

THURSTON COUNTY MEDIC ONE
OPERATIONS COMMITTEE ~ REGULAR MEETING
HYBRID MEETING

AGENDA - REVISED

October 6, 2022, 2:00 PM

- I. CALL TO ORDER/ROLL CALL
- II. APPROVAL OF AGENDA
- III. PUBLIC PARTICIPATION
- IV. REVIEW AND APPROVAL OF MINUTES
 - A. Operations Committee – September 1, 2022
 - B. EMS Council - September 21, 2022
- V. COMMITTEE REPORTS
 - A. West Region EMS Council
 - B. Subcommittees
 - 1. Equipment Committee (EqC) – Chair or Representative
 - 2. Mass Casualty Incident (MCI) Committee – Chair or Representative
 - 3. Training Advisory Committee (TAC) – Chair or Representative
 - 4. Transportation Resource Utilization Committee (TRU) – Chair or Representative
 - 5. ePCR Committee – Chair or Representative
 - C. Staff Report - <https://www.thurstoncountywa.gov/m1/Pages/meetings.aspx>

VI. OLD BUSINESS

| ITEM | PRESENTER | EXPECTED OUTCOME |
|--|-------------|------------------|
| A. EMSC Report | VanCamp | Information |
| B. 30-day status on the ambulance dispatch project | Miller-Todd | Update |

VII. NEW BUSINESS

| ITEM | PRESENTER | EXPECTED OUTCOME |
|--|------------------------|--|
| A. Min/Max Review | Miller-Todd | Discussion/Recommendation to EMSC |
| B. Meeting with Commissioner Edwards & County Manager Chavez | VanCamp | Information |
| C. MPD Contract | Miller-Todd | Information |
| D. MPD Directive – Patient Care Records Update | Fontanilla/Miller-Todd | Information – Further Discussion Planned |
| E. ESO CAD Unit Identifiers Reminder | Brownell | Information |
| F. Health Data Exchange: Upcoming Training | Brownell/Miller-Todd | Information |

VIII. GOOD OF THE ORDER

IX. ADJOURNMENT

This meeting is hybrid. If you would like to attend in person, the meeting will be at 2703 Pacific Ave SE, Olympia. If you would like to attend this meeting virtually, please follow the instructions below:

October 6, 2022, 2:00 (PDT)

Join Zoom Meeting
<https://us02web.zoom.us/j/86297865054?pwd=RDZGUUVjYclRZbFpEaZmd2OEFlUkU0T09>

Meeting ID: 862 9786 5054
Passcode: 634954

You can also dial in using your phone.

Dial by your location
+1 312 626 6799 US
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Passcode: 634954

Persons with hearing or speaking impairments can call Washington Relay Service at 711 or 1-800-833-6388

**THURSTON COUNTY MEDIC ONE
OPERATIONS COMMITTEE ~ MEETING MINUTES
VIRTUAL
September 1, 2022**

PRESENT: Steve Brooks, Tony Kuzma, Wendy Hill, Mark Gregory, Larry Fontanilla, Mike Buchanan, Leonard Johnson, Brian VanCamp, Shawn Crimmins

ABSENT: Garth Wade, Ciaran Keogh, Wendy Rife, Mindy Churchwell, Jeff DeHan

EXCUSED:

GUESTS: Chris Clem, Rian Winter, Jennifer Schmidt, Scott Jones (Falck Ambulance), Michael Hughes, James Osberg, Aaron Karejwa (Falk Ambulance)

STAFF: Sandra Bush, Ben Miller-Todd

I. CALL TO ORDER/ROLL CALL – Chair VanCamp called the meeting to order at 2:00.

II. APPROVAL OF AGENDA –MSC – (Brooks/Buchanan) move to approve the agenda as presented, and this carried.

III. PUBLIC PARTICIPATION – None

IV. REVIEW AND APPROVAL OF MINUTES

1. Operations Committee – June 2, 2022 – (Buchanan/Brooks) move to approve and this carried.
2. EMS Council – June 15, 2022 & July 20, 2022 (Informational only)

V. COMMITTEE REPORTS

A. **West Region EMS Council** – Clem reported: 1) The board met this past Monday and is in the process of updating the strategic plan for the next upcoming plan cycle. The first draft needs to be completed by February 2023. 2) The next council meeting is September 7th.

B. **Subcommittees**

1. Equipment Committee (EqC) – Rian Winter reported: 1) Drug shortages for D50, epi 1:10,000, and saline in all forms remain. 2) PPE stocks remain robust and Medic One is working to keep a 6-month stock. 3) Point of Care ultrasound is being demo' d and may be an option for ALS providers in the future. 4) An AED prototype from Stryker is going to be presented to Medic One soon. 5) IO gun research was done. A process will be set in motion moving forward to assure IO guns are discarded prior to the batteries dying since there is no battery meter on them. 6) The next meeting is scheduled for September 15th at 0930.
2. Mass Casualty Incident (MCI) Committee – Crimmins reported: The committee will be meeting in September to approve changes to the current MCI plan as well as a standalone "hostile event plan". These will be coming to Ops in October.
3. Training Advisory Committee (TAC) – Clem reported: 1) The committee did not meet last month, but they are still in the process of updating the procedure documents for EMT certification in Thurston County. 2) The committee has started working on 2023 OTEP, with resilience being the first topic. 3) The next meeting is scheduled for September 15th.
4. Transportation Resource Utilization Committee (TRU) / Hospital Diversion – Brooks reported: The first month of the anticipated 90-day BLS transport trial has been completed. It is Chief Brooks' understanding that the data will be reviewed for measuring success (i.e. dropped calls, no loads, transport percentages).
5. ePCR Committee – No report.

C. **Staff Report** – Staff report is located on the website at – <https://www.thurstoncountywa.gov/m1/Pages/meetings.aspx>
Miller-Todd added: 1) We have an onboarding of 7 paramedics and October there will be a formal hiring process. 2) EMT class starts September 6th. Chief Rux will be the lead SEI and supported by Pete Suver. 3) Public Health Services is on their 3 round of interviews for the Director position. Medic One is 62% staffed at this time and may hire a recruiter to help with onboarding.

VI. OLD BUSINESS

A. Surplus Medic Units – 5 applications were received and applied to the surplus vehicle matrix. Since Medic One is replacing 5 medic units, all 5 applicants will receive a surplus vehicle. 5 units will be available for surplus in 2024 and 2

will be available in 2025. (Buchanan/VanCamp) move to accept the applications as they have been scored and ranked, and this carried.

B. Ambulance Ordinance – Semi-Annual Review – There is no action for changes currently.

VII. NEW BUSINESS

VIII. GOOD OF THE ORDER – VanCamp said the Ops committee will take the lead from the EMSC on when we will go back to hybrid meetings.

IX. ADJOURNMENT – (Johnson/Buchanan) move to adjourn the meeting at 2:24pm, and this carried.

**Thurston County Medic One
Emergency Medical Services Council – Regular Meeting
Virtual
September 21, 2022**

PRESENT: Cindy Hambly, Stan Moon, John Ricks, Brian VanCamp, Angela Jefferson, Dontae Payne, Wayne Fournier, Harry Miller, Frank Kirkbride, Margaret McPhee, Gary Edwards

ABSENT:

EXCUSED: Larry Fontanilla, Sheila Fay, Lenny Greenstein

GUESTS: Dan Bivens, Shawn Crimmins, Brian Hurley, Chris Clem, Tony Kuzma,

STAFF: Ben Miller-Todd, Daphne Reaves, Sandra Bush, Scott Brownell, Jerett Latimer

CALL TO ORDER/ROLL CALL – Stan Moon called the meeting of the Emergency Medical Services Council (EMSC) to order at 3:30 PM.

I. APPROVAL OF AGENDA – MSC – Moved New Business, Item A. Surplus Medic Units, to the October meeting agenda. (Fournier/Ricks) move to approve the agenda as amended, and this carried.

II. PUBLIC PARTICIPATION – None.

III. REVIEW AND APPROVAL OF MINUTES

A. EMS COUNCIL – July 20, 2022 – (Kirkbride/Ricks) approve of the minutes, and this carried.

B. OPERATIONS COMMITTEE – September 1, 2022 (informational only)

IV. COMMITTEE REPORTS

A. **OPERATIONS COMMITTEE:** VanCamp reported: 1) Transport Utilization Committee (TRU) provided a report on monitoring the 90-day trial for modifications of dispatching private BLS ambulances. 2) Ops approved surplus vehicle applications. 3) Ops performed their semi-annual review of the ambulance ordinance and there were no recommended changes. 4) Ops will follow EMS council's decision on resuming hybrid meetings.

B. **WEST REGION:** Kirkbride reported: There was a well-attended meeting on September 7th. 1) WREMS continues to do business outside of rules of parliamentary procedure, and there is never a 'yes' vote taken, only 'no' votes, so the actions that were taken were approved but there is no record of such a thing. 2) There were a series of committee reports that deal with planning and implementation of the goals of the west region by the Director, Greg Perry, and a report of funds on hand which are appropriate at this point in the budget. 3) There was a report on the hospital diversion program. There have been a variety of meetings held with no negative issues. The hospitals in Thurston County are trying, but they are still struggling. Next month there will be a report on the transport trial that is underway right now. 4) Lewis County Fire District #1, in Onalaska, is currently 1 of 4 fire districts on the east side of I-5, from Onalaska to Toledo, that has a Medic One levy providing ALS services to their citizens. Sounds like this has failed and at the end of this year they will be ceasing to provide ALS responses within those 4 districts. District #1 came to west region, after going thru Lewis County EMS council, and asked for an upgrade for BLS transport to ALS transport. This concept appeared to be supported by west region.

C. **STAFF REPORT:** Staff report is available on the website. [Thurston County | Medic One | Committee Meeting Information \(thurstoncountywa.gov\)](https://thurstoncountywa.gov/committees/medic-one). Miller-Todd highlighted on the following: 1) Onboarding 7 medics between August and September. 2) EMT initial training started September 6th. There are currently 18 students. 3) There was a typo in the staff report online, in the I.T. section. The migrating of cellular access contracts and fees is 100% complete, not 90%.

V. OLD BUSINESS

A. 2023 – 2025 ALS Contract – Miller-Todd provided an ALS contract negotiation overview. 1) The 2023-2025 contract will include an increase from 9 medics per unit to 9.5 medics per unit. This will reduce mandatory overtime, paramedic burnout, and staffing shortages. This will also address the needs of an aging workforce and a career that is physically demanding. 2) There is added clarification to self-insurance vs.

L&I disability which will provide an anticipated savings of \$100,000 per year. There is added clarification to utilization of sick leave and how it's being billed. This has an anticipated savings of \$50,000 per year. 3) Increase funding by an aggregate of \$90,000 for paramedic training. 4) Contract length will increase to 3 years with an option for two additional 1-year terms.

The total cost savings for the 2023-2025 contract is expected to be \$175,000 and the total cost increase is expected to be \$770,000, which is an overall net increase of \$595,000. (McPhee/Hambly) move to approve the contract and send it to the BoCC for their approval, and this carried with Edwards abstaining.

VI. NEW BUSINESS

- A. Surplus Resolution – This resolution allows the EMS council to surplus items Medic One is looking to surplus out to a variety of fire agencies and other government entities throughout Washington State, in alignment with both RCW and WAC, in a hierarchal order. This allows the EMS Council to surplus items first to Thurston County fire agencies, then second to any fire agencies within the west region, and third to any government entity within Washington State. (Kirkbride/Ricks) move to recommend to the BoCC the adoption of a resolution that deals with surplus materials under the authority of the Thurston County EMS council, and this carried, with Edwards abstaining.
- B. Surplus Medic One Administrative Vehicle (Scott's old vehicle) – Medic One has an 18-year-old SUV that has been available and offered to Thurston County fire agencies multiple times since late 2018, early 2019. No Thurston County agency has wanted this vehicle. Grays Harbor Fire District 5 has approached Medic One about this vehicle, and if we choose to surplus this item, their board of Fire Commissioners has decided that they would like to accept it from us. Grays Harbor Fire District 5 is in the west region which is in alignment with the surplus resolution we are recommending to the BoCC. Staff is asking the council for a contingent motion based on the approval of the surplus resolution. (Fournier/McPhee) move to approve surplus of this vehicle, contingent upon the surplus resolution passing with the BoCC, and this carried.
- C. 2022 2nd Qtr. Budget vs. Actual – Miller-Todd presented the 2022 2nd quarter budget vs. actuals. Thru June 2022 the Administrative budget is 29% expended, ALS is 37% expended, BLS is 45% expended, I.T. is 40% expended and ER&R is 0% expended, for a total expended budget of 37%. Under BLS, there are a couple of items that required us to re-code. One of the items ended up in a code that does not have any budget in it, however it's only \$171.00. Communications is 160% expended due to miscoding, however we are moving budget into that line. ER&R is 0% expended pending the purchase of an admin SUV.
- D. MPD Contract Amendment – Medic One is asking to expand the MPD contract, allowing for an MPD delegate. The MPD is contracted for 42 hours per month and is a very short period of time to cover several initiatives. There has been a rapidly growing quality assurance obligation of the MPD as the system has grown. The EMS call volume has increased 25% since the original 2015 MPD contract was signed. Given the list of responsibilities the MPD is responsible for, we really do require an MPD delegate. An MPD delegate is allowed by RCW and WAC to assist an MPD with their tasks. We are asking for an additional (3) 8 hours per day that are scheduled and an additional 12-18 hours per month of variable coverage. The biggest strain right now is the growing need for investigations from a quality assurance standpoint. Quality assurance is when we are looking into any complaints that are brought to us from medical facilities or other facilities throughout the area, community members, or internal concerns between agencies.

Additionally, we have Medic One staffing issues. Medic One is currently staffed at 63.2%, with 4 open positions, in addition to the Medic One Director filling in at Public Health. All the pieces within the staffing issue creates a very minimal bandwidth for staff to help the MPD with his tasks.

The increased MPD contract value can be supported by the current biennial budget, authorized by the BoCC. The increase will be roughly \$100,000 per year. The 2024-2025 biennial budget will need to account for the increased MPD contract value during budget development next year. (Kirkbride/Ricks) move to suspend the rules to act on the MPD contract recommendation, and this carried. (Kirkbride/Hambly)

move to recommend to the BoCC an amendment to the MPD's current contract to add a delegate, and various hours and costs associated with it, and this carried with Edwards abstaining.

Chair Moon addressed the staffing issues for Medic One. Moon and Chief VanCamp met with Commissioner Edwards last Friday to discuss this concern with him. Moon heard back from the County Manager today with some times for Moon and VanCamp to meet with him.

VII. PUBLIC PARTICIPATION – None

VIII. GOOD OF THE ORDER – Chair Moon said the council will go back to hybrid meetings beginning in October.

IX. ADJOURNMENT – Meeting adjourned at 4:27.

DRAFT

West Region EMS
& Trauma Care Council



September 12, 2022

Thurston County EMSC
Attn: Kurt Hardin
Ben Miller-Todd
Sandra Bush

Dear Kurt, Ben and Sandra,

In accordance with WAC 246-976-960 and the 2021-2023 West Region Strategic Plan Goal 1, Objective 2, Strategy 1, the West Region EMS & Trauma Care Council is requesting a review of the minimum and maximum numbers and levels of trauma verified prehospital services (min/max) in all West Region Counties. This review was last conducted in 2020. The current West Region min/max numbers from the 2021-2023 West Region Strategic Plan, are attached to this letter along with other documents to assist you with this project.

This review assures adequate availability and helps avoid inefficient duplication and lack of coordination of prehospital services within each county and the region. Evaluating prehospital EMS resource needs must be based on objective criteria. Developing or changing min/max numbers is an evidence-based, collaborative effort. To assist the county in its review, the WA State Dept. of Health has developed guidelines which are attached to this letter. You may also contact the regional office for assistance.

Please submit your recommendations to the West Region EMS Office **by November 15, 2022** for review by the West Region Executive Committee and approval by the West Region EMS Council. Thank you for your vital role participating in the ongoing planning for the Regional EMS & Trauma Care System.

Sincerely,



Greg Perry, Executive Director
West Region EMS & Trauma Care Council
director@wrems.com

Attachments:

- A – West Region Pre-Hospital verified aid and ambulance services list
- B – West Region Trauma Designated Hospitals
- C – West Region Min/Max levels
- D - Guideline for addressing min/max levels
- E – DOH Proposal to Revise Min/Max levels
- F – Approved min/max of Verified prehospital trauma services by Level & Type


Attachment A

| EMS County UDL | Credential # | Agency Name | Mailing City | Expiration Date | Organization Type | Agency Type | Care Level | Ground | | Personnel | | |
|-------------------|------------------|---|-------------------|--------------------|--------------------------------|----------------|---------------|--------|-------|-----------|-------|------|
| | | | | | | | | # AMB | # AID | #BLS | # ILS | #ALS |
| Thurston | AID.ES.00000753 | Bucoda Fire Department | Bucoda | 01/31/2023 | City Fire Department | AID | BLS | 0 | 3 | 4 | 0 | 0 |
| Thurston | AIDV.ES.00000748 | Fire Protection Dist #13 Thurston County | Olympia | 01/31/2023 | Fire Distict | AIDV | BLS | 0 | 5 | 27 | 0 | 0 |
| Thurston | AIDV.ES.60170763 | SE Thurston Fire Authority | Yelm | 01/31/2024 | City/Fire District Combination | AIDV | BLS | 0 | 4 | 31 | 0 | 0 |
| Thurston | AMB.ES.60370900 | SE Thurston Fire Authority | Yelm | 01/31/2024 | Fire Distict | AMB | BLS | 2 | 0 | 7 | 0 | 0 |
| Thurston | AMB.ES.60708670 | Falck Northwest | Mountlake Terrace | 06/30/2023 | Private for Profit | AMB | BLS | 1 | 0 | 0 | 0 | 0 |
| Thurston | AMB.ES.61062726 | Thurston County Medic One | Olympia | 08/31/2022 | Municipality (city/county) | AMB | ALS | 0 | 0 | 4 | 0 | 1 |
| Thurston | AMBV.ES.00000737 | West Thurston Fire | Olympia | 01/31/2023 | Fire Distict | AMBV | BLS | 6 | 12 | 48 | 0 | 0 |
| Thurston | AMBV.ES.00000739 | Lacey Fire District #3 | Lacey | 05/31/2024 | Fire Distict | AMBV | ALS | 8 | 10 | 90 | 0 | 31 |
| Thurston | AMBV.ES.00000745 | McLane Black Lake Fire Department | Olympia | 01/31/2024 | Fire Distict | AMBV | BLS | 5 | 12 | 34 | 0 | 0 |
| Thurston | AMBV.ES.00000751 | Thurston County Fire Protection District #17 and Bald Hills Fire Department | Yelm | 01/31/2024 | Fire Distict | AMBV | BLS | 2 | 9 | 14 | 0 | 0 |
| Thurston | AMBV.ES.00000754 | City of Olympia Fire Department | Olympia | 05/31/2024 | City Fire Department | AMBV | ALS | 5 | 12 | 61 | 0 | 20 |
| Thurston | AMBV.ES.00000756 | Tumwater Fire Department | Tumwater | 05/31/2023 | City Fire Department | AMBV | ALS | 5 | 7 | 31 | 0 | 19 |
| Thurston | AMBV.ES.00000759 | American Medical Response | Olympia | 05/31/2024 | Private for Profit | AMBV | BLS | 8 | 0 | 17 | 0 | 0 |
| Thurston | AMBV.ES.00000760 | Olympic Ambulance Service | Lacey | 05/31/2024 | Private for Profit | AMBV | BLS | 17 | 0 | 47 | 0 | 0 |
| Thurston | AMBV.ES.60626687 | Thurston County Fire Protection District 8 | Olympia | 01/31/2024 | Fire Distict | AMBV | BLS | 2 | 9 | 39 | 0 | 0 |
| Thurston | AMBV.ES.60695928 | South Thurston Fire & EMS | Tenino | 01/31/2024 | Fire Distict | AMBV | BLS | 4 | 6 | 21 | 0 | 0 |
| Thurston | AMBV.ES.60937451 | Thurston County Fire District #6 | East Olympia | 01/31/2023 | Fire Distict | AMBV | BLS | 1 | 7 | 27 | 0 | 0 |

|  West Region Trauma Designated Hospitals | | | | | | |
|---|--------------------|-----------|-------|---|------------------------------|------------|
| Region | Trauma Designation | | | Facility | | City |
| | Adult | Pediatric | Rehab | | | |
| West | II | | | Madigan Army Medical Center | | JBLM |
| | II | | | St. Joseph Medical Center | Tacoma Trauma Center (joint) | Tacoma |
| | | | | Tacoma General Hospital | | |
| | | II P | | Mary Bridge Children's Hospital & Health Center | | Tacoma |
| | III | | I R | Multicare Good Samaritan Hospital | | Puyallup |
| | III | | | Harbor Regional Health Community Hospital | | Aberdeen |
| | III | | | Providence St. Peter Hospital | | Olympia |
| | IV | | | Providence Centralia Hospital | | Centralia |
| | IV | | | St. Anthony Hospital | | Gig Harbor |
| | IV | | | St. Clare Hospital | | Lakewood |
| | IV | | | Summit Pacific Medical Center | | Elma |
| | IV | | | Multicare Allenmore Hospital | | Tacoma |
| | V | | | Arbor Health-Morton General Hospital | | Morton |
| | V | | | Willapa Harbor Hospital | | South Bend |

DOH 530-101 November 2021

NOTE: The West Region is only responsible to review Level 3, 4 and 5 Trauma Centers. Levels 1 and 2 are maintained by DOH.

|  West Region MIN/MAX Levels | | | |
|---|-----------------------|------------|-----------------------|
| Approved Minimum/Maximum of Designated Trauma Care Services (General Acute Trauma Services) | | | |
| Level | State Approved | | Current Status |
| | Min | Max | |
| I | 0 | 0 | 0 |
| II | 2 | 3 | 2 (1 joint) |
| III | 1 | 6 | 3 |
| IV | 2 | 8 | 5 |
| V | 1 | 3 | 2 |
| II P | 1 | 1 | 1 |
| III P | 0 | 0 | 0 |

June 2020

GUIDELINE FOR ADDRESSING MINIMUM/MAXIMUM LEVELS OF TRAUMA VERIFIED PREHOSPITAL EMS RESOURCES

September 22, 2010

EMS and Trauma Care (EMSTC) Regions are charged with identifying the minimum and maximum (min/max) number of trauma verified EMS resources. The min/max number for each type and level of service is included in the Regional EMSTC plan that is approved by the department. The min/max numbers identified in each approved EMSTC plan are used by the department when considering an application for trauma verification. Local EMSTC Councils provide input into this process and information from the Local Council informs the Regional EMSTC Plan.

Regional EMSTC Councils use this process in the following scenarios:

- When Regional and Local EMSTC Councils are developing their EMSTC plans.
- When a situation exists where adjustments in the department approved min/max numbers may be necessary.

Developing or changing min/max numbers is an evidence based, collaborative effort. Collaboration between prehospital EMS providers in a county as well as between local and regional EMSTC councils is a necessary part of this process. Evaluating a community's prehospital EMS resource needs must be based on objective criteria including, but not limited to:

- Demand for prehospital EMS resources. Has demand increased to a level where additional resources are necessary?
- Population. Have population numbers changed (increase or decrease) or are there projections for population changes that may impact need for EMS resources.
- Increased trauma responses. Has the number of emergencies involving severely traumatized patients increased?
- Available prehospital EMS resources. Has the number of available prehospital resources changed?
- Response time. Does system quality improvement/evaluation suggest that response time for prehospital EMS resources has increased? Do current resources meet response time requirements outlined in WAC 246-976-390.
- Level of verified Trauma service. Is there a demonstrated (data-driven) need for another level of service (ILS or ALS)?

Available Resources

When considering changes to the min/max number, Regional and Local EMSTC Councils should utilize the following resources to determine the need for the number of trauma verified prehospital EMS services, by County. Each County and Regional EMSTC Council may use all or some of the following resources:

- Regional maps by county on the DOH website (<https://fortress.wa.gov/doh/ems/index.html>). These should be used by local EMSTC councils to establish the current placement of prehospital EMS resources.
- Regional tables, by county, found on the department's website. These may be used to establish the current level of service by vehicle location and staffing type.
- Regional maps by county with response time circles based on regional response time standards. These should be requested from the department by Regional EMSTC councils and provided to the

Attachment - D

local EMSTC council. Local EMSTC councils use this information to identify gaps in EMS coverage across the populated areas of the county.

- Staffing standards for type and level of service as identified in WAC 246-976-390. Used by local EMSTC councils to compare with information from individual EMS agencies on their 24/7/365 staffing capabilities to determine gaps in relation to standards found in the above noted WAC section.
- County population projection information. Used by local EMSTC councils to identify areas that may experience population growth (e.g., approved housing developments that will result in additional people moving into a given area).

Use of data

Data from the above-mentioned resources along with any other resources available to the councils will be used to:

- Determine the number, level and placement of trauma verified services to provide appropriate access to prehospital trauma care.
- Develop local council recommendation for min/max number changes to regional EMSTC councils.
- Develop formal recommendation from the regional EMSTC council to the department for changes to the department approved min/max numbers.

This process should be repeated each planning cycle and as needed when changes are indicated. Review of the data will identify whether changes are warranted or if current numbers are adequate to assure appropriate access to verified trauma services.

Proposal to Revise the Minimum and Maximum Number of Trauma Verified Prehospital EMS Resources

Submitted by: Choose an item. Region EMS and Trauma Care Council (Regional EMSTC) on behalf of [Click here to enter text.](#) County Local EMS & Trauma Care Council (Local EMSTC).

Consideration for Prehospital Min/Max revision from Choose an item. on: [Click here to enter a date.](#)

Attached Documents (if applicable):

☐ Regional EMSTC Recommendation ☐ Local EMSTC Recommendation

☐ Information to Support the Request ☐ EMS Service Application ☐ Other: [Click here to enter text.](#)

Proposal

The Choose an item. Region EMSTC proposes to make the following change(s) to the minimum/maximum numbers of trauma verified ambulance or aid services identified in the approved _____ Region EMS and Trauma Care Plan:

Current Approved Min/Max Numbers of Trauma Verified Prehospital Services

| County | License Type and Level of Service | State Approved Minimum Number | State Approved Maximum Number | Current Status |
|---|-----------------------------------|-------------------------------|-------------------------------|----------------|
| Click here to enter text. | AIDV - BLS | 0 | 0 | 0 |
| | AIDV - ILS | 0 | 0 | 0 |
| | AIDV - ALS | 0 | 0 | 0 |
| | AMBV - BLS | 0 | 0 | 0 |
| | AMBV - ILS | 0 | 0 | 0 |
| | AMBV - ALS | 0 | 0 | 0 |

Proposed Revision to Min/Max Numbers of Trauma Verified Prehospital Services

| County | License Type and Level of Service | State Approved Minimum Number | State Approved Maximum Number |
|---|-----------------------------------|-------------------------------|-------------------------------|
| Click here to enter text. | AIDV - BLS | 0 | 0 |
| | AIDV - ILS | 0 | 0 |
| | AIDV - ALS | 0 | 0 |
| | AMBV - BLS | 0 | 0 |
| | AMBV - ILS | 0 | 0 |
| | AMBV - ALS | 0 | 0 |

Justification for Proposed Revision

What is the primary reason for the proposed revision to the number of trauma verified prehospital services? (Examples: changes to jurisdictional boundary, consolidation, merger, new service to underserved or unserved community)

[Click here to enter text.](#)

Does this proposal meet the needs identified in the approved EMS and Trauma Care Regional Plan?

☐ **YES** ☐ **NO**

Please provide further details: [Click here to enter text.](#)

Does this proposal address a challenge identified in approved EMS and Trauma Care Regional Plan?

☐ **YES** ☐ **NO**

Please provide further details: [Click here to enter text.](#)

County/Region Impact

How will the proposed revision impact the trauma response area(s) in the county/region?

Please provide further details: [Click here to enter text.](#)

Will the proposed revision impact healthcare system partners? (Examples: hospitals, existing EMS services) If so how?

☐ **YES** ☐ **NO**

Please provide further details: [Click here to enter text.](#)

Did the regional councils seek the recommendation of EMS systems established by ordinance, resolution, interlocal agreement or contract by counties, cities, or other governmental bodies ☐ **YES** ☐ **NO**

Please provide further details: [Click here to enter text.](#)

Needs Assessment and Supporting Information

What are the county demographics as stated in the approved EMS and Trauma Care Regional Plan? Was any demographic information identified in the Regional Strategic Plan included in the needs assessment?

☐ **YES** ☐ **NO**

Please provide further details: [Click here to enter text.](#)

What changes in the county/region does this proposal address? What are the county demographics?

[Click here to enter text.](#)

How does this proposal impact access to EMS services, response, and transport time?

[Click here to enter text.](#)

Underserved or Unserved Area Information

Do the proposed changes impact an identified underserved or unserved area?

☐ **YES** ☐ **NO**

If yes, please provide further details: [Click here to enter text.](#)

As a result of this work has the region identified a new underserved or unserved area?

☐ **YES** ☐ **NO**

If yes, please provide further details: [Click here to enter text.](#)

Recommendation to Steering Committee

[Click here to enter text.](#)

| Approved Minimum/Maximum of Verified Prehospital Trauma Services by Level and Type by County | | | | | |
|--|-----------------------|------------------|--------------------------|--------------------------|--|
| County | Verified Service Type | Care Level | State Approved Minimum # | State Approved Maximum # | Current Status (total # verified for each service type) |
| Grays Harbor | AIDV | BLS | 7 | 9 | 7 |
| | | ILS | 0 | 0 | 0 |
| | | ALS | 0 | 0 | 0 |
| | AMBV | BLS | 2 | 5 | 5 |
| | | ILS | 0 | 3 | 1 |
| | | ALS | 6 | 8 | 7 |
| Lewis | AIDV | BLS | 1 | 21 | 1 |
| | | ILS | 0 | 2 | 0 |
| | | ALS | 0 | 2 | 1 |
| | AMBV | BLS | 8 | 21 | 8 |
| | | ILS | 1 | 6 | 5 |
| | | ALS | 1 | 8 | 6 |
| North Pacific | AIDV | BLS | 0 | 1 | 0 |
| | | ILS | 0 | 0 | 0 |
| | | ALS | 0 | 0 | 0 |
| | AMBV | BLS | 0 | 0 | 0 |
| | | ILS | 0 | 0 | 0 |
| | | ALS | 1 | 1 | 1 |
| Pierce | AIDV | BLS $\Phi\Omega$ | 1 | 14 | 4 |
| | | ILS | 0 | 0 | 0 |
| | | ALS Φ | 0 | 10 | 1 |
| | AMBV | BLS $\Phi\Omega$ | 1 | 11 | 6 |
| | | ILS | 0 | 0 | 0 |
| | | ALS Ω | 1 | 16 | 15 |
| Thurston | AIDV | BLS | 5 | 6 | 2 |
| | | ILS | 0 | 0 | 0 |
| | | ALS | 0 | 0 | 0 |
| | AMBV | BLS | 7 | 9 | 8 |
| | | ILS | 0 | 0 | 0 |
| | | ALS | 1 | 3 | 3 |

Φ Any current BLS agency may submit an application to upgrade to ALS.

Ω Any current Fire Department which provides EMS (city, town, county) may submit an application to upgrade to Amb-ALS within their own jurisdiction. Any new ambulance service must offer to serve the underserved areas as reviewed by the Pierce County EMS Council at the time of licensure application. It is a goal that the response time to any location within the underserved area must be equal to that of an urban service area if the underserved area is urban per WAC; otherwise, the response time must be at the suburban service area time of fifteen minutes eighty percent of the time according to the Pierce County Aid & Ambulance Rules and Regulations. The offer to serve an area should be at a rate commensurate with and in consideration of recent history and the local economy.