

## SCFCA-SCEMS-SNO911 EMS Governance Joint Task Force

### Statement of Challenges and Risks with the Current EMS System in Snohomish County

*(As adopted by the JTF 3/26/24)*

While there are strengths to the current system, particularly in the dedication of its personnel, there are also significant challenges, and these challenges pose real risks for our individual fire agencies and the public that we serve. Joint Task Force Members have identified the following as some of the key challenges/problems and risks:<sup>1</sup>

#### **Challenges/Problems:**

1. We have inherited a system built at a time when Snohomish County was overwhelmingly rural, and we are now a rapidly urbanizing county. There are 22 separate but interdependent fire/EMS agencies providing service to nearly 1 million residents in the County. The multi-agency system was built around fire response, but now over 85% of our calls are EMS related. In sum, the current legacy structure was designed to provide fire service to small, isolated communities in a largely rural landscape. This does not match, or well serve, our current reality.
2. We lack a shared understanding of the current EMS system, and the roles and responsibilities of the various partners in this system.
3. There is a lack of trust between the partners in the EMS system, perhaps due in part to the lack of understanding of the system.
4. The approach to pre-hospital care at the fire agency level is too often not based on Countywide system thinking, rather, it is seen through the individual agency lens.
5. We do not have alignment in our EMS practices and we are not well coordinated to be able to address these issues.
  - Application of medical protocols is not consistent.
  - Countywide Quality Assurance/Quality Management Plan is inconsistently implemented.
  - Decisions and requirements made at the MPD level are not well communicated to individual agencies, and there is not a strong system in place to get input on these decisions.
  - Training and education requirements and Quality Management are not well coordinated and are inconsistent across the County.
6. Foundational systems to support a coordinated, integrated data-driven system capable of continuous improvement and growth are simply not in place. We lack unified, efficient

---

<sup>1</sup> The JTF is not addressing all issues in the fire service that touch on the EMS system. Specifically, we are not addressing the issue of employee recruitment.

or effective data gathering and reporting systems for what is going on in the EMS system. Without this data, we are hard-pressed to make accurate, functional decisions about medical protocols, Quality Assurance/Quality Improvement, training needs, certification status, or other critical tasks.

7. Fire agencies have different financial capabilities and desire to contribute to stabilizing and improving the EMS system.
8. The twenty (plus or minus; the number changes over time) separate but interdependent fire agencies deploy different resources to identical calls, often in each other's territory through automatic aid; medical response capabilities being deployed are thus inconsistent. This can result in service gaps or inconsistent care.
9. We are duplicating effort across the system, making inefficient use of our labor/time, for example:
  - Software applications such as RMS, Firstwatch and First Pass are all separately purchased by fire and EMS agencies.
  - Data is not automatically populated into a single countywide database.
  - A common educational platform is not in use for training.
  - A common certification data platform is not in use.
10. While we are not required by law to have a county trauma care council, if we choose to have one, it must meet certain basic statutory requirements. The Snohomish County Trauma Care Council is very challenged to meet state law requirements in terms of its structure and basic operations.
11. We are ill-prepared to manage the evolution in EMS service delivery. For example, mobile integrated health/paramedicine services are not integrated across the EMS system in the county.
12. Achieving the goal of greater coordination and collaboration in our EMS system will require some uncomfortable choices. Specifically, we will each have to allocate more local dollars and agree to unify our practices to achieve this goal.
13. We are experiencing a generational and cultural change in staffing, as many seasoned firefighter/EMTs/ paramedics retire. The absence of a strong regional EMS system in which to engage and educate our new front-line responders to is a major missed opportunity that can have detrimental impact for years if not addressed.

**Key risks to the public** from the current system include:

- ALS service is not consistently available across the County.
- Desire for local control can result in not sending the closest available unit.
- Inconsistent patient care from different providers can also cause problems for patients when different parts of the system interact.

**For the 22 fire/EMS agencies, key risks include:**

- A. Medical mistakes can result in civil and criminal liability for fire agencies.
- B. There can be both agency and personal liability for practices not consistent with current protocols.
- C. Mixed messages from agency leadership and different agency cultures leads to variability of care and inconsistent application of medical care.
- D. Mistakes or confusion can cost all our agencies, in terms of weakening public trust and reducing public support for funding of our operations.
- E. Loss of employee trust can occur when staff observe recurring inconsistencies that are not addressed. Change fatigue can also reduce individual care provider engagement.
- F. Countywide Mental Health Profession/Community Resource Paramedics: there is currently only patchwork availability, but potentially big cost savings and risk reduction if these services were consistently available.
- G. Without strong EMS system leadership and coordination, our individual agency responses can deteriorate over time.
- H. There is waste in the system due to duplication of effort.
- I. It can be hard to build support for EMS system oversight budgets when there is little understanding of what is or may be required of individual fire and EMS agencies.