

# 2014-2019 Medic One/EMS Programmatic Needs Proposal

## ALS Subcommittee Report to the EMS Advisory Task Force (5/30)

### Decisions made by the Subcommittee:

1. Continue using the **UNIT ALLOCATION METHODOLOGY** to determine costs.
  - Unit allocation calculates across all ALS agencies the average annual operating costs to run a two paramedic, 24-hour medic unit.
  - It is designed to include all eligible ALS-related operating expenses to prevent cost-shifting to providers.
  - This method creates an even playing field and acknowledges that every agency has a different cost structure and cost pressures.
2. Developed **UNIT ALLOCATION** of \$2,121,280 million starting in 2014.
  - This was developed using a weighted average and will be inflated appropriately over the span of the levy.
  - Consists of Operating Allocation:
    - wages, benefits, supplies, dispatch, communications, facility, training, indirect costs/overhead and otherEquipment Allocation:
    - purchase of vehicles and equipment, medical supplies, dispatch equipment
3. Use a slightly amended **COMPOUND INFLATOR** to inflate annual costs; wage-related costs to be inflated by CPI-W, rather than CPI-U.
4. The regional system has **ALS CAPACITY** and does not need to add any new units over the span of the 2014-2019 levy.
5. **ESTABLISH A PLACE HOLDER (RESERVE) TO FUND A 12-HOUR UNIT** beginning September 2018 to protect the system if projections significantly change.
  - 2018 cost: \$918,000
  - 2019 cost: \$1,373,000
  - Total cost: \$2,291,000
6. Continue to **USE RESERVES** to cover unanticipated/one-time expenses. Reserves are simplified into 4 categories:
  - Capacity
  - Operations
  - Equipment
  - Risk

7. Continue to refine ALS costs through a lens of **EFFECTIVENESS & EFFICIENCIES:**

Equipment allocation:

- Work towards longer life spans.
- Undertake a comprehensive medic unit life-cycle analysis; review and adjust equipment allocation based on results and/or periodically during the next levy period.

ALS Response:

- Examine non-emergency ALS calls (with Seattle) to determine options for reducing ALS responses.
- Review BLS calls from scene.

# **2014-2019 Medic One/EMS Programmatic Needs Proposal**

## **BLS Subcommittee Report**

### **to the EMS Advisory Task Force (5/30)**

#### **Decisions made by the Subcommittee:**

1. Continue to use the **CURRENT BLS FUNDING FORMULA** for allocating money amongst the BLS agencies.
  - This formula allocates the total yearly increase to agencies based 50/50 on Assessed Value and BLS Call Volumes.
  - The individual agency increase would be added to the base funding that each agency received the previous year.
2. Support BLS receiving a **TOTAL BLS ALLOCATION AMOUNT** that preserves at least the same BLS proportion to the total EMS levy amount as planned in the current levy period (estimated at ~23%).
3. **INFLATE** costs at CPI-W.
4. Support **PROGRAMS THAT REDUCE IMPACTS ON BLS AGENCIES:**
  - Taxi Voucher Program
  - CMT Program
  - Regional Records Management System
  - BLS Lead Agency proposal
  - BLS Efficiencies

# 2014-2019 Medic One/EMS Programmatic Needs Proposal

## Regional Services Subcommittee Report to the EMS Advisory Task Force (5/30)

1. **SUNSET** programs that duplicate efforts, have low return on investment, or could be transitioned to the respective emergency services agencies.
2. **CONTINUE** funding programs that provide essential support to the system.
3. **ENHANCE/RESCOPE** programs to meet emergent needs.
4. **CONVERT** successful/proven Strategic Initiatives into Regional Services.
5. **INITIATE** new Strategic Initiatives:
  - Vulnerable Populations: Provides EMS personnel with better tools to manage patients from vulnerable populations.
  - Regional Record Management System: Transfers the management of the records management system from individual agencies to a central agency (King County EMS).
  - BLS Lead Agency Proposal: Designates lead agencies to coordinate BLS-related EMS issues for economic and quality improvement issues.
6. **REVAMP** Strategic Initiatives:
  - Efficiency & Evaluation Studies: Provides additional focus on performance measures, outcomes, metrics, and looking at continuous improvement projects outside of what is currently being done.
  - BLS Efficiencies: Further develops strategies to manage current demand and expected future growth in requests for BLS assistance. Includes focus on more cost-effective and appropriate response and transport; minimizing unnecessary transport; maintaining CMT and enhanced patient follow-up and referral to community social services resources.
7. **INFLATE** costs at CPI-W.

# 2014-2019 Medic One/EMS Programmatic Needs Proposal

## Finance Subcommittee Report to the EMS Advisory Task Force (5/30)

### Decisions made by the Subcommittee:

1. Endorsed the following criteria to evaluate components of the Programmatic Needs Proposal and guide policy decisions.
  - Integrity of System
  - Financial Stability
  - Financial Stewardship
  - Broad-based Support
  - Public Consistency
2. Endorsed the following revenue-related policies:

Reserve Policy: Proposal contains adequate reserve funding level for reserves to cover 1-time/unanticipated costs– *Promotes Financial Stability and Financial Stewardship.*

Inflator Policy: Proposal uses inflators that best reflect actual costs - *Promotes Financial Stability and Financial Stewardship.*

Audit Schedule: Proposal contains two concomitant performance & financial audits (2<sup>nd</sup> and 4<sup>th</sup> years), as well as numerous audit-related activities in place that adequately supplement the King County audits. *Promotes Financial Stewardship and Broad-based Support.*

Buy Down Policy: Proposal should show the “Buy-down” assumption as supported in the financial plan - *Promotes Financial Stability and Financial Stewardship.*

Confidence Level Policy: Proposal should use the 65% confidence level in financial plan – *Promotes Financial Stability and Broad-based Support.*

ALS Transport Fee Policy: Subcommittee recognizes the importance of looking at alternative options, but does not support including ALS transport fee in recommendation – *Lacks Broad-based Support and challenges Public Consistenc.*

Levy Rate Policy: Subcommittee recommends moving forward to Task Force the Programmatic Needs Proposal as presented with the associated 32.7-cent levy rate.

The Subcommittees’ due diligence in focusing on operational and financial efficiencies can be credited with keeping costs down while preserving this most acclaimed service.