



# MONTHLY REPORT

Presented October 28, 2020  
(for September 2020)

***SAN JUAN COUNTY PUBLIC HOSPITAL DISTRICT NO. 1  
AND  
SAN JUAN ISLAND EMERGENCY MEDICAL SERVICES***

## FINANCIAL REPORTS

Supporting data can be found in the attached EDEN Reports for Revenue and Expenditures by Fund, Revenue Detail, Monthly Financial Statement by Fund (Cash Balance), Expenditure Status, Outstanding Warrants, and Warrant Summaries.

### **SJCPHD #1 FINANCIALS (Fund 6521)**

**2020 BUDGET Consolidated Overall COMPARISONS** – 75% into this year:

- REVENUE = \$28,592; Cumulative: Jan. – September = \$877,419; or 77% of budget projections
- EXPENSES = \$559,068; Cumulative: Jan. – September = \$1,299,104 or 64% of budget projections
- CASH = \$278,690

#### **ANALYSIS:**

Cash is down due to the large semiannual PIMC disbursement in September. The remainder of the year revenues will be significantly above expenditures. We are within \$30,000 of where we were in 2019 at this time of year.

### **SJIEMS FINANCIALS (Fund 6511)**

**2020 BUDGET Consolidated Overall COMPARISONS** – 75% into this year:

- REVENUE = \$86,677; Cumulative: Jan. – September = \$1,577,392; or 58% of budget projections
  - GEMT = \$0.00; Cumulative – Jan. – Sept = \$102,722; 33% of budget projections
- EXPENSES = \$201,914; Cumulative: Jan. – August = \$2,014,938; or 75% of budget projections
  - Note \$300,000 transfer to reserve fund 6512 included in total expenses.
- CASH, RESERVES, INVESTMENTS = \$1,636,696
  - CASH = \$990,696
  - RESERVES = \$300,000
  - INVESTMENTS = \$346,000

#### **ANALYSIS:**

The most concerning issue is that revenue is down. This is because we have received significantly less GEMT money than expected and because our call volume is down (generating fewer fees for service). Held cash dropped from \$1,105,933 to \$990,696 in September, which is concerning, but property tax does not come through in a linear manner. COVID-19 grant funding has been nominal. However, October is usually a strong month for property taxes.

GEMT funding needs renewed, and is due November 30<sup>th</sup>, and is something the District is currently working on.

# OPERATIONS REPORTS

## SJCPHD#1 – OPS REPORT

In September the District faced some scrutiny in the press and elsewhere over the reorganization of the hospital district. The District's Board liaisons (also the Community Relations Committee) met with volunteers who were concerned about the Board's reorganization of the hospital district on several occasions. This committee also responded to a letter from those who were concerned.

The District did quite a bit of hiring in September. An Office Manager position was opened and filled (see below), as well as job postings for a Director of Logistics and Operations for SJIEMS and a HUB Care Coordinator.

In conjunction with the consolidation of EMS and the hospital district, all office staff and those paramedics who have desks (and the Director of Log/Ops) are being moved to laptops with the same model docking station. Stations will be posted upstairs at EMS and at the hospital district HQ. Hutchins and Butler will have phone extensions on the EMS phone tree, and because it's all digital, it will be seamless. If not in the office, it will forward to a cell phone.

In September, a number of high-level projects were presented at the Regular Board Meeting. The first draft of a Capital Improvement Plan for SJIEMS was presented, as were revised 2020 budgets for both the EMS levy and the non-EMS Levy.

We received a large records request in September, which will take us a number of months to process. This request is for all agency communications going back to the start of the year.

## SJIEMS – STATISTICAL REPORT (OPS PART 1)

### Department Stats - September 2020

- 124 runs for September 2020
- 811 runs January 1, 2020 through current reporting period.
  - There were 903 calls from Jan 1, 2019 to September 31, 2019 = 11% decrease.
- Average number of responders per call = 2:7
- Island Air = 28, Airlift NW = 12, LifeFlight = 0, Navy = 0, Coast Guard = 0
- Monthly Average Chute Time – EMS (time of page until resource rolling) = 2:05
- Average Scene Time – EMS = 18:44
- Monthly Average Response Times continue to be within suburban benchmarks
  - Overall - Average response time 8:32 with 100% of calls under 20:00 (benchmark for suburban area) and 65% under 10:00 (urban benchmark)
  - In Town – 93 calls (79%) – Average response time 6:47 with 80% under 8:00
  - Mid-Island – 13 calls (11%) - Average response time 10:00 with 92% of calls under 20:00 and 53% under 10:00

- North end – 8 calls (7%) - Average response time 16:01 with 87% of calls under 20:00 and 0% under 10:00
- South end – 3 calls (1%) - Average response time 11:43 with 100% of calls under 20:00 and 33% under 10:00
- Outer Island – 0 calls (0.0%) inside of district
  - No calls out of district
  - Note that these are raw times, not adjusted for staging or extended wait times for ALNW arrival, or simultaneous calls
  - Benchmark times are per North Region EMS & Trauma Care Council standards which comply with State RCWs and WACs

## **SJIEMS – OPS REPORT (OPS PART 2)**

### **IAFF LOCAL #3219-**

No Update for September. Negotiations with the union begin in October, and the District will be represented by Nathan Butler, Pamela Hutchins, Trish Lehman, and District Legal Counsel Richard Davis.

### **Operations-**

Operations continue under the Covid-19 response model initiated in late March. Regularly filling all the shift openings continues to be a challenge, but we have a group of “regulars” who take on a significant number of those spots. In September, two volunteer EMTs put in more than 100 hours (Brad Creesy, Trevor Bolton), and four put in more than 40 hours (Austin Foster, Dwight Colley, Kyle Dodd, and Margaret Longley).

This decline in shift hours is likely in part due to allowing people to respond in personal vehicles (POV), as our average number of responders per call has not declined.

Still, enthusiasm for shifts has waned. This is an issue because a second EMT in station allows us to roll out an ambulance with lights. The shifting model was implemented as part of our COVID-19 coverage, as in the past we have not done this (so there isn't really a comparable for 2019). It was not necessarily intended to last forever. These shift hours include full-time staff, so the difference tends to be additional double coverage (from medics, which ranged from 850 – 1100 combined hours per month) or volunteer EMTs:

- 2255 hours in Sept 2020
- 2625 hours in August 2020
- 2483 hours in July 2020
- 3126 hours in June 2020
- 3488 hours in May 2020
- 3884 hours in April 2020
- 3670 hours in March 2020

If the District wants to make use of volunteer shift hours in this way, we may need to figure out how to make this program sustainable with respect to morale, rationale, and funding.

In September, the District hired a new full-time employee, Sally Thomsen, who will serve as the Office Manager for SJIEMS. The District is extremely lucky to have her. Thomsen is the former

director of the Parks and Recreation District.

Medical Protocols:

No updates on the ALS protocols for September.

### **Staff Training**

All of the required skills have been checked off for 2020 and we are focusing on scenario-based training in small teams. These small teams are made up of a Lieutenant, staff EMT, medic and volunteers EMTs. The training is done either outside or in a space with good ventilation.

We hold training twice a month on the second and fourth Tuesdays. The training taking place on the second Tuesday is OTEP (Ongoing Training and Education Program) that has been approved by the Washington State Department of Health. It generally consists of either skills training with state evaluation sheets getting checked off by our certified Washington State Evaluators or is scenario-based training with specific objective outlined (sometimes both are combined).

The September OTEP training focused on Crime Scene Assessment and Mandatory Reporting, and then had Run Reviews with Dr. Corsa.

The fourth Tuesday training is the ALS - Advanced Life Support Training for the medics from 3:00- 5:00 p.m. before run reviews begin with the rest of the agency.

### **Community-**

With the continuation of COVID 19 restrictions, classroom training for American Heart Association remains on hold. We are currently instructing people to go online at [elearning.heart.org](http://elearning.heart.org) for training. Once they complete their course, they need to print out the completion certificate. Then they need to call the office and we get them set up with Lainey or another instructor for a skills test. Once that is completed and payment is made an ecard is issued. As the COVID restrictions continue we are seeing more people needing to renew their credentials this way.

We issued 10 cards in September:

- Heartsaver First aid CPR/AED - 1
- BLS Provider – 9

We continue to get the word out to the community about our child safety seat and bicycle helmet programs. Here is a list of what we gave out in September.

Infant:

- Gifted - 0
- Loaner – 1
- Installation only – 1

Convertible:

- Gifted - 3
- Loaned – 1

- Installation only – 1

Boosters: 0

### **Community Paramedicine-**

The main goals of the community paramedicine program and service have not changed. They remain: to improve the quality of life and health for our citizens while reducing the cost of healthcare. This meets the hospital district's goal of "aging in place". Through Community Paramedicine, we can identify short- and long-term patient outcomes that are appropriate for measuring the success of a variety of interventions.

In September 2020, there were 27 patients who are actively engaged, 4 under observation, and 8 referred but not yet enrolled.

### **EMS – Fire Integration**

The Board resolution that suspended staff participation in EMS – Fire Integration was retracted during the September Board meeting. Hutchins met with Chief Collins.

### **Civil Investigative Demand- (CID)**

In September there was no public update regarding the CID.

### **Covid-19 Situation-**

No significant changes to our EMS situation. Again, we continue to operate under our Emergency Declaration. Personal protective equipment (PPE) supplies remain adequate and we continue to require daily checks of temperature and SpO2 levels for those working at the station. The District keeps at least a six-month supply of PPE on hand at all times.

The number of cases in Washington State rose from mid-June to mid-July, then dropped through August and early September. Starting in September 2020, reported COVID-19 cases began to rise again.

Respectfully submitted,

Pamela Hutchins  
Superintendent/CEO  
San Juan County Public Hospital District No. 1  
San Juan Island EMS

Assistance from:

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