Emergency Medical Services  
Technical Advisory Board  
September 5, 2018  
Minutes

BOARD MEMBERS IN ATTENDANCE:  
Asst. Chief Bill Hewett, City of Bellingham Admin.  
Therese Williams, BTC  
Chief McLane, WCETCC  
Dr. Marvin Wayne, Medical Program Director  
Division Chief Rob Wilson, What-Comm Dispatch  
Mike Hilley, EMS Manager  

Tyler Schroeder, County Administration  
Chief Larry Hoffman, WCFD #7  
Chief DeBruin, WC Fire Chiefs Assoc.  
Mannix McDonnell, MSO, Bellingham Fire Dept.  
Brian Wilson, Manager Emergency Services  

STAFF PRESENT: 
Tawni Helms, WC Administration  
Jeremy Morton, EMS Data Analyst  

GUESTS:  
Asst. Chief Dean Crosswhite, Fire District 7  
Ben Boyko, Fire District 7

WELCOME:  
M. Hilley welcomed everyone and thanked them for attending.

BUDGET REVIEW  
A brief overview of the proposed 2019-2020 budget was shared with the Board. Revenues and expenditures are on track. EMS administration is advancing as outlined in the EMS Plan prepared for the EMS Levy. Many of the objectives built into the EMS Levy Plan are being launched and/or accomplished as such as Paramedic Training, Electronic Patient Care Reporting System, and the Community Paramedic program. Wherever possible, efficiencies have been captured. In addition, increased revenue through grant funding and increased fee revenue through the increased Medicare reimbursement for ALS transportation (GEMT) will help to offset expenses. This additional reimbursement will be tracked separately. Fire District 7 indicated some of the revenue will be used to offset the consultant costs used to pursue the GMT funding.

The 4th Quarter 2018 budget will include additional expenditures for the first quarter of paramedic training as well as the What-Comm user fee adjustment.

PARAMEDIC TRAINING UPDATE  
Bellingham reported that they were successful in receiving the Assistance to Fire Fighters Grant to help offset the cost of paramedic training for Bellingham Fire Department. A proposed paramedic training budget was reviewed that includes 1st year costs for 9 paramedics. The certification process is accelerating through CAHEP. They have assured the team that the final review will be made soon. Target start date for class is October 1. This is purposeful as the AFG grant must be spent out within a year of the award. Cost efficiencies are being built into the plan by keeping a captain at the helm for a 2 year commitment to the paramedic training reduces the need for backfill overtime. If the paramedic training course was fulfilled through OT shifts the cost would be~$20k/month. The goal is to run a paramedic class for a decade. As a regional program, the impact on the EMS fund will be mitigated from tuition paid through other agencies. At the same time our local paramedic training needs will be met.
chorus of thanks went out to Therese Williams and Rob Stevenson for all of the heavy lifting they did to pursue the goal of establishing an accredited paramedic training program.

COMMUNITY PARAMEDIC and GRACE PROGRAM
M. Hilley reported that GRACE program is ramping up quickly. They’ve hired a program manager, patient health worker, case manager and an on-call pharmacist. They GRACE program will be a valuable resource hub for the EMS community paramedic program. Joe Frank will be moving into the position held by Brubaker. They are 2 year positions. A 2nd community paramedic will be working throughout the county and has been included in the 2019-2020 proposed EMS budget.

Dr. Wayne is actively working on HB1358 which will modify the MPD rules that govern the scope of practice for the community paramedic program.

EQUIPMENT EXCHANGE
A brief discussion took place regarding the EMS Supervisor taking on the duties involved with the durable equipment exchange program. It was agreed that the ALS contract would be reviewed to determine the scope of work involved. The EMS Manager plans to utilize the new ePCR (Image Trend) system to track durable equipment inventory, allowing repair and replacement invoices to be easily tracked.

5th MEDIC UNIT
M. Hilley presented his viewpoints regarding the ALS unit implementation as follows:
1. Preferred (most cost efficient) span of control for an agency to manage is 3-4 medic units.
2. Standalone units are challenging because staffing is difficult (back up, leave, sickness, etc.).
3. Paramedics need to be on frequent critical calls.

He then opened the discussion on how the 5th medic unit would be staffed. He asked for general ideas, training efficiencies, and suggestions.

Asst. Chief Crosswhite, FD7 responded that Fire District 7 had no vision of taking on another unit and offered their support for 106 to implement the unit. He further stated that FD7 would be happy to assist ride times and anything else necessary for new paramedics.

Dr. Wayne said BFD may not have enough paramedics or interest to staff another unit. He suggested the possibility of training from other agencies, etc. It was stated that it’s less about running the training program and more about access for all agencies. All paramedic students have to pass initial testing which will be somewhat competitive. Discussion ensued about the implementation of Medic 45, the history and the road traveled to get here. Good positive discussing regarding possibilities for the 5th unit work. It was suggested that representatives of the Chiefs, Commissioners Trauma Care Council take back the information to their stakeholders to begin the discussion regarding the 5th medic unit.

EPCR UPDATE:
Although the scribe left the meeting, it was reported that the EPCR implementation is on schedule and going fairly smoothly. With the assistance of our new EMS Analyst, onsite support has been made available to the agencies to assist with the implementation.

ACTION ITEM: Chief, Trauma Care Council and Commissioner Representatives will report back to their affiliates to solicit feedback regarding the 5th medic unit work.
Next Meeting: November 7, 2018 (2:00 – 3:00) in the Garden Level Conference Room

Standing Agenda Items:
- EPCR update
- Community Paramedic Update