

THURSTON COUNTY MEDIC ONE  
EMERGENCY MEDICAL SERVICES COUNCIL  
EMERGENCY SERVICES CENTER/EOC

# AGENDA

July 16, 2014, **3:30 PM**

- I. CALL TO ORDER/ROLL CALL
- II. APPROVAL OF AGENDA
- III. PUBLIC PARTICIPATION -
- IV. REVIEW AND APPROVAL OF MINUTES
  - A. EMS Council - June 21, 2014
  - B. Operations Committee - July 3, 2014 Mtg. (Informational Only) MTG CANCELLED
- V. COMMITTEE REPORTS
  - A. Operations Committee – Ops Chair or Representative
  - B. West Region EMS Council – WREMS Representative
  - C. Staff Report – Romines

VI. OLD BUSINESS

ITEM	PRESENTER	EXPECTED OUTCOME
A. TRPC EMS System Steering Committee	Romines	Discussion
B.		

OLD BUSINESS - ISSUES & ACTIONS PENDING

VII. NEW BUSINESS

ITEM	PRESENTER	EXPECTED OUTCOME
A. 2015 Budget	Budget Committee	Accept/Reject
B.		

- VIII. PUBLIC PARTICIPATION
- IX. GOOD OF THE ORDER
- X. ADJOURNMENT

## **EMS Council meeting**

**Medic One/EMS, Staff Report, July 2014 Medic One 40<sup>th</sup> Anniversary, celebration August 15, 5-11P, Indian Summer**

EMS System Operational Review, TRPC as Process Project Manager, proposed at July meeting, recommending contract to BOCC. Signed by BOCC September 25, TRPC initiating, last session 12/19, contacting Chiefs/Com, Report 6/19 EMS Council meeting 3:30, presented, to EMS community for comment. Presentations: EMSC 6/19, Fire Commissioner/Chiefs Assoc 7/16, BOCC 8/7 (Medic One website, System Reports), comments due, EMS Council accepts 9/18, to BOCC, Steering Committee (expanded) working, EMSC agenda/minutes recommendation 4.4 approved to staff on website; Governance recommendation 4.3.1 approved by BOCC. BOCC appoints new/vacant EMSC Citizen members (Dr Tom Fell, countywide MD rep, Rena Merithew BOCC 1 rep). **Steering Committee report to EMS Council, continued to July meeting.**

Open Public meetings training required of public officials.

**CPR Outreach Coordinator hired, half time, started June 24, Preston Wallace, Paramedic/CPR-I, LFD3.**

Protocol update being scheduled.

Special Projects applications, processing, to Ops, to EMS Council approved. Surplus Vehicle applications due 7/1/14.

2014 Budget and Business plan drafted presented to EMSC, 9/18 meeting, budget approved, to BOCC, approved. 2013 Business plan Q4 report finalized. 2014 draft out, for approval. Website for plan under development.

Medic hiring and oral exams. Next exam Nov 2014. May 2014 exam completed, 27 apps + 4 oral board, written May 6=8pass, 12 to Oral May 7/14, 8 on list.

NurseLine Criteria Based Dispatch Program, started December 11, 8AM, calls routed to Evergreen Hospital "Healthline," contract completed, implemented: 15 in August 2003, 14 September, 15 October, 15 November, 16 December, 11 January 2004, 13 February, 11 March, 8 April, 11 May, 7 June, 11 July, 8 Aug, 12 Sept, 8 Oct, 8 Nov, 13 Dec, 11 Jan 2005, 13 Feb, 12 Mar, 10 Apr, 11 May, 10 June; 11 July; 6 Aug; 4 Sept; 9 Oct; 5 Nov; 12 Dec; 14 Jan 2006; 11 Feb; 4 Mar; 14 Apr; 4 May; 9 June; 9 July; 11 Aug; 8 Sep; 7 Oct; 15 Nov; 6 Dec; 10 Jan; 12 Feb; 13 Mar; 7 Apr; 20 May; 15 June; 18 July; 10 Aug; 13 Sept; 8 Oct; 15 Nov; 11 Dec; Jan '08 11, 15 Feb, 10 Mar, 12 Apr, 14 May, 11 June, 14 July, 15 Aug; 22 Sept; 11 Oct; 14 Nov; 7 Dec. 5 Jan '09, 7 Feb, 6 Mar, 17 Apr, 7 May; 10 Jun; 17 Jul; 7 Aug; 10 Sep; 11 Oct; 15 Nov; 14 Dec; 11 Jan 2010; 7 Feb; 14 Mar; 10 Apr; 10 May, 16 Jun, 21 Jul, 18 Aug, 23 Sep, 14 Oct, 10 Nov, 16 Dec; 11 Jan 2011, Feb 15, Mar 24, Apr 19, May 20, Jun 10, July 21, Aug 14, Sep 17, Oct 15, Nov 10, Dec 21; 12 Jan 23, Feb 16, Mar 17, Apr 18, May 19, Jun 14, Jul 9 Aug 25, Sep 16, Oct 13, Nov 14, Dec 16; Jan 13, Feb 9, Mar 9, Apr 14, May 5, June 14, July 10, Aug 12, Sep 11, Oct 27, Nov 17, Dec 12; **14 Jan 16, Feb 11, Mar 13, Apr 9, May 14 Total to date= 1,652/129** (avg 12.8/month) Rate \$17.05/call

EMS Data 2013 (TCOMM source), 26,570 system call volume +558 calls, +2.1% (2012 data volume 26,012). ALS response time 7.6 minutes average countywide, 93% goals achieved, call volume 8,327, -349 calls, responses -4.0% (2012 response time 7.2 minutes, 94% of goals, 8,676 responses). BLS call volume 18,243, +907, +5.2% (2012 17,336) Countywide BLS average response time 6.7 minutes, all BLS. BLS TCOMM Data Warehouse report, final draft to Chiefs Association then Ops Committee, to Chiefs Assoc, approved to Ops, Ops approved, to EMSC 9/18> to 10/16 approved, posted on website, reports updated for 2013 to website.

**BLS data system, equipment ordered.** HIPAA Business Associate agreements to be developed. **Roll out to start with LFD3** (due to troubleshooting proximity to M1 office) **then to FD# 12** (initial pilot) (*Strategic area*)

WATRAC Advisory Group member added, meeting 9/9, planning sessions next 5/16, **next regular meeting 8/4**

**TRAINING:** average pass rate NR EMT exam = national 79%, WA state 85%, WR 90%, CR 93%, TC 93%  
First Responder Course, 2012?

EMT Course 14-1 scheduled, Station 9-5, closes 2/12, course completed, **30 enrolled, 27 Grads**

**EMT Course 14-2 scheduled, Station 9-5, applications open, course to start Aug 27**

**CPR Instructor workshop I completed June 30, workshop II scheduled.**

**NIMS online training available** at <http://training.fema.gov/EMIweb/IS/is700.asp>

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**AGENDA ITEM INFORMATION SHEET**

Thurston County EMS Council

Council Meeting

June 18, 2014

**Presenter****Committee:** Frank Kirkbride /TRPC Steering Committee**Topic:** TRPC System Study- Steering Committee Recommended Implementations**Request:** Review and approve the steering committee's recommended items for implementation according to the attached suggested GANTT schedule.**Background:** Thurston County engaged in a Medic One system study conducted by TRPC (Thurston Regional Planning Council). TRPC spent numerous hours meeting and collecting data from various system stakeholders to use in their analysis of the system as a whole.

In August 2013 the TRPC study was presented to EMS Council for review and acceptance. Once accepted by the EMS Council it was presented to the Board of County Commissioner who accepted it. Once the report was accepted a steering committee was appointed by the Chair of the EMS Council and tasked with identifying, organizing and prioritizing the recommendations that were presented in the report. The steering committees primary function was to report back to the EMS Council with items that were prioritized to be implemented along with a timeline for those items to be implemented.

**Options Considered:**

1. Do not implement any recommended items from the report
2. Select specific report recommendations for further action

**Financial Impact:** TRPC consulting fee. Estimated at not more than \$25,000.**Attachments:** Steering Committee Recommendations  
Gantt Chart  
Implementation schedule  
TRPC EMS Study, Sept 18, 2014, Executive Summary  
2014 Medic One/EMS Business Plan**Recommendation:** TRPC Steering Committee recommends acceptance of the attached recommendations and schedule for implementation.

**Thurston County Medic One  
EMS Council  
Steering Committee Recommendations  
June 10, 2014**

The Board of County Commissioners contracted with Thurston Regional Planning Council (TRPC) to conduct an independent study of the Thurston County Medic One/EMS System. TRPC was tasked to assess the system and identify issues and opportunities that could enhance the provision of EMS in Thurston County. TRPC published a final version of the report September 18, 2013.

The EMS Council's Steering Committee was charged with evaluating each of the nineteen recommendations in the TRPC study against the priority of each task, develop methods to implement, identify the resources needed to implement the recommendations within identifiable time frames.

TRPC forecasts that there will be approximately 112,455 new Thurston County residents by 2035. Emergency medical services will be impacted by the increased population, a changing demographic, and the evolving medical service regulations. It is timely to address the various recommendations as Medic One develops plans to meet the challenges of the next twenty years. A new Thurston County Medic One strategic plan for the future is envisioned as the result of the recommended actions.

Under the direction of the EMS Council the Steering Committee will provide oversight and management of the recommended processes.

**FUNDING**

**Section 1.4.1**

TRPC Recommendation:

*TC Medic One staff and the ALS contract agencies should closely monitor system costs, maintain a dialog, and develop a long-term strategy to manage EMS provider personnel costs.*

Steering Committee Recommendation:

EMS Council to form a subcommittee that includes the contract agencies, three non-contract fire service agencies and three citizens at large. The subcommittee will undertake a comprehensive review of costs and funding concepts as part of a long term plan and develop a cost management strategy to equate anticipated cost to anticipated revenues under various funding scenarios.

Target Completion Date: March 2016

Objective:

Assure or verify that the funds are available to both Medic One and its ALS service agencies will be adequate as the population grows and changes its medical needs.

**Section 1.7.1**

TRPC Recommendation:

*To help meet rising expenditures, a levy lid lift campaign to restore the original levy rate should be pursued before 2017.*

Steering Committee Recommendation:

See recommendation 5.1.3.

**Section 1.8.1**TRPC Recommendation:

*The EMS Council should consider establishing a long-term contingency reserve account.*

Steering Committee Recommendation:

EMS Council adopt a policy to create a long-term contingency reserve account. Other reserve accounts, such as funds for system expansion, should be considered. EMS Council's Budget Committee to identify the appropriate funds for reserve account to meet the adopted policies.

Target Completion Date: 2014 Budget Adoption

Objective:

Establishment of a clear budget policy on the establishment, maintenance, funding level, and use of a reserve account for contingency operations and expenditures.

**Section 1.9.1**TRPC Recommendation:

*The region's EMS participants should develop a countywide framework for evaluating present and future BLS demand and service capacity to better understand the overall financial and operational impacts to the EMS system.*

Steering Committee Recommendation:

EMS Council form a subcommittee and recommend that the Thurston County Board of County Commissioners contract with TRPC to gather and analyze the BLS data and project future BLS demand and capacity. The subcommittee will include members from the Thurston County Fire Chiefs Association, Operations Committee and staff.

Target Completion Date: May 2015 for data gathering and analysis and May 2016 for future BLS demand and service capacity analysis.

Objective:

Generation of clear information on how the fire protection district operations that are challenged by diminishing revenues are meeting the system's needs. Comprehensive information focused at identifying EMS service challenges in rural communities that could threaten the efficacy of the Thurston County EMS System.

**Section 1.10.1**TRPC Recommendation:

*The EMS Council should establish clear funding priorities for TC Medic One programs.*

Steering Committee Recommendation:

EMS Council's Budget Committee to develop recommendations that are based on current and new programs as they are evaluated, prioritized and adopted by the EMS Council. In conjunction with Recommendation 1.4.1, the Budget Committee will identify program priorities to be able to advise which programs could be vulnerable in times of revenue shortfall. These priorities would also be utilized when evaluating new programs if consideration of tradeoffs is necessary.

Target Completion Date: September 2016

Objective:

Establish an understanding among stakeholders about the flexibility of the EMS levy to serve Medic One and multiple taxing districts.

**Section 1.10.2**TRPC Recommendation:

*Should state legislation ever increase the levy rate limit, the EMS Council, TC Medic One staff, and the fire service agencies should convene discussions on negotiating a potential levy-sharing strategy.*

Steering Committee Recommendation:

Monitor legislation. EMS Council to convene task force should EMS levy increase be authorized.

Target Completion Date: open

**EMS DELIVERY MODEL****Section 2.2.1**TRPC Recommendation:

*TC Medic One should continue exploring and testing a supplemental EMS unit configuration as an intermediate to the standard two-paramedic unit. For example, enabling Advanced EMTs to serve the system in more rural fire districts could improve patient outcomes in areas with longer ALS response time intervals.*

Steering Committee Recommendation:

Staff monitor changes in system delivery concepts with emphasis on potential changes from the implementation of provisions of the Patient Protection and Affordable Care Act. Assess the impact on ALS and BLS service. EMS Council to revisit this TRPC Recommendation after Affordable Care Act impacts are better understood.

Target Completion Date: January 2016

Objective:

Maintain Medic One as a regional EMS program that delivers a standardized high level of emergency medical care to anyone, anywhere, at any time throughout Thurston County. Verify that Medic One ALS units staffed with two paramedics provides a superior level of medical care at the unit level and an overall increase in countywide ALS system readiness.

**Section 2.6.1**TRPC Recommendation:

*TC Medic One system stakeholders should visit the office of King County Medic One to learn about their system. A series of similar site visits to other neighboring EMS systems could offer local participants with valuable insight as to how Thurston County could improve its system.*

Steering Committee Recommendation:

EMS Council and Operations Committee members, Board of County Commissioners, and fire service agency representatives visit King County Medic One and Pierce County EMS service agencies.

Target Completion Date: January 2015

EMS Council to form a best practices subcommittee to be part of the planning process to analyze regional and national EMS delivery models. Consider use of the King County strategic & financial planning model (Strategic Plan 2008-2013). This subcommittee will identify possible ideas for continuous improvements to our Thurston County system.

Target Completion Date: June 2016

Objective:

Assure our EMS delivery system is providing the best service for our citizens by seeking ideas for continuous improvements.

## **SYSTEM PERFORMANCE**

### **Section 3.1.1**

#### TRPC Recommendation:

*Beyond the traditional bench marking focus on cardiac arrest survival rates and response time interval performance, TC Medic One staff in consultation with the Medical Program Director, should continue considering, evaluating, and implementing other appropriate metrics to measure the system's pre-hospital emergency medical and trauma care across the entire county.*

#### Steering Committee Recommendation:

Staff and Medical Program Director to undertake recommendation. Consider the Patient Protection and Affordable Care Act triple aim criteria. Review patient outcome and define what works. Deliver evidenced based patient centered medicine. If possible, measure the satisfaction of patients.

Target Completion Date: May 2016

#### Objective:

Provide additional measurements of our EMS System performance to assure the best delivery in all areas.

### **Section 3.4.1**

#### TRPC Recommendation:

*TC County Medic One has quality response time data that should be presented, when appropriate, in a format that is accessible and readily understood by a broader audience.*

#### Steering Committee Recommendation:

Staff and Operations Committee undertake recommendation.

Target Completion Date: January 2015

#### Objective:

To make additional EMS System performance data available to the citizens we serve to gain their support for the system and its future needs.

### **Section 3.5.1**

#### TRPC Recommendation:

*TC Medic One should take a lead role to foster greater EMS data interoperability and information exchange.*

#### Steering Committee Recommendation:

See recommendation 1.9.1. Operations Committee and fire service agencies to develop a process to analyze and integrate known data for BLS support of ALS response strategies.

Target Completion Date: March 2015

#### Objective:

Standardization of the capture, retrieval, and dissemination of EMS data throughout the system, particularly for BLS response activity data.

**Section 3.5.2**TRPC Recommendation:

*TC Medic One should coordinate with fire service agencies to develop agreed upon comprehensive EMS service demand projections for system planning.*

Steering Committee Recommendation:

Operations Committee and fire service agencies to develop recommendations following completion of Recommendation 3.5.1.

Target Completion Date: March 2016

Objective:

To develop projections of future demand for EMS services for all service providers to use in their planning for the future.

**GOVERNANCE****Section 4.2.1**TRPC Recommendation:

*The EMS Council should identify deliberate activities to foster trust among members, learn each other's strengths, and celebrate the Council's successes.*

Steering Committee Recommendation:

When sufficient information becomes available or subcommittee work has been completed addressing the TRPC Recommendations the EMS Council will schedule a professionally facilitated retreat/workshop for open discussion, planning, and getting to personally know each EMS Council member. A goal is to develop strong regional consensus about Medic One/Emergency Medical Services and to generate support by conducting a comprehensive planning process with a theme of transparency, input and collaboration amongst stakeholders and concluding with adoption of a strategic plan.

Target Completion Date: Multiple times starting Spring 2015

Objective:

Overcome the EMS Council member's feelings of mistrust, frustration, and dissatisfaction over the decision making processes of the Thurston County Medic One system.

**Section 4.3.1**TRPC Recommendation:

*The EMS Council should review Article IV. Composition and Membership of the Bylaws to consider amending the membership to:*

- 1. Include the City of Lacey*
- 2. Add a fourth Citizen-at-Large Physician to eliminate potential appointment conflicts with existing Citizen-at-Large members*

Steering Committee Recommendation:

EMS Council recommend to the Board of County Commissioners Bylaw Changes to incorporate Recommendation 4.3.1.

Target Completion Date: Complete



**Section 4.3.2**TRPC Recommendation:

*Encourage the Thurston County Commissioners to expand Citizen-at-Large outreach efforts to fill positions with members from rural county communities.*

Steering Committee Recommendation:

EMS Council recommend to the Board of County Commissioners to consider Recommendation 4.3.2.

Target Completion Date: Complete

**Section 4.4.1**TRPC Recommendation:

*TC Medic One staff should post and update the following content on its website in an easily accessible format: EMS Council meeting schedule, a list of EMS Council members, meeting agendas, minutes, TC Medic One Budget, and EMS Council Bylaws.*

Steering Committee Recommendation:

Staff to undertake Recommendation 4.4.1.

Target Completion Date: ongoing

**PLANNING****Section 5.1.1**TRPC Recommendation:

*TC Medic One should compile its existing plans into a single cohesive document that outlines its current course of action. This product should serve as a baseline for a strategic planning process with all system stakeholders.*

Steering Committee Recommendation:

Staff to undertake Recommendation 5.1.1 providing results to TRPC consultant to coordinate, compile results, stakeholder interests and integrate into a new comprehensive strategic & financial plan.

Target Completion Date: January 2015

Objective:

Creation and maintenance of a single comprehensive planning document that describes Thurston County Medic One's mission, policies, budget, service delivery model, system performance, future service levels and strategic initiatives.

**Section 5.1.2**TRPC Recommendation:

*The EMS Council should identify an appropriate planning process and forward a recommendation and planning timeline to the Thurston County Commissioners.*

Steering Committee Recommendation:

This Steering Committee's recommendations adopted, refined or modified.

Target Completion Date: June 2014 then updated annually

Objective:

A process that will lead to a comprehensive Strategic Plan which is essential to guide our evolving system over the next 20 years.

**Section 5.1.3****TRPC Recommendation:**

*TC Medic One should convene a planning process and seek adoption on a preferred alternative prior to running an EMS levy lid lift.*

**Steering Committee Recommendation:**

Based on the recommendations of the subcommittees and studies leading to the new strategic plan the EMS Council will define system delivery model, response time goals, system programs, projected system costs and funding alternatives.

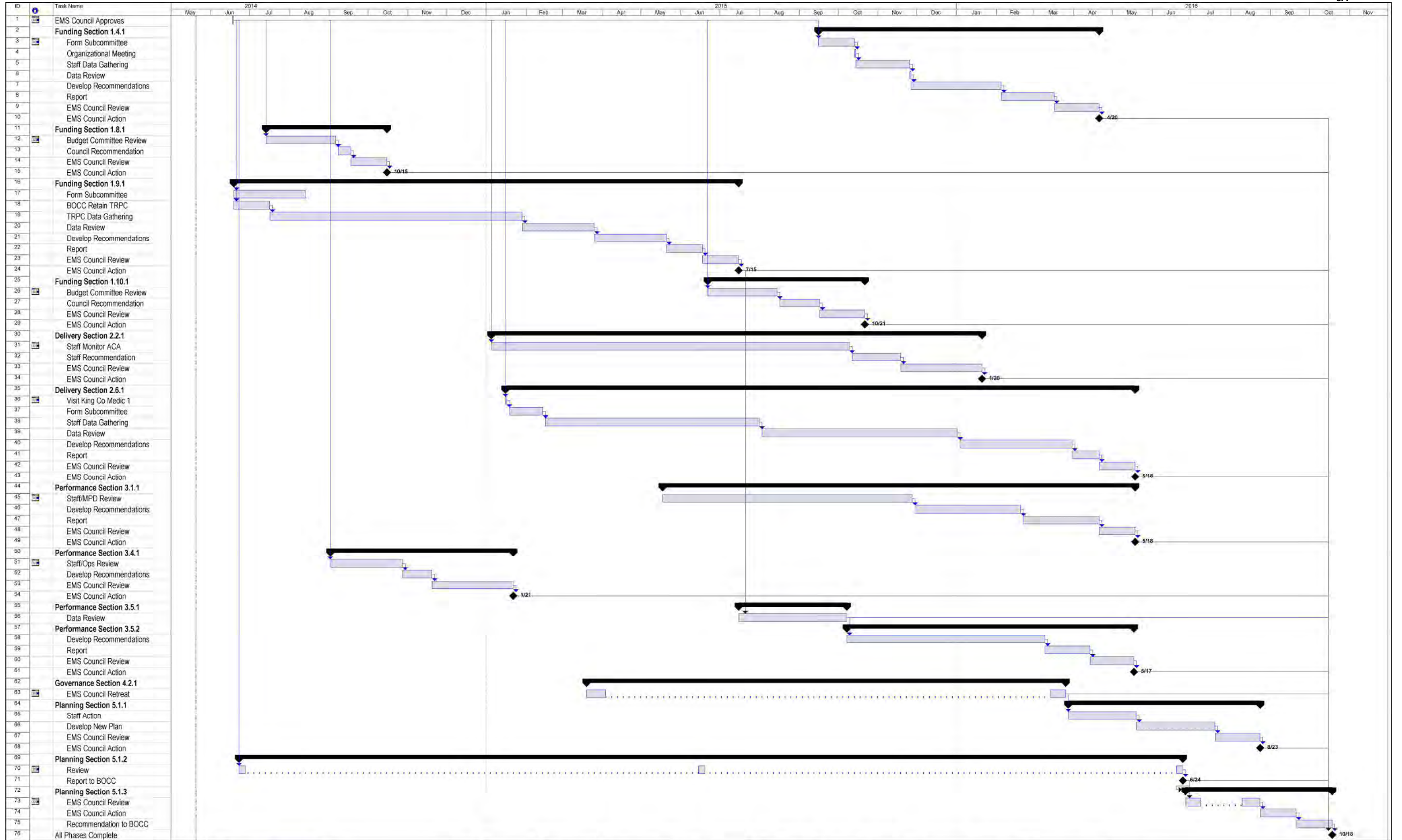
When the time is appropriate, The EMS Council will recommend to the Board of County Commissioners a course of action.

Citizens in Thurston County will be encouraged to organize an independent stakeholders committee to address levy issues.

Target Completion Date: 18 months prior to the levy lid lift vote.

**Objective:**

Thurston County voter support for a fully funded levy.



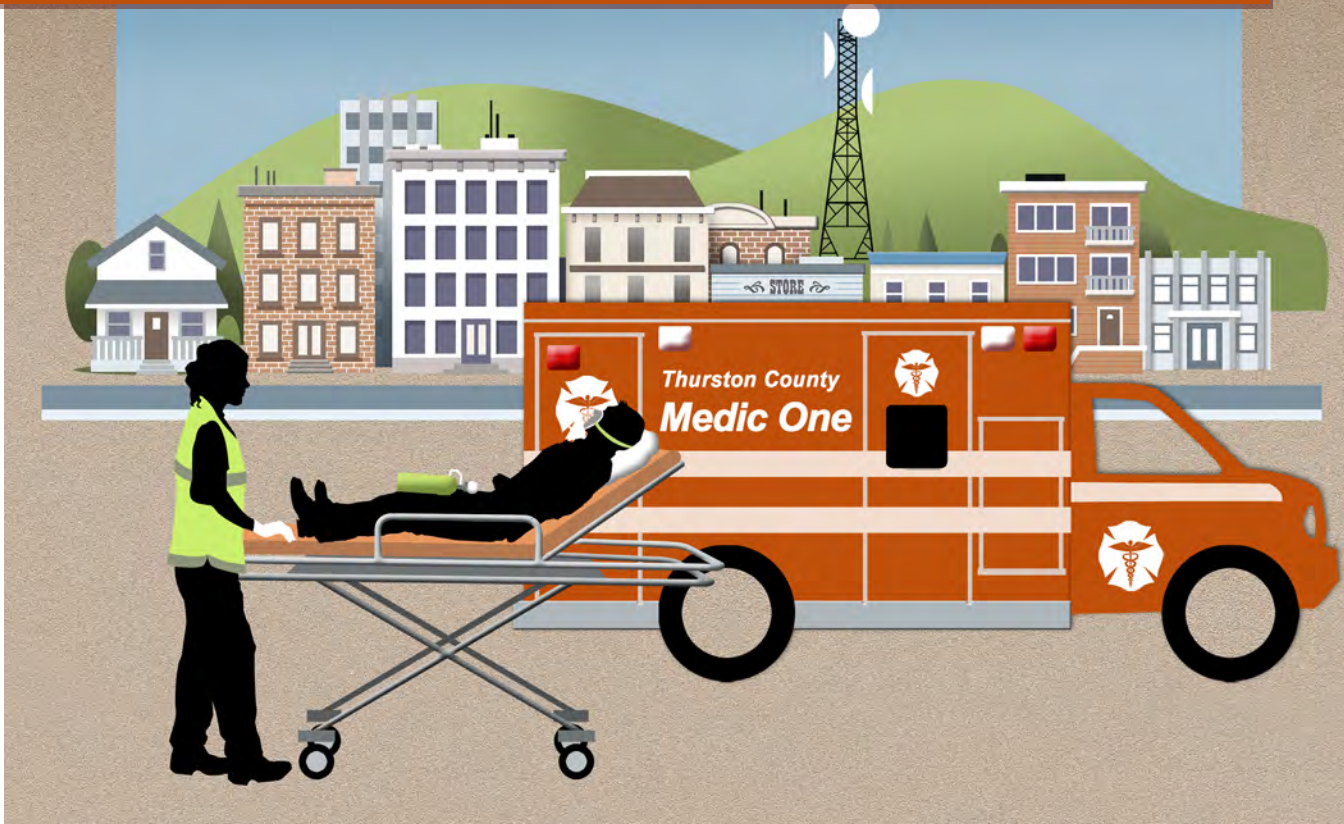
**Thurston County Medic One  
Steering Committee Recommendations  
Schedule**

Action	Start	Finish
EMS Council Approves Committee's Recommendations	06/18/14	06/18/14
Funding 1.4.1		
Form Subcommittee	09/16/15	10/13/15
Organizational Meeting	10/14/15	10/14/15
Staff Data Gathering	10/15/15	11/25/15
Data Review	11/26/15	11/26/15
Develop Recommendations	11/27/15	02/04/16
Report	02/05/16	03/16/16
EMS Council Review	03/17/16	04/19/16
EMS Council Action	04/20/16	04/20/16
Funding 1.8.1		
Budget Committee Review	07/14/14	09/05/14
Council Recommendation	09/08/14	09/17/14
EMS Council Review	09/18/14	10/15/14
EMS Council Action	10/15/14	10/15/14
Funding 1.9.1		
Form Subcommittee	06/19/14	08/13/14
BOCC Retain TRPC	06/19/14	07/16/14
TRPC Data Gathering	07/17/14	01/28/15
Data Review	01/29/14	03/25/15
Develop Recommendations	03/26/15	05/20/14
Report	05/21/15	06/17/15
EMS Council Review	06/18/15	07/15/15
EMS Council Action	07/15/15	07/15/15
Funding Section 1.10.1		
Budget Committee Review	06/22/15	08/14/15
Council Recommendation	08/17/15	09/16/15
EMS Council Review	09/17/15	10/21/15
EMS Council Action	10/21/15	10/21/15
Delivery Section 2.2.1		
Staff Monitor ACA	01/05/15	10/09/15
Staff Recommendation	10/12/15	11/18/15
EMS Council Review	11/19/15	01/20/16
EMS Council Action	01/20/16	01/20/16
Delivery Section 2.6.1		
Visit King Co Medic 1	01/16/15	01/16/15
Form Subcommittee	01/19/15	02/13/15
Staff Data Gathering	02/16/15	07/31/15
Data Review	08/03/15	01/01/16
Develop Recommendations	01/04/16	03/30/16
Report	03/31/16	04/20/16
EMS Council Review	04/21/16	05/18/16
EMS Council Action	05/18/16	05/18/16

**Thurston County Medic One  
Steering Committee Recommendations  
Schedule**

Action	Start	Finish
Performance Section 3.1.1		
Staff/MPD Review	05/18/15	11/27/15
Develop Recommendations	11/30/15	02/19/16
Report	02/22/16	04/20/16
EMS Council Review	04/21/16	05/18/16
EMS Council Action	05/18/16	05/18/16
Performance Section 3.4.1		
Staff/Ops Review	09/02/14	10/27/14
Develop Recommendations	10/28/14	11/19/14
EMS Council Review	11/20/14	01/21/15
EMS Council Action	01/21/15	01/21/15
Performance Section 3.5.1		
Data Review	07/16/15	10/07/15
Performance Section 3.5.2		
Develop Recommendations	10/08/15	03/09/16
Report	03/10/16	04/13/16
EMS Council Review	04/14/16	05/17/16
EMS Council Action	05/17/16	05/17/16
Governance Section 4.2.1		
EMS Council Retreat	03/20/15	03/25/16
Planning Section 5.1.1		
Staff Action	03/28/16	05/19/16
Develop New Plan	05/20/16	07/19/16
EMS Council Review	07/20/16	08/23/16
EMS Council Action	08/23/16	08/23/16
Planning Section 5.1.2		
Review	06/23/14	06/24/16
Report to BOCC	06/24/16	06/24/16
Planning Section 5.1.36		
EMS Council Review	06/27/16	08/23/16
EMS Council Action	08/24/16	09/20/16
Recommendation to BOCC	09/21/16	10/18/16
All Phases Complete	10/18/16	10/18/16

# Thurston County Emergency Medical Services System Study



**September 18, 2013**

Prepared for the  
Thurston County Emergency Medical  
Services Council



## INTRODUCTION

### Background

In October 2012, the Thurston County Emergency Medical Services Council contracted with the Thurston Regional Planning Council (TRPC) to perform an independent study of the Thurston County Medic One (TC Medic One) Emergency Medical Services System. TRPC was tasked to assess the system and identify issues and opportunities that could enhance the provision of Emergency Medical Services (EMS) for Thurston County. This report is a summary of this study's findings.

Pre-hospital emergency medical service programs are complex. They are bound by federal and state regulations, licensing and certification requirements, medical protocols, labor rules, and collective bargaining agreements overseen by multiple managers. The Thurston region's EMS system is an intricate arrangement between the county, cities, fire districts, TCOMM 9-1-1, private ambulance companies, hospitals, and the public. All these entities serve a variety of roles to deliver EMS services where it is needed. A myriad of independent revenue sources and governing bodies make decisions about all of the various system components. This report describes many of these components.

Adding to the complexity of such a system are apparent long-standing disagreements among system stakeholders and Council members about the budget, the service delivery model, levels of service, decision making processes, and planning needs. There are fears about the sustainability of funding current service levels in the future. Furthermore, there are uncertainties as to how the nation's Affordable Care Act will impact EMS services in the region. This report offers recommendations to help stakeholders overcome some of these challenges.

### Methods

TRPC conducted the study from October 2012 through June 2013. The EMS Council provided TRPC great latitude to learn about the system - its functions, participants, culture, and ways of doing business. TRPC was free to explore a great variety of issues from stakeholders. During the course of the study, TRPC met periodically with an EMS Council subcommittee to discuss the project, so the subcommittee could supply a progress report to the Council.

TRPC staff facilitated two discussions and information gathering activities during the regularly scheduled EMS Council meetings on October 17 and December 19, 2012. These efforts supplied TRPC with an overview of participants' views and the nature of the issues that framed subsequent discussions with stakeholders.

From October 2012 to May 2013, TRPC staff interviewed over 50 individuals from multiple organizations within Thurston County and around the greater Puget Sound Region. The majority of the interviewees are involved in day to day operations of EMS systems in and outside of Thurston County such as Fire Chiefs, TC Medic One staff, the Medical Program Director, EMS providers, and EMS Program Directors. TRPC also interviewed Thurston County Emergency Medical Service Council members, Fire

Commissioners, and other elected representatives. Anyone who expressed interest in sharing their views was provided an opportunity to meet with the principal investigator.

## **Emergency Medical Services Stakeholders Interviewed by TRPC**

### **Elected Representatives and Citizen Appointees**

Kathleen Bostwick, Fire Commissioner, South East Thurston Regional Fire Authority\*

John Christiansen, Fire Commissioner, Lacey Fire District 3

Tom Fell, M.D., Citizen Representative, EMSC\*

Milt Harper, Fire Commissioner, North Olympia Fire and Rescue District 7

Russ Hendrickson, Council Member, City of Yelm – South County Mayors Representative\*

Frank Kirkbride, Fire Commissioner, Lacey Fire District 3\*

Stephen Langer, Council Member, City of Olympia\*

Margaret McPhee, Citizen Representative, Chair, EMSC\*

Dennis McVeigh, Council Member, City of Rainier

Tom Nelson, Fire Commissioner, Lacey Fire District 3

Ken Parsons, Fire Commissioner, South Bay Fire Department (District 8)\*

Dave Ribachi, Citizen Representative, EMSC\*

John Ricks, Fire Commissioner, West Thurston Regional Fire Authority\*

Randy Schleis, Mayor, City of Rainier

Richard Small, Fire Commissioner, South Bay Fire Department (District 8)

Betsy Spath, Council Member, City of Tumwater\*

Karen Valenzuela, County Commissioner, Thurston County District 3\*

Judy Wilson, Fire Commissioner, Lacey Fire District 3

*\*Current or former member of the Thurston County Emergency Medical Services Council (EMSC)*

### **Thurston County Fire Protection and EMS Agency Personnel**

Steve Brooks, Chief, Lacey Fire District 3

Mary Campbell, Branch Director, Olympic Ambulance - Thurston County

John Carpenter, Chief, Tumwater Fire Department

Larry Dibble, Chief, Olympia Fire Department

Kathy Dickson, Division Chief, Lacey Fire District 3

James Fowler, Chief, Bucoda Fire Department

Jim McGarva, Assistant Chief, Tumwater Fire Department

Mark Gregory, Chief, Bald Hills Fire Department (District 17)

Byron Hamilton, Operations Manager, Olympic Ambulance - Thurston County

Ray Harry, Interim Chief, North Olympia Fire and Rescue District 7

Karen Hoffman, Firefighter/Paramedic, Lacey Fire District 3

Russell Kaleiwahea, Chief Administrative Officer, West Thurston Regional Fire Authority (Districts 1 and 11)

Mark King, Chief, South East Thurston Regional Fire Authority (Districts 2 and 4)

Mel Low, Chief, East Olympia Fire District 6

Steve North, Chief, McLane-Black Lake Fire Department (Districts 5 and 9)

John Nunn, Assistant Chief, Griffin Fire Department (District 13)

Gary Pearson, Assistant Chief, Lacey Fire District 3

Andrew Schaffran, Chief, Gibson Valley Fire District 16

Robert Scott, Chief Operations Officer, West Thurston Regional Fire Authority (Districts 1 and 11)

Tina Vanderhoof, Office Administrator, Tenino Fire Department (District 12)

Brian Van Camp, Chief, South Bay Fire Department (District 8)



Wayne Whidden, Captain, Griffin Fire Department (District 13)  
Greg Wright, Deputy Chief, Olympia Fire Department  
John Wood, Chief, Griffin Fire Department (District 13)

**EMS Professionals Outside Thurston County**

Mark Correia, Chair, EMS Section, Washington Fire Chiefs (Assistant Chief, Snohomish Fire District 1)  
John Herbert, Chief, King County Medic One  
Michael Lopez, Director of Washington Emergency Medical Services Division, Washington State Department of Health  
Barb Lovato, Director, Kitsap County EMS Council  
Norma Pancake, EMS Coordinator, Pierce County  
Randy Vanderheiden, Director, Whatcom Medic One  
Jim Walkowski, Chief, Riverside Fire Authority (Lewis County)

**Thurston County Staff**

Anna Lee Drewry, Basic Life Support Training Coordinator, TC Medic One  
Fay Flanery, Office Manager, TC Medic One  
Larry Fontanilla, M.D., Thurston County Emergency Medical Program Director  
Catherine Griffin, Reception and Data Entry, TC Medic One  
Cindy Hambly, Training Quality Improvement Manager, TC Medic One  
Don Krupp, County Manager, Thurston County  
Alan Provencher, Purchasing Agent/Public Education Coordinator, TC Medic One  
Steve Romines, Director, TC Medic One  
Pete Suver, Advanced Life Support Coordinator, TC Medic One

During the study, TRPC performed an extensive review of documents, information, and data. The principal investigator reviewed reports, plans, budgets, meeting minutes, and data principally from TC Medic One, fire service agencies, and the State Department of Health. TRPC also collected EMS system plans and studies from neighboring EMS systems, studied state laws and regulations, and analyzed a small collection of peer reviewed emergency medical journal articles that are germane to the issues identified throughout the course of the study. In addition, system participants offered unsolicited information that they believed was relevant to the study. TRPC also performed an independent analysis of Advanced Life Support (ALS) data for the entire county, and compiled a simplified EMS incident forecast from the present to 2035.

**Findings**

The findings are categorized into five sections:

1. Funding
2. Emergency Medical Services Delivery Model
3. System Performance
4. Governance
5. Planning

Each section includes an introductory narrative followed by observations that are characterized as system strengths or challenges and are formatted throughout the report as follows:

**Strength Observations:** *are numbered and highlighted in green.*

**Challenge Observations:** *are numbered and highlighted in red.*

**Recommendations are numbered and shown in bold** following the related observation. They are included for both strengths and challenges where appropriate.

## EXECUTIVE SUMMARY—FINDINGS

### 1. Funding

#### STRENGTHS

**1.1 Observation:** *TC Medic One operates the region’s public EMS system with a single permanent countywide EMS property tax levy that finances the vast majority of its services and functions.*

**1.2 Observation:** *Nearly 90 percent of TC Medic One’s budget is programmed for operations, training, EMS support and public education. Less than 5 percent is used for administration, and the remaining is for equipment repair and replacement.*

**1.3 Observation:** *TC Medic One expanded countywide EMS levels of service through the region’s worst economic recession since the program was created.*

**1.4 Observation:** *The ALS contract agencies provide a 20 percent match for ALS personnel costs when operating within their jurisdiction.*

#### Recommendation

**1.4.1** TC Medic One staff and the ALS contract agencies should closely monitor system costs, maintain a dialog, and develop a long-term strategy to manage EMS provider personnel costs.

**1.5 Observation:** *The TC Medic One System does not rely on user fees for system operation. Patients are not charged for ALS transport services.*

**1.6 Observation:** *TC Medic One provides a fair and equitable distribution of EMS levy revenues and support services to all fire service agencies in the county based on service demand.*

#### CHALLENGES

**1.7 Observation:** *Expenditures are exceeding revenues. As of 2011, the County EMS Levy rate is insufficient to generate the revenue necessary to fund TC Medic One’s projected expenditures.*

#### Recommendation

**1.7.1** To help meet rising expenditures, a levy lid lift campaign to restore the original levy rate should be pursued before 2017.

**1.8 Observation:** *TC Medic One lacks a clear budget policy on the establishment, maintenance, funding level, and use of a reserve account for contingency operations and expenditures.*

#### Recommendation

**1.8.1** The EMS Council should consider establishing a long-term contingency reserve account.

**1.9 Observation:** *Fire Protection District operations are challenged by diminishing revenues. The risk of EMS service degradation in rural communities could threaten the efficacy of the TC Medic One program.*

#### Recommendation

**1.9.1** The region’s EMS participants should develop a countywide framework for evaluating present and future BLS demand and service capacity to better understand the overall financial and operational impacts to the EMS system.

**1.10 Observation:** *There is disagreement among stakeholders about the flexibility of the EMS levy to serve TC Medic One and multiple taxing districts.*

**Recommendations**

**1.10.1** The EMS Council should establish clear funding priorities for TC Medic One programs.

**1.10.2** Should state legislation ever increase the levy rate limit, the EMS Council, TC Medic One staff, and the fire service agencies should convene discussions on negotiating a potential levy-sharing strategy.

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## 2. Emergency Medical Services System Delivery Model

### STRENGTHS

**2.1 Observation:** *TC Medic One is a regional centralized EMS program that delivers a standardized high level of emergency medical care to anyone, anywhere, at any time throughout Thurston County.*

**2.2 Observation:** *System wide, TC Medic One ALS units are staffed with two paramedics. This configuration arguably provides a superior level of medical care at the unit level and an overall increase in countywide ALS system readiness.*

#### **Recommendation**

**2.2.1** TC Medic One should continue exploring and testing a supplemental EMS unit configuration as an intermediate to the standard two-paramedic unit. For example, enabling Advanced EMTs to serve the system in more rural fire districts could improve patient outcomes in areas with longer ALS response time intervals.

**2.3 Observation:** *Every community in the region stands to benefit from being part of the TC Medic One system.*

**2.4 Observation:** *TC Medic One staff provides a comprehensive range of administrative and support service functions that strengthen EMS service delivery.*

**2.5 Observation:** *TC Medic One's provision of initial BLS training, continuing education, in-service paramedic training, and EMS quality assurance activities establish a high standard of first responder EMS care throughout the system that improves patient outcomes.*

### CHALLENGES

**2.6 Observation:** *The nature of ALS services delivery through contract agencies creates discontent and mistrust among some of the system's stakeholders.*

#### **Recommendation**

**2.6.1** TC Medic One system stakeholders should visit the office of King County Medic One to learn about their system. A series of similar site visits to other neighboring EMS systems could offer local participants with valuable insight as to how Thurston County could improve its system.

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### 3. System Performance

#### STRENGTHS

**3.1 Observation:** *When people dial 9-1-1 for help, the EMS system responds: it saves lives and assists and transports people who are seriously sick or injured.*

##### Recommendation

**3.1.1** Beyond the traditional benchmarking focus on cardiac arrest survival rates and response time interval performance, TC Medic One staff in consultation with the Medical Program Director, should continue considering, evaluating, and implementing other appropriate metrics to measure the system's prehospital emergency medical and trauma care across the entire county.

**3.2 Observation:** *Three agencies provide ALS service countywide, regardless of what jurisdiction a call comes from. Any upgrade to an existing medic unit or the formation of a new unit, regardless of its principal duty location, is an upgrade to the entire county's EMS system.*

**3.3 Observation:** *The system currently has ample response capacity to fulfill ALS service demands for the next several years.*

**3.4 Observation:** *ALS response time intervals are well within the State's and TC Medic One's adopted level of service goals countywide.*

##### Recommendation

**3.4.1** TC County Medic One has quality response time data that should be presented, when appropriate, in a format that is accessible and readily understood by a broader audience.

#### CHALLENGES

**3.5 Observation:** *More work is necessary to standardize the capture, retrieval, and dissemination of EMS data throughout the system, particularly for BLS response activity data.*

##### Recommendations

**3.5.1** TC Medic One should take a lead role to foster greater EMS data interoperability and information exchange.

**3.5.2** TC Medic One should coordinate with fire service agencies to develop agreed upon comprehensive EMS service demand projections for system planning.

## 4. Governance

### STRENGTHS

**4.1 Observation:** *Policy makers, staff, and stakeholders care about the system.*

### CHALLENGES

**4.2 Observation:** *Some EMS Council members have expressed feelings of mistrust, frustration, and dissatisfaction over recent decision making processes of the TC Medic One system.*

#### Recommendation

**4.2.1** The EMS Council should identify deliberate activities to foster trust among members, learn each other's strengths, and celebrate the Council's successes.

**4.3 Observation:** *Rural stakeholders have expressed frustration that the composition of the EMS Council is biased toward the urban communities.*

#### Recommendation

**4.3.1** The EMS Council should review Article IV. Composition and Membership of the Bylaws to consider amending the membership to:

1. Include the City of Lacey
2. Add a fourth Citizen-at-Large Physician to eliminate potential appointment conflicts with existing Citizen-at-Large members

**4.3.2** Encourage the Thurston County Commissioners to expand Citizen-at-Large outreach efforts to fill positions with members from rural county communities.

**4.4 Observation:** *Information about the proceedings of the EMS Council is not readily available to the public.*

#### Recommendation

**4.4.1** TC Medic One staff should post and update the following content on its website in an easily accessible format: EMS Council meeting schedule, a list of EMS Council members, meeting agendas, minutes, TC Medic One Budget, and EMS Council Bylaws.

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## 5. Planning

### CHALLENGES

**5.1 Observation:** *TC Medic One does not have a single comprehensive planning document that describes its mission, policies, budget, service delivery model, system performance, future service levels, and strategic initiatives.*

#### Recommendations

**5.1.1** TC Medic One should compile its existing plans into a single cohesive document that outlines its current course of action. This product should serve as a baseline for a strategic planning process with all system stakeholders.

**5.1.2** The EMS Council should identify an appropriate planning process and forward a recommendation and planning timeline to the Thurston County Commissioners.

**5.1.3** TC Medic One should convene a planning process and seek adoption on a preferred alternative prior to running an EMS levy lid lift.



TRPC Steering Committee projects GANTT																	
Category	section	task	Priority	time	consultant	Jan-14	Feb-14	Mar-14	Apr-14	May-14	Jun-14	Jul-14	Aug-14	Sep-14	Oct-14	Nov-14	Dec-14
Funding	1.4.1	ALS personnel cost		8	N												
	1.7.1	Levy campaign		18	N												
	1.8.1	Reserve account		4	N							S			E		
	1.9.1	BLS analysis		13	Y						S						
	1.10.1	Funding priorities		6	N												
	1.10.2	Leg levy increase		12	Y												
EMS Model	2.2.1	Rural response options		13	N												
	2.6.1	Visit EMS systems		18	Y												
Performance	3.1.1	Other EMS benchmarks		13	Y												
	3.4.1	Viewer friendly data		5	Y									S			
	3.5.1	BLS data interoperability		19	N				S								
	3.5.2	EMS (BLS) service demand		8	Y												
Governance	4.2.1	Stakeholder trust		13	Y												
	4.3.1	Amend EMSC members		4	N	S	=====		E	complete							
	4.3.2	Rural member fill		4	N	S	=====		E	complete							
	4.4.1	Website agenda, minutes		5	N		S	=====		E							
Planning	5.1.1	Consolidate plans		6	N												
	5.1.2	Planning process		12	N	S									E		
	5.1.3	Levy lid lift options		5	?												
	EE extended end date																
	Consultant			2			0	0	0	0	1	1	1	2	2	2	2
	staff			2			4	4	5	3	3	2	2	2	2	1	1
	total			4			4	4	5	3	4	3	3	4	4	3	3

TRPC Ste	Jan-15	Feb-15	Mar-15	Apr-15	May-15	Jun-15	Jul-15	Aug-15	Sep-15	Oct-15	Nov-15	Dec-15	Jan-16	Feb-16	Mar-16	Apr-16	May-16	Jun-16	Jul-16
1.4.1									S							E	?		
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1.8.1																			
1.9.1						E	EE	???											
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2.6.1	SI						E	SII										EE	
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Consulta	3	2	3	3	4	4	4	3	3	4	4	4	4	4	4	3	3	2	1
staff	2	2	2	2	2	3	3	2	4	4	3	2	2	1	2	2	2	1	1
total	5	4	5	5	6	7	7	5	7	8	7	6	6	5	6	5	5	3	2

TRPC Ste						
section	Aug-16	Sep-16	Oct-16	Nov-16	Dec-16	Jan-17
1.4.1						
1.7.1						
1.8.1						
1.9.1						
1.10.1						
1.10.2						
2.2.1						
2.6.1						
3.1.1						
3.4.1						
3.5.1						
3.5.2						
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4.3.1						
4.3.2						
4.4.1						
5.1.1	E					
5.1.2						
5.1.3					E	
EE exten						
Consulta	1	1	1			
staff	1	0	0			
total	2	1	1			

**Thurston County Medic One  
EMS Council  
Steering Committee Recommendations**

Note: Most recommendations are elements of a new long term strategic plan that defines services, programs, needs, governance, and funding.

**Steering Committee to expand to four EMSC members: BLS provider, ALS provider, Citizen at large, City Rep. EMSC to confirm all special committee appointments.**

6/10/2014 update with staff notations for July 2014

F=financial is currently a guess without consultant input

**Consultant=No** indicates staff can do (in some cases scope dependent)

Section	TRPC Recommendation	Steering Committee Recommended Action (G=Goal/measurable outcome?)	Staff comments (S=Scope ?) (P=priority #) (T=estimated Time) (C=Consultant?) (F=\$?Funds)	Start Date/Date Due Steering
<b>Funding</b>				
1.4.1	TC Medic One staff and the ALS contract agencies should closely monitor system costs, maintain a dialog, and develop a long-term strategy to manage EMS provider personnel costs.	EMS Council to form a subcommittee that includes the contract agencies, three non-contract fire service agencies and three citizens at large. The subcommittee will undertake a comprehensive review of costs and funding concepts as part of a long term plan and develop a cost management strategy to equate anticipated cost to anticipated revenues under various funding scenarios.	<b>Scope? (Is this ALS personel costs only or all costs of all programs?)</b> Special Committee #1, Three of each: contract agencies one from each, one from each of three non-contract agencies and citizens at large to be identified by EMSC.	start 9/2015; end 4/2016
		<b>Goal=?</b> (state measurable goal) Assure or verify that the funds are available to both Medic One and its ALS service agencies will be adequate as the population grows and changes its medical needs.	P= ; T= ; <b>Consultant=No but dependent on goal</b> ; F=\$?	
1.7.1	To help meet rising expenditures, a levy lid lift campaign to restore the original levy rate should be pursued before 2017. (2018?)	See 5.1.3	<b>Scope? Original levy rate? Expanded levy rate under 1.10.2 and 5.1.3 Consultant=No</b>	18 months prior to levy lid lift vote
1.8.1	The EMS Council should consider establishing a long-term contingency reserve account.	EMS Council adopt a policy to create a long-term contingency reserve account. Other reserve accounts, such as funds for system expansion, should be considered. EMS Council's Budget Committee to identify the appropriate funds for reserve account to meet the adopted policies.	<b>Scope=</b> develop long term contingency reserve, all/priority programs? duration?. Budget Committee has discussed this at 2014 budget development, action? Recommendation to be made to BOCC.	start 7/2014; end 10/2014
		<b>Goal=</b> Establishment of a clear budget policy on the establishment, maintenance, funding level, and use of a reserve account for contingency operations and expenditures. (Designated final reserve amount for levy restoration point)	P= ; T= 4 months; <b>Consultant=No</b> ; F=\$?	
1.9.1	The region's EMS participants should develop a countywide framework for evaluating present and future BLS demand and service capacity to better understand the overall financial and operational impacts to the EMS system.	EMS Council form a subcommittee and recommend that the Thurston County Board of County Commissioners contract with TRPC to gather and analyze the BLS data and project future BLS demand and capacity. The subcommittee will include members from the <b>Thurston County Fire Chiefs Association, Operations Committee</b> and staff. Data gathering Phase I BLS demand and service capacity analysis, Phase II	<b>Scope?</b> Special Committee #2, however, the Operations Committee could be the lead as regular committee work with participation from any that are willing. <u>Ops and EMSC could work with TRPC to develop the questions to be answered by the data system</u> , some data available from TCOMM CAD (see current M1 website). <b>SafetyPad BLS data/analysis may resolve issue?</b>	Phase I start 6/2014; end 5/31/2015 Phase II start 6/2015; end 7/15/2015
		<b>Goal=</b> Generation of clear information on how the fire protection district operations that are challenged by diminishing revenues are meeting the system's needs. Comprehensive information focused at identifying EMS service challenges in rural communities that could threaten the efficacy of the Thurston County EMS System. (Develop system and annually document and report on BLS response demand and capacity)	P= ; T= 10-12 months; <b>Consultant=Yes</b> ; F=\$5k?	
1.10.1	The EMS Council should establish clear funding priorities for TC Medic One programs.	EMS Council's Budget Committee to develop recommendations that are based on current and new programs as they are evaluated, prioritized and adopted by the EMS Council. In conjunction with Recommendation 1.4.1, the Budget Committee will identify program priorities to be able to advise which programs could be vulnerable in times of revenue shortfall. These priorities would also be utilized when evaluating new programs if consideration of tradeoffs is necessary.	<b>Scope=Program/task funding priorities.</b> Recommendation to BOCC as part of normal budget process	start 6/2015; end 10/30/2015
		<b>Goal=</b> Establish an understanding among stakeholders about the flexibility of the EMS levy to serve Medic One and multiple taxing districts.	P= ; T= 5 months; <b>Consultant=No</b> ; F=\$?	
1.10.2	Should state legislation ever increase the levy rate limit, the EMS Council, TC Medic One staff, and the fire service agencies should convene discussions on negotiating a potential levy-sharing strategy.	EMS Council to convene task force should EMS levy increase be authorized.	Special Committee #3, a levy sharing strategy for new 25 cent addition could be drafted in advance of legislation for all to understand/agree on treatment of potential new funding in advance.	open
		<b>Goal=(Improve funding options for EMS Levy through an increased 25 cent rate)</b>	<b>Scope?</b> Countywide levy sharing v. independent jurisdictional 25 cent levy expansion should be decided. P= ; T=6-12 months depending on levy option; <b>Consultant=Yes</b> ; F=\$5k?	

Section	TRPC Recommendation	Steering Committee Recommended Action (G=Goal/measurable outcome?)	Staff comments (S=Scope ?) (P=priority #) (T=estimated Time) (C=Consultant?) (F=\$?Funds)	Start Date/Date Due Steering
<b>EMS Delivery Model</b>				
2.2.1	TC Medic One should continue exploring and testing a supplemental EMS unit configuration as an intermediate to the standard two-paramedic unit. For example, enabling Advanced EMTs to serve the system in more rural fire districts could improve patient outcomes in areas with longer ALS response time intervals.	Staff monitor changes in system delivery concepts with emphasis on potential changes from the implementation of provisions of the Patient Protection and Affordable Care Act. Assess the impact on ALS and BLS service. EMS Council to revisit this TRPC Recommendation after Affordable Care Act impacts are better understood.	<b>Scope?</b> Dependent on prehospital ALS and/or BLS implications of ACA and source of funding for ACA implications P= ; T=dependent on scope; <b>Consultant=No but dependent on scope (verify)</b> ; F=\$?	annual analysis? 1/31/2016
		<b>Goal</b> = Maintain Medic One as a regional EMS program that delivers a standardized high level of emergency medical care to anyone, anywhere, at any time throughout Thurston County. <b>Verify that Medic One ALS units staffed with two paramedics provides a superior level of medical care at the unit level and an overall increase in countywide ALS system readiness. (Modify to: Assess need and areas to supplement system with alternate levels of EMS services, with flexible and efficient implementation of service options as recommended by Ops and MPD to meet defined service goals)</b>		
2.6.1	TC Medic One system stakeholders should visit the office of King County Medic One to learn about their system. A series of similar site visits to other neighboring EMS systems could offer local participants with valuable insight as to how Thurston County could improve its system.	EMS Council and Operations Committee members, Board of County Commissioners, and fire service agency representatives visit King County Medic One and Pierce County EMS service agencies. (Staff recommends formulating questions and seek presentations from other EMS systems/agencies, then visit and evaluate information and make recommendation)	<b>Scope</b> =seek EMS information from other local EMS systems P= ; T= 6 months; <b>Consultant=No</b> ; F=\$? Local EMS System presentation from King and Pierce County (City of Seattle or other?) reps in advance of visit may help target visit.	start 1/2015; end 1/31/2015
		EMS Council to form a best practices subcommittee to be part of the planning process to analyze regional and national EMS delivery models. Consider use of the King County strategic & financial planning model (Strategic Plan 2008-2013) This subcommittee will identify possible ideas for continuous improvements to our Thurston County system.	<b>Scope</b> =?(What part is part of the King County Strategic Plan is referenced, the template or specifics?) ;P= ; T= 6 months; <b>Consultant=Yes?</b> ; F=\$? Special Committee #4, however, the EMS Council could be the lead, as is regular Council work with participation from Operations Committee, BOCC any that are willing.	start 2/2015; end 5/30/2016
		<b>Goal</b> =Assure our EMS delivery system is providing the best service for our citizens by seeking ideas for continuous improvements. (Gather best practices information from King and Pierce (?) and produce report)		
<b>System Performance</b>				
3.1.1	Beyond the traditional bench marking focus on cardiac arrest survival rates and response time interval performance, TC Medic One staff in consultation with the Medical Program Director, should continue considering, evaluating, and implementing other appropriate metrics to measure the system's prehospital emergency medical and trauma care across the entire county.	Staff and Medical Program Director to undertake recommendation. Consider the Patient Protection and Affordable Care Act triple aim criteria. Review patient outcome and define what works. Deliver evidenced based patient centered medicine. If possible, measure the satisfaction of patients. .	<b>Scope</b> = Utilize EMS KPIs? EMS Key Performance Indicators are being developed by state MPD's and agencies for comparison applications between EMS agencies and systems within the state and possibly nation. Staff recommends monitoring applicability of this KPI effort before developing new. (Staff proposed Patient Care Feedback in current strategic/business plan E.11.d on hold)	start 5/2015; end 5/31/2016
		<b>Goal</b> = Provide additional measurements of our EMS System performance to assure the best delivery in all areas. (Improving care, improving health and decreasing per capita cost of system. (over what measures?))	P= ; T= 12-18 months; <b>Consultant=Yes</b> for Patient Care Feedback program development; F=\$5-10k?	
3.4.1	TC County Medic One has quality response time data that should be presented, when appropriate, in a format that is accessible and readily understood by a broader audience.	Staff and Operations Committee undertake recommendation.	<b>Scope</b> = Involve consultant to recommend level and format of data for public consumption	start 9/2014; end 1/31/2015
		<b>Goal</b> = To make additional EMS System performance data available to the citizens we serve to gain their support for the system and it future needs. (Improve public readability of system response information and publish to website.) (Delete text "to gain their support")	P= ; T= 6 months; <b>Consultant=Yes</b> ; F=\$5k?	
3.5.1	TC Medic One should take a lead role to foster greater EMS data interoperability and information exchange.	See recommendation 1.9.1. Operations Committee and fire service agencies to develop a process to analyze and integrate known data for BLS support of ALS response strategies.	<b>S?</b> Staff and Operations Committee has worked with TCOMM CAD data to develop BLS response report. BLS agencies have not been willing to utilize 80% response data that would allow comparison with ALS response data. Additional data will be available for analysis once SafetyPad BLS is operational.	start 7/2015; end 10/31/2015
		<b>Goal</b> =Standardization of the capture, retrieval, and dissemination of EMS data throughout the system, particularly for BLS response activity data. (Develop data interoperability process and implement BLS Safetypad reporting system)	P= ; T=6-12 months; <b>Consultant=No</b> ; F=\$?	

Section	TRPC Recommendation	Steering Committee Recommended Action (G=Goal/measurable outcome?)	Staff comments (S=Scope ?) (P=priority #) (T=estimated Time) (C=Consultant?) (F=\$?Funds)	Start Date/Date Due Steering
3.5.2	TC Medic One should coordinate with fire service agencies to develop agreed upon comprehensive EMS service demand projections for system planning.	Operations Committee and fire service agencies to develop recommendations following completion of Recommendation 3.5.1.	<b>Scope?</b> This can be accomplished through Operations Committee/EMS Council process with BLS as it exists with ALS, however there is no obligation for independent BLS jurisdictions.	start 10/2015; end 5/31/2016
		<b>Goal</b> =To develop projections of future demand for EMS services for all service providers to use in their planning for the future (Develop and implement EMS service demand and projection modeling)	P= ; T=12 months; <b>Consultant=Yes</b> (see 1.9.1); F=\$5k see 1.9.1?	
<b>Governance</b>				
4.2.1	The EMS Council should identify deliberate activities to foster trust among members, learn each other's strengths, and celebrate the Council's successes.	When sufficient information becomes available or subcommittee work has been completed addressing the TRPC Recommendations the EMS Council will schedule a professionally facilitated retreat/workshop for open discussion, planning, and getting to personally know each EMS Council member. A goal is to develop strong regional consensus about Medic One/Emergency Medical Services and to generate support by conducting a comprehensive planning process with a theme of transparency, input and collaboration amongst stakeholders and concluding with adoption of a strategic plan.	This could be part of regular EMS Council business as all agencies should regularly attend EMS Council meetings. The meeting could be started with a 30 minute worksession to collaborate with EMS Council members. It could also be executed as special annual meeting series. MPD, staff and Fire Chiefs Association have initiated quarterly open forum meetings.	Multiple dates starting Spring/April 2015; end 3/2016
		<b>Goal</b> =Overcome the EMS Council member's feelings of mistrust, frustration, and dissatisfaction over the decision making processes of the Thurston County Medic One system. (Develop venue to share EMS System strengths and weakness, provide for coordinated and integrated planning among stakeholders.)	P= ; T=3-12 months; <b>Consultant=Yes</b> (to explore reasons for mistrust/frustration/dissatisfaction over decision making and methods/processes to overcome); F=\$5-10k?	
4.3.1	The EMS Council should review Article IV. Composition and Membership of the Bylaws to consider amending the membership to: 1. Include the City of Lacey 2. Add a fourth Citizen-at-Large Physician to eliminate potential appointment conflicts with existing Citizen-at-Large members	EMS Council recommend to the Board of County Commissioners Bylaw Changes to incorporate Recommendation 4.3.1.	Steering Committee has drafted a bylaw modification that EMS Council has modified and accepted. BOCC approved at 1/15/14 meeting as proposed by TRPC.	Completed
		<b>Goal</b> =Modify EMS Council bylaws to incorporate changes recommended by TRPC	P= ; T=6 months; <b>Consultant=No</b> ; F=\$?	
4.3.2	Encourage the Thurston County Commissioners to expand Citizen-at-Large outreach efforts to fill positions with members from rural county communities.	EMS Council recommend to the Board of County Commissioners to consider Recommendation 4.3.2.	Steering Committee has drafted a bylaw modification that EMS Council has modified and accepted. BOCC approved at 1/15/14 meeting as proposed by TRPC.	Completed
		<b>Goal</b> =Increase rural representatives on EMS Council (what is measure?)	P= ; T= 3 months; <b>Consultant=No</b> ; F=\$?	
4.4.1	TC Medic One staff should post and update the following content on its website in an easily accessible format: EMS Council meeting schedule, a list of EMS Council members, meeting agendas, minutes, TC Medic One Budget, and EMS Council Bylaws.	Staff to undertake Recommendation 4.4.1.	Staff agrees and may be able to accomplish by due date. Staff further recommends electronic packets be used at EMSC meetings under the Admin EMSC tablet proposal.	start 3/2014; end 7/31/2014
		<b>Goal</b> =Modify Medic One website to add EMS Council and TRPC recommended information	P= ; T= 3 months; <b>Consultant=No</b> ; F=\$?	
<b>Planning</b>				
5.1.1	TC Medic One should compile its existing plans into a single cohesive document that outlines its current course of action. This product should serve as a baseline for a strategic planning process with all system stakeholders.	Staff to undertake Recommendation 5.1.1 providing results to TRPC consultant to coordinate, compile results, stakeholder interests and integrate into a new comprehensive strategic & financial plan.	<b>Scope?</b> Staff could draft comprehensive update of existing documents into a single document as recommended by TRPC and publish in 2014.	start 3/2016; end 8/2016
		<b>Goal</b> =Creation and maintenance of a single comprehensive planning document that describes Thurston County Medic One's mission, policies, budget, service delivery model, system performance, future service levels and strategic initiatives. (Modify/reformat Medic One strategic/business plan to add TRPC recommended information>>create webpage EMSC 3/2014)	P= ; T=5 months; <b>Consultant=No</b> (unless different method to gather stakeholder interests is to be used); F=\$?	
5.1.2	The EMS Council should identify an appropriate planning process and forward a recommendation and planning timeline to the Thurston County Commissioners.	This Steering Committee's recommendations adopted, refined or modified.	<b>Scope (Is intent of this section equivalent to the Steering committee plan?)</b> Staff would recommend prioritization of recommendations and then master calendar of actions with realistic workload/expectations.	start 12/2013; end 6/2016, then annual
		<b>Goal</b> =A process that will lead to a comprehensive Strategic Plan which is essential to guide our evolving system over the next 20 years. (Define implementation details of TRPC recommendation for scope, priority, timelines, consultant work and costs/funds)	P= ; T=12 months; <b>Consultant=No</b> if this is Steering Committee process?; F=\$?	

Section	TRPC Recommendation	Steering Committee Recommended Action (G=Goal/measurable outcome?)	Staff comments (S=Scope ?) (P=priority #) (T=estimated Time) (C=Consultant?) (F=\$?Funds)	Start Date/Date Due Steering
5.1.3	TC Medic One should convene a planning process and seek adoption on a preferred alternative prior to running an EMS levy lid lift.	Based on the recommendations of the subcommittees and studies leading to the new strategic plan the EMS Council will define system delivery model, response time goals, system programs, projected system costs and funding alternatives.  When the time is appropriate, The EMS Council will recommend to the Board of County Commissioners a course of action. Citizens in Thurston County will be encouraged to organize an independent stakeholders committee to address levy issues.	<b>Scope?</b> Is this to be a planning process different than current? If so, define scope/what?	start 6/2016; end 10/2016 18 Months prior to the Levy Lid Lift vote
		<b>Goal</b> =Thurston County voter support for a fully funded levy. (Develop a planning process with options and recommendation for EMS levy lid lift.)	P=; T=8-12 months; <b>Consultant</b> =scope dependent?; F=\$5-10k?	

Additional staff workload that may impact due dates:

1. Affordable Care Act issues/resolutions
2. TRPC project matrix implementation
3. 40th Medic One Anniversary
4. Community Mobile Medicine
5. ALS contract negotiations
6. BLS SafetyPad implementation project
7. ALS space (in BLS agencies) rental agreement negotiations/renewal
8. EMS Key Performance Indicators (KPI) evaluation/implementation

**AGENDA ITEM INFORMATION SHEET**

Thurston County EMS Council

Council Meeting

July 16, 2014

**Presenter****Committee:** Margaret McPhee, Chair / Budget Committee**Topic:** 2015 Medic One/EMS Budget**Request:** Review and approve recommendation for 2015 Medic One/EMS budget as submitted by Budget Committee.

**Background:** Budget Committee reviewed a staff drafted status quo and considered no enhancement to the budget at their June 23, 2014 meeting. Status quo budget contains program maintenance at current levels of service provision. Line items were modified down or up based on historical needs, contract obligations and county directed internal service fees. The staff proposed no program enhancements or supplemental increase to the EMS Financial support or supply/equipment support budgets over anticipated run volume impacts and medical supply CPI (in past years \$1,000 has been added to each agencies base). Major programs (BLS data system implementation initiated, BLS data IT specialist, CPR coordinator, and medic unit upgrades (M6 and M14) and MCI trailer enhancement, MCT program) are budgeted. Salary and benefit costs are estimated and driven by county policy and market so may change in final county budget process as current amounts are estimates.

Options Considered: **Enhance EMS Financial base support \$1,000 per agency and \$1,000 EMS Supply/Equipment support.**

Financial Impact: **Status quo** draft 2015 program budget is \$12,761,075 (\$68,603 or 0.5% under 2014)

**Attachments:** Draft 2015 line item budgets at status quo levels  
Possible future budget expenditure needs, updated

**Recommendation:** Budget Committee recommends approval of the 2015 budget recommendation at the status quo level as described and direct staff to forward same to BOCC.

Staff note: An Emergency Contingency (has been used in the past for planning needs) of \$50,000 is maintained in the budget. ALS contract costs are estimated close and may need to be adjusted if projections are determined to be different than actual.

Disposition:

Date:



Future **possible** budget expenditure impacts not included in the status quo 2015 budget document:

**2014**

1. Medic One 40<sup>th</sup> Anniversary recognition (anticipated for 2014, donation fund)  
Estimated \$5,000

**2015+**

2. Cot lift/loading System (BEING EVALUATED, FROM 2013, newer compatible system)  
Estimated \$240,000-\$360,000

**2016+**

3. Levy mailed education materials, from donations not tax sources (anticipated 2017-2018, donation fund)  
Estimated \$10,000
4. EMS Levy Lid Restoration, cost of county wide election (anticipate for 2015-2016)  
Estimated \$125,000

ADMINISTRATION			Pages 5-6/19
2014 Approved Budgeted:	543,672	(3.5 FTEs)	
2015 Status Quo Proposed:	542,990		
Difference 2014 Approved to 2015 Proposed:	(682)	-0.1%	
2015 Enhanced Proposed:	542,990	ADMIN ENHANCEMENTS:	\$0
Difference 2014 Approved to 2015 Enhanced:	(682)	-0.1%	
<p><b>STATUS QUO:</b> Maintains current activities, estimate 5% for wages + applicable steps, + benefit increases with a 0% COLA (to be adjusted by County), County interfund charges and facility space reallocation.</p> <p><b>ENHANCED:</b> N/A</p>			

ADVANCED LIFE SUPPORT			Pages 7-11/19
2014 Approved Budgeted:	9,379,463	(1.50 FTEs, .50 MPD)	
2015 Status Quo Proposed:	9,403,489		
Difference 2014 Approved to 2015 Proposed:	24,026	0.3%	
2015 Enhanced Proposed:	9,403,489	ALS ENHANCEMENTS:	\$0
Difference 2014 Approved to 2015 Enhanced:	24,026	0.3%	
<p><b>STATUS QUO:</b> Projects status quo for ALS contractor support for 80% of employer wages/benefits and other contractual requirements for support of 7 medic units (2 Olympia, 2 Tumwater, 3 Lacey). Maintains current program activities, current staff wages + applicable steps, estimated .0% TC COLA + benefit increases (to be adjusted by County). Continue Data System Phase II Implementation.</p> <p><b>ENHANCED:</b> N/A</p>			

EMS TRAINING			Pages 12-13/19
2014 Approved Budgeted:	472,705	(2.75 FTEs, .50 MPD & EMS Instructor/Evaluators)	
2015 Status Quo Proposed:	480,559		
Difference 2014 Approved to 2015 Proposed:	7,854	1.7%	
2015 Enhanced Proposed:	480,559	EMS TRAINING ENHANCEMENTS:	\$0
Difference 2014 Approved to 2015 Enhanced:	7,854	1.7%	
<p><b>STATUS QUO:</b> Maintains initial and continuing education training programs, quality assurance activities; includes applicable steps, estimated .0% TC COLA + benefits increase (to be adjusted by County), County interfund charges.</p> <p><b>ENHANCED:</b> N/A</p>			

EMS DATA SYSTEMS & SUPPORT & CPR/PIE			Pages 14-16/19
2014 Approved Budgeted:	1,514,944	(.75 FTEs for Data System, Balance Staffed from	
2015 Status Quo Proposed:	1,449,439	Training & Administration FTE's)	
Difference 2014 Approved to 2015 Proposed:	(65,504)	-4.3%	
2015 Enhanced Proposed:	1,449,439	EMS SUPPORT ENHANCEMENTS:	\$0
Difference 2014 Approved to 2015 Enhanced:	(65,504)	-4.3%	
<p><b>STATUS QUO:</b> Service support (supplies/equipment and financial support to agencies) +3.5% inflationary factor (supplies &amp; equipment only) + 2% estimated call volume increase. Special Projects funding, CBD Nurseline, AED ER&amp;R program. Continuation of MCT/ Technology support. Data system support includes Phase II implementation continued.</p> <p><b>ENHANCED:</b> N/A</p>			

EQUIPMENT REPAIR & REPLACEMENT		Pages 17/19	
2014 Approved Budgeted:	897,271	Tracked by Administrative Staff	
2015 Status Quo Proposed:	862,975		
Difference 2014 Approved to 2015 Proposed:	(34,296)      -3.8%		
2015 Enhanced Proposed:	862,975	ER&R ENHANCEMENTS:	\$0
Difference 2014 Approved to 2015 Enhanced:	(34,296)      -3.8%		
<p><b>STATUS QUO:</b> Maintains activities per established internal ER&amp;R schedule - M5 &amp; M14 scheduled for replacement, 12 LEAD, Ventilator &amp; Data System Phase II Implementation .</p> <p><b>ENHANCED:</b> N/A</p>			

OPS TRANSFER		(ESC BUILDING ER&R RESERVE)      Page 18/19	
2014 Approved Budgeted:	21,622	Tracked by Administrative Staff	
2015 Status Quo Proposed:	21,622		
Difference 2014 Approved to 2015 Proposed:	(0)      0.0%		
2015 Enhanced Proposed:	21,622	ENHANCEMENTS:	\$0
Difference 2014 Approved to 2015 Enhanced:	(0)      0.0%		
<p><b>STATUS QUO:</b> Per Thurston County, Medic One's share of ER&amp;R reserve for capital improvements to the Emergency Services Center.</p> <p><b>ENHANCED:</b> N/A</p>			

ESTIMATED FUND BALANCE		Page 19/19	
2014 Approved Budgeted:	3,430,564	Tracked by Administrative Staff	
2015 Status Quo Proposed:	422,646		
Difference 2014 Approved to 2015 Proposed:	(3,007,919)      -87.7%		
2015 Enhanced Proposed:	422,646	ENHANCEMENTS:	\$0
Difference 2014 Approved to 2015 Enhanced:	(3,007,919)      -87.7%		
<p>Beginning with 2004 transition to MUNIS accounting system, Thurston County no longer specifically budgets beginning/ending fund balances. Unexpended funds and additional revenues are tracked and reported as "Beginning Fund Balance - Unreserved" and adjusted by prior year over/under expenditures per County's mid-year budget process.</p>			

2014 APPROVED EXPENDITURE BUDGET:	\$12,829,677
2015 STATUS QUO PROPOSED BUDGET:	\$12,761,075
2015 PROPOSED ENHANCEMENTS:	\$0
TOTAL 2015 PROPOSED ENHANCED BUDGET:	\$12,761,075
TOTAL DIFF 2014 TO 2015 ENHANCED PROPOSED EXP BUDGET:	(\$68,603)

### 2015 PROGRAMS EXPENSE BUDGET SUMMARY

PROGRAM	2014			2015 PROPOSED				
	APPROVED (BUDGETED)	% CHANGE 13-14	% OF BUDGET	STATUS QUO PROPOSED	ENHANCED ADDS	STATUS QUO + ENHANCED TOTAL	% CHANGE 14 Approved - 15 Enh Proposed	% OF BUDGET
ADMINISTRATION	543,672	-1.5%	4.24%	542,990	0	542,990	-0.1%	4.26%
ADVANCED LIFE SUPPORT	9,379,463	0.3%	73.11%	9,403,489	0	9,403,489	0.3%	73.69%
EMS TRAINING	472,705	3.3%	3.68%	480,559	0	480,559	1.7%	3.77%
EMS SUPPORT & CPR/PIE	1,514,944	12.9%	11.81%	1,449,439	0	1,449,439	-4.3%	11.36%
ER&R (INTERNAL)	897,271	31.6%	6.99%	862,975	0	862,975	-3.8%	6.76%
OPERATING TRANSFER	21,622	-2.4%	0.17%	21,622	0	21,622	0.0%	0.17%
<b>TOTAL PROGRAMS</b>	<b>12,829,677</b>	<b>3.4%</b>	<b>100.00%</b>	<b>12,761,075</b>	<b>0</b>	<b>12,761,075</b>	<b>-0.5%</b>	<b>100.00%</b>
Difference 2014 Approved Budgeted to 2015 Enhanced Proposed: -\$68,603								
ADD ER&R CURRENT YR RESERVE	574,556			785,656		785,656		
<b>TOTAL OPERATING EXPENSE BUDGET</b>	<b>13,404,234</b>			<b>13,546,731</b>		<b>13,546,731</b>		

#### PROGRAM HIGHLIGHTS

ADMINISTRATION	No change in service; line item adjustments on history/need, est. 5% to cover wages/benefits increase/ steps with 0% COLA & County interfunds. ENH: N/A
ADVANCED LIFE SUPPORT	Maintains services at current levels, continue with data system phase II implementation ENH: N/A
EMS TRAINING	Maintains services, ENH: N/A
EMS SUPPORT/EMS DATA SYSTEM	Maintain current levels of service, continue with phase II of EMS data system implementation ENH: N/A
CPR/PIE	Maintain CPR program, continue support Children's' Museum PIE display & support of TC SafeKids program, ENH: N/A
ER&R	Internal as allocation of ending fund balance
OPERATING TRANSFER	Medic One contribution to ESC (building) capital reserve

\*ER&R INTERNAL - this amount is for internal tracking only, reserve, tax & contingency balances tracked as part of estimated fund balance

## RECAP

	2013		2014		2015	
	APPROVED (Budgeted)	EXPENDED 12/13	APPROVED (Budgeted)	EXPENDED 06/14	(Budgeted)	Enhanced
ADMINISTRATION	551,698	481,767	543,672	208,555	542,990	542,990
ADVANCED LIFE SUPPORT	9,351,759	7,990,874	9,379,463	3,209,826	9,403,489	9,403,489
EMS TRAINING	457,752	384,035	472,705	190,726	480,559	480,559
EMS SUPPORT & CPR/PIE	1,341,441	980,183	1,514,944	693,166	1,449,439	1,449,439
ER&R	681,776	718,385	897,271	20,421	862,975	862,975
OPERATING TRANSFER	22,144	22,144	21,622	10,811	21,622	21,622
<i>TOTAL PROGRAM BUDGETS</i>	<u>12,406,571</u>	<u>10,577,388</u>	<u>12,829,677</u>	<u>4,333,505</u>	<u>12,761,075</u>	<u>12,761,075</u>
ESTIMATED BEG FUND BALANCE	6,374,544	6,374,544	8,020,648	6,460,215	3,430,564	3,430,564
MID-YEAR ADJUSTMENT	0	1,631,788	0	0	0	0
ER&R ALLOCATION	-568,742	-568,742	-574,556	-574,556	-785,656	-785,656
<i>TOTAL EST FUND BALANCE</i>	<u>5,805,802</u>	<u>7,437,590</u>	<u>7,446,092</u>	<u>5,885,659</u>	<u>2,644,908</u>	<u>2,644,908</u>

## ADMINISTRATION

	2013		2014		2015		COMMENT
	APPROVED (Budgeted)	EXPENDED 12/13	APPROVED (Budgeted)	EXPENDED 06/14	0 (Budgeted)	0 Enhanced	
<b>1290C411 ADMINISTRATION WAGES/BENEFITS</b>							
510000 SALARIES	235,503	238,453	232,234	109,342	242,926	242,926	5% Director Salary to EM, 3.5 FTE
521000 FICA/MED	18,016	17,354	18,097	7,956	18,584	18,584	
522000 RETIREMENT	19,122	19,548	21,788	10,070	23,636	23,636	
523000 INSURANCE (HEALTH/LIFE)	53,474	49,996	45,118	20,075	45,992	45,992	
524000 L&I	938	718	869	366	828	828	
525000 SUI	2,120	2,146	2,128	984	2,187	2,187	
527000 LONG TERM DISABILITY INS	1,342	1,340	1,349	617	1,384	1,384	
WAGES/BENEFITS Subtotal	<b>330,515</b>	<b>329,556</b>	<b>321,583</b>	<b>149,412</b>	<b>335,537</b>	<b>335,537</b>	Per TC Human Resources - est 5%
<b>1290C412 ADMINISTRATION MAINTENANCE &amp; OPERATIONS</b>							
531000 SUPPLIES	10,500	7,358	10,500	2,764	10,675	10,675	
<i>Office Supplies:</i>	<i>\$3,900</i>						
<i>Copier Supplies:</i>	<i>\$2,000</i>						
<i>Books/Texts:</i>	<i>\$200</i>						
<i>Equipment Repair Supplies:</i>	<i>\$200</i>						
<i>Software Licenses thru DIS:</i>	<i>\$2,300</i>						
<i>Employee Uniforms:</i>	<i>\$1,575</i>						increase due to staff increase
<i>Other Supplies:</i>	<i>\$500</i>						
535000 MINOR EQUIPMENT	2,000	1,811	11,099	1,945	3,899	3,899	
<i>Equipment &lt;\$1,000 No inventory</i>	<i>\$2,399</i>						
<i>Tablets</i>	<i>\$0</i>						purchased in 2014
<i>PC Software:</i>	<i>\$1,500</i>						
541000 PROFESSIONAL SERVICES	4,500	0	4,500	0	4,500	4,500	
<i>PC Programming:</i>	<i>\$500</i>						
<i>CID Speakers:</i>	<i>\$500</i>						
<i>Outside Contractors:</i>	<i>\$3,000</i>						
<i>Other Professional Services:</i>	<i>\$500</i>						
542000 COMMUNICATIONS	20,970	7,102	19,590	3,245	19,590	19,590	
<i>ESC (all office) Phones:</i>	<i>\$19,000</i>						
<i>TEMPO Internet Line:</i>	<i>\$540</i>						
<i>Non-county postal expenses:</i>	<i>\$50</i>						
543000 TRAVEL	10,500	2,953	10,500	743	10,500	10,500	
<i>Staff Local Travel (mileage):</i>	<i>\$4,500</i>						
<i>Staff Conference Travel (per diem):</i>	<i>\$6,000</i>						
Admin Maint & Operations Subtotal	<b>48,470</b>	<b>19,223</b>	<b>56,189</b>	<b>8,697</b>	<b>49,164</b>	<b>49,164</b>	

## ADMINISTRATION (Continued)

	2013		2014		2015		COMMENT
	APPROVED (Budgeted)	EXPENDED 12/13	APPROVED (Budgeted)	EXPENDED 06/14	0 (Budgeted)	0 Enhanced	
<b>1290C412 ADMINISTRATION MAINTENANCE &amp; OPERATIONS (Con't)</b>							
548000 REPAIRS/MAINTENANCE	7,000	6,111	8,900	1,833	9,700	9,700	
<i>Copier Maintenance Agreement:</i>	\$2,400						
<i>TEMPO Maintenance Agreement:</i>	\$3,000						increase based on 2013 actual estimate to increase
<i>Supply Computer Maintenance Agmt:</i>	\$2,800						
<i>Spam Filter Maintenance Agreement:</i>	\$1,500						
549000 VARIABLE OPERATING COSTS	2,450	1,344	2,450	866	2,450	2,450	
<i>Outside Printing:</i>	\$1,400						
<i>Subscriptions:</i>	\$500						
<i>Association Dues:</i>	\$100						
<i>Planning Supplies:</i>	\$450						
549005 REGISTRATION FEES	5,425	525	5,425	295	5,425	5,425	
551000 EMERGENCY CONTINGENCY	51,500	23,448	51,500	0	51,500	51,500	
<i>Emergency Contingency:</i>	\$51,500						
<i>2014 Business Plan Items:</i>	\$0						
575000 Capital LEASES/COPIER - PRINCIPAL	5,852	2,465	3,053	1,223	3,483	3,483	based on amortization schedule
583000 CAPITAL LEASES/COPIER - INTEREST	709	2,039	1,861	824	1,431	1,431	based on amortization schedule
591001 IF/RECORDS (Archive/Imaging)	660	660	1,435	717	2,165	2,165	Per TC
591002 IF/IT SERVICES	20,682	20,682	21,189	10,595	25,459	25,459	Per TC
591003 IF/IT INFRASTRUCTURE	5,598	5,598	4,862	2,431	2,333	2,333	Per TC
591007 IF/TRAINING REGISTRATION	594	0	0	0	0	0	remove no longer use
591008 IF/GIS SERVICES	3,399	3,399	3,065	1,533	3,143	3,143	Per TC
592001 IF/PHONES	397	397	389	195	376	376	Per TC
592002 IF/MAILROOM SERVICES	1,989	1,989	2,158	1,079	2,592	2,592	Per TC
592003 IF/POSTAGE	2,161	882	1,910	337	742	742	Per TC
592004 IF/SCAN, VERIZON	938	1,290	1,447	391	938	938	Per TC
593000 IF/SUPPLIES	1,200	0	0	0	0	0	remove no longer use
595001 IF/OFFICE LEASE & UTILITIES	62,159	62,159	56,257	28,128	46,552	46,552	Per TC
ADMINISTRATION M&O S/T	<u>221,183</u>	<u>152,211</u>	<u>222,089</u>	<u>59,143</u>	<u>207,453</u>	<u>207,453</u>	
ADMINISTRATION TOTAL	<u>551,698</u>	<u>481,767</u>	<u>543,672</u>	<u>208,555</u>	<u>542,990</u>	<u>542,990</u>	

NOTES: Emergency Contingency (#551000) serves as placeholder for EMSC directed activities, unanticipated projects or needs.  
IF= Charges for county provided services

**PROGRAM SUMMARY - ADMINISTRATION**

STATUS QUO: Maintains current activities - increased/decreased based on history, includes set interfund charges, steps & TC benefits

ENHANCED: N/A

**ALS M&O**

	2013		2014		2015		COMMENT
	APPROVED (Budgeted)	EXPENDED 12/13	APPROVED (Budgeted)	EXPENDED 06/14	0 (Budgeted)	0 Enhanced	
<b>1290C421 ALS ADMINISTRATION M&amp;O WAGES/BENEFITS</b>							
510000 SALARIES	96,519	96,519	108,254	46,010	109,675	109,675	ALS Coord , .25 Bus Tech & .25 OAll
521000 FICA/MED	7,384	7,356	8,282	3,484	8,391	8,391	
522000 RETIREMENT	7,838	7,921	9,970	4,238	10,672	10,672	
523000 INSURANCE (HEALTH/LIFE)	17,822	16,931	21,182	7,633	19,385	19,385	
524000 L&I	340	260	378	142	360	360	
525000 SUI	869	869	975	414	987	987	
527000 LONG TERM DISABILITY INS	550	550	617	260	625	625	
WAGES/BENEFITS Subtotal	<u>131,322</u>	<u>130,406</u>	<u>149,658</u>	<u>62,180</u>	<u>150,095</u>	<u>150,095</u>	Per Thurston County - est 5% increase
<b>1290C422 ALS ADMINISTRATION MAINTENANCE &amp; OPERATIONS</b>							
531000 BOOKS/TEXTS/PUBLICATIONS	250	0	345	115	345	345	
548000 REPAIRS & MAINT COPIER	300	171	300	83	300	300	Copier cost allocation
549000 VARIABLE OPERATING COSTS	500	0	500	0	500	500	
ALS ADMIN M&O Subtotal	<u>1,050</u>	<u>171</u>	<u>1,145</u>	<u>198</u>	<u>1,145</u>	<u>1,145</u>	
ALS ADMIN & M&O TOTAL	<u><u>132,372</u></u>	<u><u>130,577</u></u>	<u><u>150,803</u></u>	<u><u>62,379</u></u>	<u><u>151,240</u></u>	<u><u>151,240</u></u>	



## ALS SUPPORT - DIRECT

	2013		2014		2015		COMMENT
	APPROVED (Budgeted)	EXPENDED 12/13	APPROVED (Budgeted)	EXPENDED 06/14	0 (Budgeted)	0 Enhanced	
<b>1290C424 ALS TRAINING/TRAVEL (PM ONLY)</b>							
543000 TRAVEL (PARAMEDIC ONLY)	32,500	17,872	32,500	7,325	32,500	32,500	65 medics x \$500
<i>Current PM CME Travel</i>	\$32,500						
545000 OPERATING RENTAL	9,000	5,550	0	0	0	0	Completed in 2013
<i>ALS Airway Training</i>	\$0						
549005 TRAINING (PARAMEDIC ONLY)	27,625	22,181	27,625	11,303	27,625	27,625	65 medics x \$425
<i>Current PM CME Training:</i>	\$27,625						
PM TRNG/TVL Subtotal	<u>69,125</u>	<u>45,604</u>	<u>60,125</u>	<u>18,627</u>	<u>60,125</u>	<u>60,125</u>	
<b>1290C425 ALS CONTRACT SUPPORT (direct)</b>							
531000 SUPPLIES	0	64	0	0	0	0	
545000 SPACE RENTALS/LEASES	65,680	48,782	65,680	9,138	66,040	66,040	Per Contracts
<i>Medic Unit Storage:</i>	\$39,640						
<i>ALS Medical Supplies Storage:</i>	\$5,803						
<i>PM Office Space:</i>	\$9,846						increase \$360 to cover anticipated phone exp
<i>ALS Sleeping Quarters (SETFA &amp; WTRFA):</i>	\$7,589						
<i>Common Space (SETFA &amp; WTRFA):</i>	\$3,162						
546000 LIABILITY & MEDICAL MALPRACTICE INS	90,000	59,046	100,000	0	100,000	100,000	
551000 INTERGOVERNMENTAL PAYMENTS	7,822,854	6,707,714	7,837,737	2,690,923	7,837,737	7,837,737	Maintain current levels w/no increase
<i>ALS Contracts</i>	7,833,287						
<i>Medic SWAT</i>	4,450						
ALS SUPPORT (direct) Subtotal	<u>7,978,534</u>	<u>6,815,606</u>	<u>8,003,417</u>	<u>2,700,061</u>	<u>8,003,777</u>	<u>8,003,777</u>	

ALS SUPPORT - SERVICES

	2013		2014		2015		COMMENT
	APPROVED (Budgeted)	EXPENDED 12/13	APPROVED (Budgeted)	EXPENDED 06/14	0 (Budgeted)	0 Enhanced	
<b>1290C428 ALS SUPPORT (services)</b>							
531000 VEHICLE MAINTENANCE PARTS & SUPPLIES	73,786	25,598	65,000	25,168	60,000	60,000	decreased based on estimate (PS)
<i>Vehicle Parts:</i>	\$60,000						
531003 UNIFORMS	11,800	2,133	12,390	2,867	12,390	12,390	
531012 ALS MEDICAL SUPPLIES	247,667	233,691	241,667	85,224	242,667	242,667	
<i>ALS Medical Supplies:</i>	\$216,090						
<i>Oxygen &amp; Cylinder Fees:</i>	\$19,577						
<i>STEMI License - Physio-Control:</i>	\$7,000						inc due to addtl subx
<i>Field Treatment Site Cache:</i>	\$0						removed - completed in 2013
531014 PHARMACEUTICALS	94,172	120,980	110,000	54,331	125,000	125,000	Inc Based on 2013 actuals & 2015 projection
532000 FUEL/OIL - ALS UNITS	60,000	46,869	60,000	16,667	60,000	60,000	
535000 MINOR EQUIPMENT	84,000	24,220	70,000	509	70,000	70,000	removed high pressur O2 transfills and field trtm cache
<i>ALS Equipment:</i>	\$70,000						
541000 PROFESSIONAL SERVICES	76,361	53,535	79,037	19,147	79,037	79,037	MPD SWAT Team Physician (\$7,500)
<i>ALS Administered Medical Services:</i>	\$5,000						
<i>ALS Contractor Laundry Services:</i>	\$12,000						
<i>ALS Share of MPD Contract:</i>	\$26,912						Per Contract Incr est renewal 2.5% - Shared w/ Training, +bonus \$750, + travel \$750
<i>ALS Share of MPD In Training:</i>	\$6,375						Shared w/ Training, + travel \$750
<i>Hospital Laundry Contracts:</i>	\$10,000						
<i>Private Ambulance and LFD3 Bariatric transports:</i>	\$9,000						
<i>PSPH SimMan Training:</i>	\$2,500						
<i>Speakers, CISD, etc:</i>	\$7,250						
541009 ADVERTISING	500	0	500	0	500	500	
542000 COMMUNICATIONS	16,922	5,963	15,422	2,350	11,000	11,000	reduced based on actual
<i>Staff Cphones/pagers:</i>	\$1,000						
<i>Medic Unit Cphones:</i>	\$10,000						
<i>Alerting</i>	\$0						
548000 ALS EQUIP MAINTENANCE AGMTS	26,000	29,268	30,000	27,146	35,500	35,500	removed - no cost 2 yrs Increase for ventilator maintenance inc based on actual
<i>ALS Gurney Maintenance:</i>	\$5,000						reduced based on actuals
<i>ALS Defib Maintenance:</i>	\$16,000						added maint agreement
<i>Ventilator Maintenance:</i>	\$9,000						added
<i>Base Hospital Recorder Maintenance:</i>	\$3,500						
<i>High Pressure O2 Maintenance:</i>	\$2,000						
548003 VEHICLE MAINTENANCE LABOR ONLY	83,000	96,698	98,159	53,091	120,000	120,000	Increase based on Step & Cola est Non OFD maintenance repairs
<i>ALS Vehicle OFD Repair/Maint Labor:</i>	\$117,000						
<i>ALS Vehicle OUTSIDE Repair/Maint Labor:</i>	\$3,000						
549000 VARIABLE OPERATING COSTS	2,120	2,385	5,915	1,482	5,915	5,915	
<i>BioHaz Removal:</i>	\$2,415						
<i>ALS Department Subscriptions:</i>	\$500						
<i>ALS NREMT Assessment Test:</i>	\$3,000						National Registry testing (Paramedics)
564000 MACHINERY & EQUIP	14,000	14,544	0	0	0	0	
<b>ALS SUPPORT Subtotal</b>	790,328	655,884	788,090	287,983	822,009	822,009	

## ALS SUPPORT - SERVICES

	2013		2014		2015		COMMENT
	APPROVED (Budgeted)	EXPENDED 12/13	APPROVED (Budgeted)	EXPENDED 06/14	0 (Budgeted)	0 Enhanced	
<b>1290C428 ALS CONTRACT SUPPORT (services) Con't</b>							
591004 IF/COUNTY DIRECT COSTS	218,923	218,923	219,191	109,596	219,191	219,191	Per TC
592003 IF/POSTAGE	0	1,134	200	147	742	742	New allocation
593000 IF/SUPPLIES FUEL (ALS staff vehicle)	1,000	621	1,000	47	1,000	1,000	Per TC
593001 IF/SUPPLIES FUEL (TFD Medic vehicles)	6,000	1,722	6,000	0	6,000	6,000	M14 fuel
595000 IF/OP RENTALS (3400 Bldg)	600	545	600	235	600	600	Heritage Hall Rental for Medic Hiring
596000 IF/INSURANCE RISK	12,299	12,299	10,250	5,125	10,250	10,250	Per TC
598002 IF/MEDIC VEHICLE REPAIRS	500	0	500	0	500	500	Repairs by county shops
ALS SUPPORT (service)	1,029,650	891,129	1,025,831	403,133	1,060,292	1,060,292	

## ALS SUPPORT - DATA SYSTEM

	2013		2014		2015		COMMENT
	APPROVED (Budgeted)	EXPENDED 12/13	APPROVED (Budgeted)	EXPENDED 06/14	0 (Budgeted)	0 Enhanced	
<b>1290C429 ALS DATA SYSTEM (Phase I)</b>							
516000 EXTRA HELP / DATA SYSTEMS	26,000	0	0	0	0		0 Bus Tech pos moved to .25 ALS/.75 BLS data systems
535000 MINOR EQUIPMENT	2,500	7,190	2,500	2,101	10,000		10,000 anticipated incidental data components
541000 PROFESSIONAL SERVICES	0	5,600	0	0	45,000		45,000 CAD interface re-engineering
542000 COMMUNICATIONS	13,100	9,140	9,500	4,665	10,400		10,400 fixed & mobile data connections
<i>Mobile Data Connection:</i>	\$10,400						
548000 MAINTENANCE/REPAIRS	68,254	52,641	68,254	1,968	33,225		33,225 Applicable costs shared with EMS data system support also inc hosting
<i>ALS Data System Site License/Maintenance Agmt:</i>	\$27,500						
<i>Remote Device Mgmt Agmt:</i>	\$2,100						
<i>In-Motion Maintenance</i>	\$750						
<i>Tiburon/CompuDyne Maint:</i>	\$2,875						includes Tiburon SafetyPad CAD interface rebuild & Maint inc 2k
549000 VARIABLE OPERATING COSTS	25,250	414	25,250	0	0		0
<i>Data System EMS Server License:</i>	\$0						included in maintenace 548000 agmt
591002 IF/IT SERVICES	32,974	32,974	33,783	16,891	29,430		29,430 Per Thurston County
<i>ALS Data System:</i>	\$17,313						Per Thurston County
<i>VPN charges:</i>	\$12,117						Reduce to 3 users from 20
<b>DATA SYSTEM Subtotal</b>	<b>142,078</b>	<b>107,959</b>	<b>139,287</b>	<b>25,626</b>	<b>128,055</b>	<b>128,055</b>	
<b>ALS SUPPORT SERVICES TOTAL</b>	<b>9,351,759</b>	<b>7,990,874</b>	<b>9,379,463</b>	<b>3,209,826</b>	<b>9,403,489</b>	<b>9,403,489</b>	

**PROGRAM SUMMARY - ADVANCED LIFE SUPPORT**

**STATUS QUO:** Maintains current activities - increased/decreased based on history, includes set interfund charges,  
Continues with the Data Systems Phase II implementation

**ENHANCED:** N/A

## EMS TRAINING - M&O

		2013		2014		2015		COMMENT
		APPROVED (Budgeted)	EXPENDED 12/13	APPROVED (Budgeted)	EXPENDED 06/14	0 (Budgeted)	0 Enhanced	
<b>1290C441 EMS TRAINING ADMINISTRATION WAGES/BENEFITS</b>								
510000	SALARIES	158,891	158,690	162,366	73,613	166,419	166,419	Trng Mgr, Trng Coord, .25 OAll, .50 TS OAll + steps
521000	FICA/MED	12,155	11,936	12,421	5,431	12,732	12,732	
522000	RETIREMENT	12,903	12,738	14,954	6,780	16,194	16,194	
523000	INSURANCE (HEALTH/LIFE)	27,242	28,374	30,159	10,223	22,632	22,632	
524000	L&I	884	644	819	345	780	780	
525000	SUI	1,431	1,428	1,462	663	1,498	1,498	
527000	LONG TERM DISABILITY	906	887	926	420	948	948	
	<b>WAGES/BENEFITS Subtotal</b>	<b>214,412</b>	<b>214,697</b>	<b>223,107</b>	<b>97,475</b>	<b>221,203</b>	<b>221,203</b>	Per Thurston County - Est 5% increase
<b>1290C442 EMS TRAINING ADMINISTRATION MAINTENANCE &amp; OPERATIONS</b>								
531000	SUPPLIES	200	0	200	0	200	200	For training staff
	<i>Publications/Books/Texts:</i>	<i>\$200</i>						
542000	COMMUNICATIONS	1,000	0	1,000	0	1,000	1,000	
	<i>Staff Cphone/pagers:</i>	<i>\$1,000</i>						
548000	REPAIRS & MAINT	3,000	2,599	3,000	1,049	3,000	3,000	
	<i>Copier</i>	<i>\$3,000</i>						
549000	VARIABLE OPERATING COSTS	250	0	250	0	250	250	
	<i>tinue Data System Phase II Implementation.</i>	<i>\$200</i>						
	<i>Non-county postal expenses:</i>	<i>\$50</i>						
592003	IF/POSTAGE	900	598	900	397	1,484	1,484	Cost allocation
593000	IF/VAN FUEL/OIL	1,000	124	1,000	0	1,000	1,000	
598000	IF/VAN REPAIRS	1,000	15	1,000	0	1,000	1,000	
	<b>TRAINING M&amp;O Subtotal</b>	<b>7,350</b>	<b>3,336</b>	<b>7,350</b>	<b>1,445</b>	<b>7,934</b>	<b>7,934</b>	
		<b>221,762</b>	<b>218,033</b>	<b>230,457</b>	<b>98,920</b>	<b>229,137</b>	<b>229,137</b>	

**EMS TRAINING - SUPPORT**

		2013		2014		2015		COMMENT
		APPROVED (Budgeted)	EXPENDED 12/13	APPROVED (Budgeted)	EXPENDED 06/14	0 (Budgeted)	0 Enhanced	
<b>1290C445 EMS TRAINING SUPPORT (services)</b>								
516000	EXTRA HELP / EMS TRAINING	126,882	71,964	116,944	47,712	116,944	116,944	
	EMT-B Training Course (2):		\$60,076					
	EMT-B Retest (3):		\$1,012					
	Just in Time Training/ First Responder		\$6,200					
	AHA Healthcare Provider Course		\$4,069					
	EMS CME:		\$28,685					
	CME Seminars:		\$1,556					
	Traditional Recert (2):		\$675					
	Instructor/Evaluator Workshop:		\$9,132					
	Quality Assurance:		\$4,500					
	SEI Training:		\$1,038					
521000	FICA/MED	9,347	5,505	9,613	3,650	9,613	9,613	
524000	L&I	638	1,882	1,203	1,968	2,339	2,339	
525000	SUI	1,023	648	997	429	1,052	1,052	
	EXTRA HELP WAGES/BENEFITS Subtotal	<u>137,890</u>	<u>79,999</u>	<u>128,757</u>	<u>53,760</u>	<u>129,947</u>	<u>129,947</u>	
531000	SUPPLIES	15,628	13,317	15,628	11,296	19,845	19,845	Increase in book prices
	Texts, BP cuffs, gloves, etc for classes		\$19,845					
535000	Minor Equipment	0	0	3,500	248	1,934	1,934	Desktop scanner, 02 Bottle
541000	PROFESSIONAL SERVICES	46,487	40,525	57,328	24,990	61,196	61,196	
	EMS Share of MPD Contract:		\$19,412					Per Contract Incr - Shared w/ Training, +bonus \$750, + travel \$750
	EMS Share of MPD In Training:		\$6,375					Shared w/ Training, + travel \$750
	National Registry		\$6,300					
	EMT/CME Class Paid Patients:		18,696					
	QA Cardiac Arrest		10,413					Cardiac Arrest QA increase in hours needed to complete
543000	TRAVEL	1,300	0	1,300	0	1,300	1,300	SEI Travel
545000	OPERATING RENTAL	985	0	985	0	2,000	2,000	National Registry Testing Room Rental increase
548000	REPAIRS/MAINTENANCE	500	793	2,000	0	2,000	2,000	
549000	VARIABLE OPERATING COSTS	32,500	31,367	32,050	1,512	32,500	32,500	
	Online CME Program & Data Base:		\$27,500					550 subs @ \$50 ea
	Outside Printing:		\$4,000					Protocol printing
	Uniforms		\$1,000					Per Policy allowance for Identification logo wear
549005	TRAINING	700	0	700	0	700	700	SEI Training
		<u>98,100</u>	<u>86,003</u>	<u>113,491</u>	<u>38,046</u>	<u>121,475</u>	<u>121,475</u>	
	EMS TRAINING TOTAL	<u>457,752</u>	<u>384,035</u>	<u>472,705</u>	<u>190,726</u>	<u>480,559</u>	<u>480,559</u>	

**PROGRAM SUMMARY - EMS TRAINING**

STATUS QUO: Maintains current activities - increased/decreased based on history, includes set interfund charges,

ENHANCED: N/A

## EMS SUPPORT - CPR/PIE

	2013		2014		2015		COMMENT
	APPROVED (Budgeted)	EXPENDED 12/13	APPROVED (Budgeted)	EXPENDED 06/14	0 (Budgeted)	0 Enhanced	
<b>1290C480 CPR/PUBLIC INFORMATION &amp; EDUCATION (PIE) SUPPORT</b>							
516000 EXTRA HELP / CPR/PUBLIC INFO		0	60,119	1,587	79,198	79,198	anticipated increase in # of classes
<i>CPR Instructor Course:</i>	\$3,407						
<i>CPR Classes:</i>	\$46,692						
<i>Quality Assurance:</i>	\$2,025						
<i>CPR Coordinator/Outreach</i>	\$27,074						
521000 FICA/MED		0	4,942	121	6,510	6,510	
524000 L&I		0	361	0	923	923	
525000 SUI		0	541	14	713	713	
EXTRA HELP WAGES/BENEFITS Subtotal		<u>0</u>	<u>65,963</u>	<u>1,723</u>	<u>87,344</u>	<u>87,344</u>	
531000 DISPOSABLE SUPPLIES		19,600	19,600	9,061	21,242	21,242	
<i>CPR Repair/Disposable Supplies:</i>	\$6,242						
<i>CPR Public Education Materials:</i>	\$15,000						
535000 MINOR EQUIPMENT		1,500	1,500	332	2,250	2,250	Laptop/LCD Projector
<i>Program Equipment:</i>	\$2,250						
541000 PROFESSIONAL SERVICES		18,500	27,000	11,029	27,600	27,600	
<i>Anne Maintenance:</i>	\$1,000						
<i>TC Safe Kids Support:</i>	\$26,000						
<i>Continue Data System Phase II Implementation.</i>	600						
541009 ADVERTISING		1,250	1,250	0	1,250	1,250	
<i>Children's Museum Support:</i>	\$1,250						
548000 REPAIRS & MAINT COPIER		300	300	105	300	300	Copier cost allocation
549000 VARIABLE OPERATING COSTS		51,800	50,850	9,557	50,850	50,850	carried forward from 2014
<i>CPR School Program Equipment:</i>	\$20,000						
<i>District School CPR support (training)</i>	\$30,000						
<i>Outside Printing:</i>	\$350						
<i>Other Operating Costs:</i>	\$500						
591000 IF/PROFESSIONAL SERVICES		2,000	2,000	0	2,000	2,000	
<i>TC PR Specialist:</i>	\$2,000						
CPR/PIE SUPPORT Subtotal		<u>94,950</u>	<u>168,463</u>	<u>31,807</u>	<u>192,836</u>	<u>192,836</u>	

**EMS SUPPORT**

	2013		2014		2015		COMMENT
	APPROVED (Budgeted)	EXPENDED 12/13	APPROVED (Budgeted)	EXPENDED 06/14	0 (Budgeted)	0 Enhanced	
<b>1290C485 EMS SUPPORT</b>							
531000 EMS MEDICAL SUPPLIES	434,402	404,749	471,469	152,342	473,651	473,651	2014 disb (less base)+3.5% Inflation factor +2% call vol inc +base no base increase per agency
<i>BLS Supply Fund:</i>	\$445,651						
<i>Supplies Support Enhancement:</i>	\$0						
<i>Oxygen/Cylinders:</i>	\$23,000						
<i>Backboard Pool</i>	\$5,000						
541000 PROFESSIONAL SERVICES	27,500	12,616	30,000	1,235	30,270	30,270	
<i>Vaccinations:</i>	\$18,000						
<i>Health Line Contract:</i>	\$10,270						Contract increase by 2.7%
<i>Other Professional Services:</i>	\$2,000						Language Line
541009 ADVERTISING	4,750	4,596	4,988	0	4,988	4,988	
542000 SATELLITE PHONES - DISASTER TRAILERS	1,030	1,013	1,061	424	1,061	1,061	
549000 VARIABLE OPERATING COSTS	16,000	1,500	16,000	0	16,000	16,000	
<i>Outside Printing:</i>	\$15,000						EMS Field notes printing
<i>Brown/Fell Scholarship Award:</i>	\$1,000						1 Scholarship anticipated -Fund as need by 1280 Op Tx
550/551 EMS FINANCIAL SUPPORT	481,449	479,449	500,893	498,894	504,249	504,249	15 agencies + 2% call vol inc.
<i>Financial Support:</i>	\$466,156						
<i>TCAFC Leadership Match:</i>	\$2,000						
<i>MCT/Technology:</i>	\$36,093						Year 3 MCT Support
<i>Financial Support Enhancement:</i>	\$0						no base increase per agency
552000 EMS SPECIAL PROJECTS	15,000	10,631	15,000	0	15,000	15,000	
<i>Special Projects</i>	\$10,000						
<i>SORT Projects</i>	\$5,000						
595000 IF Operating Rental	600	275	600	100	600	600	Classroom rental
	<b>980,731</b>	<b>914,830</b>	<b>1,040,010</b>	<b>652,995</b>	<b>1,045,818</b>	<b>1,045,818</b>	



## EMS SUPPORT - DATA SYSTEM

	2013		2014		2015		COMMENT
	APPROVED (Budgeted)	EXPENDED 12/13	APPROVED (Budgeted)	EXPENDED 06/14	0 (Budgeted)	0 Enhanced	
<b>1290C489 EMS DATA SYSTEM - PHASE II</b>							
510000 SALARIES	0	0	32,658	5,316	33,675	33,675	
521000 FICA/MED	0	0	2,498	402	2,576	2,576	
522000 RETIREMENT	0	0	3,008	490	3,277	3,277	
523000 INSURANCE (HEALTH/LIFE)	0	0	12,132	2,057	10,407	10,407	
524000 L&I	0	0	189	29	180	180	
525000 SUI	0	0	294	48	303	303	
527000 LONG TERM DISABILITY INS	0	0	186	23	192	192	
WAGES/BENEFITS Subtotal	0	0	50,965	8,364	50,610	50,610	Per Thurston County- est 5% increase
535000 MINOR EQUIPMENT	\$60,500	60,500	60,500	0	60,500	60,500	Phase II system
541000 PROFESSIONAL SERVICES	7,755	0	0	0	0	0	0 moved to Bus Tech pos C489/516000
<i>Data System Support:</i>	<i>\$0</i>						
548000 MAINTENANCE/REPAIRS	65,255	0	62,755	0	99,675	99,675	75% Applicable costs shared with ALS Data System Support also inc hosting
<i>BLS Data System Site License/Maintenance Agmt:</i>	<i>\$82,500</i>						
<i>Remote Device Mgmt Agmt:</i>	<i>\$6,300</i>						
<i>In-Motion Maintenance</i>	<i>\$2,250</i>						
<i>Tiburon/CompuDyne Maint:</i>	<i>\$8,625</i>						includes Tiburon SafetyPad CAD interface rebuild & Maint inc 2k
549000 VARIABLE OPERATING COSTS	132,250	0	132,250	0	0	0	0 Purchased in 2014
<i>Data System EMS Tablet Licenses:</i>	<i>\$0</i>						
<i>Data System EMS Server Licenses:</i>	<i>\$0</i>						
EMS DATA SYSTEM Subtotal	265,760	0	306,470	8,364	210,785	210,785	
CPR/PIE & EMS SUPPORT TOTAL	1,341,441	980,183	1,514,944	693,166	1,449,439	1,449,439	

**PROGRAM SUMMARY - EMS SUPPORT/CPR/PIE**

STATUS QUO: Maintains current activities - increased/decreased based on history, includes set interfund charges, steps

Phase II Data System Implementation continued in 2015

ENHANCED: N/A

## ER&amp;R RESERVE

	2013		2014		2015		COMMENT
	APPROVED (Budgeted)	EXPENDED 12/13	APPROVED (Budgeted)	EXPENDED 06/14	0 (Budgeted)	0 Enhanced	
<b>1290C493 EQUIPMENT REPAIR &amp; REPLACEMENT</b>							Per ER&R Replacement Schedule
535000 ADMINISTRATION	8,696	8,696	1,741	1,741	5,222	5,222	scanner/desktop/laptop
535000 ALS MINOR EQUIPMENT	0	29,917	57,392	1,606	18,877	18,877	radio, laptop, printer
535000 EMS TRAINING MINOR EQUIPMENT	3,685	3,685	73,848	3,602	38,423	38,423	projector, recording manniquins/OB manniquins
535000 EMS SUPPORT MINOR EQUIPMENT	19,783	87,922	0	0	0	0	
535000 CPR/PUBLIC EDUCATION	652	6,370	29,920	0	8,160	8,160	Pub manniquins/dist manniquins
	<u>32,817</u>	<u>136,590</u>	<u>162,901</u>	<u>6,949</u>	<u>70,682</u>	<u>70,682</u>	
564000 ALS CAPITAL ASSETS	586,980	581,795	652,800	13,472	713,841	713,841	2 MU 5 & 14/12 lead, ventilator
564000 EMS TRAINING CAPITAL EQUIPMENT	0	0	0	0	0	0	
	<u>586,980</u>	<u>581,795</u>	<u>652,800</u>	<u>13,472</u>	<u>713,841</u>	<u>713,841</u>	
CONTINGENCY (10%)	61,980	0	81,570	0	78,452	78,452	
	<u>681,776</u>	<u>718,385</u>	<u>897,271</u>	<u>20,421</u>	<u>862,975</u>	<u>862,975</u>	
ER&R RESERVE ROLLOVER	<u>584,551</u>		<u>574,556</u>	<u>0</u>	<u>785,656</u>	<u>785,656</u>	
TOTAL ER&R & RESERVE	<u>1,266,327</u>		<u>1,471,827</u>		<u>1,648,631</u>	<u>1,648,631</u>	

PROGRAM SUMMARY - ER&R

STATUS QUO: Maintains current levels of service consistent with established ER&R schedule - small and capital assets

ENHANCED: N/A

NOTE: ER&R reserve and excess tax & contingency (calculated on reserve) are not budgeted to MUNIS - these items are included in TCMO ER&R budget pages, but are actually accounted for in TCMO fund balance. MUNIS C493 includes ER&R scheduled purchases + tax + 10% contingency on these items.

## OPERATING TRANSFER

	2013		2014		2015		COMMENT
	APPROVED (Budgeted)	EXPENDED 12/13	APPROVED (Budgeted)	EXPENDED 06/14	0 (Budgeted)	0 Enhanced	
<b>1290C401 OPERATING TRANSFER TO TC ESC ER&amp;R FUND</b>							
598001 IF CAPITAL CONTRIBUTIONS	22,144	22,144	21,622	10,811	21,622	21,622	Per TC
599522 O/T-ESC ER&R RESERVE	0	0	0	0	0	0	
<b>G/T OPERATING TRANSFER</b>	<b>22,144</b>	<b>22,144</b>	<b>21,622</b>	<b>10,811</b>	<b>21,622</b>	<b>21,622</b>	

**PROGRAM SUMMARY - OPERATING TRANSFER**

**STATUS QUO:** Per County, facilitates internal operating transfer for Medic One's share of ESC building ER&R fund (NOT included in leased space costs)

**ENHANCED:** N/A

## FUND BALANCE

## ESTIMATED FUND BALANCE

	2013		2014		2015		COMMENT
	APPROVED (Budgeted) Old Format	ACTUAL 12/13 New Format	APPROVED (Budgeted)	Mid-Year Projections	0 (Budgeted)	0 Enhanced	
ESTIMATED BEGINNING FUND BALANCE	6,374,544	6,374,544	6,460,215	6,460,215	3,430,564	3,430,564	
ESTIMATED MID YEAR ADJUSTMENT		1,631,788					
ESTIMATED ANNUAL REVENUES	9,425,090	9,513,818	9,800,026	9,800,026	9,753,156	9,753,156	
ESTIMATED ANNUAL EXPENSES	-12,140,297	-11,059,935	-12,829,677	-12,829,677	-12,761,075	-12,761,075	
ESTIMATED ENDING FUND BALANCE	<u>3,659,337</u>	<u>6,460,215</u>	<u>3,430,564</u>	<u>3,430,564</u>	<u>422,646</u>	<u>422,646</u>	
ALLOCATE ESTIMATE FUND BALANCE TO OPERATING RESERVE					<u>-422,646</u>	<u>-422,646</u>	
ESTIMATED ENDING FUND BALANCE					<u><u>0</u></u>	<u><u>0</u></u>	