

CITIZEN'S ADVISORY GROUP ("CAG")

TO

**SAN JUAN ISLAND EMS ("SJIEMS")
SAN JUAN COUNTY PUBLIC HOSPITAL DISTRICT #1 ("SJCPHD #1")
SAN JUAN COUNTY FIRE PROTECTION DISTRICT #3 ("FD #3")
AND THE TOWN OF FRIDAY HARBOR ("TOWN")**

MINUTES

**Wednesday Oct 17, 2018
6:30 pm, 849 Spring Street, Suite B-5**

CAG representatives:

Chuck Dalldorf, Town (Chair)
Rick Frazer, at large
George Johnson, SJCPHD #1
Dan Paulsen, FD #3
Mark Tompkins, at large

Others Present:

Nathan Butler, SJCPHD #1
SJCPHD #1 Board Recording Sec.

Dr. Michael Sullivan
SJC Medical Program Director

Chief Scott Williams
Orcas Island Fire & Rescue

Absent:

None

Public Present:

Many

By Phone or teleconference:

None

Call to Order and Roll Call: Chair Dalldorf called the meeting to order at 6:35 pm following a brief meet and greet. He then gave FD #3 Commissioner Chair Bob Jarman an opportunity to formally introduce their new Fire Chief, Norvin Collins, and gave him a few minutes to speak.

Chair Dalldorf and Rick Frazer thanked FD #3 Chief Brad Creesy for his service to the community and his assistance to the CAG as he approaches retirement.

Approve Minutes: By consent the group agreed that the minutes from 10/3/2018 were acceptable after some minor corrections.

Dr. Michael Sullivan, Medical Program Director for San Juan County:

Dr. Michael Sullivan first introduced his background, which is in Fire, helicopter rescue, EMS, and ER medicine; he currently serves as Medical Program Director (MPD) for San Juan County. Dr. Sullivan's then took questions from the CAG.

Q: Based on experience here and elsewhere, what do you see as the challenges of a merger?

- Answer: "We don't see a lot of 3rd service EMS agencies [nationally]... separation of Fire and EMS does not work, you really need one responder." Dr. Sullivan added: "Volunteerism is dying out... and paid staff is expensive!" He noted that building cohesive FD/EMS units is hard and varies in success, but "the glue is leadership."

Q: You have worked in Bellingham and other combined Fire Department services. Do you see a need for two separate chiefs, EMS and Fire within a combined agency?

- Answer: Fire Department chief is in charge, he has people he can rely on, but he needs a medical services officer. However you work it out, you must dole out responsibilities so that everything gets taken care of.

Q: In combined Fire/EMS services there is always the risk that EMS services will be treated as secondary. On San Juan Island, do you see value in a merged service – and what are the "how comes"? What is the "sell"?

- Majority of a merged service is EMS work, and the number of fires is declining. "Once we have that paradigm shift in thinking and we balance the resources I don't think that's a problem."
- If we used a career model with a staffed station, there is value to be found. "Here at EMS they are very challenged in getting the ambulance out the door."
- One 'all response' department or 'all hazards' department is crucial. "I think you will see a significant increase in service." The "key is unified force, clear vision."

Q: What I'm hearing is that what matters most is leadership.

- Answer: My philosophy is developing passionate champions. Without passionate champions it doesn't work. Must be "able to visualize that positive end result."

Q: Could you speak to quality of care at SJIEMS?

- Answer: "We have well trained responders on all islands, absolutely. Our resuscitation rate for cardiac arrest is about 50%, which is urban rate... I do see issues, I don't want to go into the negative... but emergency medicine is a continuous learning process. If you stop learning, then you are losing."

Q: Back to the response rate. Twenty minutes is never acceptable. Do you see value that you should have people in the station?

- Answer: Yes. "I want them on duty. That's one of my major issues."

Q: You have seen the culture of both agencies, Fire and EMS. When you bring two different cultures together what are some of the pitfalls that you see? What should be considered?

- Answer: "Who were the EMTs of the year? Are they still there? I'm concerned about turnover... Really, you need to build a culture that keeps people there... There's a lot of fear right now, on both sides [Fire and EMS]... you have to connect with people in a meaningful way."

Q: So, you had trouble getting the SJPCHD #1 board to respond to your concerns. Now we are talking about moving them under another board, the Fire Department, that may have no medical people. Do you see this as a viable governance model?

- Answer: "There needs to be good communication between personnel and the Fire Chief, and between the Fire Chief and the board of commissioners." The issue with the hospital district board is that it has so many problems to deal with, so many issues, and there's always something going on... if you build that kind of system you build value, and they have some people with some amazing credentials on the board over there."

Q: What components do you see as the upside to come over from EMS?

- Answer: some of the individuals. Most valuable instruments are always people. "There are some really valuable people at SJIEMS... I would bring everyone, tell them they need to be on board with the change, then check!"

Q: What is Peace Island Medical Center's role with EMS? How has it impacted EMS?

- Answer: Paramedics used to handle everything, and now the hospital handles a lot of it. The volume of critical calls have gone down since many people drive themselves to the hospital or are driven. Transportation makes up 20-30% of calls. "This dilutes experience..."

Q: This island has a facility that is capable of Emergency Medicine. Can they respond to calls?

- Answer: "I have seen that model. There are problems with that model. What you see with different healthcare corporations is that they don't know what to do with that – they don't want the liability... but in certain locales it does work."

The group thanked Dr. Sullivan for his time and effort.

Chief Scott Williams, Orcas Island Fire and Rescue:

Chief Williams introduced himself then discussed his agency. He has experience as an EMT, Paramedic, firefighter, and from serving in the military. He has only worked in combined Fire-EMS services.

Per Chief Williams, Orcas Fire and Rescue's paid staff is dual certified in Fire and EMS. The station is staffed all year long, 24 hours a day, 365 days a year. A paramedic staffs the station with an EMT. The value in a combined command is in a smoother, better organized agency that can respond to a broader array of incidents. Orcas Fire and Rescue does search and rescue, marine rescue, wildland rescue, rope rescue, car accidents, Fire, BLS, and ALS.

During the summer approximately 1/3 of calls are overlapping calls, at one point having 5 calls – 3 EMS calls and 2 Fire calls. Orcas Fire and Rescue has about 60-70 volunteers, of whom about 1/3 are firefighters, 1/3 are EMTs, and 1/3 are dual certified. Williams noted that he likes the Lopez model where volunteers are on shifts, they had tried that but couldn't get it to work.

Q: What is your cost per call?

- Answer: We have about a \$2.3 million budget and take 1100-1200 calls.

Q: We are looking at Healthcare, but everything you say is prefaced by "Fire." Why?

- Answer: We are a Fire Department. "It's just terminology... you want to make it a concept, but it's not – it's just terminology."

Q: Combined fire services are often fire centric. Why are you not an EMS agency that also does Fire? Most of your calls are EMS calls.

- Answer: Nationally fire responses are large incidents, and fire equipment is large and expensive. Fire Departments have needed larger Incident Command Systems. But "I think nationally agencies take EMS very seriously now... I'm not saying that some places in their hearts still place more emphasis on fire, but in my experience... it's just not the case."

Q: How do we make sure health care is given the respect it deserves in a combined Fire/EMS service?

- Answer: If you merge Fire and EMS, change the name to "Fire and Rescue," expand the three-person board to five, and make sure that new board members have health care experience. Make sure leadership has mixed experience. Prior to merging redefine your strategic plan and mission statement. Work out the capital assets, expenditures, etc., as you move forward.

Q: Are there cost savings to a combined service? Could we look at your budget and staffing model? You seem to be doing more on less.

- Answer: We have a 10-year levy. We had \$1.05 at the start, at about \$0.98 now. "We are feeling the strain... to maintain staffing and to look at equipment replacement... going to have to look at a lid lift."

Q: If FD and EMS are combined on San Juan Island, it does open up the potential for a Regional Fire Authority (RFA) or other synergies. Are you interested in a county system?

- Answer: Yes, but would have to convince the public as well.

Chief Williams agreed to share his updated budget when it's done.

New Business:

Discussed the agenda for the 7th of November and members general perceptions.

Established a new committee for finance comprising Rick Frazer and Mark Tompkins.

Reviewed meeting schedule for the upcoming several months:

- **November 7, 2018**, 6:30 p.m., at SJCPHD #1 (849 Spring Street, Unit B5)
- **November 28, 2018**, 6:30 p.m., at SJCPHD #1 (849 Spring Street, Unit B5)
- **December 5, 2018**, 6:30 p.m., at SJCPHD #1 (849 Spring Street, Unit B5)
- **December 19, 2018**, 6:30 p.m., at SJCPHD #1 (849 Spring Street, Unit B5)

Public Comment:

There was no public comment.

Adjournment:

Chair Dalldorf adjourned the meeting at 8:20 p.m.



Signed by Chair

Nov 7 2018
Date

The original document is retained at the San Juan County Public Hospital District #1 Office at 849 Spring Street, Unit B-5, Friday Harbor, WA 98250 in San Juan County Public Hospital District #1 permanent proceedings file.

Attest: Nathan Butler, Board Recording Secretary for SJCPHD #1