cross-jurisdictional coordination – while each provider operates individually, the care provided to the patient operates within a “seamless” system. It is this continuum of consistent, standardized medical care and collaboration between 30 fire departments, six paramedic agencies, five EMS dispatch centers, 20 hospitals, the University of Washington, and the citizens throughout King County that allows the system to excel in pre-hospital emergency care. Medical training is provided on a regional basis to ensure no matter the location within King County (whether at work, play, at home or traveling between locations) the medical triage and delivery is the same.

2. TIERED MEDICAL MODEL

Medicine is the foundation of the Medic One/EMS system. The services that EMS personnel provide are derived from the highest standards of medical training, practices and care, scientific evidence, and close supervision by physicians experienced in EMS care. It is our Medical Model with its tiered system and intensive dispatch, EMT and paramedic training and protocols, that has led to our success in providing high quality patient care in the region.

3. PROGRAMS & INNOVATIVE STRATEGIES

Programmatic leadership and state of the art science-based strategies have allowed us to meet the needs and expectations of our residents and system. The programs focus on the different segments of the entire Medic One/EMS system, versus being centered solely on ensuring fast response by only EMTs or paramedics, and help make the system so medically effective. Arming police with automated external defibrillators for faster response to cardiac arrest calls has improved cardiac arrest survival rates, improving the health and safety of King County’s residents and visitors. Continual medical quality improvement activities, such as the review of every cardiac arrest event for the past 35 years, help support the best possible outcomes of care. The result of this on-going quality improvement is a steadily rising cardiac arrest survival rate, which is currently the highest in the nation (49% in 2010).



WHY
is our system so
SUCCESSFUL?

KEY COMPONENTS

4. FOCUS ON COST EFFECTIVENESS AND EFFICIENCIES

The Medic One/EMS system has maintained financial viability and stability, particularly during the economic downturn, due to a focus on operational and financial efficiencies. The tiered response improves the efficiency and effectiveness of the Medic One/EMS System by ensuring the most appropriate level of services is sent. By targeting specific users of EMS, the SPHERE project provides more appropriate patient care and contributes to the overall efficiency of service delivery. The Community Medical Technician Pilot Project responds to lower acuity patient calls, saving substantial costs to the EMS system while still ensuring the most appropriate level of patient care. Revisions made to ALS Dispatch Guidelines resulted in safely limiting the frequency that ALS was dispatched, and saved more than \$74 million over the 12 year span of 1998- 2010, from the reduction in number of ALS calls. Strategies that address operational and financial efficiencies are continually pursued and practiced.

5. MAINTAINING AN EMS LEVY AS FUNDING SOURCE

The EMS levy is a reliable and tenable source for funding our world-renowned system. The EMS levy falls outside the King County statutory limits with senior and junior taxing districts, and therefore does not “compete” for capacity. Had a different type of levy been pursued as proposed in 2007, the EMS levy would have directly resulted in taxing district pro-rationing/rate suppression. The rate is 30 cents per \$1,000 Assessed Value (AV), meaning that a family of a \$400,000 home pays \$120 a year to know that at any time of day or night, no matter where in the County, the most highly trained medical personnel will be there within minutes to treat any sort of medical emergency.



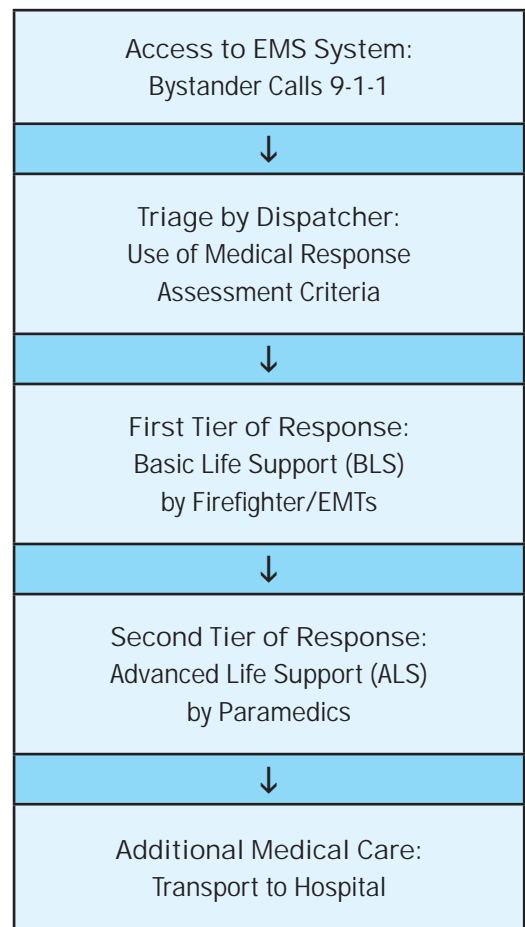
SYSTEM OVERVIEW

Any time you call 9-1-1 for a medical emergency, you are using the Medic One/EMS system. A regional medically based and tiered response out-of-hospital system, it depends equally on citizen involvement as well as extensively trained Firefighter/Emergency Medical Technicians (EMTs) and highly specialized Paramedics. The system is managed by the King County Emergency Medical Services (EMS) Division, and relies upon coordinated partnerships with fire departments, paramedic agencies, EMS dispatch centers, and hospitals to make the program successful.

The response system is tiered to ensure 9-1-1 calls receive medical care by the most appropriate care provider. There are five major components in the tiered regional Medic One/EMS system:



EMS Tiered Response System



As EMS Advisory Task Force members, you will review proposals that specifically address these programmatic areas to ensure the future needs of the system can be met.

SYSTEM DETAIL

The EMS Division manages the core Regional Services that support the key elements of the system. They are essential to providing the highest quality out-of-hospital emergency care available. Regional coordination of these various activities is important to support a standard delivery of pre-hospital patient care, develop regional policies and practices that reflect the diversity of needs, and maintain the balance of local area service delivery with centralized interests.

The EMS Division also manages innovative projects and operations called Strategic Initiatives designed to improve the quality of Medic One/EMS services, and manage the growth and costs of the system. Regional Strategic Initiatives have allowed the Medic One/EMS program in King County to maintain its role as a national leader in the field, and have been key in the system's ability to manage its costs.

Dispatch 9-1-1 calls are received by one of five dispatch centers in Seattle and throughout King County. Following medically approved emergency dispatch triage guidelines, dispatchers determine the level of care needed. They are trained to provide pre-arrival instructions for most medical emergencies, and guide the caller through life-saving steps including Cardiopulmonary Resuscitation (CPR) and Automated External Defibrillator (AED) instructions - until the Medic One/EMS provider arrives.

Basic Life Support (BLS) or rapid, first-on-scene medical care, is provided by over 4,000 Emergency Medical Technicians (EMTs) employed by 30 fire-based agencies throughout King County. EMTs receive more than 140 hours of basic training and hospital experience with additional training in cardiac defibrillation (electrical shocks) given to restore a heart rhythm. EMTs are certified by the State of Washington and must complete ongoing continuing education to maintain certification. As the first-on-scene provider, BLS contributes significantly to the success of the Medic One/EMS system.

Advanced Life Support (ALS), or paramedic services, is provided by six paramedic provider agencies in King County: Bellevue Fire Department, Redmond Fire Department, Seattle Fire Department, Shoreline Fire Department, King County Medic One and Vashon Island Fire & Rescue. There is also a contract with Snohomish County Fire District 26 for ALS services in the Skykomish/King County Fire District 50 area from Baring to Stevens Pass. There are currently 26 ALS units located throughout King County which are strategically placed for optimal response times.

As EMS Advisory Task Force members, you will review proposals that specifically address these programmatic areas to ensure the future needs of the system can be met.

2008-2013 MEDIC ONE/EMS LEVY

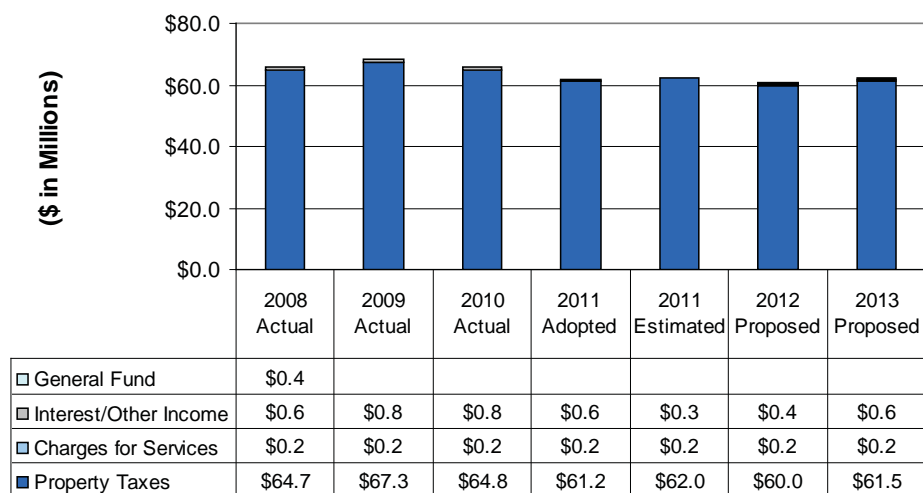
The King County/EMS system is funded principally by a countywide, voter-approved EMS levy, as authorized via RCW 84.52.069. The 2008-2013 Medic One/EMS levy was approved for a period of six years at a levy rate of \$.30 per \$1,000 AV. This 30-cent levy rate means that a family of a \$400,000 home pays \$120 a year for Medic One services.

Per an agreement with King County, Seattle receives all Medic One/EMS levy funds raised within the city limits. County funds are placed in the KC EMS Fund and managed regionally by the King County EMS Division, based on policy guidelines within the 2008-2013 Strategic Plan and recommendations from the EMS Advisory Committee.

Economic conditions have changed significantly since the Medic One/EMS 2008-2013 Strategic Plan was developed in 2006. Consistent with forecasts from that time period, it did not anticipate the current economic downturn, and therefore did not assume any decreases in AV. Instead, it assumed modest growth in property values and a one-percent limit on revenues from existing properties.

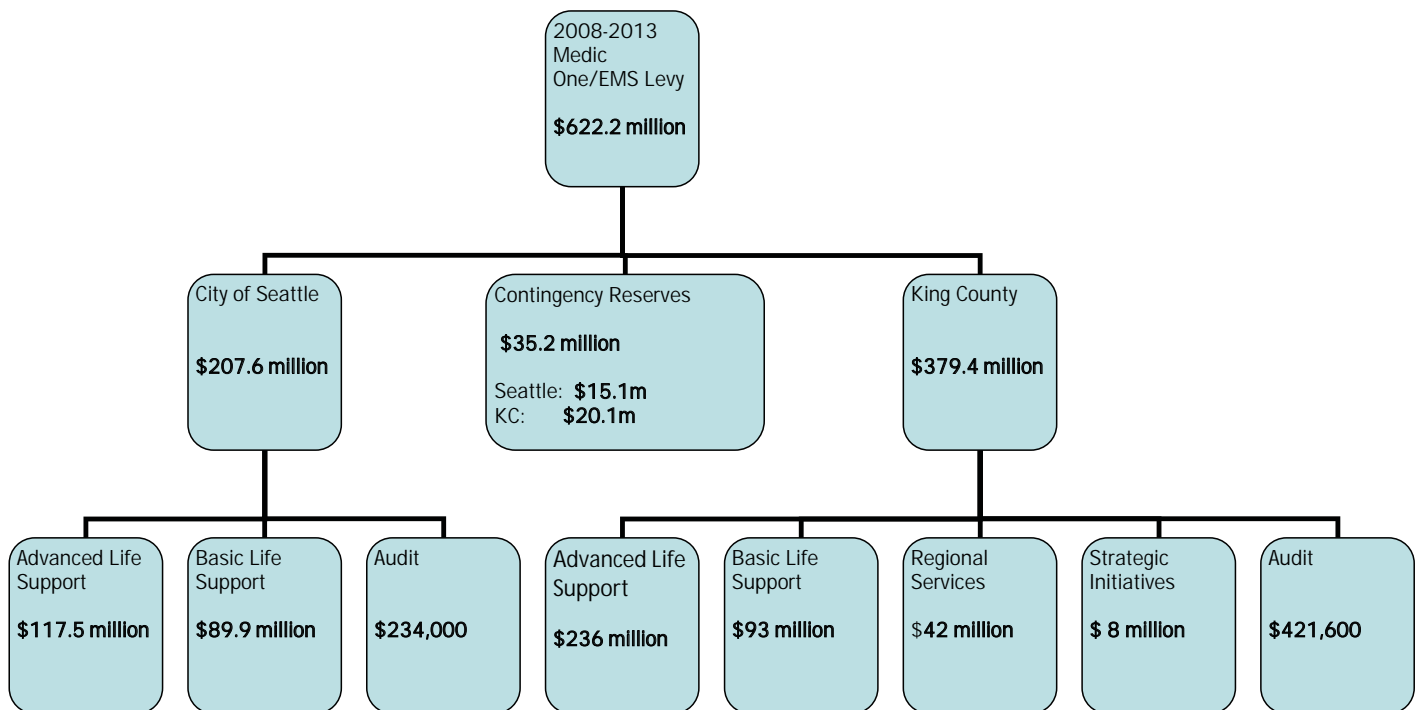
The expenditure forecast for the KC EMS Fund (not including Seattle) in the original plan was \$400 million, as opposed to the current expenditure forecast of \$379 million; \$21 million less than planned. To manage to the reduced revenues, both the KC EMS Fund and EMS partners are focusing on efficiencies.

KC EMS Fund Revenues 2008-2013



As EMS Advisory Task Force members, you will recommend a financial plan to support current and projected Medic One/EMS system needs.

2008-2013 MEDIC ONE/EMS LEVY COSTS



KING COUNTY EMS FUNDS ARE SPENT ON THESE FOUR MAIN AREAS:

Advanced Life Support (ALS) Services:

Funding ALS services is the priority of the Medic One/EMS levy, which fully funds ALS services through the ALS unit allocation model. *Receives over 60% of EMS funds (2010 actuals)*

Regional Support Services:

The EMS Division manages core regional Medic One/EMS programs that are critical to providing the highest quality out-of-hospital emergency care available. These services emphasize uniformity of medical care across jurisdictions, consistency in excellent training, and medical quality assurance. *Receives 10% of EMS funds (2010 actuals)*

Basic Life Support (BLS) Services:

BLS providers receive an annual distribution of levy revenue from the EMS Division to help offset the costs of providing EMS services.

The level of funding is based on a combination of the volume of responses to calls for EMS services and assessed property values within the fire agencies' jurisdictions. Local jurisdictions cover the majority of BLS costs, and King County has been able to fund the system at a lower levy rate due in part because the majority of costs are paid by local jurisdictions. *Receives approximately 26% of EMS funds (2010 actuals)*

Strategic Initiatives:

Strategic Initiatives are new programs designed to improve the quality of Medic One/EMS services and manage the growth and costs of the system. Successful initiatives are generally incorporated into Regional Support Services as ongoing core programs. *Receives 1.5% of EMS funds (2010 actuals)*

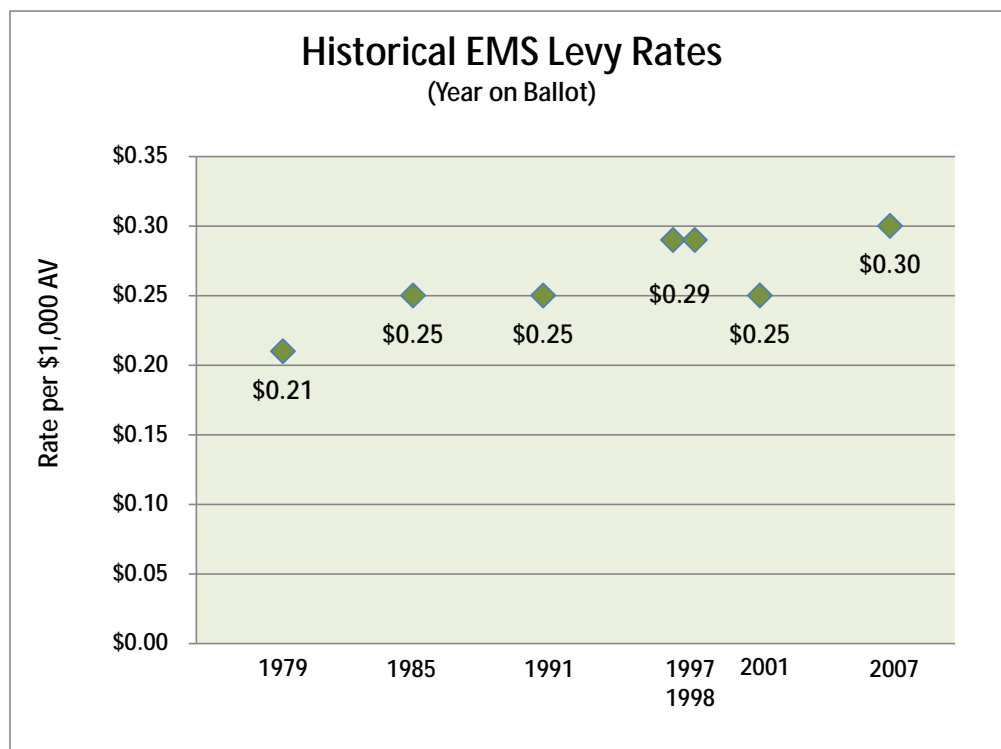
EMS LEVY STATUTE

The Revised Code of Washington (RCW) 84.52.069 allows jurisdictions to levy a property tax “for the purpose of providing emergency medical services.” The levy is subject to the growth limitations contained in RCW 84.52.050 of 1% per year plus the assessment on new construction, even if assessed values increase at a higher rate. Specifically, RCW 84.52.069:

- Allows a jurisdiction to impose an additional regular property tax up to \$0.50 per \$1,000 Assessed Value (AV);
- Allows for either a six-year, ten-year, or permanent levy period;
- Requires for passage an approval rate of 60% or greater at an election for which the voter turnout must exceed 40% of the prior general election; and
- Mandates that King County and cities with populations in excess of 50,000 approve the levy proposal prior to its placement on the ballot.

The Medic One/EMS levy is a countywide levy and requires voter approval every levy period. In addition to the King County Council, cities required to approve the ballot proposal before it can be placed on the ballot are Auburn, Bellevue, Federal Way, Kent, Kirkland, Redmond, Renton, Seattle and Shoreline.

Medic One/EMS levies in King County have never been authorized for more than six years nor exceeded \$.30 per \$1,000 AV.



As EMS Advisory Task Force members, you will recommend the levy rate, levy length, and when to run the levy ballot measure.

Jurisdiction	Rate*
City of Bremerton	\$0.50
City of Brier	
City of Buckley	
City of Eatonville	
City of Edmonds	
City of Everett	
City of Fircrest	
City of Lynnwood	
City of Marysville	
City of Mountlake Terrace	
City of Mukilteo	
City of Poulsbo	
City of Silverdale	
City of South Prairie	
City of Spokane	
City of Stanwood	
City of Tacoma	
City of Arlington	\$0.466
City of Mill Creek	\$0.45
City of Dupont	\$0.44
City of Steilacoom	\$0.43
City of Bainbridge	\$0.40
Thurston County	\$0.3365
King County	\$0.30
City of Yakima	\$0.214

The levy rates of surrounding communities are higher than King County.



*Source: Washington State Department of Revenue, 2011 Local Property Tax Levy Detail Table, published August 2011

PROGRAMS FUNDED BY THE LEVY

Part of the reason the EMS system in this region is so medically effective is due to the efforts of Regional Services and Strategic Initiatives that extend across the different segments of the entire Medic One/EMS system, and are not centered solely on ensuring fast response by EMTs or paramedics. For example, the regional Medic One/EMS system includes injury prevention programs that help ensure the safe use of car seats for infants and prevent falls among the elderly. These are important programs in managing the occurrence of medical emergencies that impact our system. Citizen CPR and automated external defibrillator (AED) programs help ensure that witnesses to cardiac arrests will have the necessary training by notifying 9-1-1 quickly and providing initial care at the scene until EMTs and paramedics arrive and provide patient care and transport.

The EMS Division manages these core regional Medic One/EMS programs that are critical to providing the highest quality out-of-hospital emergency care available. These programs help tie the regional medical model components together by providing uniform regional medical direction, standardized EMT training and continuing medical education, standard EMS training for emergency dispatchers, centralized data collection, paramedic service planning and analysis, and administrative support and financial management of the regional EMS levy fund.

Regional Medical Control

Best medical practices drive every aspect of the King County Medic One/EMS system and are a main component to the system's success. Vital to this is a strong Medical Program Director to oversee all medical care and hold all people in the system accountable. Responsibilities include writing and approving medical protocols, approving initial EMT and continuing EMT medical education, undertaking new and ongoing medical quality improvement activities, initiating disciplinary actions when indicated, and working closely with the Central Region Trauma Council.

Medical Quality Improvement

EMS Medical Quality Improvement (QI) is the practice of programmatic, scientific, and case-based evaluation on the Medic One/EMS system to assure excellent patient care. The EMS Division QI section partners with investigators in the EMS Division and at the University of Washington, allowing for collaboration across the academic and operational Medic One/EMS community. QI projects impact all components of the Medic One/EMS system, from shedding light on a more streamlined approach to administering CPR (using just chest compressions and no rescue breaths) to exploring ways to remove barriers and challenges experienced by those with limited English proficiency when calling 9-1-1 for help.

Community Programs

The EMS Division offers programs to residents of King County teaching them to administer life-saving techniques for patients until EMS providers arrive at the scene. This includes extensive CPR classes with additional emphasis on training fire department personnel, teachers, students, and high-risk patients and their families. Between 18,000 and 20,000 secondary school (grades 6 – 12) students receive instruction on CPR and AED training on average per year. Regional, coordinated AED programs register and place instruments in the community within public facilities, businesses, and even private homes for high-risk patients, along with providing training in their use.

The Medic One/EMS system is not just a response system, but also provides injury prevention programs to keep our citizens healthy and safe. The EMS Division works with partners to ensure child seats are appropriately installed, that students are educated about the dangers of distracted driving (cell phones and texting are the communication channel of choice among the under-20 age group), and mitigating potential falls amongst older adults.

PROGRAMS FUNDED BY THE LEVY

Dispatch

The EMS Division provides comprehensive initial training and continuing education programs to approximately 210 dispatchers in communication centers in King County, outside the City of Seattle. More than 180 dispatchers complete the continuing education program annually, developed through the Division's Quality Improvement program. King County Dispatchers follow medically approved emergency triage guidelines called Criteria Based Guidelines (CBG), which were developed by the EMS Division. CBG uses specific medical criteria, based on signs and symptoms, to send the proper level of care with the proper urgency.

King County's Guidelines are used by nearly half of the counties in Washington, and was just licensed with the State of Montana Department of Public Health and Human Services for use in its 53 9-1-1 centers. The EMS Division has been licensing its Guidelines for 20 years and has 15 agreements currently in place. In the 90's, Norway, Sweden and the Associated Public Safety Communications Officers modeled their dispatch guidelines around King County's CBD.

BLS Training

The EMS Division provides initial training, continuing education, instructor education and oversight of the recertification process for approximately 4,000 Emergency Medical Technicians (EMTs) in King County. EMT training is supervised by the Medical Director. Through considerable coordination and communication among Medic One/EMS stakeholders, the EMS Division develops the curricula that ensure the training and education programs meet agencies' needs and Washington State requirements. As the liaison between the Washington State Department of Health and the 30 EMS/fire agencies in King County, the Training Section relays continuing education, certification, and regulatory and policy changes to Medic One/EMS agencies.

Center for the Evaluation of Emergency Medical Services

The Center for the Evaluation of Emergency Medical Services (CEEMS) conducts research aimed at improving the delivery of pre-hospital emergency care and advancing the science of cardiac arrest resuscitation. It is funded by grants from private foundations, state agencies, and federal institutions, such as the National Institutes of Health, National Institute on Aging and the Centers for Disease Control and Prevention. CEEMS is a collaborative effort between the EMS Division and academic faculty from the University of Washington who are recognized nationally and internationally for their contributions in the care and treatment of cardiac emergencies. Achievements made by this collective effort continue to improve outcomes from sudden cardiac arrest and advance evidenced-based care and treatment.

Administration

The EMS Administration Section provides financial and administrative leadership and support to both internal and external customers. It actively engages with regional partners to implement the Medic One/EMS Strategic Plans, uses best practice in the financial management of EMS levy funds, participates in countywide business improvement processes, and ensures the continuity of business in collaboration with Medic One/EMS stakeholders. Included in this is regional planning for the Medic One/EMS system which monitors medic unit performance and the periodic assessment of medic unit placement. Regional planning analyzes medic unit demand projections and measures the impacts of regional programs, supported by ongoing data quality improvement activities.

Strategic Initiative	Summary	Efficiency
Emergency Medical Dispatch Enhancements		
- Complete CAD Integration	Interface between eCBD and dispatch centers' Computer Aided Dispatch (CAD) programs for more efficient call processing and data retrieval.	Integrated electronic tools assure more appropriate care will be dispatched, resulting in better EMS system effectiveness.
- Dispatch Center Performance Standards	Incentives to meet performance standards for communication centers in King County, outside the City of Seattle.	Providing dispatchers and call-receivers incentives to improve their job knowledge and abilities assures more appropriate care will be sent, resulting in better EMS system effectiveness.
- Advanced EMD Training	Investments in the training and education of dispatchers and call receivers to improve the effectiveness and efficiency of ALS dispatch.	Providing dispatchers and call-receivers with opportunities to improve their job knowledge and abilities assures more appropriate care will be sent, resulting in better EMS system effectiveness.
- Better Management of Non-Emergency Calls to 9-1-1	Strategies for serving non-emergency patients and caller; provides alternatives to dispatching a BLS unit: <ul style="list-style-type: none"> • Telephone Referral Program/Nurse Line – calls referred to a nurse consultant instead of dispatching BLS; • Community Medical Technician – CMT sent on lower-acuity calls instead of BLS response; • Taxi Transport Voucher - Provides alternate to BLS transport. 	Better managing non-emergency calls to 9-1-1 and reducing the stress on the entire Medic One/EMS system will help ensure the most appropriate care is provided; lead to a decrease of BLS calls (producing cost savings); and make units available for responding to calls, all resulting in better EMS system effectiveness.
Injury Prevention - Fall Prevention		
- Community Awareness Campaign	Programs to eliminate or reduce unintentional fall injuries through group exercise programs to seniors.	Developing interventions that eliminate or reduce unintentional injuries will reduce the need for an EMS response to an injury; lead to a decrease in BLS and ALS calls (producing cost savings); and make units available for responding to calls, all resulting in better EMS system effectiveness.
- Small Grants Program for BLS Agencies	Programs to eliminate or reduce unintentional fall injuries through fire departments.	
- Expanded Countywide Falls Program	Programs to eliminate or reduce unintentional fall injuries through and providing home/patient intervention and educational programs.	

Strategic Initiative	Summary	Efficiency
Public Access Defibrillation Campaign		
- Public Access Defibrillation (PAD) Community Awareness Campaign	Increase the number and availability of AEDs through increased public awareness of life saving potential of AEDs.	Increasing PAD awareness and use leads to improved patient care.
Interactive Enhancements to EMS Online		
	Develop additional content and expand features of EMS Online.	Increased training techniques and tools assures improved quality of patient care; enhancements lead to more subscribers and increased funding for the program.
Systemwide Enhanced Network Design (SEND)		
	Enhance the existing EMS data network to improve the quality and timeliness of EMS data.	Improved data, including completeness and access, assures increased system oversight and improved patient care.
All Hazards Management Preparation		
	Provide the regional leadership and coordination needed for disaster and emergency planning and preparedness activities.	Better coordination during a regional emergency assures an improved response and improved patient care.
EMS Efficiencies & Evaluation Studies		
	<p>Provide additional funding to further pursue areas identified by other strategic initiatives and to also review the existing system:</p> <ol style="list-style-type: none"> 1. Community Medical Technician (CMT) – alternative to BLS dispatch; 2. Taxi Transport Voucher (TTV) Project – alternative to BLS transport; 3. EMS Vehicle Replacement Policies – Determine optimum vehicle use and to manage vehicle costs in a more effective manner. 	Improved program or system effectiveness can lead to improved patient care, reduced calls, and improved allocation of resources.

PARTNERS

The Medic One/EMS system in King County relies on numerous departments to provide rapid response to 9-1-1 requests for medical assistance. A standardized response across the county allows residents of King County to receive the same high level of quality patient care no matter where they work, live or play. This regional coordination under the supervision of a medical program director ensures a seamless response across a large geographic area with proven success.

EMS Agencies:

Bellevue Fire Department - ALS and BLS Agency
Bothell Fire Department
Eastside Fire & Rescue
Enumclaw Fire Department
Kent Fire Life & Safety
King County Fire District # 2 (Burien)
King County Fire District #20
King County Fire District #27 (Fall City)
King County Fire District #44 (Mountain View)
King County Fire District #45 (Duvall)
King County Fire District #47
King County Fire District #50 (Skykomish)
King County Fire District #51 (Snoqualmie Pass)
King County Medic One - ALS Agency
Kirkland Fire Department
Maple Valley Fire & Life Safety
Mercer Island Fire Department
North Highline Fire District (#11)
Northshore Fire Department (#16)
Redmond Fire Department - ALS and BLS Agency
Renton Fire & Emergency Services
SeaTac City Fire Department
Seattle Fire Department - ALS and BLS Agency
Shoreline Fire Department - ALS and BLS Agency
Snohomish County Fire District #26 - ALS Agency
Snoqualmie Fire & Rescue
South King Fire & Rescue
Tukwila Fire Department
Valley Regional Fire Authority
Vashon Island Fire and Rescue - ALS and BLS Agency
Woodinville Fire & Life Safety

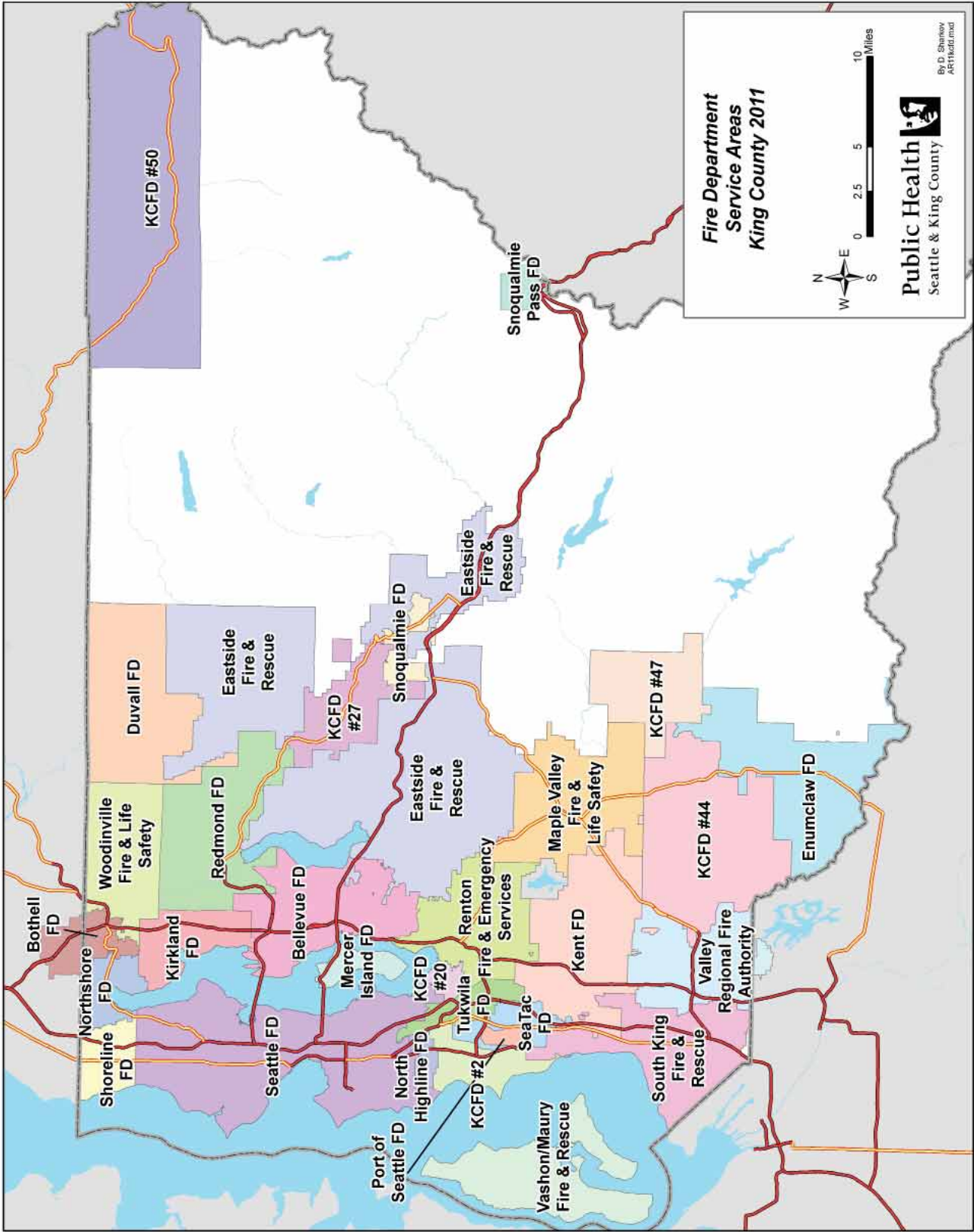
Dispatch Centers:

Enumclaw Police Department
NORCOM
Port of Seattle
Seattle Fire Alarm Center
Valley Communications Center

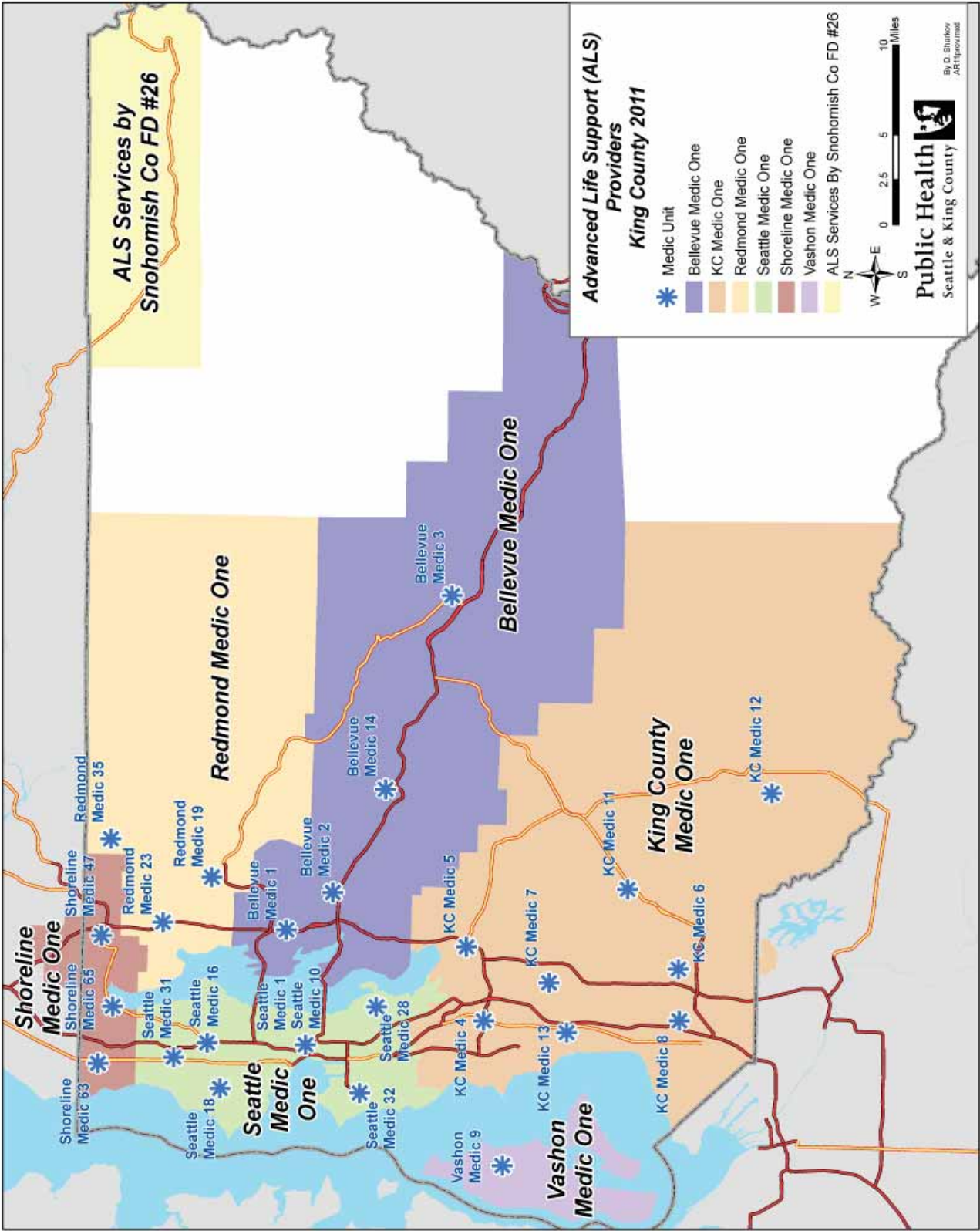
Hospitals:

Auburn General Hospital (Trauma Hospital)
Childrens Hospital & Medical Center
Enumclaw Community Hospital (Trauma Hospital)
Evergreen Hospital (Trauma Hospital)
Group Health Eastside
Harborview Medical Center (Trauma Hospital)
Highline Medical Center (Trauma Hospital)
Kindred Hospital
Northwest Hospital (Trauma Hospital)
Overlake Hospital & Medical Center (Trauma Hospital)
Snoqualamie Valley Hospital
St Francis Community Hospital (Trauma Hospital)
Swedish Medical Center – Ballard
Swedish Medical Center – First Hill
Swedish - Issaquah
Swedish Medical Center – Providence
University of Washington Medical Center
Valley Medical Center (Trauma Hospital)
Veterans Affairs Medical Center
Virginia Mason Medical Center

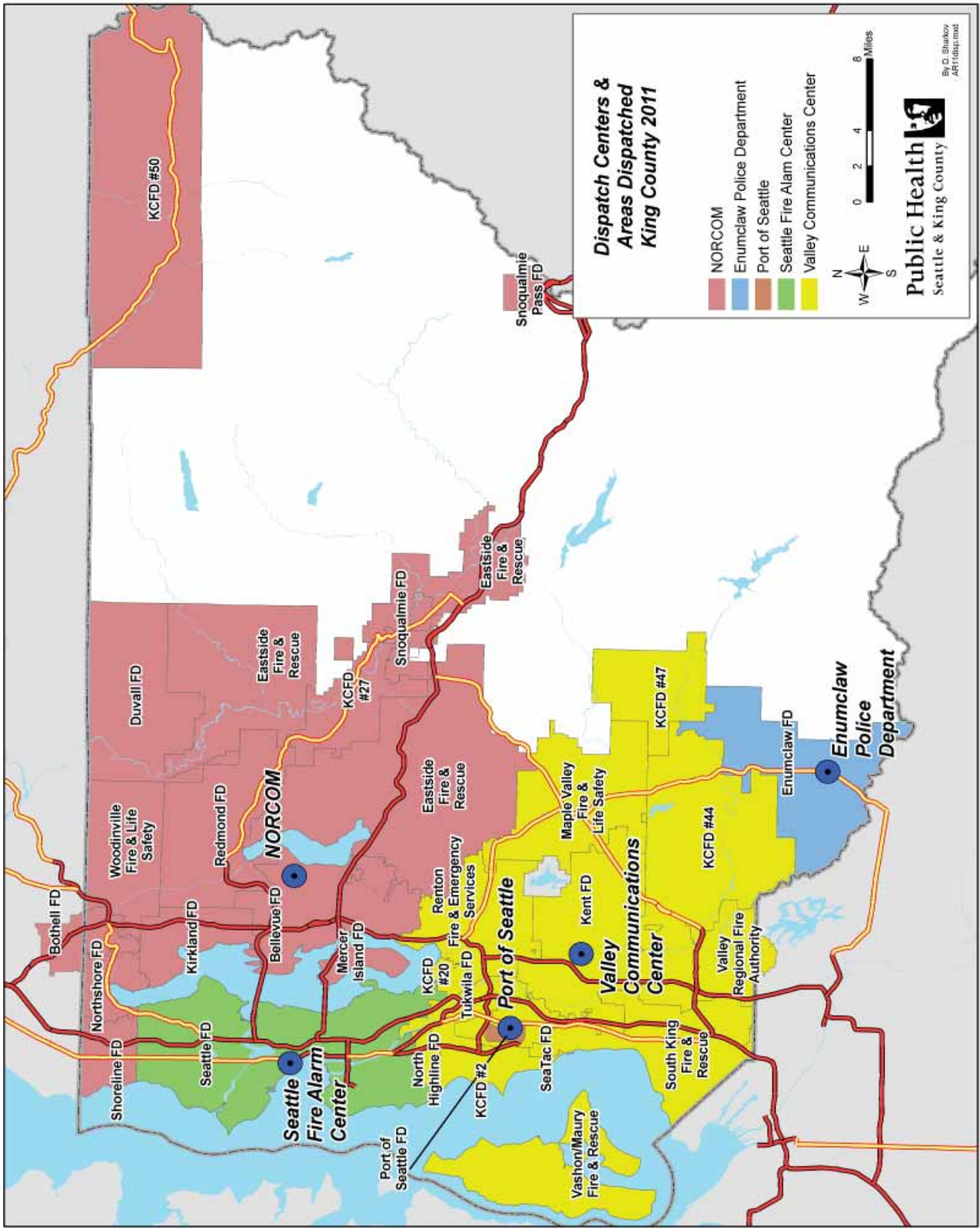
Regional Map of BLS Provider Areas



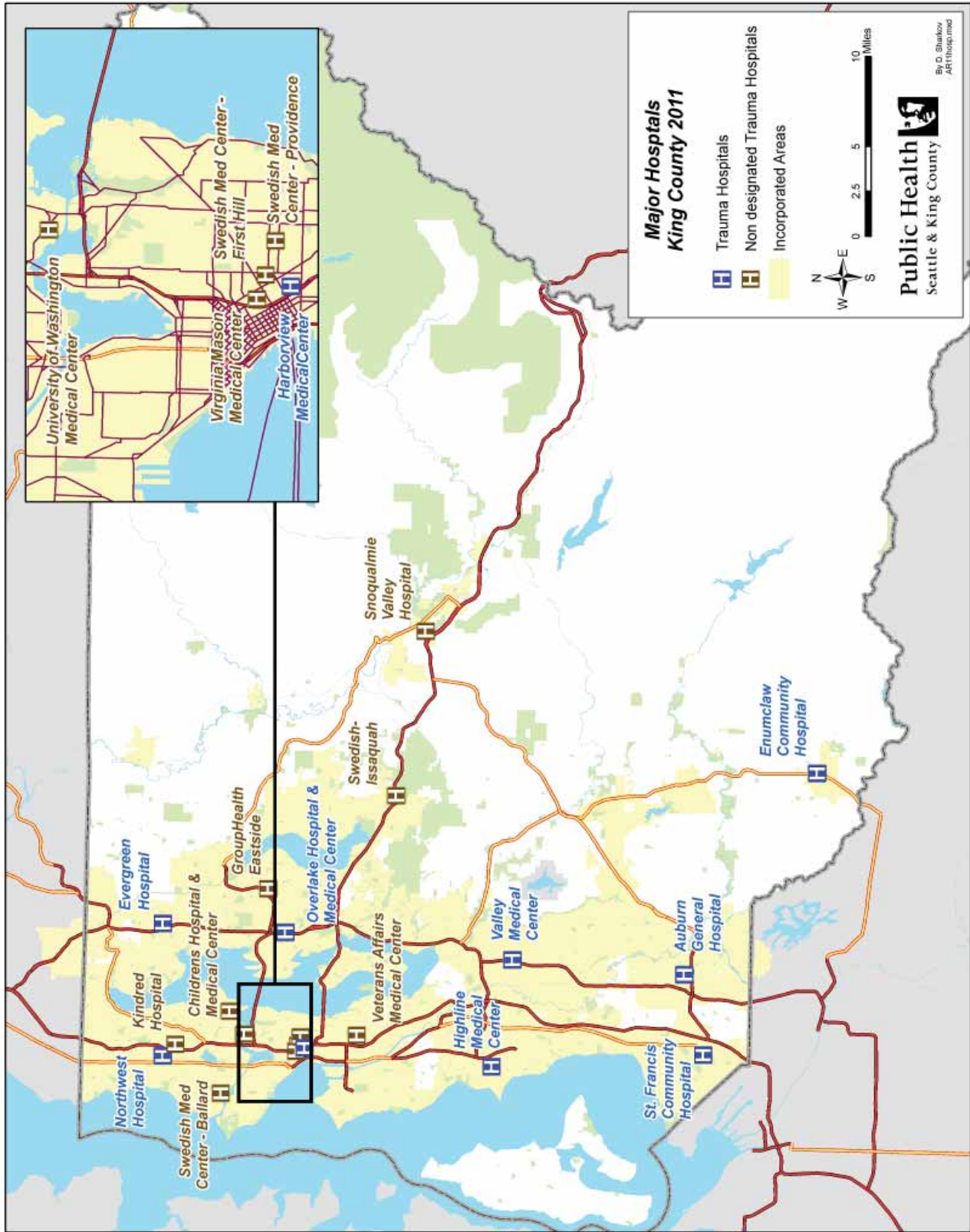
Regional Map of ALS Provider Areas



Regional Map of Dispatch Center Service Areas



Regional Map of EMS Hospitals



Medic One/Emergency Medical Services serves 1.9 million people in King County and responds on average every 3 minutes to a medical emergency.

Approximately, 1 out of 10 of our residents have used our Medic One/EMS system.

Every year the Medic One/EMS System saves thousands of lives:
In 2010, firefighters responded to more than 163,000 calls in King County.
In 2010, paramedics responded to more than 47,000 calls for advanced life support in King County.

Because of our strong program, cardiac arrest victims are 4 to 5x more likely to survive, compared to other cities. That's the highest survival rate anywhere.

Strong, effective medicine is the hallmark of the regional Medic One system.



We have a unified regional system that residents of King County can trust.

For questions about the 2014-2019 Medic One/EMS levy reauthorization process, please contact:

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www.kingcounty.gov/health/ems

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