

Emergency Medical and Ambulance  
Advisory Board Meeting  
June 13, 2007

Draft Minutes

In attendance (sign in sheet incomplete): Dave Ralston, Roger Christensen, Dan McShane, Gary Baar, Jerry Martin, Bob Busch, Gary Russell, Skip Moore, Denise Christensen, Dewey Desler, Pete Kremen, Linda Harduar, Tawni Helms

**Introductions:** Everyone present introduced themselves and the District or affiliation they were representing.

**Handouts:** Dewey briefly reviewed the documents that were handed out and included a copy of the powerpoint presentation, the fire district map and the call volume spreadsheet. At this point Dewey also stated his expectation that this group should meet twice each year. A Spring meeting should cover activities and results and an early Winter meeting should review budget projections and new budget materials.

**Powerpoint Presentation:** Dewey conducted the powerpoint presentation that covered a financial and performance review of Medic 1.

Dewey stated that the slide show reveals some changes from the original plan. Budget materials reflect an increase in fees and taxes but at the same time expenses have increased.

Significant increase expenditures include training and wages (\$268,000), fuel costs and dispatch costs for What-Comm.

The expenses for B&O taxes may be eliminated. There is an increase in equipment and IT costs.

Roger Christensen explained some of the expenditures. Expenditures were higher than anticipated in 2006 and some expenditures were carried over to 2007. There was a backlog in ambulance orders that impacted the 2007 budget. BLS providers will ultimately pay What-Comm. The methodology for payment is not yet fully developed. All dispatch costs are billed out.

Bellingham Technical College changed the training days to 5 days per week. They didn't expect the growth now that BTC is a regional training facility. The 5 days per week of training has caused scheduling strains which has inflated the wages through overtime and extra help. Medic 1 students are out of the Fire workforce five days a week contributing to a 30% increase in wages.

Correspondence has gone out to BTC requesting they explore some scheduling alternatives that will be less disruptive to the Fire department.

Chief Barr reminded the group that the projected costs were budgeted to worse case scenarios including the 5 day per week scheduling.

Roger C. explained the 118K difference of the overrun and projected costs includes 40-50K that will be billed out for BLS services. Not all BLS calls are billed out because non- transport BLS can no longer and are no longer billed.

Jack Louws asked if we will see any relief wages/benefit increases for 2008 and will we be able to straighten out this upward trend.

Dewey reminded the group that we are looking at a 6 year plan where we factored in increases in costs for staff, training, and capital expenditures that were realistic and justifiable. It is how still just a comparison. A key question is when do we incur the costs associated with expansion/growth such as chase cars and a 5<sup>th</sup> Medic unit?

The projection is based on service volume trends. Is it still appropriate to stick with the original triggers or do we have some breathing room?

Revenues are on target. Expenditures seem to be roughly 6-7% below. Roger noted that Medic 1 will likely meet 100% by year end. Medic is attempting to create consistent data for financial performance and call volume to compare from year to year. The goal is to build a model for reporting to our community.

Carl Weimer asked if the plan budget included the entire tax revenue.

Dewey responded that now it is only a portion of the entire new tax that pays for Medic 1. The difference will stay in reserves for EMS when the expenditures exceed the revenues and the lines inevitably cross. The reserves will be used to supplement the tax revenue.

Dewey reviewed the Call Volumes and Response time performance.

A modest reduction in ALS transport has occurred. An increase in BLS transport has occurred and an increase in fire calls has occurred.

Call volume increases don't appear to be as significant as predicted. Current model may be able to handle call volumes. If they go up significantly then we may need to expand.

Dr. Wayne told the group that we don't know what will happen when the new emergency department (ED) doubles in size. The ED expansion may have some effect. The population is increasing and depending on demographics and who is creating the growth will determine the growth. If the growth is a result of older people moving in to the community an increase is suggested. The opposite is true for younger people.

Dr. Wayne further reminded the group to be cautious. Acuity is rapidly growing. Numbers aren't going up but acuity is.

Dewey suggested we have a group engage in a more in-depth review later this summer for the 2008 budget development.

Dr. Wayne also told the group that rural metro is coming. It is state certificated and approved. They will provide non emergent transport for non critical clients. The trend may stay the same as the projected. Rural Metro has a credible reputation. All districts can use a private provider.

Chief Ralston asked about Whatcom Medic 1 providing BLS transport. What are the trigger/defining guidelines when ALS units go out for BLS calls?

Roger Christensen stated that the Battalion Chief makes the determination when Medic I is out of ALS units.

EMS is a non-linear service and there is no predictability. There is no formal agreement that addresses other options when they are out of units.

Dr. Wayne stated that an integrated agreement needs to be formalized. Dewey said that BLS transport is provided by all districts. Smaller districts can't always absorb the costs for BLS transport.

Dr. Wayne discussed BLS Quality management. The MPD position is unfunded. The evolution of the BLS system has seen huge call volume and there is no consistency in quality management.

There is a funding issue. He proposed/suggested funding a quality management system to ensure consistency in performance. There is no consistency in the quality of care and how it is delivered. He proposed a funded QA position for approx. \$50-60 annually.

He recommends one person to design protocols and policy issues. There is room for improvement. King County is a good model. They have an educational and quality management individual who is independent of a district.

Mayor Louws inquired who/what organization would the person would work for?

Dr. Wayne responded that the individual would work for the EMS council. The Council is the dispersement agency.

Mayor Louws asked who would control the Quality issues?

Dr. Wayne said that by law quality is his responsibility. This individual can tie together all the pieces of Quality Management. It does not require a committee process but input on the issues. The buck stops at his desk and he requested help.

Example of process: ALS/BLS person would screen runs, read approximately 4,000 per year. Look at issues and trends. Educate, train and improve, offer classes work with existing coordinators, etc.

Dewey said that the working group has had discussions about this. The work is not yet complete but we need to anticipate some costs.

ASR: Propose a working group considers problems and approach to solving. Group can consider than make suggestions. We will review later this summer.

Dr. Wayne asked that the group consider this proposal sooner than later. It should be a single focus person to coordinate with other people. Roger brought up the issue of Medicaid Reimbursement issues. Whatcom Medic 1 charges no transport fees. Medicaid will not pay no transport fees.

Roger is proposing to stop billing for BLS no transport fees. The rate increases should off-set the loss of revenue.

The fee increases as proposed last meeting were discussed and there was no opposition. Mayor Louws said the fee increases were justifiable and reasonable and it is appropriate to see the long term success of the program.