
Appendix B: Stakeholder Survey Results

Stakeholder Survey Results

INTRODUCTION

In June 2003, SLR conducted an electronic survey of persons identified as stakeholders in the delivery of ALS (Advanced Life Support) services in south King County to gather information about the feasibility and desirability of transferring ALS, which is currently being provided by King County, to one or more fire jurisdictions in south King County. Stakeholders included elected officials, fire departments, labor and the medical community.

The work group identified the stakeholders and provided email addresses to conduct the electronic survey. Of the 223 stakeholders identified, SLR was able to gather usable emails for 169 of them and emailed the survey to those individuals¹. Some of the difficulties that we encountered in obtaining email addresses included individuals who would not give out their personal email addresses, groups of people who shared one email address (for example, all city council members from one jurisdiction had one general email address) and incorrect emails that were returned. From the period of June 2003 – August 2003, of the 169 successful emails sent, 79 responses to the survey were received.

Following are two sets of survey responses. The first set of tables represents the data from all 79 responses. The second set of tables represents the data from responses from stakeholders with representatives from Kent, Federal Way and the Medical Community omitted. These responses were filtered out to get a better sense of the responses from the smaller cities not providing the service who would be impacted by the possible transition. This set of tables represent 51 responses.

How to interpret the tables

The survey consisted of 14 sets of questions and/or statements. Each question is numbered separately, with the responses presented in a table. In the questions that have a “scale” (for example, the responses fall along a continuum of “Strongly prefer, Prefer, Oppose, Strongly oppose, etc.), you will see a % as well as a number in parenthesis. The number in parenthesis represents the number of people who responded with that particular answer. The percentage is simply the number of people who responded to that answer divided by the total number of responses to that particular question (or line).

A note of caution: In looking at the response tables, please note that the number under “total respondents” represents the number of different individuals who responded to at least one line (or part of one question) in that particular statement/question. Not all respondents answered each and every line on the question.

Some of the questions were open-ended questions, where stakeholders were asked to provide additional information or comments about a previous question. An almost complete sampling of comments are provided to illustrate the range of responses received, without identifying who or what jurisdiction the comment came from.

¹ In order to prevent multiple responses from the same individual, unique email addresses had to be obtained for each stakeholder. Therefore, although 223 stakeholders were identified, only 169 unique and usable emails were obtained.

SURVEY RESULTS – ALL RESPONSES

The following tables are the survey results based on all the responses received. There was a total of 79 responses.

1. Overall, how would you rate the quality of ALS service currently provided in south King County?

| | Response Percent | Response Total |
|------------|-------------------|----------------|
| Excellent | 55.8% | 43 |
| Good | 29.9% | 23 |
| Average | 9.1% | 7 |
| Poor | 1.3% | 1 |
| Very Poor | 0% | 0 |
| No opinion | 3.9% | 3 |
| | Total Respondents | 77 |
| | skipped question | 2 |

2. Are there any specific improvements that you would like to see occur in how ALS is provided in south King County?

| | Response Percent | Response Total |
|-----|-------------------|----------------|
| Yes | 43.6% | 34 |
| No | 56.4% | 44 |
| | Total Respondents | 78 |
| | skipped question | 1 |

3. If you answered YES above, please describe any specific improvements you would like to see occur in how ALS is provided in south King County.

33 respondents provided comments. Following are the comments received, verbatim, with the exception of corrected spelling. The comments are sorted by stakeholder groups to give better context.

Fire Chiefs:

- Place additional medic units (24/7) in service to obtain a faster average response time overall.
- A 24-hr car in south King County
- Improved personal accountability of employees
- There is a 'dis-connect', no matter how hard we try to work at it, avoid it, or whatever, between ALS/BLS and EMS. With different funding methods, priorities, and agendas, the delivery still suffers from an overall cooperative focus.
- Full time coverage by Medic 12 in the Eastern portion of south King County
- Quicker response times overall to meet the standards and improve definitive level of care
- EMT-P units should be made available to departments that want to upgrade their service levels in addition to the regional service level. If an organization chooses to provide ALS within their jurisdiction, there should be an avenue to do so using EMT-P units. This practice is very common through the state and has been used successfully within King County. All or nothing does not work and is not right.

- Lowering the retirement age for paramedics is a major issue. EMS is 70% of the day to day operations in a fire department. Having it in the fire service is a natural change and will eventually lead to a better service delivery system to the citizens we serve.
- Managed by the fire service instead of King County

Fire Commissioners:

- Use a statewide paramedic training system
- Better coverage in rural S.E.
- Grandfather current King County Paramedics to Fire Service and merge the County Medic program into Fire Service
- Fire District 40 has experienced continued reduction in response times from Medic One because the base station has been moved from a reasonable proximity to district 40. We do not know how we can justify asking our taxpayers to continue to pay for services they don't receive.
- I would like to see local accountability for the services provided. I would like to see closer scrutiny of the tax dollars spent. I would like to see possible ALS/BLS services provided by an agency that can handle both, and transport. It makes no sense to double handle patients to private carriers who are being squeezed by Medicare and insurance reimbursement limitations.
- The quality of the medic is the best. Where the system falls short is coverage. The response times to many areas of KC are very long and if one unit goes out of service on a response, that time is increased for the next arriving medic unit.

Labor Representatives:

- Fire based
- ALS Bike Team, SWAT medics, medics trained in High Angle Rescue. Ongoing research to validate how program operates including why the current delivery system is so effective.
- 1 - If there is way to make Medic 1 fire based EMS. 2 - Keep a no service fee for transport. 3 - By putting the Medic 1 program fire based, it will encourage the very best EMT's we all ready have in the fire service to make the step to paramedic, which will improve the system overall.

City Managers, Mayors or CFOs:

- Quicker response
- Additional unit in the South end
- More input and control
- More hours of coverage

City Council:

- Need more ALS enabled sites to improve response times.
- Improve response times
- I think the addition of KC EMS on the Enumclaw Plateau will address the average service in this area.

Medical Community:

- Decreased response times, particularly in southeast King County.
- Better data reporting. All paramedics and EMTs should go on line for run reporting.
- Medic unit closer to Enumclaw

4. If ALS continues to be provided by King County:

| | Strongly prefer | Prefer | Oppose | Strongly oppose | No opinion | Response Total |
|---|-----------------|----------|----------|-------------------|------------|----------------|
| Continuation of the current regional levy every 6 years. | 22% (15) | 34% (23) | 34% (23) | 6% (4) | 4% (3) | 68 |
| Extension of the regional levy period to every 10 years. | 25% (17) | 33% (23) | 33% (23) | 6% (4) | 3% (2) | 69 |
| Extension of the regional levy to a permanent levy. | 53% (38) | 24% (17) | 18% (13) | 4% (3) | 1% (1) | 72 |
| Development of a permanent source of public funding. | 52% (35) | 19% (13) | 13% (9) | 7% (5) | 7% (5) | 67 |
| Development of sub-regional levies that supplement or replace the regional levy and that can be used to enhance ALS within that sub-region. | 11% (7) | 14% (9) | 31% (20) | 38% (24) | 6% (4) | 64 |
| | | | | | | |
| | | | | Total Respondents | | 77 |
| | | | | skipped question | | 2 |

5. If ALS is provided by the Fire Service in south King County:

| | Strongly prefer | Prefer | Oppose | Strongly oppose | No opinion | Response Total |
|---|-----------------|----------|----------|-------------------|------------|----------------|
| Continuation of the current regional levy every 6 years. | 16% (11) | 34% (23) | 33% (22) | 12% (8) | 4% (3) | 67 |
| Extension of the regional levy period to every 10 years. | 20% (13) | 31% (20) | 33% (21) | 9% (6) | 6% (4) | 64 |
| Extension of the regional levy to a permanent levy. | 55% (38) | 19% (13) | 17% (12) | 9% (6) | 0% (0) | 69 |
| Development of a permanent source of public funding. | 46% (31) | 24% (16) | 12% (8) | 10% (7) | 7% (5) | 67 |
| Development of sub-regional levies that supplement or replace the regional levy and that can be used to enhance ALS within that sub-region. | 10% (6) | 16% (10) | 29% (18) | 40% (25) | 6% (4) | 63 |
| Development of sub-regional levies that FULLY fund ALS in that sub-region. | 16% (10) | 22% (14) | 28% (18) | 28% (18) | 6% (4) | 64 |
| | | | | | | |
| | | | | Total Respondents | | 77 |
| | | | | skipped question | | 2 |

services will result in a significant, unacceptable reduction of services. I think that once the public understands the reduction in service levels as a result of ALS services being part of the fire service, the votes for increased more permanent funding sources won't be there.

- Assignment of additional paramedics to engine companies that will help reduce response time.
- The only advantage would be that local fire departments would have a greater say in how the system is managed and deployed. Currently, King County does not allow much input on how the system is operated.
- Quicker response times, additional and more likely immediate definitive care on the fire scene for firefighters.
- The overhead cost for managing and running fire departments is in place. Adding ALS to the fire department's responsibilities will not significantly increase the fire department's management work load. This structure will further provide cost effective use of the public's tax dollar to maintain and increase ALS services in south King County.
- Allows for a single source of emergency management, via the fire service.

Fire Commissioners:

- Removes ALS from King County government administration and would allow administration by the region it is serving.
- Possibly a few levels of administration can be removed and these costs can be used for actual service or rebates to taxpayers.
- Yes. Better accountability for the services and funds available. Local control, by elected officials, closely accessible by the electorate. Integrated first responder capabilities. Better chance of success on levies due to local contacts. People will support their local fire department, but aren't sure what King County has to do with their local Fire Departments.

Labor Representatives:

- Access to better retirement system, potential reduction in aging workforce serving the public. Presumptive heart and communicable disease coverage, less bureaucracy, more responsive to sub-regional needs.

City Managers, Mayors or CFOs:

- Elected officials in south King County may be more willing to support an EMS levy amount that more fully supports ALS & BLS services.
- Economies of scale by using South County facilities that already exist.

City Council:

- Development of future sites becomes part of a master plan for that fire district/department. Training and recruitment are tied in with local service for better coordination. Consistent with how the public perceives the agency responsible for the service - they think it all comes from their local/department/district now regardless of whether it's county-provided.
- Not in my opinion, and possibly several disadvantages. This should be a regional service.
- It seems to me the only advantage would be a financial advantage for the King County budget, which may not necessarily be to the same advantage to the people living in south King County.
- Smaller governments do better money management. If a new regional group (i.e. Valley Comm) were formed to take over E.M.S., the cost of the service would go out of sight, and become less than what we have now. So, if individual cities take over, I see cost savings, a new regional entity would be a tragic mistake.
- Paramedics could be assigned to engine units
- In any sort of disaster, it is unreasonable to expect that all trauma patients can be seen by King County paramedics and rushed to Harborview. We need to replicate the Harborview model at top rated hospitals around King County. We need to enhance that local Harborview model with local fire department paramedics that have the same training now experienced by King County. To do otherwise, will put south King County residents at significant risk. We cannot expect all of the freeways and major thoroughfares to be operational. One central location is not a sensible practice.

- I am happy that we now have one in south King County that is on the Enumclaw Plateau. Local control would allow a balanced fee structure.

Medical Community:

- Money

8. The following statements can be made as reasons NOT to transfer ALS Services to the Fire Departments. Please indicate whether you agree with the statement AND how important it is to evaluate further in the feasibility study.

| | Agree | Disagree | No opinion | Very important | Important | Not important | Response Total |
|---|-------------|-------------|------------|----------------|-------------|---------------|----------------|
| It will be harder to recruit for new paramedics if the potential labor pool is potentially limited to firefighters rather than the whole community. | 37% (27) | 56% (41) | 5% (4) | 23% (17) | 25% (18) | 11% (8) | 73 |
| The paramedic labor group could be split between two or more fire departments, which would split the strong team that exists. | 49% (36) | 41% (30) | 11% (8) | 27% (20) | 18% (13) | 14% (10) | 73 |
| The work culture of paramedics is different than that of fire departments and the transition and ongoing integration will be hard. | 40% (29) | 51% (37) | 10% (7) | 18% (13) | 22% (16) | 12% (9) | 73 |
| Cities and Fire Districts will be put in the position of having to fill any budgetary gap in EMS levy funding to sustain the ALS service. | 75% (54) | 15% (11) | 7% (5) | 47% (34) | 11% (8) | 6% (4) | 72 |
| Total Respondents | | | | | | | 73 |
| skipped question | | | | | | | 6 |

9. Are there other disadvantages of transferring ALS from King County to the Fire Service in south King County?

34 respondents provided comments. Following are the comments received, verbatim, with the exception of corrected spelling. "No" or "none" responses are omitted out of this list of comments. The comments are sorted by stakeholder groups to give better context.

Fire Chiefs:

- No two departments would administer the program in the same manner.
- Yes. First, there is already strong opposition from SOME paramedics and EMS Division people. More people to manage is a greater administrative headache for Fire Chiefs.
- Smaller cities and fire districts cannot afford to assimilate paramedics into their organizations as funding is currently set up. I think it is unlikely, in our current economic climate, to realistically expect voters to pay the cost of transferring ALS services to the fire service.

- Currently, even the smallest Fire Departments have good service. If the system is run by a larger FD, service could be decreased due to lack of funding or lack of ability by the small FD to supplement the funding to maintain service...we would be at their mercy!
- Don't change what ain't broke! The system was designed to provide ALS care to patients...promoting earlier retirement isn't a reason to make a change. We should not increase the number of ALS providers; hence, only one city or district should be the replacement entity if King County wants to discontinue as a provider. If they don't want out, then they should not be forced out unless their service is substandard. King County is only in the ALS business because the Cities and fire districts didn't want to pick up the ball years ago...don't mess with success.

Fire Commissioners:

- Service degradation
- The only disadvantages I see could be overcome with a broadening of resources available instead of just the Harborview trained staff. There should be far more applicants available using paramedics trained by other organizations.
- It is my understanding that the State Constitution does not allow Fire Departments to provide ALS.
- No. The same high quality services will get better because local "Pride of Ownership" will carry the lean and fat times.
- Centralized training and protocol would suffer. Additional support/administrative personnel required, duplicating other sub-regions. Centralized funding and control allows smaller, volunteer departments to enjoy the services offered as an "equal participant", sub-regional could add an additional financial burden.

Labor Representatives:

- Not all employees will be guaranteed a full LEOFF retirement. Some employees may have difficulty or may find it impossible to become qualified as a firefighter. It is presumed that King County may be better able to afford any shortfalls in funding ALS services. Uncertainty exists in any new employer's willingness to deal with changes in working conditions currently enjoyed by members of IAFF 2595 (ie. contract, seniority, work schedule, benefits, FLSA compensation, and vacations). If current operation is split between two or more agencies, it will cost more to operate and provide ALS to the area due to administrative costs (MSOs), and inability to absorb cost of replacing paramedics secondary to reduced depth of resources to draw from. Training coverage will be more difficult. Potential over-saturation of paramedics in region, which will cause reduction in patient contacts, skill opportunities, and overall proficiency. Larger (existing single workforce) can more efficiently backfill vacancies and absorb and accommodate frequent special event staffing requirements.

City Managers, Mayors or CFOs:

- Splitting agency would lose current economy of scale. Fire District will have to either commit to paying for any costs above ALS allocation or negotiate with each fire district and city to cover any excess amounts. Dispatch costs currently paid by KC would have to be distributed to either the new agencies or a new allocation across all agencies in south King County. Costs may increase if fire department benefits (including retirement costs) are added to current salary levels. Smaller agencies may feel like they lose ability to influence overall direction of ALS in south King County.
- Training curve, firefighters would have to be trained. I don't like the idea of paramedics having to qualify as a firefighter first before they are a paramedic, which could become the case if fire departments become the providers. EMS services by far outweigh the need for fire services in this day and age and it seems the test for paramedics should be geared accordingly rather than limiting paramedics to people passing the fire testing.

City Council:

- Some disparity in tax base
- Big disparities in service levels from one district to another depending on each district's budget crisis.

- Local fire districts in south King County may not be financially capable of accepting this added financial burden. Consequently, south King County citizens may not receive the same level of service they are currently receiving.
- You shouldn't have to be a firefighter to be a paramedic. That would really drive the cost of business up.
- Paramedics could be assigned to engine units.
- There should be a stable funding source applied County wide. This would negate any problems with the cities having to fund some things causing the potential for lesser service. I have spent time with our local firefighters and EMTs. They are professionals dedicated to helping people. They will be willing and able to make the adjustments to a new way of providing those services. Job opportunities may/will increase, which is an advantage. There will be more local opportunities for both employment and advancement.
- Fragmented service. King County figures out a way to keep some of the money for itself. King County continues to provide a subsidy to unincorporated areas with money paid by the incorporated area citizens.
- If cities were allowed to create different funding sources rather than a regional levy...that would be an improvement.

Medical Community:

- Areas with least population may be forced to come up with more local support - difficult. Fire district may be forced to consolidate or lose their autonomy.
- Fragmentation of the current system will occur. The current system is a system and splitting it into smaller pieces will jeopardize the ability to work together as a system. There will also be threats to data collection and QA if there is further fragmentation. Medical control will be more difficult to maintain. Maintaining the current standard of HMC trained paramedics and 2 paramedics per unit will be threatened.
- Money

All Others:

- Transfer of ALS to the fire service will remove the county from providing direct emergency medical services and significantly diminish their role as leaders in the EMS system.
- Uncertainty of receiving strong proposals, which capture the economies of scale currently in place. Can the fire service keep the program together by having one provider? Will the fire service commit to running the paramedic service long term via a regional levy without coming back to King County?
- The regional approach to ALS could be ended - resulting in different standards and training.
- Financial impacts if there are disabilities and retirements. Inflexibility of King County system.
- The system is not "broken" and the measurable success that the current program has enjoyed may be placed in jeopardy. The real possibility that the current program may be divided would create additional providers, which is in direct opposition to the Emergency Medical Services Strategic Plan.
- Lack of a regional program.

10. If you imagine that the Fire Service was the provider(s) of ALS services to your jurisdiction, what type of input does your jurisdiction need to have in setting policies about the delivery of ALS to your jurisdiction?

| | Response Percent | Response Total |
|---------------------------|-------------------|----------------|
| None | 6.8% | 5 |
| Advisory | 28.8% | 21 |
| Governing/Decision Making | 61.6% | 45 |
| No opinion | 2.7% | 2 |
| | Total Respondents | 73 |
| | skipped question | 6 |

11. Other comments:

23 respondents provided additional comments that previous questions didn't allow for. Following are the comments received, verbatim, with the exception of corrected spelling. "No" or "none" responses are omitted out of this list of comments. The comments are sorted by stakeholder groups to give better context.

Fire Chiefs:

- Big Questions!
- This is a bad idea. If there are larger departments that want their own paramedic services (and can afford them) let them start their own programs. Let's keep the existing, time proven system in place for those of us (the majority) that won't be able to provide the staffing necessary to continue the same level of service we currently enjoy.
- Again, our fear would be that if supplemental funding was needed, and we were unable to raise the necessary money, we would lose service. That situation does not currently exist.
- With ALS in the fire departments, the fire departments would use the resource and share the resource just like we do now and always have with all the other levels of emergency response resource we currently manage. When there is a need, we send the resources and then provide for coverage. The fire service has done this for years and does it better than any other agencies around. The fire departments have inter-local agreements and County and State wide mutual aid agreements already in place to provide for this.
- There would certainly be an expectation that any "business" would give due consideration to the views of its customers and actively seek input.
- If it makes sense, do it!!!

Fire Commissioners:

- Complete decision making and coordination
- If local citizens are going to be financially responsible, they should have input. We don't think we do now. Our elected County officials come from all over the county and don't appear to have interest in what happens south of Seattle. It works in Shoreline, the Eastside, Seattle, why not the south end?
- If it ain't broke, don't fix it.

Labor Representatives

- Maintain regional services and remain one organization consistent with the Strategic Plan with existing consortium models within King County. In addition, follow the recommendation to the last Financial Planning Task Force.
- There should be a board that makes governing decisions that help the region, not just one department.

City Managers, Mayors and CFOs

- Transferring this service to the fire service transfers the responsibility for paying any costs above the ALS allocation to the local agency or city.
- The decision of whether our jurisdiction becomes advisory or governing depends on the funding source. If funding is to be provided solely from this jurisdiction, then the City should govern. If funds are regional in nature, then advisory may be appropriate.
- The City would want to work cooperatively with the County and our fire services to make the transfer a success.

City Council:

- If it is to be funded for and provided by the City, the City needs the ability to reduce or discontinue this service as discretionary.
- Jurisdictions need the ability to control cost management. The more I read your survey, the more I am for leaving things as they are, as the direction this is taking only adds another bunch of people who have to be paid. The real issue is finding a permanent solution to the funding of EMS services, and I guess the old question of should urban communities pay for urban services in the rural areas. Hard questions that have to be answered in order to make an informed decision on this issue.
- We are a city that contracts with the local fire department. They are truly professionals to be greatly admired. I want to see any future funding sources administered by the fire departments and not be made a part of the city revenues. Unless of course it is a city fire department. With the revenues dedicated to the fire district, there will be no possibility of a future city council "raiding" these revenues in a time of city budget shortfall. My reason for not supporting local levies is that it is all too easy for negative people to take pot shots during the levy campaign and endanger the funding thus putting at risk the health, safety, and welfare of the residents and property of the community. We need one stable funding source that is tied to inflation that goes directly to the fire district.
- If any ALS money stays with the county for its "coordination" efforts, this proposal is absolutely unacceptable. Fire Departments likely don't have the expertise that the current system does, and aren't likely to be able to maintain it if they do develop it, due to small Department size, staff moves, etc. There is absolutely no way that cities without their own fire departments will take this on.

Medical Community:

- Fragmentation will only jeopardize and threaten the current wonderful system we have. I can see few benefits and lots of potential harm.

All Others:

- As a small city Public Safety Department, we feel that it is imperative that we have governing/decision making input. Without that ability to influence the decision making, it is felt that the large departments, who will be taking over the ALS system, would overshadow us and our service would suffer greatly. We are NOT in favor of this plan at all.
- Another aspect of evaluation that may not be included but has significant impact on the system is the role the EMS Division has in relationship to the various EMS agencies. I believe removal of the oversight of KCM1 by the county would reduce the role of the EMS Division in guarding and preserving the regional perspective. The fire service tends to think locally, the EMS Division provides the regional cohesion. Providing direct service allows the EMS Division to understand the local area issues.
- Decisions need to be made with direct input with the medical community.

12. I would like to keep my response confidential.

| | Response Percent | Response Total |
|-----|-------------------|----------------|
| Yes | 72.9% | 51 |
| No | 27.1% | 19 |
| | Total Respondents | 70 |
| | skipped question | 9 |

13. I am a:

| | Response Percent | Response Total |
|--|-------------------|----------------|
| Fire Chief | 24.3% | 17 |
| Fire Commissioner | 14.3% | 10 |
| Labor Representative | 8.6% | 6 |
| City Manager, Mayor, or CFO | 14.3% | 10 |
| City Council Member | 18.6% | 13 |
| Member of the Medical Community (ALS Medical Advisory Team, ED Nursing Directors and Physicians, Paramedic Training - HMC) | 5.7% | 4 |
| Other (please specify) | 14.3% | 10 |
| | Total Respondents | 70 |
| | skipped question | 9 |

14. I work for/in the following community:

| | Response Percent | Response Total |
|------------------------|-------------------|----------------|
| Auburn | 6.1% | 4 |
| Black Diamond | 4.5% | 3 |
| Burien | 4.5% | 3 |
| Des Moines | 3% | 2 |
| Enumclaw | 7.6% | 5 |
| Federal Way | 9.1% | 6 |
| Kent | 7.6% | 5 |
| Maple Valley | 1.5% | 1 |
| North Highline | 1.5% | 1 |
| Pacific | 3% | 2 |
| Renton | 4.5% | 3 |
| SeaTac | 9.1% | 6 |
| Tukwila | 3% | 2 |
| Vashon/Maury | 3% | 2 |
| Other (please specify) | 31.8% | 21 |
| | Total Respondents | 66 |
| | skipped question | 12 |

SURVEY RESULTS - FILTERED

The following are the survey results based on filtered responses received. These tables represent the responses with the responses from stakeholders from Kent, Federal Way and/or the medical community omitted and represent 51 responses.

1 Overall, how would you rate the quality of ALS service currently provided in south King County:

| | Response Percent | Response Total |
|------------|-------------------|----------------|
| Excellent | 57.1% | 28 |
| Good | 26.5% | 13 |
| Average | 12.2% | 6 |
| Poor | 0% | 0 |
| Very Poor | 0% | 0 |
| No opinion | 4.1% | 2 |
| | Total Respondents | 49 |
| | skipped question | 2 |

2 Are there any specific improvements that you would like to see occur in how ALS is provided in south King County?

| | Response Percent | Response Total |
|-----------------|-------------------|----------------|
| Yes (see below) | 43.1% | 22 |
| No | 56.9% | 29 |
| | Total Respondents | 51 |
| | skipped question | 1 |

3. If you answered YES above, please describe any specific improvements you would like to see occur in how ALS is provided in south King County.

| | |
|-------------------|----|
| Total Respondents | 21 |
| skipped question | 12 |

The comments that were provided for this question can be found in the survey results reflecting all 79 responses, in the previous section.

4. If ALS continues to be provided by King County:

| | Strongly prefer | Prefer | Oppose | Strongly oppose | No opinion | Response Total |
|---|-----------------|-------------|-------------|-----------------|------------|----------------|
| Continuation of the current regional levy every 6 years. | 19% (8) | 35% (15) | 33% (14) | 7% (3) | 7% (3) | 43 |
| Extension of the regional levy period to every 10 years. | 27% (12) | 36% (16) | 31% (14) | 4% (2) | 2% (1) | 45 |
| Extension of the regional levy to a permanent levy. | 54% (25) | 30% (14) | 13% (6) | 0% (0) | 2% (1) | 46 |
| Development of a permanent source of public funding. | 55% (23) | 14% (6) | 17% (7) | 7% (3) | 7% (3) | 42 |
| Development of sub-regional levies that supplement or replace the regional levy and that can be used to enhance ALS within that sub-region. | 12% (5) | 10% (4) | 35% (14) | 38% (15) | 5% (2) | 40 |
| Total Respondents | | | | | | 51 |
| skipped question | | | | | | 2 |

5. If ALS is provided by the fire service in south King County:

| | Strongly prefer | Prefer | Oppose | Strongly oppose | No opinion | Response Total |
|---|-----------------|-------------|-------------|-----------------|------------|----------------|
| Continuation of the current regional levy every 6 years. | 14% (6) | 33% (14) | 33% (16) | 10% (4) | 5% (2) | 42 |
| Extension of the regional levy period to every 10 years. | 20% (8) | 35% (14) | 32% (13) | 8% (3) | 5% (2) | 40 |
| Extension of the regional levy to a permanent levy. | 57% (25) | 27% (12) | 14% (6) | 2% (1) | 0% (0) | 44 |
| Development of a permanent source of public funding. | 54% (22) | 15% (6) | 17% (7) | 7% (3) | 7% (3) | 41 |
| Development of sub-regional levies that supplement or replace the regional levy and that can be used to enhance ALS within that sub-region. | 11% (4) | 8% (3) | 32% (12) | 42% (16) | 8% (3) | 38 |
| Development of sub-regional levies that FULLY fund ALS in that sub-region. | 15% (6) | 22% (9) | 22% (9) | 32% (13) | 8% (3) | 40 |
| Total Respondents | | | | | | 51 |
| skipped question | | | | | | 2 |

6. The following statements can be made as reasons FOR transferring ALS Services to Fire Departments in south King County. Please indicate whether you agree with the statement AND how important it is to evaluate further in the feasibility study.

| | Agree | Disagree | No opinion | Very important | Important | Not important | Response Total |
|--|-------------|-------------|------------|----------------|-------------|---------------|----------------|
| EMT-Firefighters will have better training and provide better quality care by working more closely with Paramedics than they do now. | 52% (26) | 30% (15) | 12% (6) | 18% (9) | 30% (15) | 14% (7) | 50 |
| All paramedic services in King County will be provided by Fire Departments, simplifying coordination, communication and human resource management. | 48% (24) | 48% (24) | 4% (2) | 26% (13) | 18% (9) | 12% (6) | 50 |
| Cities and Fire Districts will be in a position to continue to provide ALS services in the event that the EMS levy fails. | 32% (16) | 56% (28) | 12% (6) | 34% (17) | 16% (8) | 7% (3) | 50 |
| Paramedics will have a greater range of career opportunities. | 60% (30) | 26% (13) | 12% (6) | 12% (6) | 22% (11) | 28% (14) | 50 |
| Firefighters will have a greater range of career opportunities. | 60% (30) | 24% (12) | 8% (4) | 8% (4) | 28% (14) | 28% (14) | 50 |
| Fire Departments will have greater flexibility in staff assignments. | 45% (22) | 41% (20) | 14% (7) | 16% (8) | 20% (10) | 18% (9) | 49 |
| It is important that Paramedics have the option to retire at age 53, like firefighters currently do. | 40% (20) | 38% (19) | 14% (7) | 20% (10) | 18% (9) | 22% (11) | 50 |
| Total Respondents | | | | | | | 50 |
| skipped question | | | | | | | 5 |

7. Are there other advantages to transferring ALS from King County to the Fire Service in south King County?

| | |
|-------------------|----|
| Total Respondents | 23 |
| skipped question | 48 |

The comments that were provided for this question can be found in the survey results reflecting all 79 responses, in the previous section.

8. The following statements can be made as reasons NOT to transfer ALS Services to the Fire Departments. Please indicate whether you agree with the statement AND how important it is to evaluate further in the feasibility study.

| | Agree | Disagree | No opinion | Very important | Important | Not important | Response Total |
|---|-------------|-------------|------------|----------------|-------------|---------------|----------------|
| It will be harder to recruit for new paramedics if the potential labor pool is potentially limited to firefighters rather than the whole community. | 39% (20) | 53% (27) | 6% (3) | 25% (13) | 24% (12) | 10% (5) | 51 |
| The paramedic labor group could be split between two or more fire departments, which would split the strong team that exists. | 47% (24) | 41% (21) | 14% (7) | 27% (14) | 12% (6) | 18% (9) | 51 |
| The work culture of paramedics is different than that of fire departments and the transition and ongoing integration will be hard. | 45% (23) | 45% (23) | 10% (5) | 22% (11) | 18% (9) | 10% (5) | 51 |
| Cities and Fire Districts will be put in the position of having to fill any budgetary gap in EMS levy funding to sustain the ALS service. | 80% (41) | 10% (5) | 6% (3) | 47% (24) | 12% (6) | 6% (3) | 51 |
| Total Respondents | | | | | | | 51 |
| skipped question | | | | | | | 6 |

9. Are there other disadvantages of transferring ALS from King County to the Fire Service in south King County?

| | |
|-------------------|----|
| Total Respondents | 25 |
| Skipped question | 45 |

The comments that were provided for this question can be found in the survey results reflecting all 79 responses, in the previous section.

10. If you imagine that the Fire Service was the provider(s) of ALS services to your jurisdiction, what type of input does your jurisdiction need to have in setting policies about the delivery of ALS to your jurisdiction?

| | Response Percent | Response Total |
|---------------------------|-------------------|----------------|
| None | 2% | 1 |
| Advisory | 35.3% | 18 |
| Governing/Decision Making | 60.8% | 31 |
| No opinion | 2% | 1 |
| | Total Respondents | 51 |
| | skipped question | 6 |

11. Other comments:

| | |
|-------------------|----|
| Total Respondents | 17 |
| skipped question | 56 |

The comments that were provided for this question can be found in the survey results reflecting all 79 responses, in the previous section.

12. I would like to keep my response confidential.

| | Response Percent | Response Total |
|-----|-------------------|----------------|
| Yes | 71.4% | 35 |
| No | 28.6% | 14 |
| | Total Respondents | 49 |
| | skipped question | 9 |

13. I am a:

| | Response Percent | Response Total |
|--|-------------------|----------------|
| Fire Chief | 30.6% | 15 |
| Fire Commissioner | 14.3% | 7 |
| Labor Representative | 6.1% | 3 |
| City Manager, Mayor, or CFO | 14.3% | 7 |
| City Council Member | 18.4% | 9 |
| Member of the Medical Community (ALS Medical Advisory Team, ED Nursing Directors and Physicians, Paramedic Training - HMC) | 0% | 0 |
| Other (please specify) | 16.3% | 8 |
| | Total Respondents | 49 |
| | skipped question | 9 |

14 I work for/in the following community:

| | Response Percent | Response Total |
|------------------------|-------------------|----------------|
| Auburn | 5.9% | 3 |
| Black Diamond | 5.9% | 3 |
| Burien | 5.9% | 3 |
| Des Moines | 3.9% | 2 |
| Enumclaw | 7.8% | 4 |
| Federal Way | 0% | 0 |
| Kent | 0% | 0 |
| Maple Valley | 2% | 1 |
| North Highline | 2% | 1 |
| Pacific | 3.9% | 2 |
| Renton | 5.9% | 3 |
| SeaTac | 11.8% | 6 |
| Tukwila | 3.9% | 2 |
| Vashon/Maury | 3.9% | 2 |
| Other (please specify) | 37.3% | 19 |
| | Total Respondents | 51 |
| | skipped question | 12 |