

**SCFCA-SCEMS-SNO911 EMS Governance Joint Task Force
Meeting Summary for February 13, 2024 / 10:00 – noon
Location: SNO911 New Headquarters
332 SW Everett Mall Way**

Meeting Attendance:

Voting Members					
Dave DeMarco	✓	Gary Lingel	✓	Roy Waugh	✓
Don Waller	✓	Roger Vares		Shaughn Maxwell	✓
Staff and Support					
Dr. Ryan Keay, MPD	✓	Joe Hughes	✓	Sharon Brendle (notetaker)	✓
Scott Dorsey	✓	Kurt Mills			
Karen Reed	✓	Terry Peterson	✓		

Decisions are underlined; follow-up matters are in *italics*.

1. **Welcome / Review of Agenda.** Chair Dave DeMarco started the meeting at 10:00 am. There were no changes proposed to the agenda.
2. **Approval of meeting minutes.** Shaughn Maxwell moved to approve the meeting minutes as presented. The motion was seconded by Don Waller and approved unanimously.
3. **Statement of Values and Principles.** Karen commented that upon review of the principles, she noted that it seemed pretty light on governance, including issues about the decision-making structure. After some brief discussion, the statement was approved as written. Don Waller moved to approve the Statement of Shared Values and Principles. The motion was seconded by Gary Lingel and approved unanimously.
4. **EMS oversight/protocols/etc.** Comments made during the discussion regarding Shaughn Maxwell’s matrix. What is missing?
 - Note that the Snohomish Trauma Care Council, while an optional organization, does represent the county in obtaining grant funding.
 - Add - a row related to disciplinary matters, addressing that there are two sets of rules related to discipline when dealing with a represented “unionized” workforce.
 - Add - individual EMS providers. They are ultimately responsible for their own certification.
 - Add - Definition page
 - Add - list of things that are statutorily required by the EMS agency.
 - Question: should the matrix be distilled down to relate to a specific audience, or should it be expanded to include more narrative? (Lots of discussion on this)
 - Question: Is the matrix a living document or a statement of the status quo?
 - Add—column for North Regional Care Council.

It was agreed that the group should continue working towards creating a document that describes the current state of SCEMS.
5. **Problems and Risks in the current system.** JTF members wrote down their thoughts on programs and risks and shared these in discussion. Karen will prepare a writeup. Comments included:

- Align all agencies to have good support.
- Funding and training is not consistent across the board. There is no validation of QA.
- There's a threat to public image, coupled with support for funding, under the current system.
- Inconsistent level of service.
- Lack of data driven decision making.
- Lack of a firm and consistent foundation and support
- Lack of system of care incorporated within the county, current systems are fragmented
- Loss of public and employee trust -- employees not believing in the system they work for, followed by a disengagement of training
- A need to prepare new paramedics properly while dealing with huge turnover.
- 85 - 90% of call volume are connected to aid calls, but Fire Chiefs don't seem to treat them that way. Still utilizing a system set up in the 70s focused on fire incidents.
- Confusion of roles. Agencies are building their own protocol rather than agreeing to follow one for the entire county or region.
- Dealing with "turf" mentality. Insisting on sending their own unit, rather than the closest unit.
- Resources needed to monitor each shift and each agency.
- infrastructure needs to be created to provide sufficient training across the county so quality assurance can be handled evenly.
- Resource deployment. ALS (Advanced Life Support) protocols show a deficiency between agencies. Brief discussion of mobile integrated healthcare.
- Hospital wait times.
- Singular mission focus, rather than universal/regional, for each fire agency.

6. Current and potential regional EMS oversight programs and activities. What criteria should the JTF use to identify those programs:

- Focus on mandated requirements really well before moving on to the non-mandated issues.
- Reduce duplication.
- Reduce paperwork requirements for the EMD.
- Tackle high risk areas.
- Be politically easy - find what not currently being done, so you won't have to re-negotiate with labor.
- Find a way so the stakeholders wouldn't have a large financial hit.
- Mandate consistent quality assurance - baseline reduction in risk.
- Provide the necessary infrastructure so agencies and paramedics are successful.
- Use a shared document platform so protocols are easily revised and amended, and communication is simplified.
- Rely on an easily accessible database; can SNO911 create needed reports that chiefs can access.
- Leverage existing data resources.
- Utilize already funded staff time in a better way.

7. Next Meeting:

- Review and possibly approve an updated Matrix outlining current system, incorporating any homework inputs.
- Review, discussion, possible approval -- write up of key problems and risks.
- Discuss criteria for prioritizing programs, then begin to identify programs and activities that meet those criteria.
- Next meeting is scheduled for February 27 at 10:00 a.m. Meeting location is SNO911's new facility, Building A, main floor.

Chief DeMarco adjourned the meeting at 12:05.