Appendix C:
Narrative - King County Medic One Current Model with Enhancements Alternative

Narrative: King County Medic One Current Model with Enhancements Alternative

1. **Name of the current lead agency:**

   King County Medic One (KCM1) - Since 1979, KCM1 has provided paramedic service to the citizens of south King County. Prior to that, paramedic service was provided by three paramedic provider groups (Highline, Valley, Auburn-Federal Way). Currently, KCM1 employs over 65 paramedics and support staff and operates 7 paramedic units over a 700 square mile area. In 2002, KCM1 responded to nearly 12,000 paramedic alarms in their primary service area in addition to responding to mutual aid in neighboring jurisdictions.

2. **List the medic units that are managed by the lead agency.**

   - Medic 4
   - Medic 5
   - Medic 6
   - Medic 7
   - Medic 8
   - Medic 11
   - Medic 12 (to 24 hour service in 11/03)
   - Medic 13 (Inclement Weather)
   - Medic 15 (GRT Backup)
   - Medic 17 (GRT Backup)

3. **What geographic areas do these medic units cover?**

   South King County (refer to the map of King County Medic One ALS Units – 2004 found in the report in Chapter 2, page 8.)

4. **List other departments/district participating as partners.**

   There are no formal partnership agreements.

5. **Describe the form of governance. How are policy decisions made? Who participates in them? What are the role(s) of participating agencies (e.g. advising or governing)? What types of policy questions are addressed?**

   Governance activities include several general components, including the following:

   - Input or policy formation on budget development
   - Periodic review of budget, operational, and performance reports
   - Labor contract negotiations
   - Personnel policies
   - Operational policies or responsibilities
   - Local area advisory and policy boards
   - ALS contracts and standards
   - Medical direction
   - EMS Strategic Plan and EMS Advisory Committee

- EMS and Trauma Care Plan

King County Medic One (KCM1) has been part of and has reported directly to the EMS Division, Public Health - Seattle & King County since 1979. As part of the King County government and administration structure, KCM1 receives primary administrative governance for budget development, operational reporting, negotiating labor contracts, personnel policies, and other primarily administrative components for which King County is directly responsible through the King County Executive, King County Council, Public Health, and the EMS Division.

There are other important governance components, however, which direct the activities of King County Medic One. These include:

- Local Area Advisory or Policy Board: KCM1 does not have an advisory board or a formal policy board made up of representatives from fire departments, hospitals, or physicians that assist in policy direction or oversight for the program. KCM1 does not have any cost-sharing agreements with fire departments or other agencies. Any complaints, concerns, or questions about the program are handled by KCM1 staff working directly with an agency or individual. Questions about placement of new paramedic units, relocation of paramedic units, or redrawing of primary paramedic response boundaries typically include input from fire departments and dispatch centers under the direction of the EMS Division.

  Operationally, KCM1 and EMS Division staff work very closely with fire departments through meetings of Zone Three fire chiefs, operations, and training, as well as with dispatch centers to ensure that there are smooth field operations. KCM1 also participates in the EMS Advisory Committee, the EMS & Trauma Council, Medical Director's meeting, and other county-wide planning meetings.

- ALS Contracts and Standards: The EMS Division sets out the policies and program standards that constitute delivery of ALS services as a regional EMS program and these are embodied in the ALS contracts with providers. These standards include the basic components of the EMS Strategic Plan. As one of the six ALS programs in the county, the King County Medic One Program operates in a consistent manner with the described model governing ALS services.

- Medical Direction and Oversight: Authorized by Revised Code of Washington (RCW) and duties described in the Washington Administrative Code (WAC). The regional medical program director delegates medical direction/oversight activities to individual ALS program medical directors across the county. Steve Olmstead, MD, is the medical director for the KCM1 program. Quarterly meetings of the medical directors allow systematic medical review of operations, new treatment interventions, standardization of ALS policies and procedures across programs, and development of new research projects.

- The EMS Strategic Plan: This is a major policy document, developed by a thorough regional consensus process that started in 1996 and has since been updated twice, in 2002 and 2003. The 2002 Update to the Strategic Plan, approved by the King County Council in 2001, set the financial and operational guidelines for the current 2002-2007 EMS levy. This plan sets out the major policy directions and funding structure for the regional county-wide EMS system. The EMS Advisory Committee, represented by a

variety of EMS agencies, provides an opportunity to review and discuss these regional policies. KCM1, like other ALS and BLS providers, is bound by this policy document through levy contracts.

Major elements of the plan include:

* Continuation of the regional, tiered-response medical model that provides excellent and effective out-of-hospital medical care for the region.
* University of Washington paramedic training for all paramedics.
* Regional, county-wide approach to the provision of paramedic service with a minimal number of paramedic providers.
* Annual per unit allocation of funds to support paramedic service, potential increases above CPI-U to avoid cost-shifting to providers, and vehicle replacement costs.
* Commitment to the EMS Strategic Initiatives developed in the plan.

- Central Region EMS and Trauma Care Plan: The requirement for this plan, updated biannually by the Central Region EMS and Trauma Council, was established by the Washington EMS and Trauma Care System Act of 1990. The plan recommends to the Washington State Department of Health minimum and maximum numbers for ALS providers, the number and level of designated trauma and rehabilitation centers, and establishes regional patient care guidelines. These activities are funded by a state grant, administered through the EMS Division, and governed by the Central Region EMS and Trauma Council. This grant also supports the Central Region Trauma Registry at the Harborview Injury Prevention Research Center. The EMS Strategic Plan is included as part of the regional EMS and Trauma Care plan.

- "Enhanced Model": In addition, the County is proposing an enhanced model of service designed to improve the operational efficiency and effectiveness of the paramedic program by integrating the fire departments in south King County into King County Medic One activities by the creation of a south King County EMS council.

  The purpose of this council is to create a forum where structured and more meaningful input regarding operational, training, and service aspects of ALS can be carried out. Although the emphasis of this council should be paramedic services, it can also serve as a useful forum for the basis for policy discussions about EMS in general including dispatch and BLS activities in south King County.

  The EMS council would be a formal advisory group to King County Medic One and the King County EMS Division, but would not represent a formal decision-making policy board. Written Bylaws will be established to guide membership and other formal aspects of the council. Fire departments participating in the EMS council will not assume financial or legal liability for the provision of paramedic service. No cost sharing for the provision of basic paramedic service is anticipated during the current EMS levy period. However, enhanced funding, collaboration and partnership between King County, cities, and fire districts may occur by specific agreement.

The EMS council will advise on a number of broad issues, including but not limited to:

- Establishing EMS priorities in south King County.
- Regular, systematic review of paramedic workload, response times and other performance factors for each fire department and the south King County region.
- Reviewing and discussing needed additions to paramedic service, regularly reviewing service coverage of paramedic units, and potential relocation of paramedic units.
- Addressing operational issues related to EMS training, transport, dispatch and communications.
- Developing opportunities to recruit paramedic candidates from the fire service.
- Developing enhanced integration and training special operations activities as necessary (e.g. high angle rescue, dive teams, etc.).
- Ensuring physician clinical perspective and oversight for both BLS and ALS and the continued integration of these services.
- Annual review and update on progress with EMS Strategic Plan initiatives.
- Developing enhanced opportunities for cooperative funding of programs through grants or collaborative partnership efforts.
- Providing a forum for presentation and discussion of EMS research and evaluation initiatives.

- EMS Council Membership: Membership of the south King County EMS council would be broad-based with representation from fire districts, cities, hospitals, labor, and the EMS medical community. All fire departments in the King County Medic One service area would be invited to attend and each would receive copies of meeting agendas, minutes and policy decisions and directions. The EMS council would meet at least quarterly and could, for example, consist of representatives from the following:

    - King County Medic One (MSA as council chairman)
    - Vashon Island Medic One
    - Physicians
      - KCM1 Medical Director
      - Regional Medical Program Director
    - BLS Provider Representatives (co-chairperson)
      - Each city over 50,000 in population (currently Federal Way, Kent and Renton)
      - 2 fire districts providing BLS (selected by Zone 3 chiefs)
      - Port of Seattle
      - 2 cities providing BLS not otherwise represented (selected by Zone 3 chiefs)
    - Labor Representatives
      - One paramedic selected by IAFF 2595
      - One BLS representative selected by WSCFF
    - Valley Communications Center

An executive group of the EMS council would be formed to ensure continuity in discussion, agenda-building, and formal direction of the EMS council. This executive group should interface with regular Zone 3 fire chiefs meetings to avoid needless meeting duplication.

The membership, duties, structure, bylaws and meeting schedules will be refined and finalized after further discussion between King County EMS, King County Medic One and other stakeholders

6. How does the program fit the EMS Strategic Plan?

King County Medic One provides excellent paramedic service throughout south King County according to the principles of the EMS Strategic Plan. It follows the same financial revenue model based on annual per unit allocation and vehicle replacement allocation from the EMS levy. Per the EMS Strategic Plan, King County annually contributes $375,000 in Current Expense funds above the levy allocation to KCM1. Historically, every KCM1 paramedic has completed paramedic training at the University of Washington. The program works closely with fire departments and dispatch centers in the south county sub-region to ensure coordinated delivery of pre-hospital care. The program has participated in the EMS Strategic Initiatives, and been particularly successful in assisting Valley Communications Center with dispatch criteria changes to manage the growth of paramedic calls.

As a provider of paramedic services in King County from within the EMS Division, the KCM1 program also contributes a unique and valuable perspective to EMS Division management and regional EMS support programs. The EMS Division bears the responsibility of providing regional EMS program development, direction, and support in addition to financial planning and management of the EMS levy. This requires a detailed understanding of the issues, demands, and perspectives that may be distinctive to paramedic providers. Oversight of the King County Medic One program by the EMS Division offers ready access to critical operational and medical information that assists in support program development.

7. Describe the paramedic staffing levels and shift organization.

Twenty-four hours a day, King County Medic One operates six full-time medic units and one 12-hour unit (scheduled to move to 24-hour operation in November 2003). Each unit is placed strategically throughout the service area to minimize response times and maximize cost-efficiencies and is housed at one of eight satellite sites that include local fire department stations, KCM1 facilities, and a central administrative office in the industrial area of Kent. KCM1 has 20 vehicles in their fleet, putting approximately 250,000 fleet miles on the medic units per year.

Medic units are staffed with two paramedics working 24-hour shifts and utilizing five area hospitals. King County Medic One is a 24/7 operation with 4 platoons, each with 15 paramedics. All paramedics, Medical Service Officers (MSOs), and Acting MSOs are represented by IAFF Local #2595.

Paramedics are scheduled to work 104 24-hour shifts each calendar year with year-in-advance scheduling of furlough (vacation) days. This is accomplished through a 48-hour workweek. A typical shift rotation includes 1 day on duty, 1 day off duty, 1 day on duty, and 5 days off duty. Because this schedule does not generate the necessary 104 shifts over the

course of the year, each paramedic is also assigned an average of 12 debit days ("X days"). These extra assigned shifts are used during the year to help offset the effects of year-in-advance scheduling and minimize overtime.

Shift organization includes the following:

- A shift supervisor (MSO1) assigned to each platoon.
- An acting MSO position that provides backup for MSO1 when necessary.
- 15 paramedics

8. Describe the command and administrative structure.

Daily oversight of KCM1 is provided by a command staff that oversees operations and administrative functions. An organizational chart and brief job descriptions for KCM1 paramedic and administrative positions are included as Attachment 1. All command staff are currently certified, Harborview-trained paramedics. The Medical Services Administrator (MSA-1), along with MSOs 2, 3, and 10, drive fully-equipped command vehicles that enable them to respond to calls on a 24/7 basis when needed. These supervisors are supported by 2.5 administrative FTEs.

- The Medical Services Administrator (MSA-1) is the first in command, oversees the entire program, program policies, administration and planning, personnel, budget, and departmental relations.
- MSO-2 is second in command, overseeing all daily operations, including the MSO line personal. MSO-2 also has the duties of overseeing fleet maintenance, inventory control, small equipment, special operations, and all telecommunications devices.
- MSO-3 oversees the Training Division. MSO-3 is in charge of paramedic training and education, Shift Trainers, Field Training Officers, new hires and orientation, and the recertification process.
- MSO-10 is in charge of public relations, safety, employee health, dispatch, and emergency management issues.

9. Describe the plan for continuing education and training for the paramedics.

All King County Medic One paramedics are trained in the Paramedic Training Program at the University of Washington School of Medicine, based at Harborview Medical Center (HMC). Students develop their skills under the tutelage of experienced physicians, nurses, and Seattle Fire Department paramedics during the rigorous ten-month training course. As a condition of employment, all KCM1 paramedics are required to have a minimum of 100 hours of biannual continuing education in addition to skills level testing that exceeds both Washington State and national standards.

To meet this obligation, KCM1 provides quality training through a number of in-house, on-duty educational opportunities. In addition, various required classes are available to paramedics, including three-hour, Harborview-based, UW School of Medicine continuing education classes each month. The training programs follow the path of logical and systematic progression from basic skills manipulation and knowledge testing to industry leading programs developed specifically for King County paramedics.

Training efficiencies are obtained by rotating crews into headquarters for several hours of training every other month. Recent innovations to the King County Medic One program include the institution of a Grand Rounds Training (GRT) program that allows on-duty medics to train during their shifts at a central station. In order to ensure seamless service to citizens, a backup paramedic unit is assigned to cover their response area. This model utilizes a training team from the KCM1 program, under the supervision of the King County Medical Director, to teach paramedics new skills as well as provide training on high-risk/low-frequency skills and procedures. Each GRT session is preceded with a pretest or work paper on the GRT subject matter to assess pre and post course knowledge level and retention. King County Medic One is the only paramedic program in King County to utilize this program.

The following is a list of additional educational opportunities provided by KCM1:

- Hazardous Materials Awareness
- Weapons of Mass Destruction Training
- Technical Rescue Awareness
- Mass Casualty Incident (MCI) Training
- Experienced Provider - Advanced Cardiac Life Support (EP-ACLS)
- Pediatric Advanced Life Support (PALS)
- Difficult airway lab
- Neonatal resuscitation
- Blood borne and airborne pathogens class and Medic One's Exposure Control processes
- Harborview Tuesday Series (monthly paramedic education at Harborview)
- Monthly pharmacology exams
- Small equipment and competency evaluations
- Scenario or situation-based education using anatomical simulators
- Safe driving courses
- Quarterly MIRF run review
- Monthly GRT pretests
- Regional EMS conferences and other educational opportunities

10. Describe how medical direction is provided.

Medical Direction

Overall medical direction is provided by Mickey Eisenberg, MD, the King County Medic One Medical Program Director (MPD), and under Washington State Law delegates this authority to Steve Olmstead, MD, the King County Medic One Program Medical Director (PMD). The

KCM1 medical director has the primary responsibility and authority to provide medical oversight for all aspects of EMS in an effort to assure its quality of patient care.

It is critical to have knowledgeable Medical Directors working with the medics in the pre-hospital setting. Currently, each of the four-paramedic shifts is assigned a physician from Highline Hospital, Auburn Regional Medical Center (ARMC), Valley Medical Center and St. Francis Medical Center. Dr. Olmstead represents (ARMC) and supervises the other three physicians. These physicians participate in monthly Medical Advisory Team (MAT) meetings with the paramedics to discuss the consideration and implementation of new medications, equipment or procedures. They also meet quarterly to discuss interesting paramedic calls and documentation from the prior quarter. The KCM1 Medical Director currently chairs the quarterly meetings of the King County medical directors.

The KCM1 Medical Director serves as a focal point for medical leadership within Medic One. The role of the medical director also includes a number of other important components and roles as described below:

Leadership

Providing EMS is an interdisciplinary, interagency activity. This involves a team approach with the medical director as the team leader working with operational leaders (cooperative leadership).

Liaison

The medical director serves as the interface and liaison between Medic One and the medical community in general.

- Assists in the interface with clinics, care facilities, physician's offices, and regional emergency departments regarding paramedic medical practice and operations.
- Assists in developing more efficient means of acquiring follow-up on patients Medic One paramedics treated and transported.
- Assists in developing diversion policies for Medic One and local hospitals.
- Responds to hospital feedback or concerns through a cooperative and systematic approach to problem solving via the Medic One Training & Total Quality Management program.
- Interacts and educates a variety of hospital staff to assure smooth operations and interface with Medic One personnel. This includes medical, nursing and ancillary staff.

Total Quality Management (TQM) Program

Quality management concepts are applied at Medic One every day, impacting many aspects of patient care. The KCM1 Medical Director plays a major role in the quality assurance program. Selected aspects and reviews are delegated to the Training Division and shift MSOs. The medical director plays an active and knowledgeable part in the general principles and methodologies of the TQM process.

Briefly, KCM1’s TQM process can be broken down into three subgroups of medical oversight:

1. Prospective - those activities that occur prior to patient contact:
   - Patient care guidelines, directives, and educational needs through need assessments and University of Washington Paramedic Training requirements.
2. Concurrent - those activities that occur at the time of patient contact:
   - The medical director is always available by page or telephone to provide medical collaboration and as a resource for exposure control.
   - The medical director conducts 'ride alongs' on medic units with all new paramedics. This provides real time critique and affords the medical director the opportunity to experience what occurs outside the institutional setting.
3. Retrospective - those activities that occur following patient contact:
   - Chart review is by far the most time intensive activity the medical director conducts at KCM1 and, more frequently, is a good indicator of system standards and potential needs.
   - The medical director reviews the medical incident report form (MIRF) for process and outcome measures (i.e. scene times, procedure completion rates, disposition of patients, patient safety, and medical error reduction). The MPD and the Training Division also review MIRFs focusing on specific areas, including:
     - Personnel
     - Medical procedures
     - Selected patients (i.e. trauma, metabolic, airway issues, etc.)
     - High risk situations
     - Sentinel events
     - New procedures, equipment, or therapies

In general, the goal in the TQM process is to modify treatment and educational activities where appropriate. The focus of the TQM program remains on the system and not the individual.

Education

Understanding and applying recertification requirements is just one part of the training process at King County Medic One. The medical director plays an important role in the development and institution of all new curriculum, procedures, and therapies at KCM1. The medical director is very active in the continuing educational process and understands the importance of:

- Principles of adult learners
- Procedural skills instruction
- Clinical instruction/didactic educational techniques
- Retention-enhancement methods
- Periodic assessment
- Consideration of issues related to patient census, pathophysiology, preceptor selection and supervision

In addition to the education of Medic One personnel, the medical director educates other physicians and personnel involved in the system.

Health and Safety

The medical director plays a major role in the Health and Safety program at KCM1.

- King County Medic One is an industry leader in exposure control, reporting, and responding to an exposure; the design of the program and continual evaluation of its effectiveness is the result of strong medical oversight and direction. If KCM1 personnel have an exposure to either a blood or airborne pathogen, MSOs respond to and begin antiviral or antibiotic therapy within one hour of the exposure if necessary. The medical director is always available for consultation and medical direction when such an event arises. This program is under consideration by the regional medical program directors as a model for the entire county.
- KCM1 provides in-house immunizations to all KCM1 employees.
- KCM1 provides five hours of continuing education specifically for blood borne and airborne pathogens training.
- KCM1 provides annual HEPA fit testing for airborne pathogens mediation.
- The medical director routinely reviews Centers for Disease Control (CDC) findings and treatment recommendations. When necessary, the medical director may change the treatment algorithm for exposures in accordance with the CDC's recommendation.

Special Events Medical Control

KCM1 provides onsite services to several large-scale events in south King County. Dr. Olmstead has developed a program at Auburn Regional Medical Center to assist the medics in triage and patient disposition with on-line medical consultation. This program provides a mechanism to treat and hold patients at the venue until such time they are well enough to go home, reducing the impact on in-service medic units and local emergency departments.

11. Describe services, if any, provided above the basic ALS contract with King County.

As a part of the EMS Division, KCM1 does not have a formal contract with King County. However, KCM1 is subject to the ALS allocation formula, ALS standards, and operational principles outlined in the EMS Strategic Plan, as are the other five ALS agencies under contract with King County.

Additional paramedic services are provided to the citizens of King County by staffing medic units for special events at the White River Amphitheater and Pacific Raceways, the King County Fair, and major drills such as the triennial Port of Seattle, Boeing Field aircraft incident exercises and the TOPOFF weapons of mass-destruction event in Seattle earlier this year. KCM1 provides paramedic support at heavily attended public events when needed or requested.

A paramedic Bike Team has been developed for use at a limited number of events where motor vehicle access may be restricted.

KCM1 personnel also participate in regional BLS training, dispatch quality review and training, regional medical supplies and equipment purchasing programs, and vehicle replacement initiatives.

The KCM1 program has a long history of being involved in many local and national clinical studies. KCM1 is currently involved in:

- Omega-3 fatty acid study, a study of the relationship between diet and cardiac arrest.
- Heart Attack Survival Kit (HASK) study.
- KCM1 will begin a third study in October 2003 on the effectiveness of hypertonic saline in treatment of trauma.
- KCM1 regularly participates in public speaking events at service clubs, hospitals and clinics, homeowner associations, mall shows and educational institutions.

Regional meetings KCM1 actively participates in:

Monthly
King County Fire Chiefs
Zone 3 Fire Chiefs
King County EMS Dispatch Review Committee
Valley Communications Operations Board
King County Emergency Operations Center
King County EOC Weapons of Mass Destruction Equipment Grants
FD Z-3 Hazardous Materials Providers
Central Region EMS and Trauma Council, Pre-Hospital Subcommittee
King County Regional Hospital Emergency Planning Council

Quarterly
Central Region Trauma Council
King County ALS Medical Directors
EMS Advisory Committee

Irregularly-Scheduled
King County Medical Services Administrator's
Public Health - Seattle & King County - WMD/Bio-Terrorism Leadership
King County EMS Dispatch Criteria Review
King County Regional MCI Drills & Exercise Planning (Seattle, Port of Seattle, Boeing Field, TOPOFF, etc.)

12. Describe, in overview, the long-term financial plan for sustaining the ALS service. Also provide any explanatory notes that will be useful in understanding the attached pro-forma.

There are two sections to the long-term financial plan (see the pro-forma in Appendix F for more details):

1. The remaining period of the current EMS levy (2004-2007)
2. After 2007

Current EMS Levy

Current EMS levy revenues for the remainder of the 2003-2007 EMS levy will maintain funding for the KCM1 program through 2007. This funding includes not only annual increases in CPI-U, but also the planned option to increase the ALS allocation above that

level at least one more time during this levy. Both these revenue elements are described in the EMS Strategic Plan. The timing of that increase will also depend on the cost demands experienced by other paramedic providers. In addition, King County has committed through the EMS Strategic Plan to support KCM1 with $375,000 in King County Current Expense funds for the remainder of this levy.

The current levy began at 25 cents per thousand dollars of assessed value in 2002. The levy rate is projected to decrease to 21.5 cents per thousand in 2007. Over the period of the levy, expenditures are projected to increase higher than revenues. This is caused by both property tax increase limitations voted on by citizens and by costs – such as pharmaceuticals, medical supplies and paramedic wages – that are increasing at a rate higher than allowed by property tax increases. To accommodate full funding of all ALS units, funds are being "banked" in the early years of the levy (2002-2004) to pay for planned expenditures in the later years (2006 & 2007). The primary use of levy funds is to pay for ALS services (62% of yearly budget is for ALS). ALS services are the priority for levy funds raised beyond the original forecast.

To minimize "cost shifting" to all ALS provider agencies, costs will be reviewed each year and adjusted if funds are available. The primary driver of additional funds is new construction. If new construction, particularly commercial and industrial, is low due to the overall regional economy, the EMS fund is projected to be sufficient to cover existing commitments and one modest ALS increase. If new construction is more robust, there will be more funds available to meet unanticipated needs.

After 2007

In order to maintain the regional, countywide EMS system, it is imperative that another long-term levy, or preferably a permanent levy, be approved by the voters in 2007 at a level which provides adequate financial support for regional paramedic services, basic life support services, and regional programs. This levy should address support and strategic initiatives for the regional system, paramedic service issues, BLS funding issues, and continued regional training and other programs. Like the current EMS Strategic Plan, this levy planning effort for the 2008-2013 period should include elected leaders, physicians, fire and EMS representatives, and represent a regional consensus for the long-term continuation of the regional EMS system.

In case of a levy failure, strategies used to address the last levy failure would likely be utilized. This included issuing tax anticipation bonds and other types of borrowing.

13. Describe the expected benefits and drawbacks to:

The Community…

King County Medic One has an excellent twenty-six year record of serving the 700,000 citizens, cities and fire districts of south King County. King County Medic One has been part of the paramedic services provided by King County since 1979. This seamless, regional approach has been successful and effective. KCM1 responded to approximately 12,000 patients in 2002. Financial support is derived primarily from the voter-approved EMS levy with a regular Current Expense contribution from King County itself.

Benefits to the Community

- Excellent, internationally recognized, regional paramedic service with a 26-year history of providing paramedic care.
- Single medical direction with participation by four major hospitals in the area ensures patient continuity of care.
- King County assumes risk of any program cost overruns or liability exposure in lawsuits. Cities and fire districts have never been asked to support the program financially other than through the EMS levy paid by their citizens.
- Regional planning of new paramedic services occurs with fire department input.
- Response areas are based on service needs, not jurisdictional boundaries.
- Countywide participation in ALS activities directed by the EMS Strategic Plan.
- Administrative support from King County in areas of operations, human resources, risk management, safety, finance, telecommunications, legal and information services, research activities, community programs, and fleet service.
- Direct linkage to Public Health in areas of infectious disease, emerging diseases (SARS, West Nile Virus), and bio-terrorism.
- Regional approach to providing paramedic service by one provider results in economies of scale.
- Citizens may access a route of direct accountability to the King County Executive and King County Council for this regional service.

Drawbacks to the Community

- Current retirement system of paramedics as King County employees requires them to work to a greater age than is found in other paramedic programs in King County.

The Fire Service…

Benefits to the Fire Service

- Citizens in individual fire departments receive excellent paramedic service.
- No financial risk or additional cost to cities or fire districts.
- Regional, fact-based, decision-making regarding deployment of paramedic resources and location of new medic units.
- Regional staffing and unit locations make increased paramedic resources available to all fire departments.
- Systematic and uniform airborne and blood borne pathogens exposure direction, advice and follow-up from KCM1 administration.
- Promotes regional emphasis and standards of paramedic response, treatment, and patient transport in BLS training, emergency preparedness, MCI response and hospital relations.

Drawbacks to the Fire Service

- Differences in salary, benefits, and retirement do not encourage recruitment of firefighters to become paramedics in the KCM1 program. This may impact operations and patient care.
- Fire departments may feel that paramedics are outside their chain of command and control.
- KCM1 paramedics are not available for fire operations and fire combat, and daily staffing does not apply to tactical fire staffing requirements.
- KCM1 paramedic program does not have access to some state and federal grants available to fire departments.

King County Medic One Paramedics…

Benefits to Paramedics

- Single agency employment.
- Single medical program direction and oversight.
- Employment in an established program with it's own organizational identity and history.
- KCM1 recruits very widely and hires individuals whose primary commitment is the provision of excellent paramedic service.

Drawbacks to Paramedics

- Current retirement system of paramedics as King County employees requires them to work to a greater age than is found in other paramedic programs in King County.
- More limited opportunities for career advancement or lateral transfer than in the fire service.

Countywide Regional EMS System…

Benefits to Regional EMS System

- Established provider with long history of excellent service.
- Policies consistent with EMS Strategic Plan.
- Consistent, single medical control.
- Contributes a unique and valuable perspective in the EMS Division management of the EMS system.

Drawbacks to Regional EMS System

- None noted.