BLS Subcommittee Medic One/EMS Strategic Plan & Levy Reauthorization

Tuesday, February 8, 2018 1:00 PM – 3:00 PM Renton Fire Station #14 1900 Lind Ave SW, Renton

Chair: Denis Law, Mayor of Renton

Agenda

Opening Remarks & Introductions	(10 minutes)
Roles, Responsibilities, Work Plan and Principles	(20 minutes)
Review and discussion of Current Levy Support for BLS	(80 minutes)
BLS Allocation	
Programs	
Next Steps/Work Plan revisit	(10 minutes)

Future Meetings of the BLS Subcommittee

Thursdays, 1:00 pm - 3:00 pm at various Renton sites

March 8, 2018	Renton Fire Station #14	1900 Lind Ave SW
April 5, 2018	Renton City Hall, Council Chambers, 7th Floor	1055 South Grady Way
May 3, 2018	Renton City Hall, Council Chambers, 7th Floor	1055 South Grady Way
June 7, 2018	Renton Fire Station 14	1900 Lind Ave SW
July 12, 2018	Renton City Hall, Council Chambers, 7th Floor	1055 South Grady Way
August 9, 2018	Renton City Hall, Council Chambers, 7th Floor	1055 South Grady Way
September 6, 2018	Renton City Hall, Council Chambers, 7th Floor	1055 South Grady Way
October 4, 2018	TBD	

Medic One/EMS Strategic Plan & Levy Reauthorization

PROPOSED BLS Subcommittee Work Plan

(For review at 2/8/18 meeting)

Task: Develop Basic Life Support (BLS) programmatic recommendations that work cohesively with the other program areas to ensure the integrity of the world-class Medic One/EMS system is maintained.

Components include:

- BLS allocation how much funding to be directed to BLS agencies?
- BLS funding formula how to distribute funding to BLS agencies?
- Cost efficiencies and system effectiveness
 - Strategies/programs to help address demand for service and manage EMS patients' varying and complex needs
 - Programs to reduce impacts on BLS agencies
- Financial plan

Meeting Date/Times	BLS Subcommittee Work Plan Activities					
BLS Subcommittee Meeting #1 February 8, 2018 Thursday, 1:00 – 3:00 pm	 Roles/Responsibilities Review Fundamental Principles Review/Discuss Work Plan Overview and discussion of BLS Allocation and Programs/Initiatives 					
BLS Subcommittee Meeting #2 March 8, 2018 Thursday, 1:00 – 3:00 pm	 Review BLS Allocation Review funding formula Review current level of funding Identify potential funding options/variations BLS Programs/Initiatives Focus on low-acuity calls Cost Efficiencies/Effectiveness 					
\$ \$ \$ \$ NEW ECONOMIC INDICATORS – mid March, 2018						
BLS Subcommittee Meeting #3 April 5, 2018 Thursday, 1:00 – 3:00 pm	 BLS Funding Formula Review funding formula with possible alternative options/ variations Run possible BLS scenarios with new economic indicators BLS Programs/Initiatives Cost Efficiencies/Effectiveness Solidify draft Programmatic Recommendation for review at Task Force meeting 					

Meeting Date/Times	BLS Subcommittee Work Plan Activities						
Finance Subcommittee April 19, 2018 Thursday, 1:00 – 3:00 pm TASK FORCE meeting	 Present findings to date Review new economic forecasts Financial Review of" Status Quo" Subcommittee preliminary findings to date 						
April 26, 2018 Thursday, 1:00 – 3:00 pm	 2. Update on Economic "Status Quo" 3. Levy Issues discussion 						
BLS Subcommittee Meeting #4 May 3, 2018 Thursday, 1:00 – 3:00 pm	 Revise BLS proposal based on Financial Subcommittee and Task Force Cost Efficiencies/Effectiveness Review BLS program for cost efficiencies and system effectiveness Financial Plan Discuss inflator Discuss/finalize BLS allocation and distribution methodology 						
BLS Subcommittee Meeting #5 June 7, 2018 Thursday, 1:00 – 3:00 pm	 Finalize BLS allocation and distribution methodology Finalize Inflator Cost Efficiencies/Effectiveness Strategies for cost efficiencies and system effectiveness 						
BLS Subcommittee Meeting #6 July 12, 2018 Thursday, 1:00 – 3:00 pm	 Cost Efficiencies/Effectiveness Strategies for cost efficiencies and system effectiveness Solidify draft Programmatic Recommendation for review at Task Force meeting 						
\$\$\$\$ NEW E	CONOMIC INDICATORS – mid to late July, 2018 \$\$\$\$						
Finance Subcommittee July 24, 2018 Tuesday, 1:00 – 3:00 pm	 Present Subcommittee proposal Draft recommendations to Task Force Briefing on new/revised programmatic Financial Plan 						
<i>TASK FORCE meeting</i> July 31, 2018 Tuesday, 1:00 – 3:00 pm	 Subcommittee findings to date Economic Update Key Levy components Length Rate Ballot timing 						
BLS Subcommittee Meeting #7 August 9, 2018 Thursday, 1:00 – 3:00 pm	 Amend BLS proposal based on Financial Subcommittee & Task Force discussions Cost Efficiencies/Effectiveness Strategies for cost efficiencies and system effectiveness 						
\$ \$ \$ \$ NEW ECONOMIC INDICATORS – mid to late August, 2018 \$ \$ \$ \$							

Meeting	BLS Subcommittee Work Plan Activities					
BLS Subcommittee Meeting #8 September 6, 2018 Thursday, 1:00 – 3:00 pm	 Economic Update Review/finalize outstanding components of Recommendations 					
Finance Subcommittee September 25, 2018 Tuesday, 1:00 – 3:00 pm	 Finalize ALS, BLS and Regional Services draft recommendations Finalize remaining Financial Plan components 					
BLS Subcommittee Meeting #9 October 4, 2018 Thursday, 1:00 – 3:00 pm	 Amend BLS proposal based on Financial Subcommittee discussions Finalize Recommendations 					
<i>TASK FORCE meeting</i> October 16, 2018 Tuesday, 1:00 – 3:00 pm	 Economic Update Discussion and adoption of Programmatic Recommendations Financial Recommendations EMS levy rate, length and ballot timing 					

Medic One/EMS Strategic Plan & Levy Reauthorization EMS STAKEHOLDER PRINCIPLES

As regional EMS Stakeholders, we are committed to these fundamental principles:

1. REGIONAL SYSTEM

The Medic One/EMS system is based on partnerships that are built on regional, collaborative, cross-jurisdictional coordination. This seamless cohesion allows the system to excel in pre-hospital emergency care.

2. TIERED MEDICAL MODEL

The medical model, with its tiered system and intensive dispatch, EMT and paramedic training and protocols, has led to our success in providing high quality patient care throughout the region.

3. PROGRAMS & INNOVATIVE STRATEGIES

State of the art science-based strategies and programmatic leadership have allowed us to meet the needs and expectations of our residents and our system.

4. FOCUS ON COST EFFECTIVENESS AND EFFICIENCIES

The Medic One/EMS system has maintained financial viability and stability due to the region's focus on operational and financial efficiencies, effectiveness and cost savings.

5. MAINTAINING AN EMS LEVY AS FUNDING SOURCE

The EMS levy is a reliable and secure source of funding our world-renowned system.

Issues to be considered by the BLS Subcommittee Medic One/EMS Strategic Plan & Levy Reauthorization

1. BLS allocation - How much funding to be directed to BLS agencies?

BLS agencies receive an allocation to help offset costs of providing EMS services. It is a way to recognize and support BLS for its significant contribution to the success of the EMS system.

History:

2008-2013 levy span

Increased to 23% of total levy

Based on # of calls that resulted in ALS transport

2014-2019 levy span

Reviewed 7 different ways of distributing it

Adopted criteria to use for reviewing different allocation possibilities:

Stability Reliability Equity Simplicity

Decided to proceed "same as last time" = approx. 23% of total levy

In addition, asked that we incorporate programs that reduce impacts on BLS agencies – those that address demand for BLS services, and increase BLS role in regional decision-making

2. BLS allocation distribution - How to distribute funds to agencies?

Current formula:

Annual increase distributed based 50% on Assessed Valuation (AV), and 50% on call volumes, and added to previous year's funding

Other options:

Rebase

King County Auditor's Office proposal

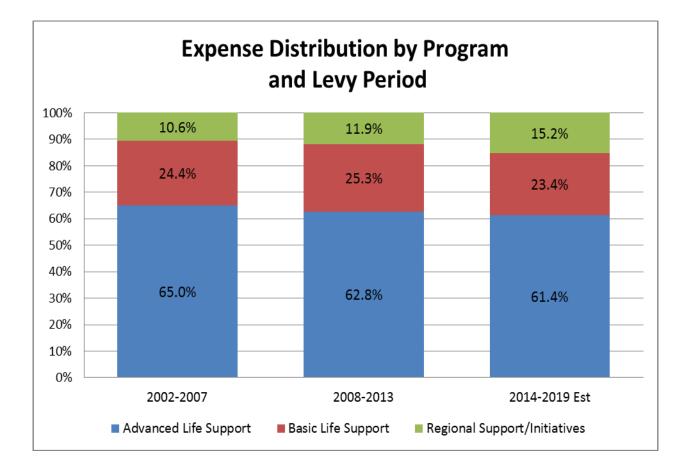
- No base
- 97% based on ½ AV and ½ Call Volume
- 3% distributed based on call response time

Others to be identified

Distribution of Expenses Across Levy Periods (KC Levy Fund)

Distribution of funding in levy periods has varied based on actual ALS costs and other decisions.

- The 2008-2013 levy included new Strategic Initiatives and the expansion of the Regional Medical QI section plus initial Community Medical Technician Pilots. There was also a significant increase in the BLS Allocation (67% increase).
- The 2014-2019 levy included additional of BLS Core Services, expansion of regional initiatives (including record management system) and the addition of Community Medical Technician Units.



BLS Funding Formula Summary

Purpose of the formula: Ensure equitable distribution of BLS levy funds to EMS agencies.

Background

Since its inception, the regional Medic One/EMS levy has provided BLS agencies with an allocation to help offset costs of providing EMS services. The BLS General Allocation was developed as a way to recognize and support BLS for its significant contribution to the success of the EMS system, but was never intended to fully fund BLS. Agencies use the allocation to pay for a variety of EMS-specific items including personnel, equipment and supplies.

In total, BLS receives about 23% of the King County EMS levy. This covers approximately eight percent of the overall King County BLS system costs.¹

Current BLS Funding Formula

- The current funding formula was developed during the 2008-2013 Medic One/EMS levy planning process.
- The formula allocates the total yearly increase to agencies based 50% on Assessed Valuation and 50% on call volumes. The individual agency increase is then added to the base funding that each agency received the previous year.
- Year to year increases in the 2014-2019 levy period are set at June June CPI W + 1%. (2008-2013 levy span inflator was CPI.)
- For budget purposes, estimates are used to develop the BLS allocations since actual CPI is not available until the following year.
- For example, based on a June 2016- June 2017 CPI of 3.03% + 1% (for a total of 4.03%) the 2018 total BLS allocation is \$17,612,236, an increase of \$684,563.

Past review of the BLS allocation

In its 2012 review, the King County Auditor's Office recommended that the region consider updating its BLS Allocation funding methodology "to improve equity and transparency". It proposed a formula that eliminated the "base allocation", and distributed the total funding based only on AV and call volume. Running the 2015 and 2016 allocations with this "rebasing" showed that a large number of agencies would have received less funding in 2017 than they currently receive.

The BLS Working Group expressed interest in moving toward an A/V based allocation in the future, and to consider it during planning for the 2020-2025 levy period.

¹ King County Auditor's Office – Financial Review & Compliance Audit of 2011 Emergency Medical Services Levy, page 8.

2018 BLS Funding Formula

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2018 Allocation Total	\$17,671,236			\$684,565	= 2018 Increa	se	4.03%		
2017 Allocation	\$16,986,671			\$342,283	= AV / Call Sh	nare (50/50)			
2017 Total Increase	\$684,565				-				
Agency*	2016AV	% of		2016	% of Total		2018	2017	2018
	for 2017 Taxes	Total AV	AV \$	Aid Calls	Aid Calls	AID CALL\$	Increase	BLS Totals	Allocation
Bellevue Fire Department	\$60,376,567,539	21.20%	\$72,565	12,207	9.28%	\$31,779	104,344.18	\$2,266,382	\$2,370,724
Eastside Fire & Rescue	\$30,750,129,324	10.80%	\$36,958	7,987	6.07%	\$20,793	57,750.72	\$1,525,565	\$1,583,316
Redmond Fire Department	\$24,545,206,011	8.62%	\$29,500	7,827	5.95%	\$20,376	49,876.62	\$1,034,226	\$1,084,103
Kirkland Fire Department	\$22,292,866,516	7.83%	\$26,793	6,149	4.68%	\$16,008	42,801.20	\$956,203	\$999,004
Puget Sound Regional Fire Authority ¹	\$19,480,247,331	6.84%	\$23,413	15,292	11.63%	\$39,810	63,222.96	\$1,385,840	\$1,449,063
South King Fire & Rescue	\$15,660,523,487	5.50%	\$18,822	16,239	12.35%	\$42,275	61,097.46	\$1,459,075	\$1,520,172
Renton Regional Fire Authority ²	\$16,248,383,604	5.71%	\$19,529	9,153	6.96%	\$23,828	43,356.84	\$992,124	\$1,035,481
Mercer Island Fire Department	\$12,110,086,739	4.25%	\$14,555	1,700	1.29%	\$4,426	18,980.52	\$448,369	\$467,350
Woodinville Fire & Rescue	\$8,882,796,394	3.12%	\$10,676	2,557	1.94%	\$6,657	17,332.76	\$556,251	\$573,584
Valley Regional Fire Authority	\$8,982,546,504	3.15%	\$10,796	9,137	6.95%	\$23,787	34,582.52	\$829,627	\$864,210
Shoreline Fire Department	\$8,939,513,458	3.14%	\$10,744	8,577	6.52%	\$22,329	33,072.94	\$697,815	\$730,888
Fire District #2 - Burien	\$7,105,344,488	2.49%	\$8,540	4,768	3.63%	\$12,413	20,952.42	\$448,389	\$469,341
Fire District #16 - Northshore	\$6,559,156,482	2.30%	\$7,883	2,699	2.05%	\$7,026	14,909.69	\$382,319	\$397,229
Fire District #43 - Maple Valley	\$5,899,056,317	2.07%	\$7,090	2,097	1.59%	\$5,459	12,549.13	\$453,899	\$466,448
Tukwila Fire Department	\$5,763,649,829	2.02%	\$6,927	4,399	3.35%	\$11,452	18,379.24	\$427,501	\$445,880
Bothell Fire Department	\$5,162,974,493	1.81%	\$6,205	1,854	1.41%	\$4,827	11,031.84	\$374,058	\$385,090
SeaTac Fire Department ¹	\$5,435,365,355	1.91%	\$6,533	3,738	2.84%	\$9,731	16,263.88	\$401,930	\$418,194
Snoqualmie Fire Department	\$2,726,055,471	0.96%	\$3,276	693	0.53%	\$1,804	5,080.50	\$105,436	\$110,516
Fire District #13 - Vashon/Maury	\$2,561,553,262	0.90%	\$3,079	1,308	0.99%	\$3,405	6,483.83	\$205,444	\$211,928
Fire District #40 ²	\$2,562,893,901	0.90%	\$3,080	1,038	0.79%	\$2,702	5,782.54	\$218,120	\$223,903
Fire District #44 - Mountain View ³	\$2,567,476,538	0.90%	\$3,086	1,026	0.78%	\$2,671	5,756.81	\$311,790	\$317,547
Fire District #45 - Duvall	\$2,144,825,610	0.75%	\$2,578	704	0.54%	\$1,833	4,410.56	\$165,871	\$170,282
Enumclaw Fire Department	\$2,349,335,203	0.82%	\$2,824	1,857	1.41%	\$4,834	7,657.99	\$313,406	\$321,064
Fire District #11 - North Highline	\$1,770,437,445	0.62%	\$2,128	4,054	3.08%	\$10,554	12,681.73	\$459,903	\$472,585
Fire District #20 -Bryn Mawr /Skyway	\$1,592,824,634	0.56%	\$1,914	1,722	1.31%	\$4,483	6,397.31	\$194,973	\$201,370
Fire District #27 - Fall City	\$1,087,406,559	0.38%	\$1,307	595	0.45%	\$1,549	2,855.91	\$105,613	\$108,469
East Renton (FD #25) ²	\$0	0.00%	\$0	1,345	1.02%	\$3,501	3,501.47	\$110,860	\$114,361
City of Black Diamond ³	\$712,223,690	0.25%	\$856	245	0.19%	\$638	1,493.82	\$57,013	\$58,507
Fire District #47 - Palmer/Selleck	\$274,582,638	0.10%	\$330	77	0.06%	\$200	530.47	\$24,856	\$25,386
Fire District #50 - Skykomish	\$173,253,847	0.06%	\$208	264	0.20%	\$687	895.51	\$46,618	\$47,514
Fire District #51 - Snoqualmie Pass	\$71,933,331	0.03%	\$86	171	0.13%	\$445	531.62	\$27,195	\$27,727
Total	\$284,789,216,000	100.00%	\$342,283	131,479	100.00%	\$342,283	684,565.00	\$16,986,671	\$17,671,236
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*Footnotes 1, 2, and 3 indicate contract agencies

3. Programs & Strategic Initiatives - Programs to help reduce impacts on BLS agencies and help address demand for services, thereby bringing about system efficiencies and effectiveness.

BLS Core Services Program

Provides funding to agencies to help cover unanticipated expenses.

Vulnerable Populations Strategic Initiative (VPSI)

Conducts programmatic, scientific, and case-based evaluations to ensure that the interactions between EMS and vulnerable populations is of the highest quality.

Regional Records Management System Initiative (RMS)

Consolidates data into a singular record management system funded and overseen by the EMS Division.

Efficiency and Effectiveness Strategic Initiative (E&E)

Continuous improvement projects that have focused on better understanding the needs of complex patients out in the field.

BLS Training & Quality Improvement Strategic Initiative (BLS QI)

Links and synchronizes strategies to more systematically and uniformly review data, and to provide consistent training based on the results of the data review.

BLS Initial Training Strategic Initiative

Standardization, regionalizing and coordination of expanded EMT training options to better meet fire departments' schedules and needs.

BLS Efficiencies

Projects targeting aspects of low-acuity calls making responders unavailable or out of position for time-critical emergencies. Include transferring very low-acuity calls to a nurse-triage service instead of dispatching a unit, providing taxi vouchers to BLS crews for select patients allowing crews to return to service, and developing an alternative response unit for management of low-acuity medical calls (CMT).

Community Medical Technician (CMT)

A piece of the strategy to provide alternative/more effective responses to low-acuity 9-1-1 medical calls. Dispatched as an option to a traditional BLS unit, CMTs evaluate and help link patients to the appropriate medical, social and community services to address their need and aim to reduce their using future EMS assistance.

Alternatives to CMT

Various strategies being tested to manage low-acuity calls to seek help for individuals who use 9-1-1 inefficiently or ineffectively. Aims to identify root causes of callers' needs, and help them get access to a more appropriate healthcare setting. Often done outside of an emergency response setting, allowing more time to be spent with the caller.

Mobile Integrated Healthcare (MIH)

Nationally recognized umbrella term for the various low-acuity projects.