Regional Services Subcommittee

Medic One/EMS Strategic Plan and Levy Reauthorization

Tuesday, March 20, 2018
1:00 PM – 3:00 PM

Renton Highlands Library conference room
2801 NE 10th Street, Renton

Chair: Tom Agnew, Councilmember, City of Bothell

Agenda

- **Opening Remarks & Introductions** 1:00-1:10 (10 min.)
- **Report from Other Subcommittees** 1:10-1:30 (20 min.)
- **Program Costs –Status Quo** 1:30-2:30 (20 min.)
- **Review & Discussion of Current Strategic Initiatives** 2:30-2:50 (60 min.)
- **Next Steps** 2:50-3:00 (10 min.)

Future Regional Services Subcommittee Meetings

Tuesdays, 1:00 p.m. – 3:00 p.m.

April 17, 2018	Renton Highlands Library - 2801 NE 10th Street, Renton
May 15, 2018	Renton Highlands Library - 2801 NE 10th Street, Renton
June 19, 2018	Renton Highlands Library - 2801 NE 10th Street, Renton *
July 17, 2018	Renton Highlands Library - 2801 NE 10th Street, Renton *
August 21, 2018	Renton Highlands Library - 2801 NE 10th Street, Renton *
September 18, 2018	Renton Highlands Library - 2801 NE 10th Street, Renton *

*Meeting location – tentative

Regional Services Subcommittee Contact:
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(206) 263-8560 | Helen.Chatalas@kingcounty.gov

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.

REGIONAL SERVICES SUBCOMMITTEE GUIDING PRINCIPLES

As members of the Regional Services Subcommittee, we remain committed to this fundamental Regional Services principle:

<u>Decisions regarding programs and Initiatives will be viewed in respect to patient outcomes and high quality services.</u>

- Collaboratively develop programs with partners that meet the emergent community needs to ensure standards of patient care are maintained or improved.

- Use existing resources efficiently to improve operations of the system and to help contain costs, with no degradation of services or the system.

- Seek system effectiveness and efficiencies that focus on:
  - improving the quality of EMS services
  - managing the rate of growth; and
  - containing costs

- Maintain Strategic Initiatives that meet the directives of system effectiveness and efficiencies, and create new Initiatives as appropriate.

MEDIC ONE/EMERGENCY MEDICAL SERVICES
STRATEGIC PLAN & LEVY REAUTHORIZATION

Future Meetings

EMS Advisory Task Force - *Tuesdays or Thursday, 1:00 – 3:00 p.m.*

Thursday, April 26, 2018	Tukwila Community Center
Tuesday, July 31, 2018	2100 Building Community Room B
Tuesday, October 16, 2018	Tukwila Community Center

SUBCOMMITTEES:

Advanced Life Support (ALS) - *Tuesdays from 1:00 – 3:00 p.m.*

✓ February 15, 2018	Renton Fire Station 14
✓ March 15, 2018 (1:30 – 3:30)	2100 Building Community Room B
April 10, 2018	2100 Building, Community Room A
May 8, 2018	2100 Building, Community Room A
June 12, 2018	2100 Building, Community Room A
July 10, 2018	TENTATIVE - 2100 Building
August 14, 2018	TENTATIVE - 2100 Building
September 11, 2018	TENTATIVE - 2100 Building
October 9, 2018	TENTATIVE - 2100 Building

Basic Life Support (BLS) - *Thursdays from 1:00 – 3:00 p.m., various Renton locations*

✓ February 8, 2018	Renton Fire Station 14
✓ March 8, 2018	Renton Fire Station 14
April 5, 2018	Renton City Hall, Council Chambers, 7th Floor
May 3, 2018	Renton City Hall, Council Chambers, 7th Floor
June 7, 2018	Renton Fire Station 14
July 12, 2018	Renton City Hall, Council Chambers, 7th Floor
August 9, 2018	Renton City Hall, Council Chambers, 7th Floor
September 6, 2018	Renton City Hall, Council Chambers, 7th Floor
October 4, 2018	TBD

Regional Services (RS) - *Tuesdays from 1:00 – 3:00 p.m.*

✓ February 20, 2018	City of Seattle Joint Training Facility
➔ **March 20, 2018**	**Renton Highlands Library Conference room**
April 17, 2018	Renton Highlands Library Conference Room
May 15, 2018	Renton Highlands Library Conference Room
June 19, 2018	TENTATIVE - Renton Highlands Library
July 17, 2018	TENTATIVE - Renton Highlands Library
August 21, 2018	TENTATIVE - Renton Highlands Library
September 18, 2018	TENTATIVE - Renton Highlands Library

Finance - *Tuesdays or Thursdays 1:00 – 3:00 p.m.*

✓ Thursday, February 1, 2018	Renton Fire Station 14
Thursday, April 19, 2018	Peter Kirk Room, Kirkland City Hall
Tuesday, July 24, 2018	Peter Kirk Room, Kirkland City Hall
Tuesday, September 25, 2018	Peter Kirk Room, Kirkland City Hall

LOCATIONS:

Renton Fire Station 14
1900 Lind Ave SW, Renton, WA 98057 Phone: (425) 430-7000

City of Seattle Joint Training Facility
9401 Myers Way South, Seattle, WA 98108 Phone: (206) 386-1600

The 2100 Building
2100 24th Ave S, Seattle, WA 98144 Phone: (206) 407-2100

Renton City Hall
1055 South Grady Way, Renton, WA 98057 Phone: (425) 430-6400

Kirkland City Hall
123 5th Ave, Kirkland, WA 98033 Phone: (425) 587-3000

Renton Highland Library Conference Room
2801 NE 10th Street, Renton, WA 98056 Phone: (425) 277-1831

EMS Advisory Task Force
Medic One/EMS Levy Reauthorization Calendar

2018

JANUARY

S	M	T	W	Th	F	S
	H1	2	3	4	5	6
7	8	9	0	11	12	13
14	H15	16	17	TF 18	19	20
21	22	23	24	25	26	27
28	29	30	31			

FEBRUARY

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				FIN 1	2	3
4	5	6	7	BLS 8	9	10
11	12	ALS 13	14	15	16	17
18	19	RS 20	21	22	23	24
25	26	27	28			

MARCH

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18	19	RS 20	21	22	23	24
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ALS -revised

APRIL

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24	25	26	27	28	29	30

JULY

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22	23	FIN 24	25	26	27	28
29	30	TF 31				

AUGUST

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19	20	RS 21	22	23	24	25
26	27	28	29	30	31	

SEPTEMBER

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9	10	ALS 11	12	13	14	15
16	17	RS 18	19	20	21	22
23	24	FIN 25	26	27	28	29
30						

OCTOBER

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14	15	TF 16	17	18	19	20
21	22	23	24	25	26	27
28	29	30	31			

NOVEMBER

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18	19	20	21	H22	H23	24
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DECEMBER

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23	24	H25	26	27	28	29
30	31					

Economic Forecasts: Mar. 1-14; Jul. 18-27; Aug. 17-27

Last Updated Date: 2/14/2018

- Task Force
- Finance Subcommittee
- ALS Subcommittee
- BLS Subcommittee
- Regional Services Subcommittee

Changes made from previous version:

- March ALS meeting moved from 3/13 to 3/15
- July Finance meeting moved from 3/26 to 3/24
- September Finance meeting moved from 9/27 to 9/25
- October Task Force meeting moved back one week

Needs & Ideas Generated by Levy Planning Subcommittees

For discussion at the 3/20/18 Regional Services Subcommittee meeting

- As of March 16, 2018, the Medic One/EMS Strategic Plan and Levy Reauthorization process had held six meetings of various subcommittees, at which ideas to strengthen an already excellent EMS system were identified and discussed.

- Focusing on wanting to create additional efficiencies and system effectiveness, participants voiced their support for a **strong regional approach** to address the issues that all tiers of the EMS system are experiencing.

- Such an approach was expressed as:
  - having increased standardization and coordination;
  - providing regional support that is available to everyone/all agencies;
  - greater interconnectedness; and
  - viewing the EMS Division as conveners, supporters and analysts for driving system-wide decisions.

- In addition, subcommittee members identified the idea of the **sharing of resources, system-wide** as a way to help develop greater cost savings, system effectiveness, and flexibility.

- Following are topic areas that would benefit from a regional approach and sharing of resources, as identified by participants:

Regional data/QI opportunities and oversight

- EMS personnel are committed to improving the quality of EMS patient care in King County.
- More opportunities for data review and feedback; additional and/or BLS-specific performance measures; and ESO training.

Reducing the rate of calls

- Public education about the appropriate use of the system/calling 911 via:
    - developing public awareness campaigns about 911 usage;
    - incorporating info into the current Student CPR/AED program.

- Triage philosophy of others within the industry.

Efficiencies & system effectiveness

- Sharing of resources system-wide.
- Standardization/ consistency/liaison across agencies focusing on standardization of equipment, oversight of medicine,

Workforce wellness

- EMS mental wellness programs or peer support programs available throughout the region, using standardized program and standardized training

Retirements

- High turnover rates could present cost and staffing challenges such as student training costs, retirement payouts, hiring costs and an increased need for recruitment.
- Retirements are resulting in a reduced workforce, with the region experiencing a shortage of certified personnel to put on rigs.

Programs that support BLS

3/8/2018

To be determined by BLS Subcommittee

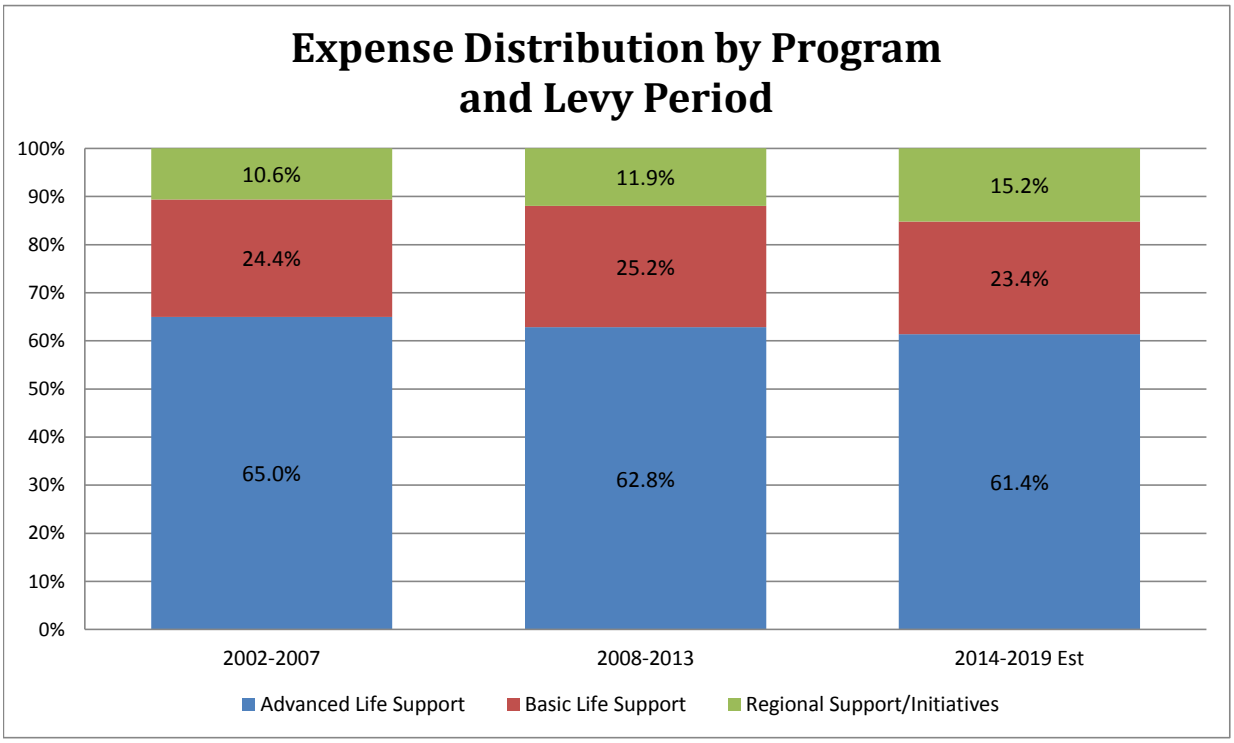
To be determined by Regional Services Subcommittee

Type of Funding	BLS Allocation	BLS Core Services	Programs Available to All BLS Agencies	Targeted Regional Approaches - BLS	RSSI Programs Supporting BLS
How Distributed, Used, and examples	*Distributed based on allocation to all agencies; can be to cover any BLS expense.* *To prevent any BLS agency having a reduced allocation ~$220k of supplemental funding added in 2014.*	*Distributed based on allocation to all agencies.* *Can be used for equipment, unplanned expenses or added/supplemental programs. Primary use has been for power stretchers & defibs, pooled to support agency portion of CMT costs. When funding for an aid car was lost, Bellevue used $s to keep an aid car in service.*	*Funding available to all BLS Agencies. Programs include or require specific scopes of work and some type of application.* *Includes BLS QI & Training SI, Small Grants for EMS Agencies; BLS Small Grants for Injury Prevention, E&E, Taxi Vouchers, Alternatives to CMT*	*Programs targeting specific areas that have eligibility requirements, includes programs such as CMT, Reg'l EMT Initial Training SI*	*Services provided by levy to BLS Providers. Include RSSI programs such as Regional Medical Direction, Regional QI, Regional Records Management including ESO NEMSIS and other dataset, Online Training - EMT & PCE, CBT Workshops, Taxi Vouchers, Nurseline, Vulnerable Populations SI (VPSI), Communities of Care*
Subcommittee actions	Total amount of funding, yearly increase formula & methodology for allocating to BLS agencies reviewed and recommended by BLS Subcommittee.	BLS Subcommittee review to determine if continue, if so, potential modifications and funding level.	BLS Subcommittee can choose to review and make recommendations to Regional Services Subcommittee.	Review in both BLS and Regional Services Subcommittees depending on project	These services reviewed in Reg'l Services Subcommittee as part of the levy planning process and adjusted to meet needs of providers.
How funded	Annual Allocation	Biennial allocation	Funding by project	Funding by project	Funding by service or project

						TOTAL
2014-2017 $s	**$65,508,662**	**$2,355,835**	**$888,701**	**$3,352,886**	**$15,511,413**	**$87,617,498**
2014-2017 Avg	**$16,377,166**	**$785,278**	**$347,499**	**$1,076,416**	**$4,020,782**	**$22,607,141**
% of BLS Total	**75%**	**3%**	**1%**	**4%**	**18%**	

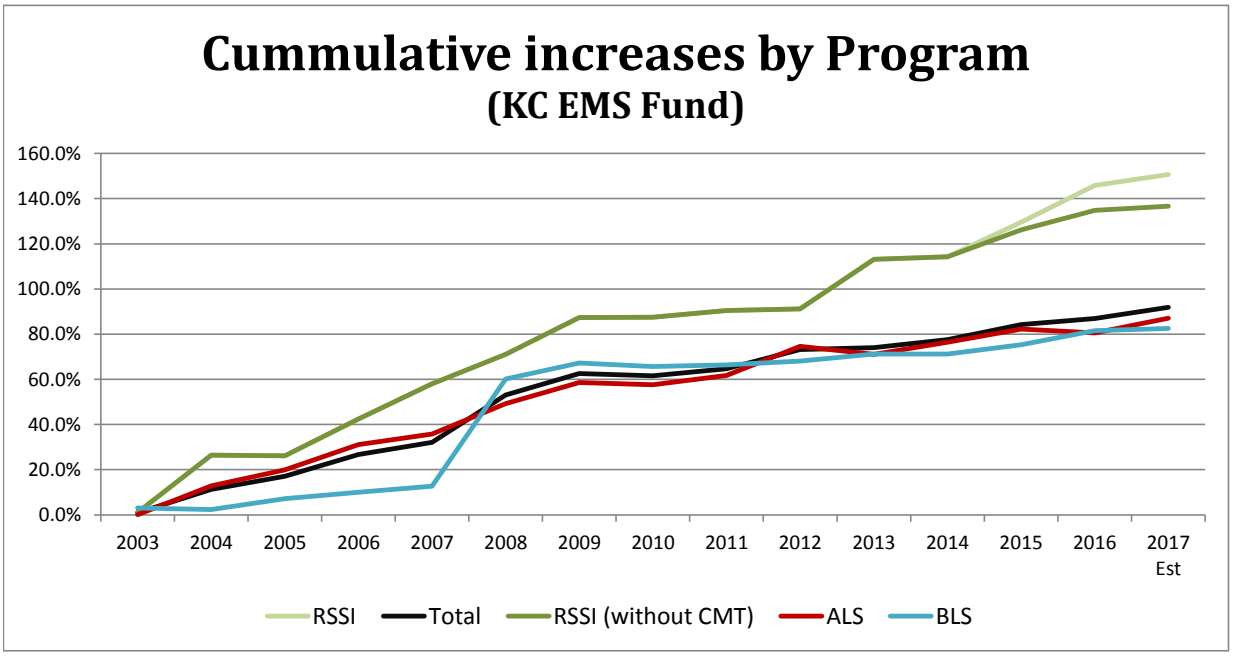
Expenses for King County EMS Levy Fund

Does not include City of Seattle

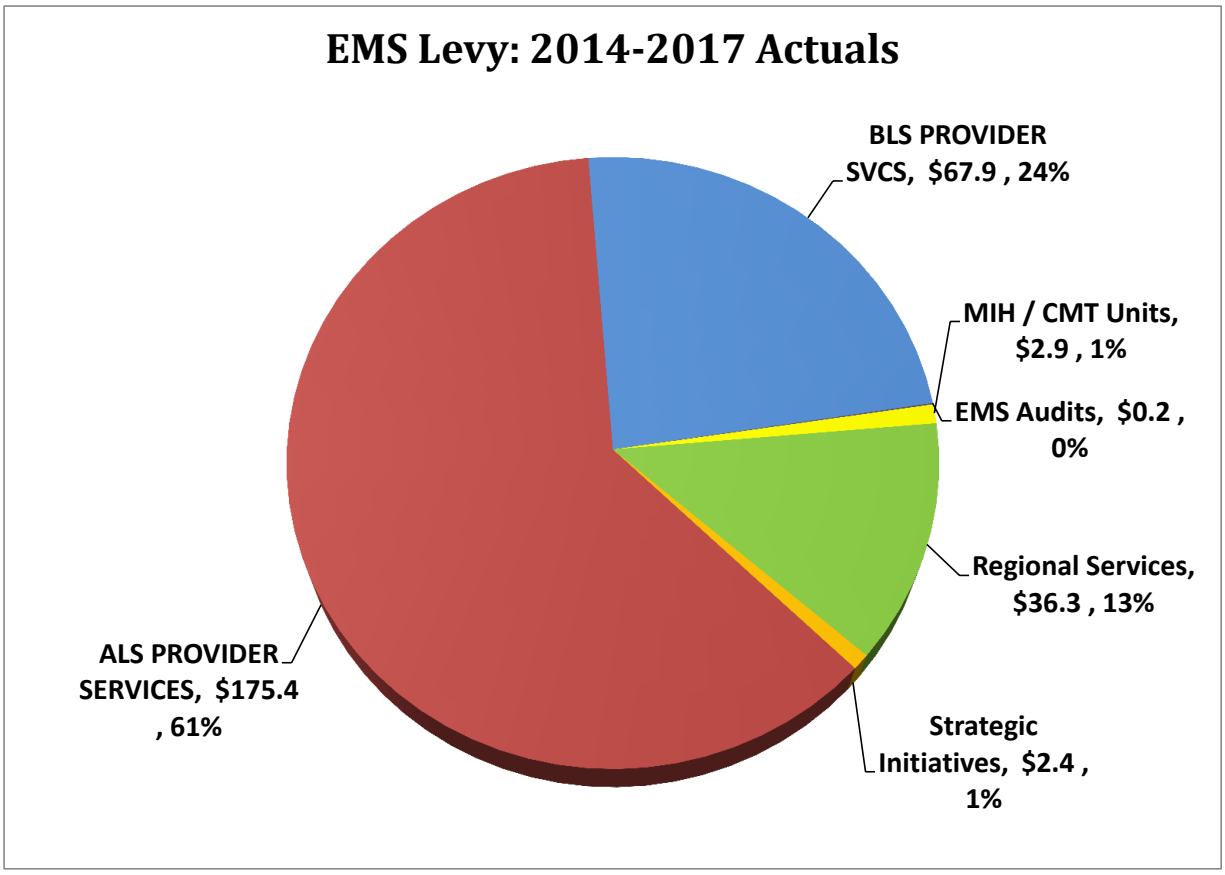


Regional Services and Strategic Initiatives have grown from 9.6 % of total expenditures in 2002 to 16.1% in 2017.

Without CMT the RSSI % for 2017 would be 14.1% (2% of expenses CMT)



Regional Services/Strategic Initiatives have grown at a higher rate that other areas. From 2008-2012 increases less than other areas and totals


EMS Levy: 2014-2017 Actuals
BLS PROVIDER SVCS, $67.9 , 24%
MIH / CMT Units, $2.9 , 1%
EMS Audits, $0.2 , 0%
Regional Services, $36.3 , 13%
Strategic Initiatives, $2.4 , 1%
ALS PROVIDER SERVICES, $175.4 , 61%

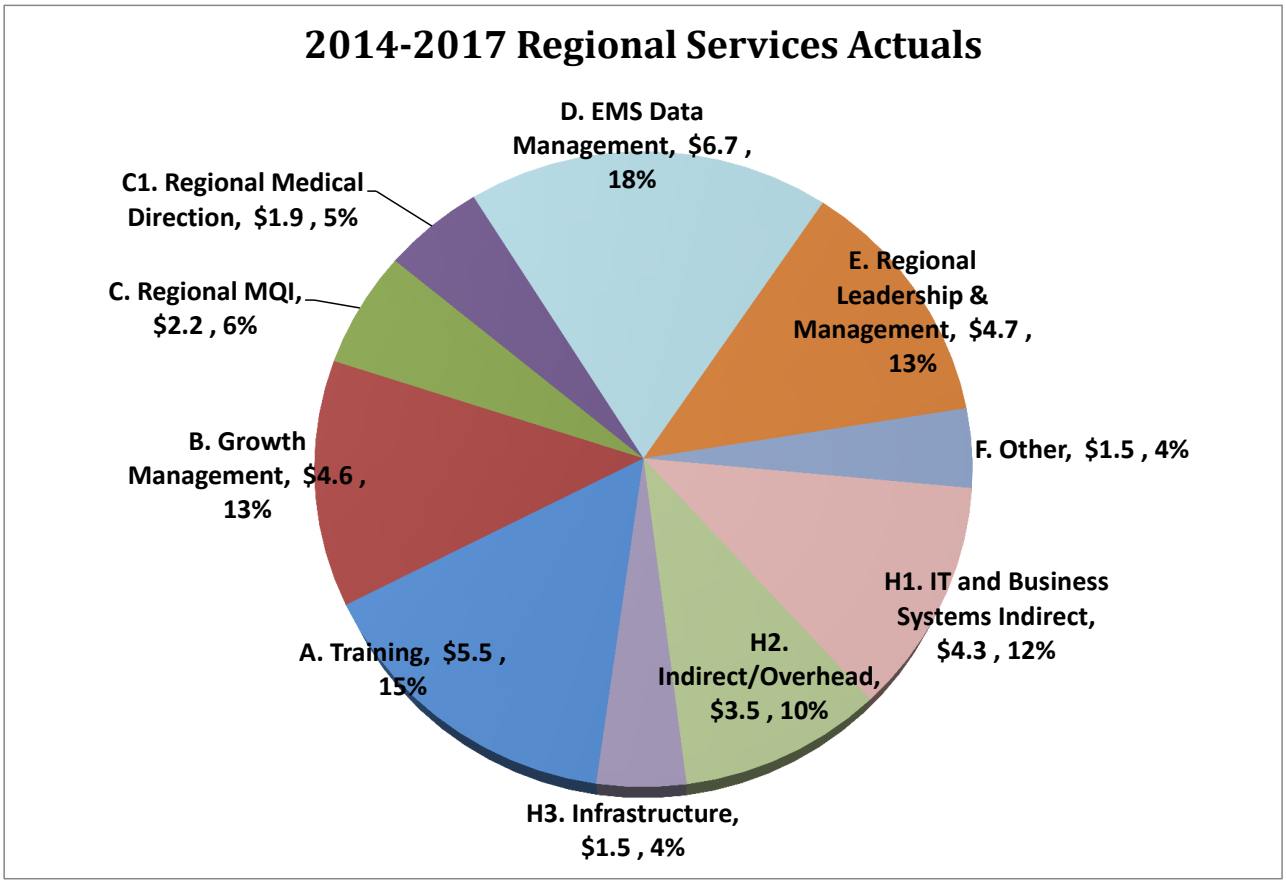
Regional Support & Strategic Initiatives
Includes CMT initiatives / KC EMS Fund
in millions
$14.0
$12.0
$10.0
$8.0
$6.0
$4.0
$2.0
$-
$3.1
$3.1
$3.9
$3.9
$4.5
$5.2
$5.9
$6.8
$6.9
$7.1
$7.1
$8.7
$8.8
$10.1
$11.7
$12.3
2002
2003
2004
2005
2006
2007
2008
2009
2010
2011
2012
2013
2014
2015
2016
2017 Est

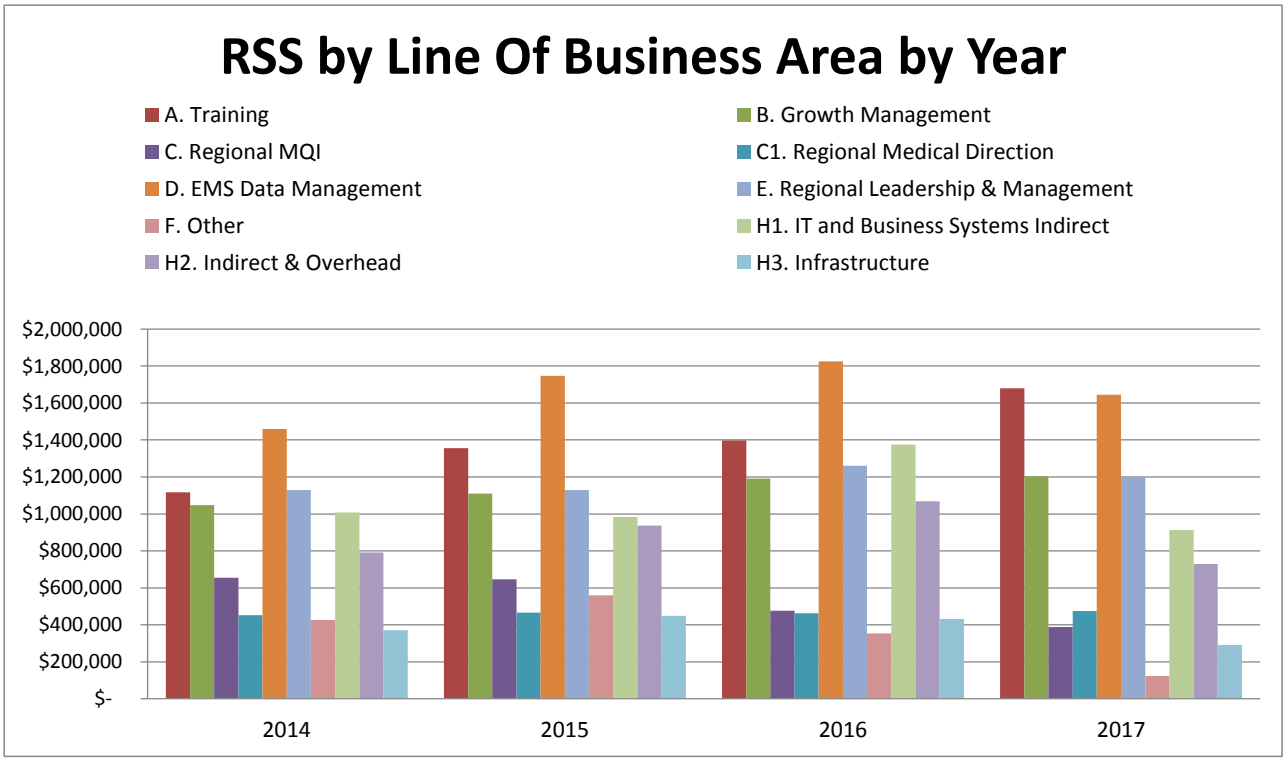
King County EMS Division
Regional Services and Strategic Initiatives Overview

Line of Business	Areas of Focus
A. TRAINING & EDUCATION	1. EMT Training (Basic, STAR Program, CBT instructor workshops/train the trainers, EMS Online CME, HIPAA, Recordkeeping) 2. Paramedic Training (Online PCE and Harborview series) 3. EMD Training (Basic, Advanced, EMS Online CE) 4. CPR/AED Training (Schools) 5. BLS Initial Training SI (regionalization of classes)
B. GROWTH MANAGEMENT	1. Injury Prevention (Falls, child seats, targeted age driving) 2. EMD Oriented Activities (CBD Guideline Revisions, Dispatch Review, Enhanced Rapid Dispatch) 3. Dispatch Performance Management 4. BLS Efficiencies (Taxi Voucher, TRP/Nurseline, Communities of Care) 5. Mobile Integrated Healthcare/CMT Units 6. Vulnerable Populations SI
C. REGIONAL MEDICAL QUALITY IMPROVEMENT	1. Regional Medical Direction (UW physicians, MPDs) 2. Patient Specific Medical QI (Conditions of Focus) 3. Emergency Medical Dispatch QI 4. Dispatcher Assisted CPR QI 5. ALS/BLS Patient Care Protocols 6. BLS QI 7. Regulatory Compliance 8. BLS Training & Quality Improvement SI
D. EMS DATA MANAGEMENT	1. EMS Data Collection (Cardiac Arrest Surveillance System, Cardiac Case Review) 2. EMS Data Analysis (Regional Quality Improvement/Surveillance, Stroke, Cardiac Arrest, STEMI, Anaphylaxis, Opioids) 3. Regional Records Management (RMS, SEND, ESO/EHR, Hospital Interfaces, eCBD/CAD Interface into ESO) – RSS & SI
E. REGIONAL LEADERSHIP & MANAGEMENT	1. Regional Leadership and Management 2. Manage EMS levy fund finances (including audit support) 3. Levy Planning and Implementation 4. EMS Management and Support (HR, Contracts, Procurement)
F. OTHER	1. EMS Agency Support & Small Grants 2. Efficiencies & Evaluation Studies SI 3. All Hazards Management & Vaccine for Dispatchers (discontinued) 4. Public Access Defibrillation (PAD awareness & registry, RAMPART, Police defib) 5. Regional Purchasing
H. INDIRECT & INFRASTRUCTURE	1. Information Technology & Business Systems Indirect Costs 2. Indirect & Overhead 2. Infrastructure (lease, staff vehicles, copy machine, etc.)

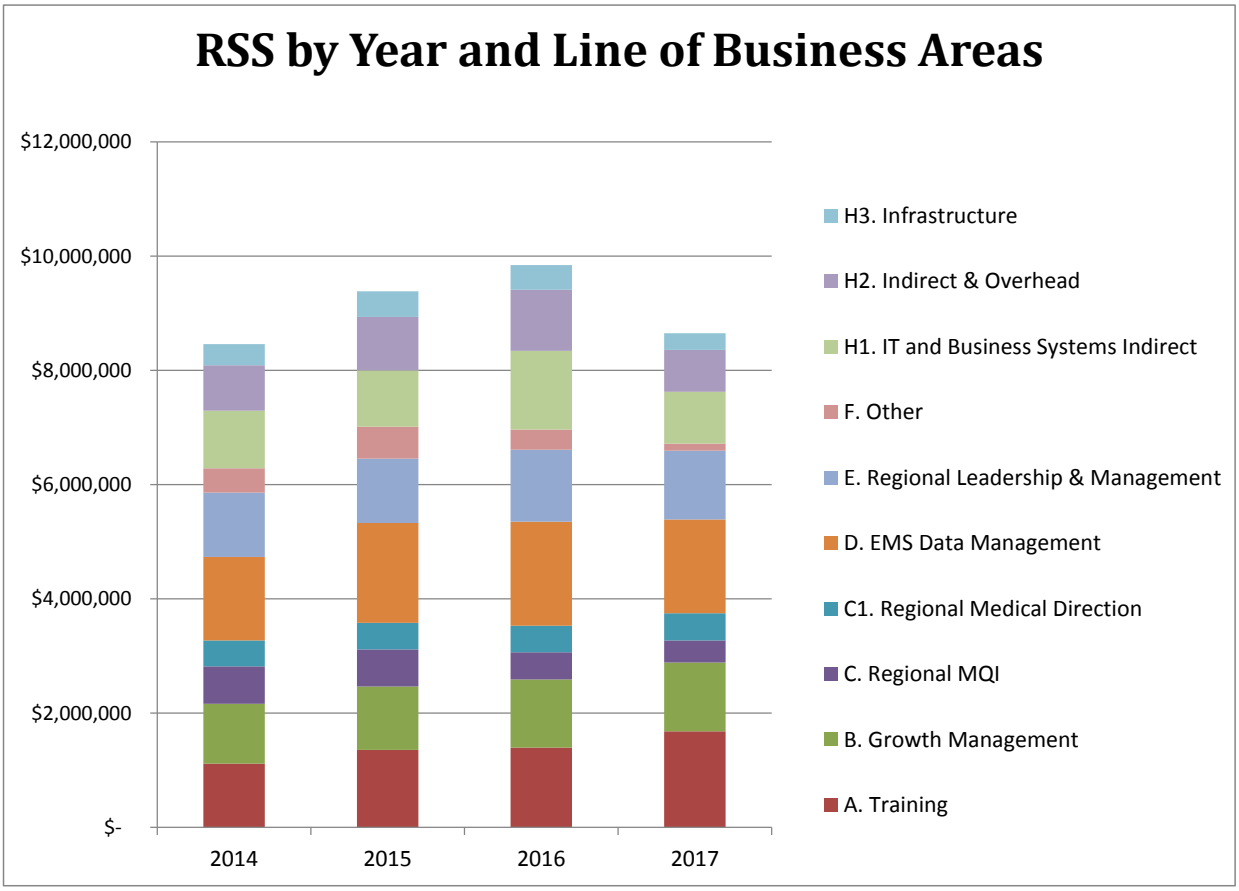
Expenditures by Line of Business Areas

(does not include Strategic Initiatives)





Note: Charts represent preliminary allocation of benefits and other costs by line of business areas.



Note: Charts represent preliminary allocation of benefits and other costs by line of business areas.

Program Area	2014	2015	2016	2017	Total
Regional Services	$ 8,460,187	$ 9,385,566	$ 9,842,691	$ 8,648,381	$ 36,336,825
Strategic Initiatives	$ 311,242	$ 387,245	$ 661,211	$ 1,058,714	$ 2,418,412
Regional CMT Units	$ -	$ 294,672	$ 1,086,034	$ 1,477,626	$ 2,858,332
TOTAL	**$ 8,771,429**	**$ 10,067,483**	**$ 11,589,936**	**$ 11,184,721**	**$ 41,613,569**

NOTES

Increase from 2014 to 2015 typical of growth from 1st to 2nd year of a new levy period.

Decreased RSS spending in 2017 offset by focus on Strategic Initiatives and increases in SI spending.

<u>Decreased spending in 2017 included:</u>

Primarily reductions in Overhead, KCIT & Business Systems Indirect and Infrastructure costs
(likely that some of the reduced costs in 2017 will increase in future years)
Includes delay of some programs, such as RAMPART, into 2018
Some staff vacancies

Training increase in 2017 includes some online infrastructure costs previously paid for with entrepreneurial funding.

Strategic Initiatives Projects - Cash flows

3/18/2018

2014-2019 with Carryover -- Actuals through 2017

	2014 Actuals	2015 Actuals	2016 Actuals	2017 Actuals	2018 Forecast	2019 Forecast	Total Lifetime Forecast
STRATEGIC INITIATIVES - 2014-2019							
Reg'l Records Management System (RMS)	$ 33,750	$ 162,719	$ 203,445	$ 107,971	$ 162,756	$ 184,070	$ 854,711
BLS QI and Training SI	$ -	$ -	$ -	$ 160,255	$ 825,245	$ 495,378	$ 1,480,878
Vulnerable Populations	$ 80,148	$ 188,956	$ 220,383	$ 310,222	$ 346,229	$ 401,506	$ 1,547,444
BLS Efficiencies*	$ 8,389	$ 17,521	$ 29,359	$ 271,453	$ 280,000	$ 265,342	$ 872,064
Efficiency & Evaluation Studies*	$ 42,472	$ 99,115	$ 180,277	$ 143,011	$ 428,036	$ 440,000	$ 1,332,911
Total 2014-2019 SIs	**$ 164,759**	**$ 468,311**	**$ 633,464**	**$ 992,912**	**$ 2,042,266**	**$ 1,786,296**	**$ 6,088,008**
**Lifetime forecast includes move of $450,000 from E&E Studies to BLS Efficiencies to support the Regional Initial*							
STRATEGIC INITIATIVES - 2008-2013							
Emergency Medical Dispatch (EMD)	$ 77,523	$ (111,249)	$ 18,804	$ 28,402	$ 351,985	$ 29,868	$ 395,333
Systemwide Enhanced Network Design (SEND)	$ 68,960	$ 30,183	$ 8,943	$ 37,400	$ 24,374	$ 29,868	$ 199,728
Total 2008-2013 SIs	**$ 146,483**	**$ (81,066)**	**$ 27,747**	**$ 65,802**	**$ 376,359**	**$ 59,737**	**$ 595,062**
REGIONAL CMT UNITS							
Regional Community Medical Technician Units		$ 294,672	$ 1,056,579	$ 1,477,626	$ 1,077,916	$ 36,541	$ 3,943,334
TOTAL Strategic Initiatives	**$ 311,242**	**$ 387,245**	**$ 661,211**	**$ 1,058,714**	**$ 2,418,625**	**$ 1,846,033**	**$ 6,683,070**

MEDIC ONE/EMERGENCY MEDICAL SERVICES
2020-2025 LEVY REAUTHORIZATION

2014-2019 Strategic Initiatives Overview

VULNERABLE POPULATIONS STRATEGIC INITIATIVE (VPSI)

The **Vulnerable Populations Strategic Initiative (VPSI)** is a collaboration between the EMS Division, Public Health – Seattle & King County, fire departments, community-based organizations, and the University of Washington (UW). The goal of VPSI is to conduct programmatic, scientific, and case-based evaluations to ensure that the interface between EMS and vulnerable populations is of the highest quality.

This Initiative acknowledges that significant disparities in health status and access to health care in King County exist. Poverty, discrimination, and limited English proficiency (LEP) affect access to health care and insurance coverage. Also, uninsured individuals disproportionately turn to EMS for health care services, and as such, EMS providers are at the front lines in providing care to those most in need.

As such, the objectives of the VPSI are as follows:

1. Cultivate ongoing partnerships with existing agencies, networks, and programs that are serving vulnerable populations in King County.

2. Identify needs and develop strategies for system-wide changes that will improve EMS care for vulnerable populations.

3. Develop strong collaborative relationships between VPSI activities and the UW by connecting students to the practice community via capstone, thesis, and practicum opportunities related to VPSI.

4. Build a sustained approach to career paths in EMS for under-served, vulnerable populations

Since its inception, the Initiative has focused on ensuring successful communication between vulnerable populations and 9-1-1 dispatch; identifying best practices for at scene care of vulnerable populations; and providing follow-up care and community services for such populations.

VPSI 2017-2018 Work Plan

EMS Agency Projects	Community Projects	LEP Community
Existing: 1. Vulnerable Adult Expansion Project 2. Renton/Kent Sobering Pilot Project	Existing: 1. 9-1-1/CPR Training and Education in Senior Centers 2. CPR Training for LEP Youth with Tukwila School District 3. Seattle OEM Outreach and Education	Existing: 1. Somali Community: a. At-Scene, b. Community Referral, c. Work Force 2. Chinese + Cambodian + Vietnamese: Dispatch, At-Scene
New: 3. Meridian Health Center Collaboration 4. Mental Health for EMS Providers	New: 4. Dispatch Training on LEP Communication 5. Assessment of WA State Mandatory CPR Training Policy 6. Text to 9-1-1 for LEP Users	

MEDIC ONE/EMERGENCY MEDICAL SERVICES
2020-2025 LEVY REAUTHORIZATION

2014-2019 Strategic Initiatives Overview

REGIONAL RECORDS MANAGEMENT SYSTEM (RMS)

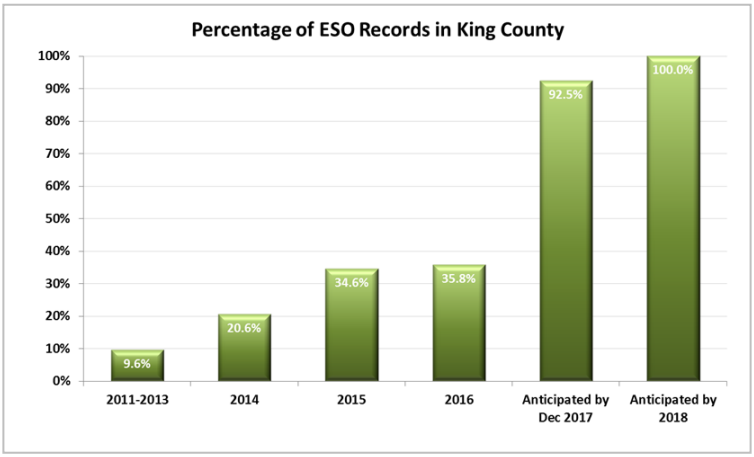
Electronic health care records provide a greater and more seamless flow of information, which is integral for managing all aspects of the EMS system throughout King County. The **Regional Records Management System (RMS) Strategic Initiative** is one effort underway to ensure that complete, accurate and timely data is available for the EMS Division and its partners.

Developed as part of the region's commitment to supporting programs that specifically reduce BLS costs and improve overall EMS system effectiveness, this Initiative transfers the administrative and financial responsibility of the patient care record software to the EMS Division. This allows for agencies to use a singular EMS records management system, centralizing information and improving the quality and access to EMS data.

In consultation, collaboration, and partnership with all EMS agencies, the EMS Division entered into a contract with ESO Solutions Inc. (ESO), enabling all EMS agencies access to the software. As of 2018, all agencies have transitioned to the use of ESO records, benefitting our partners and patients with more complete and better access to data, increased system oversight, and ultimately, improved medical care.

Recognizing that the new ESO users would need support with this new system, the EMS Division pulled together a workgroup of its regional partners to discuss ESO training needs. This group consisted of current and future ESO users, as well as ESO representatives, and collaboratively developed a user guide on the new software, as well as outlined the Division's expectations for documentation and retention. The manual is available via EMS Online.

The regional RMS Initiative is an important penultimate step in the larger Systemwide Enhanced Network Design (SEND) effort to move EMS agencies from paper to electronic patient care records in the field and connecting to hospitals over electronic interfaces. Tangible progress has been made over the past few years, and the final step is to complete additional interfaces with local hospitals and garner a greater percentage of patient outcomes (currently about 15% of all transported patients are received electronically).



Using a singular regional records management system improves the quality of, and access to, EMS data. Both of these are integral for the EMS Division's ongoing QI audits to systematically identify how EMS responses can be improved.

MEDIC ONE/EMERGENCY MEDICAL SERVICES
2020-2025 LEVY REAUTHORIZATION

2014-2019 Strategic Initiatives Overview

BLS TRAINING & QUALITY IMPROVEMENT

The **BLS Training and Quality Improvement Strategic Initiative** was developed in response to the region's request to continue with strategies that provide the best possible patient care. Complementing our system's motto of "Measure and Improve," this Initiative provides a formal structure to more systematically and uniformly review data, and develops consistent training based on the results of the data review. More importantly, it makes these education and improvement opportunities equally available across the system.

The Initiative relies upon four existing tools that, once better linked and synchronized, will help the region continue to meet that goal:

1. **High quality BLS training for EMTs in King County**
   The EMS Division will continue to provide initial basic EMT training on a regional level to ensure that the medical triage and delivery is the same across King County. This includes the new Training Initiative piloting initial additional training course options to better accommodate growing workforce requirements.
2. **Consistently conducted "run reviews" across King County**
   While many BLS agencies conduct run review, the level of analysis, including the types of calls reviewed, is not consistent across all agencies. This Initiative develops a consistent run review program and provides agencies with resources to conduct an expected level of standard case review and subsequent training.
3. **Coordinated supplemental EMT training**
   Supplemental training and instruction to ensure critical skills are maintained is offered and managed at the local level, on an agency by agency basis, depending on availability and funding. This Initiative provides funding and oversight so that all agencies can receive supplemental training led by training led by trainers with complementary skills, and focuses on the same topics or trends of other agencies. This will help eliminate training inconsistencies and positively impact overall system performance.
4. **Targeted data-driven reports on BLS performance to help inform training at both the local and regional levels**
   The EMS Division frequently evaluates BLS medical performance to determine if critical skills are being maintained and if protocols are being appropriately followed. These evaluations may be conducted regionally, or may focus on one or more agencies, per a recent occurrence, or agency request. This provides oversight to help ensure that these reviews are focused on the same topic and are coordinated with other agencies within the system.

The key to maintaining any high quality Medic One/EMS system is measuring its practices and improving its skills. The **BLS Training and Quality Improvement Strategic Initiative** builds upon the system's commitments to continually learning and advancing so that the region can continue to expect and receive the best possible patient care.

2014-2019 Strategic Initiatives Overview

EFFICIENCY & EFFECTIVENESS

Efficiency and Effectiveness Strategic Initiative (E&E) funds allow the EMS Division - and its numerous partners - to explore opportunities to improve EMS, system-wide. The Initiative supports a wide range of continuous improvement projects that aim to improve the quality of care, first by testing in small or limited areas, then looking to widen the benefits by taking the idea to a larger area or across the region. Each project receiving funds through the E&E SI adheres to a strong evaluation component in order to focus on performance measures, system outcomes, standards and other metrics.

Projects undertaken this levy period span the region, as well as all parts of the system.

- The Bellevue Fire Department C.A.R.E.S. program identified and implemented changes to improve its ability to link clients to appropriate medical, social and/or community services.
- The Hope Academy, in working with the Somali community in King County, identified and worked to resolve 9-1-1 communication challenges in limited English proficiency communities.
- The South King Fire and Rescue Fall Prevention program increased the number of referrals to the One Step Ahead program, conceivably reducing the rate of repeat falls (and calls).
- The Puget Sound Regional Fire Authority's FDCARES program received an E&E grant to incorporate a social worker into its response to ensure that patients receive the appropriate assistance by FDCARES staff at the most effective care setting.
- King County's Paramedic Continuing Education grant sought to test the efficacy of online learning via EMS Online, compared to traditional classroom learning, for paramedic training.
- South King Fire and Rescue was awarded funds for integrating an MSW care coordinator in the Fire and EMS system that works in conjunction with St. Francis Hospital in Federal Way, identifying and engaging with individuals in the community who suffer from chronic disease and have high utilization of both the EMS system and the hospital and emergency department.
- Redmond Fire Department and the Redmond Medic One provider group were awarded an E&E grant to explore and develop a Mobile Integrated Healthcare program; the planning efforts include visiting and learning from both national and local efforts, data review, scope and budget development
- Within the EMS Division, the Equity and Social Justice in EMS project continues to explore ways to integrate ESJ values and themes into the EMS Division. This multi-year project will work to develop workplace programs and policies that improve equity in EMS and has targeted efforts on inclusivity in the recruitment of new EMS professionals throughout King County.

Full reports of each of these programs are available through the King County EMS Division.

MEDIC ONE/EMERGENCY MEDICAL SERVICES
2020-2025 LEVY REAUTHORIZATION

2014-2019 Strategic Initiatives Overview

BLS EFFICIENCIES

The **BLS Efficiencies Strategic Initiative** focuses on monitoring BLS call growth and implementing strategies to diminish the impact of increasing call volume. This Initiative supports EMS partners in pursuing innovative strategies to manage current BLS demand, and delay future growth in the request for BLS assistance. By measuring performance, initiating pilot programs, and evaluating results, this Initiative develops approaches to improve the quality of care and gain system improvements, placing emphasis on alternatives for better serving non-emergency patients and callers, often referred to as "low-acuity."

The Initiative is focused on:

- Evaluating and reducing unnecessary EMT requests for medics from scene;
- Evaluating and minimizing unnecessary BLS transports;
- Studying potential to expand EMT scope of practice to accommodate emerging community needs; and
- Providing EMTs with more training and skills to make more effective, confident decisions at the scene, with a focus on minimizing unnecessary transports

In 2016, the EMS Division and EMS agencies in King County focused their efforts on developing a regional approach for initial EMT training by standardizing and expanding the options available to EMTs. The result of this is the new **EMT Initial Training Initiative,** which pilots a five-week class, and a one-week "bridge" option for new experienced EMT hires with training on King County skills and directives. Offered in addition to the traditional 14-week evening and weekend EMT training courses, these classes are available across zones to all EMTs in the region. The EMS Division provides the curriculum to ensure the consistent and standardized delivery of crucial BLS skills and training. This option allows flexibility with Fire Department partners and ensures continued excellence in training EMTs in our County.

Past projects:

One of the past projects undertaken initially as a BLS Efficiencies Initiative is the **Telephone Referral Program (TRP/Nurseline)**. This program connects lower-acuity callers to a 24-hour nurse for consultation. The nurse if able to spend much more time with individuals, compared to a busy 9-1-1 call taker, and may recommend home care or help identify appropriate locations to seek care, such as an urgent care facility or primary care provider. If needed, the nurse can advise an EMS crew to respond to the scene as well.

The King County nurse line integrates with another BLS Efficiencies program, **the Taxi Transport Voucher Program**, which allows nurse line staff to issue vouchers to individuals who lack other means of transportation to receive needed care.