

**SCFCA-SCEMS-SNO911 EMS Governance Joint Task Force
Meeting Summary for February 27, 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*.

- Welcome / Review of Agenda.** Chair Dave DeMarco started the meeting at 10:04 am. There were no changes proposed to the agenda.
- Approval of meeting minutes.** Shaughn Maxwell moved to approve the meeting minutes as presented. The motion was seconded by Gary Lingel and approved unanimously.

A list of upcoming meeting dates was passed out and discussed. Karen announced that she will be out of town for the meetings in April. It was agreed that the group will hold Hybrid meetings in April.

Upcoming meetings for the next few months include March 12, March 26, April 9, April 23, May 14, May 28.

- Review and Interim Approval of the Current Status of EMS System Matrix.** The group discussed the current state of the EMS System and agreed to some recommended changes. Shaughn Maxwell moved to approve the Current Status of the EMS System Matrix, to include the changes discussed and agreed upon. The motion was seconded by Gary Lingel and approved unanimously. An updated EMS System Matrix will be printed and distributed prior to the next meeting.
- Challenges and Risks in the current system.** The group reviewed and discussed the draft statement of Challenges and Risks within the current EMS System. Among the changes agreed upon are:
 - Items 1, 2 and 3 - no changes.
 - Item 4 - edit to read: 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.
 - Item 5 - edit to change first and second bullets.
 - Application of Medical protocols is not consistent.
 - The Countywide Quality Assurance/Quality Management plan is inconsistently implemented.
 - Item 6 - no changes
 - Item 7 - edit to read: Fire agencies have different capabilities and desires to contribute to stabilizing and improving the EMS system.

- Item 8 - no changes. (Listing an actual number was questioned since agencies can merge and that number can change).
- Item 9 - edit to include: For example: manage software applications uniformly, not per individual agency, and manage data from a central location (ESO, First Due, First Watch, etc.).
- Item 10 - edit to reverse sentence order.
- Item 11 - edit to read: We are ill-prepared to manage the next evolution of EMS service delivery. For example, mobile integrated health/para-medicine are not integrated across the EMS system in the county.
- Item 12 - edit to read: Achieving the goal of greater coordination and collaboration in our EMS system will require some uncomfortable choices. Specifically, we will each have to relinquish some local dollars and allocate, share, and prioritize funding in order to achieve this goal.
- Item 13 - edit to read: “We are experiencing a generational and cultural change in staffing, as many...if not addressed.”
- Key Risks to the public:
 - Desire for local control can result in not sending the closest available unit.
- For the 22 Fire/EMS agencies, key risks include:
 - A - no changes
 - B - include a reference to personal and agency liability
 - C - Mixed messages from agency leadership and different agency cultures leads to variability of care and inconsistent application of medical procedures.
 - D - Inconsistencies or confusion can cost all of our agencies, in terms of weakening the public’s 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 - Remove
 - G - Remove
 - H - no changes
 - I - Without strong EMS system leadership and coordination, our individual agency responses can deteriorate over time.
 - J – There is waste in the system due to duplication of effort.
 - K - Edit to read” 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.”

5. Criteria for Initial Programs/Activities to be Regionalized. The group discussed the draft document and agreed on some changes throughout.

- 1. create a more positive statement
- 2. edit to include phrase - be politically feasible.
- 3. include EMS with Fire.
- 4. 4th bullet - edit -- change contract to contrast. 6th bullet – add a bullet regarding more consistent training
- 5. Improve our ability to use quality data to inform training and protocols.
- 6. include EMS with Fire
- 7. no change

- 8. Are built around core responsibilities as represented in the EMS System matrix and our collective capacity to perform at a high level
 - 9. Fund statutorily required parts of the system - start there, add discretionary items as value identified over time.
6. **Communication/Outreach to Board in March.** The group reviewed the PPT and made changes. An updated Matrix and PPT will be made available prior to next week.
7. **Good of the Order.**
- Roy said it appears that with the addition of Scott, there is better management now of resources. He suggested adding a column in the matrix. Instead, the group wants the matrix to reflect current conditions and there was agreement about creating a document that reflects the changes he's made. Scott now produces a weekly report.
 - Roger announced that Joe will now be assuming the position of SCEMS TCC Chair. The group asked for Roger to stay on as an advisor.

Next Meeting to include discussions on:

- Developing a list of programs/activities to prioritize for regionalization and applying developed criteria.
- Upcoming governance discussion: Group agreed they would like to see a matrix comparing how other counties are managing their EMS systems, including Whatcom, Thurston and Pierce.
- Review an outline of governance/finance/legal/operations issues in Phases 2 and 3.
- Frame the options for "host" agency. Adding County Health District as one of the options.

Chief DeMarco adjourned the meeting at 12:00.