

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

May 2024 Update  
for SCFCA, SCEMS and SNO911 Boards

# What's in this update:

- Reminder on who we are, the JTF mission.
- Update on our work to date
- Where we're going from here
- JTF Recommendations on actions to meet baseline EMS System statutory requirements effectively
- Q&A
- Next Steps

# EMS Governance Joint Task Force

VOTING MEMBERS / (Representing)	MISSION
Gary Lingel (Small Fire Agency) Don Waller (Medium Agency) Shaughn Maxwell (Large Agency) Joe Hughes (SCEMS/TC Council) Dave DeMarco (SNO911) Roy Waugh (SNO911)	The mission of the Joint Task Force (JTF) is to make recommendations to the Governance Boards of the three partner agencies (SCFCA, SCEMS and SNO911) regarding future governance and process flows to improve countywide EMS system(s) in ways consistent with state laws, in support of the Medical Program Director for Snohomish County (MPD), and consistent with the following long-term vision for the Snohomish County EMS system:
<b>Supported by:</b>	<i>Greater coordination, alignment, and collaboration strengthens individual agencies, countywide systems for fire and EMS service delivery and the development of personnel.</i>
MPD, Dr. Ryan Keay SCEMS/TC Council Vice Chair Roger Vares SNO911 Staff Terry Peterson + Interim EMS Director Scott Dorsey Facilitator/Consultant Karen Reed	

# Work Plan / Status

## January – May 14

- ✓ Mission Statement, work plan, process, timeline
- ✓ Statement of values and principles
- ✓ Communications Plan
- ✓ EMS system Current state summary
- ✓ Problem statement: challenges and risks
- ✓ Criteria for programs/activities that should be initial focus for consolidation/regionalization
- ✓ List of programs/activities that are a priority for standardization/regionalization
- Review of Host Agency Options
- Host Agency Recommendation
- Review of draft budget placeholder for 2025

In process

# Next Steps

Updated work plan:

## Phase 3: June - August

- Governance Framework options
- Governance recommendations
- Proposed initial organization structure and services to be provided
- Funding recommendation
- Supporting statement: rationale/value
- General implementation plan

**NOTE:** JTF plans to present draft 2025 budget recommendation in June, along with “host agency” recommendation.

Full implementation of governance changes expected to occur in first half of 2025. Funding for first-phase EMS system improvements (2-year program) to begin in 2025.

# EMS Current System

## Key Parties:

Medical Program Director (MPD)

MPD Physician Delegates (*support MPD*)

North Regional Trauma Care Council  
(*State created*)

SCEMS TC Council (*optional to create*)

SCEMS Director/Staff (*Support MPD and Local TCC*)

Individual Fire Agencies

Individual EMS Providers

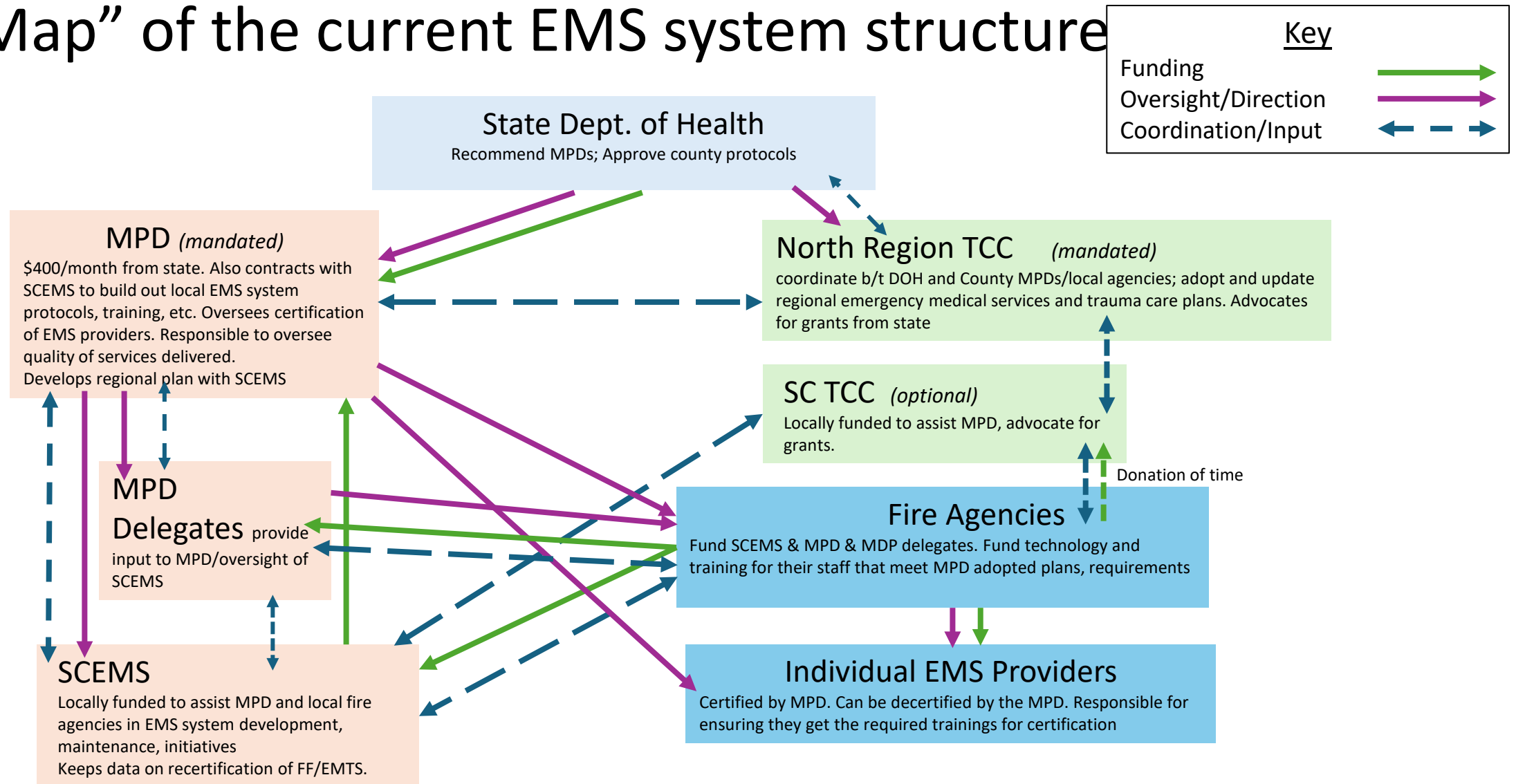
## KEY TASKS assigned to MPD by state law, that also engage multiple Parties:

1. Medical Protocols & Orders
2. Training & Evaluation
3. Quality Assurance/Improvement
4. Certifications/Re-Certification
5. Employee Discipline

## Roles of the Parties are variously:

- ✓ statutorily required
- ✓ supporting what is required
- ✓ not required but support overall system
- ✓ in conflict (labor contracts v. decertification)

# “Map” of the current EMS system structure



# New JTF Work Products since April briefing:

1. JTF Recommendation on actions to effectively meet baseline EMS System statutory requirements



# Re-cap: Problem Statement Summary: Challenges and Risks with Current EMS System

1. Our EMS system is built off a fire system designed to support smaller, isolated communities. We're now a diverse interdependent urban county.
2. Lack of understanding of the system.
3. EMS practices not aligned or coordinated.
4. Systems not in place to support better alignment or coordination. (reporting, data, QA/QI, QM, training, etc.)
5. Different financial capabilities, different resource deployments.
6. Duplication of effort due to lack of shared systems.

# Challenges and Risks, cont'd.

7. Difficult to fill out seats on Trauma Care Council as required by state.
8. More coordination means giving up some control. More services means more funding.

## Risks to public:

9. Inconsistent access to ALS.
10. Closest unit not always sent.
11. Inconsistent patient care can cause problems when different part of system interact.

# Challenges and Risks, cont'd.

## Risks to Fire/EMS Agencies:

12. Legal liability for medical mistakes – agency and personnel.
13. Erosion of public trust.
14. Employees can lose trust, suffer change fatigue.
15. Wasting scarce resources when we duplicate efforts.

# The bottom line:

- SCEMS has failed over the last 10+ years because it has been understaffed and underfunded.
- Current staffing and funding does not adequately support the bare minimum to meet basic state requirements.
- Historically, the EMS system has relied upon countless volunteers from members, which has proven ineffective and unsustainable.
- We are asking our MPD and SCEMS staff to work at an unsustainable level to keep the current inadequate system afloat.
- The status quo is not an option.

# JTF Recommendations for Action

- JTF has developed a set of action recommendations for the next two-year period, summarized in next 4 slides.
- The recommendations are intended to enable us to competently operate and perform our state mandates in a sustainable way.
- We are working now on a budget estimate for these recommendations. The cost will depend in part on the operating structure we choose (“host agency” discussion introduced below).
- Today, SCEMS has the equivalent of 2.1 FTEs (contracted) plus a contract with the MPD. We estimate 4-7 FTEs plus the MPD contract will be needed to meet these recommendations.

# JTF Action Recommendations to Meet State Requirements Effectively in Next 2 years

## Protocols and Orders

*SCEMS currently*

*Supports protocol development*

**Recommend**

- **Staff time to support protocol development and associated trainings**
- **Require Delegate Physicians to participate at Regional Protocol Committee**
- **Single platform for amending, sharing, managing.**

## *Delegate Physicians*

*SCEMS currently*

*No role. Delegate Physicians are currently hired by separate agencies with very different contracts, caseloads, reimbursement; should be reporting to MPD by law*

**Recommend**

- **Staff time to support MPD oversight of delegate physicians.**
- **Make contracts, caseload, reimbursement consistent across county**
- **Small agency Delegate Physician**
- **MPD involvement in evaluating/selecting Delegate Physicians.**
- **Agency staff input in evaluation of Delegates Physicians**
- **Require Delegate Physicians to participate at Medical Control Committee**
- **Districted system, central hiring by end of 2 years.**

## Training and Evaluation of EMS Personnel

*SCEMS currently*

*Provides staff support for MPD approved trainings (calendar, coordination), supports MPD supervision and audits of training; manages/administers MPD approved trainings/certifications for ESE evaluators*

**Recommend**

- **Staff time to develop and conduct 4 OTEP training modules annually, selected based on QA/QI inputs**
- **Develop 3-year training plan**
- **Create Paramedic Integration Program (new paramedics)**
- **Agencies required to have staff participate in the new OTEP training modules**

## QA/QI/QM

*SCEMS currently:*

*Focused on Quality Management (QM), with some Quality Assurance (QA) activities, but lacks the capacity for Quality Improvement (QI). Supports QM documentation. HIPAA compliance concerns with some data that should be used to develop QM*

**Recommend**

- **Conduct risk assessment and recommend/implement systems to ensure HIPAA compliance with data needed. (Patient Safety Organization)**
- **Build upon existing QA system to support a tiered QM that is organized countywide, but managed within the departments**

## Employee Discipline

*SCEMS currently*

*Document management to assist MPD in making decertification recommendations*

**Recommend**

- **Address and coordinate the overlapping responsibility of MPD and individual employers for EMS providers**

## Controlled Substances

*SCEMS currently:*

*Document management*

**Recommend**

- **Align Controlled Substance Management policy/procedure with state and federal law.**

## ESO System / Electronic Health Records (EHR)

*SCEMS currently*

*SNO911 has ESO Electronic Health Record license and all agencies use it to make their patient care records. However, agencies have different coding of events making it difficult to generate countywide data.*

**Recommend**

- **Ensure consistent use of ESO system across the county, with same configuration so data can be easily tabulated across the county.**



## Learning Management System

*SCEMS currently*

*Assists with MPD approval/implementing trainings. No countywide single system/software in use. Agencies deploy trainings with different systems.*

**Recommend**

- **Unify content, rather than require single software system. (See additional recommendations above under Training)**

### Addendum: Mid-Term Priorities to meet State Mandates (3-5 years)

Protocols and Orders	Develop tools to automate protocol development and ensure consistent use
Training & Evaluation	Develop and implement 3-year training program
QA/QI/QM	Develop QI recommendations in concert with MPD, improve QA/QM programs.
Employee Discipline	Implement system for coordinating MPD recommendations and Local Agency labor contracts.
Organizational Sustainability	Identify and implement strategies to improve sustainability of EMS system oversight (e.g., succession planning)

Questions? Comments?

# Where should EMS coordination and oversight be housed? – “Host Agency” decision

- SCEMS is the current “host agency” for oversight/coordination of EMS
- JTF is considering 3 general options for host agency (many iterations within each option are possible)

**Option A: Restructure SCEMS/ create New Agency, self sufficient**

**Option B: SCEMS/create New Agency and contract for staff and admin services from partner agency/SNO911**

**Option C: Graft EMS program into SNO911 structure**

COMPARING HOST AGENCY OPTIONS

<b>Option A</b> <b>Restructure SCEMS/New Agency, self sufficient</b>	<b>Option B</b> <b>SCEMS/New Agency with contract for staff and admin support services from partner agency/SNO911</b>	<b>Option C</b> <b>Graft EMS program into SNO911 structure</b>
<p><i>Fire/EMS agency controlled.</i></p> <p><i>All staff are agency employees. Would likely contract out legal, accounting, payroll, janitorial services, etc.</i></p>	<ul style="list-style-type: none"> <li>• <i>Fire/EMS agency controlled</i></li> <li>• <i>Staff are employees of separate agency.</i></li> <li>• <i>Exec director hired by and serves at will of EMS Agency Board; if fired by EMS Board, remains an employee of contract services agency but not funded by EMS Agency.</i></li> </ul>	<p><i>SNO911 Gov. Board makes final budget decisions; A new EMS Technical Advisory Committee (similar to current Fire TAC) and EMS Policy Board to make budget and operational rec.'s to Gov. Board. Could require supermajority vote of SNO911 policy board to override or amend policy/budget recommendations of EMS Policy Board.</i></p>
<p>Most expensive option</p>	<p>Less expensive than Option A; probably comparable to Option C.</p>	<p>Less expensive than option A; comparable cost to Option B.</p>
<p>All decisions necessary for new agency involved. Implementation would include hiring for all key positions.</p>	<p>Most work to implement</p> <ul style="list-style-type: none"> <li>• Create new agency</li> <li>• Negotiate service contract (likely requires SNO911 ILA amend.)</li> </ul>	<p>Least number of new decisions to be made, but SNO911 ILA would need to be amended.</p>

Do you generally support the direction we've outlined today?

**Next steps:** June Presentation on  
(1) Draft 2025 budget placeholder  
(2) Host Agency recommendation

## Questions?

SCSFCA Liaison: S. Maxwell, *D. Waller (Alt.)*

SCEMS Liaison: J. Hughes, *R. Vares (Alt.)*

SNO911 Liaison: D. DeMarco, *D. Waller (Alt.)*

We are posting all our agendas, minutes and approved materials on the SNO911 website  
<https://sno911.org/collaboration/#ems-joint-taskforce>