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**Appendix D:  
Narrative – Dual Fire  
Service Provider  
Alternative**

## **Narrative: Dual Fire Service Provider Alternative**

### **1. Names of the proposed lead agencies:**

Kent Fire Department and Federal Way Fire Department are well established and respected agencies that have been responding to fire and EMS emergencies for many years. Their primary business is "emergency operations" and as such, they are confident that the inclusion of an ALS program is a perfect fit for their agencies. It is clear that the delivery of ALS by fire departments in King County is successful when you consider that Seattle, Bellevue, Shoreline, Redmond and Vashon [new King County provider in 2003] provide ALS responses to all areas other than south King County. Aside from fire and EMS, these two agencies currently provide regional emergent responses to high and low angle rescue and haz-mat to Zone 3, which includes all of south King County. Both fire departments provide fire prevention activities and public education efforts to their communities. Kent serves approximately 160,000 citizens within 58 square miles and averages approximately 13,000 responses per year. Federal Way serves approximately 120,000 citizens in approximately 32 square miles and is averaging approximately 11,000 responses per year.

### **2. List the medic units that will be managed by the lead agency.**

#### **Kent Fire:**

- Medic 5
- Medic 7
- Medic 11
- Medic 12

#### **Federal Way Fire:**

- Medic 4
- Medic 6
- Medic 8

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

Medic units from the two lead agencies will cover all of south King County, also known as Fire Zone 3. Both agencies will operate their medic units based on the King County Agency Services Contract-Emergency Medical Services. It is also important to note that there is only one primary dispatch agency in Zone 3, with the exception of the Port of Seattle and Enumclaw Fire. Combining the dispatch centers has allowed the Zone 3 departments to respond automatically to mutual aid responses in their neighboring department's jurisdictions. There will not be unilateral changes to paramedic response areas within Zone 3 with the two provider model. The following table includes a list of the agencies within Zone 3 that are a part of the ALS dual provider service area:

#### **Kent Fire and Federal Way Fire**

- |                                      |   |
|--------------------------------------|---|
| • Renton Fire                        | • Auburn Fire                             |
| • K.C.F.D. #20 Skyway                | • Tukwila Fire                            |
| • K.C.F.D. #40                       | • North Highline Fire                     |
| • Maple Valley Fire and Life Safety  | • Burien Fire                             |
| • K.C.F.D. #47                       | • Des Moines Fire                         |
| • Mountain View Fire and Life Safety | • SeaTac Fire                             |
| • Black Diamond Fire Department      | • Port of Seattle (contracts for service) |
| • Enumclaw Fire Department           | • Pacific Fire                            |

#### **4. List other departments/districts participating as partners.**

Kent and Federal Way explored a formal partnership to administer paramedic services. A similar legal entity [Joint Powers Agreement] is currently in existence within south King County called Valley Communications and was formed pursuant to RCW 39.34. It was determined that the legal entity formed by a joint powers agreement would not be a fire department. As such, it would not necessarily improve any of the parameters that are listed in the ALS Stakeholders Survey Results question 6, such as better training, working closer with firefighter EMTs, greater career opportunities, earlier retirement, etc. Forming a separate legal entity to operate a paramedic program is much like the "current model" and in some ways would create administrative redundancies and inefficiencies.

#### **5. Describe the proposed form of governance, if more than one fire department/service is involved. How will policy decisions be made? Who will participate in them? What will be the role(s) of participating agencies (e.g. advising or governing)? What types of policy questions will be addressed?**

##### **Governance vs. Advisory**

Kent and Federal Way have participated in some initial discussions with other Zone 3 fire departments regarding governance. Clearly, more work needs to be accomplished to define the relationship between the lead agencies and the other fire jurisdictions within south King County. Kent and Federal Way have explored and are open to two basic approaches:

- A governance model, which implies that participants make policy decisions and share in funding any short-falls from the levy allocations.
- An advisory model in which participants provide input to the lead agencies but do not have any authority for policy setting or responsibility for cost-sharing.

A core principle of this dual provider description is that regardless of the selected structure, there will only be one board created to assist with providing paramedic service in Zone 3.

##### **ALS System Requirements**

The ALS program in King County is defined, explained, changed and funded by a regional consensus process between the stakeholders in the system. Cities in excess of 50,000 agree to place a levy on the ballot that funds the ALS program at 100%, receiving 62% of the levy funds. Basic life support (BLS) is provided by fire departments throughout King County and they receive approximately 25% of the levy revenues to enhance the BLS response. System oversight is coordinated through King County Emergency Medical Services (KCEMS), which is also funded by the levy, receiving 10% of the levy revenue. The provision of ALS in King County is outlined in a contract between the County and the ALS providers. Medical direction is provided via RCW by the King County Medical Program Director (MPD). A contract with the employees will also define the wages, working conditions and hours of work. Each agency has a published set of inter-departmental Standard Operating Procedures.

Decisions regarding ALS operations are made in cooperation with KCEMS. Placement of units, ALS standards, budgets, additional service, etc. can be discussed by an advisory board and then recommendations regarding changes can be forwarded to KCEMS for consideration and review. If changes are made to ALS operations, they must be done in a way that all system partners have input.

## **What are the Common Issues?**

Regardless of how an ALS program is administered, there are a number of common lead agency and regional considerations. Below is a sample [subject to change] of ALS program administrative issues, subject to existing rules and regulations that should be considered separately or in conjunction with the lead agencies and regional partners. (Kent and Federal Way would like to acknowledge that the following table is modeled from a "governance" plan that Redmond Fire Chief John Ryan presented at our November 13th Feasibility Study meeting):

### **Budget**

- Core ALS budget/funding allocation from EMS Levy (includes budget formulation and budget adoption)
- Additional Consortium budget for cost-sharing or ALS program enhancements (includes budget formulation and budget adoption)
- Policies for expenditures and revenue sources
- Recommendation of financial commitments to elected bodies
- Budget implementation
- Cost-sharing implementation
- Cost-sharing enforcement

### **Periodic Program Status Reports**

- Budget Reports
- Operational Reports
- Performance Indicators
- Exception Reports

### **Labor Contract**

- Negotiations
- Administration

### **Operating Policies and Procedures**

- Establish mission, goals, and guiding principles
- Operating policies and procedures
- Training
- Implementation of policies and procedures
- Recommended unit growth
- Vehicle replacement

### **HR/Personnel Operations**

- Hiring of paramedics
- Development of selection process
- Adoption of hiring process
- Promotions

### **Management of Consortium Process (including dispute resolution)**

- Planning and continuation of the Consortium
- Contingency short and long-term planning
- Emergency and disaster planning
- Plan adoption

## Option #1:

This option establishes an Administrative Board and Operations Board similar to that which already exists in Zone 3 through Valley Communications. This option could work as a governance or advisory model depending on the input from the involved jurisdictions. The proposed option could look like this:

**Administrative Board:** This board would be comprised of the Fire Chiefs from the two lead agencies and other partners to be determined. The current Valley Comm Board is made up of representatives of the "owner" cities who provide policy direction and capital reserves for improvements.

Their responsibilities would include [subject to change based on agreed to parameters]:

- Providing input to the lead agencies on issues such as the economics of running the program, future enhancements, policy matters, and the QA mechanism.
- Contemplating options, should ALS revenues fall short of projected costs of running the program.

### **Operations Board:**

**Kent Fire - Lead Agency**

**Federal Way Fire - Lead Agency**

**Auburn Fire**

**Renton Fire**

**Tukwila Fire**

**Burien/District #2**

**Des Moines/District #26**

**Port of Seattle Fire**

**Skyway/District #20**

**SeaTac Fire**

**North Highline Fire**

**Mountain View/District #44**

**Maple Valley/District #43**

**Black Diamond Fire**

**District #40**

**Enumclaw Fire**

**Palmer/Selleck/District #47**

**Pacific Fire**

Their responsibilities would include [but are not limited to]:

- Monitoring response times throughout Zone 3.
- Making recommendations to the Operations Board on operational enhancements (i.e. Medic unit locations, etc.)
- Providing and receiving input via the QA mechanism.

## Option #2

### **Governance Board Structure**

The Policy/Governing Board will make policy decisions, which are not governed by the King County ALS contract and will be consulted by the lead agencies on any significant operational issues. Firefighters of the member agencies will be eligible to apply for vacant paramedic positions.

If the majority of area fire departments participate, this Policy/Governing Board could be based on, or an expansion of, the role of the Zone 3 chiefs, which currently meet as a group and decision making body on a regular basis.



Policy areas, which would be under the Policy/Governing Board's purview, would include:

### **Budget**

- Allocation of EMS/ALS levy funds
- Additional budget for cost-sharing or ALS program enhancements
- Recommendation of financial commitments to elected bodies
- Cost-sharing implementation
- Cost-sharing enforcement

### **Service Delivery**

- Monitoring of agreed to performance indicators
- Recommended unit growth to regional ALS partners

### **Labor**

- Changes to the paramedic labor contract, which would affect other locals or have significant implications on the allocation of EMS/ALS levy funds
- Paramedic selection process

### **Planning and Policies**

- Mission, goals, and guiding principles
- Planning and continuation of the Consortium
- Short and long-term contingency planning
- Emergency and Disaster planning
- Dispute resolution

### **Option #3 Advisory Board**

An advisory board whose responsibility would be to provide input to Kent and Federal Way could be implemented using the Zone 3 Operations meetings as the venue for meetings. By using this "Zone 3 type" approach, the opportunities for stakeholder input will be greater than the "current model" and will meet the needs of our partners in delivering ALS to south King County.

### **New QA Mechanism**

In addition to the Advisory Board, both Kent and Federal Way propose to enter into a quality assurance (QA) program with all south King County user agencies of ALS service. This QA mechanism would review aggregate data [to be determined later] from the ALS and BLS programs operations and sentinel cases, in an attempt to improve the level of interaction between the paramedics, firefighter EMTs, hospitals and dispatchers. The participants at this proposed quarterly meeting could be physicians from surrounding hospitals and representatives from MPD, BLS and ALS, dispatch, and KCEMS. Data from this QA program could be provided to the national dataset, which would open up potential funding through the Fire Act Grant. The goal would be to improve the level of patient care at both the BLS and ALS level.

## 6. How does the alternative fit the EMS Strategic Plan?

### Strategic Plan 2002 Update

The two provider proposal meets the intent of the 1998-2003 EMS Strategic Plan. In the 2002 plan update it says, "Two cities (Cities of Kent and Federal Way) in south King County have expressed interest in discussing with King County and other south King County cities and fire protection districts the feasibility of delivering paramedic (ALS) services by means of a consortium of south King County BLS provider agencies".

### Close Association in Zone 3

In essence, Zone 3 operates like a consortium. Decisions are made by Chiefs of the Zone 3 departments that enhance operational efficiencies. An example of this consortium type working relationship is that departments currently respond automatically to mutual aid into each other's response areas. Other examples to reinforce this close association are the combined response to Haz Mat events or the Zone 3 training officers working together to conduct Zone wide training exercises. With the combining of dispatch centers to one primary provider, the ability of the Zone 3 departments to communicate, to more logically respond to emergencies, to achieve efficiencies in operation, and to work more closely together has improved exponentially.

While two agencies will assume the duties of the "Lead Agency," the recommendations regarding the ALS system will, for all intents and purposes, be from a single source - the Zone 3 ALS Advisory Board.

## 7. Describe changes, if any, in paramedic staffing levels and shift organization that are expected.

Each lead agency is using 4.5 FTEs per shift paramedic position to make their pro-forma projections. Each of the agencies is also factoring the inclusion of 4 MSOs and the balance of the Administrative Staff positions that are now employed by KCM1.

Shift and Hour Comparison	Current Model	Kent	Federal Way
<i>24-hour shift schedule</i>	Four Platoon	Three Platoon	Three Platoon
24-hour shift Paramedics (represented)	2496	2632	2496
24-hour shift MSOs (represented)	2496	2632	2496
<i>40-hour shift schedule</i>	5 day/wk	5 or 4 day/wk	5 or 4 day/wk
40-hour staff MSOs (represented)	2080	2080	2080
40-hour Administrative Assistants (?)	2080	2080	2080
Paramedic and MSO FTEs	68 (MSA included)	40	31

Both lead agency suppression staffs work a three platoon "Modified Detroit 56" 24 hour shift schedule. At Federal Way, the 24-hour shift suppression crew works 24-hours on, 24-off, 24-on, 24-off, 24-on and then four days off. Per our contract, each 24-hour employee is assigned a 24-hour shift off for each 6 shifts worked which equals = 17.38 (24-hour) shifts off per year (exclusive of overtime.) This cycle is repeated ad Infinitum.



At Kent, the 24-hour shift suppression crew works 24-hours on, 24-off, 24-on, 24-off, 24-on and then four days off. Per our contract, each 24-hour employee is assigned a 24-hour shift off for each 9 shifts worked, which equals 12 (24-hour) shifts off per year (exclusive of overtime.) This cycle is repeated ad Infinitum.

A significant change in the amount of overtime will occur because fire departments have a 7(K) exemption from the Fair Labor Standards Act. This exemption allows fire personnel to work a 53 hour work week before they receive overtime compensations. Currently, King County is not exempt from FLSA compensation. The impacts of the 7(K) exemption will be illustrated in the pro-forma attachment.

## **8. Describe the proposed command and administrative structure.**

Kent and Federal Way have strong leadership structures in place. The command structure follows on the following page.

At Federal Way Fire, the administrative structure includes a Chief/Administrator, a Deputy Chief, four Assistant Chiefs, and three Battalion Chiefs. Paramedics would report to shift MSOs. The MSOs would report to an existing Assistant Chief of EMS, who is a former paramedic and who would provide administrative oversight and management. One day shift MSO will report to the AC/EMS.

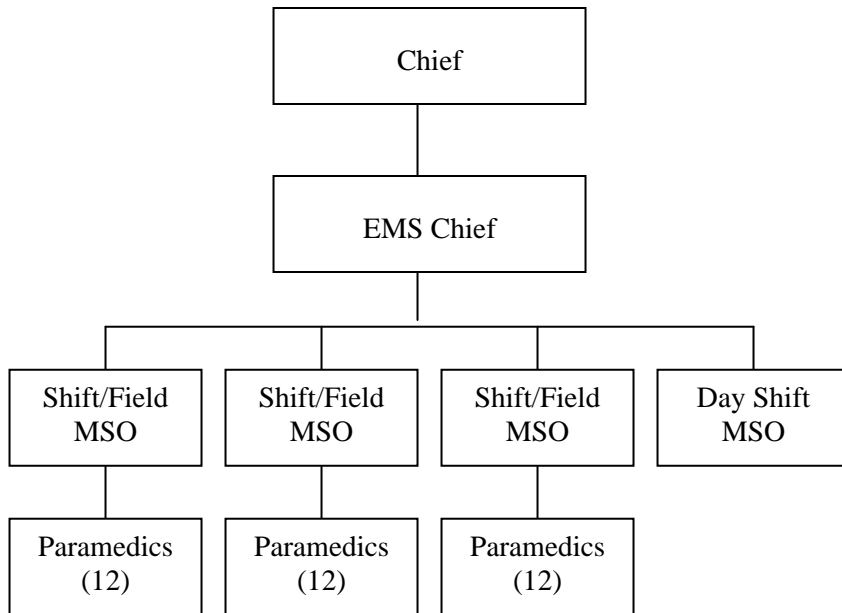
At Kent Fire, the administrative structure includes a Chief, two Assistant Chiefs, and eight Battalion Chiefs. Paramedics would report to shift MSOs. The MSOs would report to an existing Chief of EMS who would provide administrative oversight and management. In addition, one day shift MSO will report to the EMS Chief who holds the rank of Battalion Chief. A concern of Labor is that the EMS Chief position is not a paramedic. Paramedics believe that management of the program by a paramedic is desirable because there would be a greater understanding of the program requirements and challenges, as well as, paramedic activities.

In both agencies, the Program Medical Director will be responsible to determine the medical proficiency of the paramedics and if necessary, make recommendations to the EMS Chief regarding program or individual improvement plans.

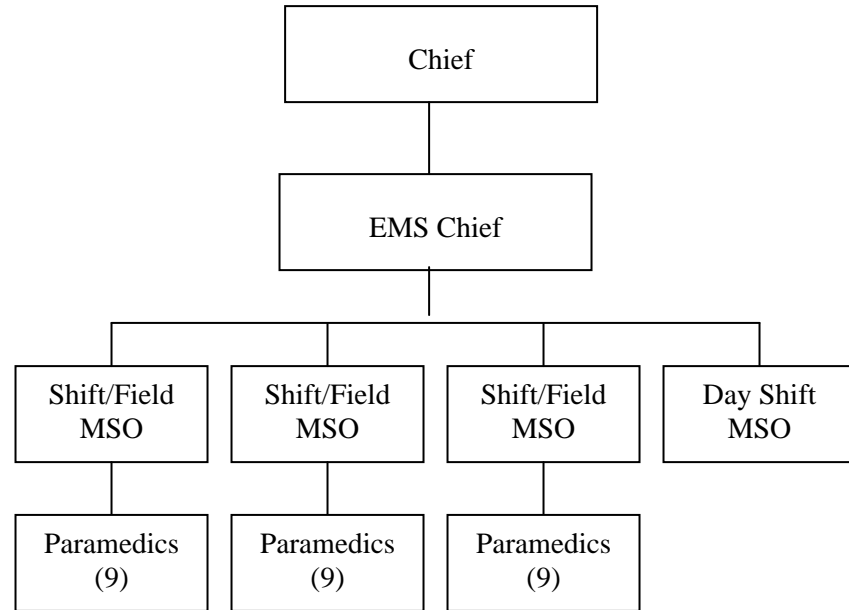
In initial discussions, both Kent and Federal Way lean toward the establishment of a separate EMS Battalion similar to the way that Seattle Medic One operates their ALS program.

## Dual Fire Service Provider Alternative

### Kent Fire Department:



### Federal Way Fire Department:



**9. Describe the plan for continuing education and training for the paramedics. Highlight changes, if any, from the current.**

We do not anticipate any significant changes to the training plan. The training model for each of the "regional ALS providers is unique." Training requirements are mandated by our Medical Program Director (MPD), who in turn works with Paramedic Training at Harborview Medical Center to provide the skills and didactic training that is necessary to maintain proficiency as a paramedic. We will meet or exceed the level of training that is required by the MPD.

Both dual provider lead agencies will explore the possibility of allotting the paramedics 50 hours of premium pay to attend the classes that are necessary for their certification.

Currently, the paramedic program in south King County uses a program called Grand Rounds Training. This is an effective model of training because it allows on-duty crews to go out of service for training while medic units staffed with overtime paramedics, if necessary, cover the primary medic unit service area. Because the geographical area served is so large, this is the only way to effectively get paramedics the training they need on new equipment, safety, etc. and still maintain an adequate response time to patients.

One area that can be improved is the integration of paramedics into our Zone and departmental training.

A transition issue related to training is the transition of paramedics to paramedic/firefighter positions. Within certain parameters to be negotiated, current paramedics will be trained from awareness to the Firefighter I level. All new paramedics will need to be trained to at least the Firefighter I level. The specifics of this process would be negotiated as part of transition.

**10. Describe how medical direction will be provided. Highlight changes, if any, from the current.**

The King County MPD sets the standard of care for our paramedics and community pursuant to RCW 18.71. The county's MPD then delegates his authority to a local program medical director (PMD) who in turn, "provides medical oversight for all aspects" (Current Model 6) of program medical competency. The MPD also chairs a county-wide Medical Directors Committee that is comprised of all the PMDs who provide medical oversight to the individual ALS programs. This committee discusses regional ALS and BLS issues in an attempt to assist the MPD with recommendations and guidance in the provision of EMS care in King County.

The goal of the dual providers in this system is to adhere to and strengthen the medical direction that is standard in our county. This will ensure that medical direction and regional service is maintained consistently throughout all of Zone 3 and the rest of King County.

Both Kent and Federal Way understand the importance of the PMD and they will work together to provide one central point of medical delegation for both programs. They will continue the activity of meeting with representatives from all of the hospitals within the service area and HMC on a regular basis to keep the medical communities relationship with the ALS providers healthy, communicative, and positive.

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

Services in addition to those contracted for through the King County ALS contract will be limited to those that can be provided within the unit allocation or for which additional reimbursement can be obtained. These services, including special events, will be evaluated on a case-by-case basis and may include extra training opportunities with our regional partners, and/or contractual relationships to provide special event coverage.

Each agency will fund specially assigned units through the ALS levy allocation, which will be used as needed during times of inclement weather and natural or manmade disasters which affect travel routes and response times.

Sharing the potential budget shortfalls and ALS program risks throughout this levy period and beyond is the single most significant factor in support of the two provider model in south King County.

Supervision of services will be enhanced, however, as there would be two 24-hour shift MSOs on duty in south King County at all times, as a result of the two provider model.

**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.**

Both agencies have adequate reserves for their current operations. Neither provider has the strength of a regional fund source, however, like King County does to support the paramedic program "above the levy allocation."

The current EMS levy expires in 2007. At that time, our region must agree, especially cities in excess of 50,000 in population, to place another region wide EMS levy on the ballot. Kent and Federal Way are currently two of six cities [Federal Way, Kent, Shoreline, Renton, Bellevue and Seattle] that must agree on a countywide EMS levy. With more cities reaching the 50K population threshold, it will make the EMS levy planning and approval process more complex and the efforts to educate and align the cities' electeds more important than ever. As in previous levy efforts, KCEMS will coordinate a strategic planning process that includes all KCEMS agencies with the goal being the continuation of the current King County regional levy. This planning process also is used to establish the amount of money that needs to be collected to operate the system for six years.

Long term planning includes determining sufficient funding levels for ALS, BLS and Regional services; consideration being given to increasing the 6 year levy to either a 10 year or permanent levy; as well as considering additional services in areas where long response times are creating concerns. The permanent levy option was the one most desired by those who responded to the ALS Stakeholder Survey.

The long-term financial plan of Kent and Federal Way includes the ongoing ability to fund ALS via the King County EMS levy.

**13. Describe the expected benefits and drawbacks, as a result of this change in provider to:**

**The community...**

**Benefits**

- It maintains and has potential to enhance care to the patients in south King County through such things as the addition of paramedics to the fire department workforce and higher level of supervision.
- It provides paramedics the option of retiring at 53 years old instead of 65 (current model). The reduction on an aging workforce will take some years, but will eventually benefit both paramedics and citizens.
- Local connection. One of the problems with a large provider is that it is very difficult for employees to form a connection with their employer and the local communities.
- It will assist getting city electeds more in alignment via a governance or advisory role when it comes to approving the levy necessary for 100% of the program funding.
- It will allow the cities to be a "part of the system" and to develop a larger role and responsibility in the provision of paramedic services to their constituents and neighbors.
- It provides two stable providers.
- It reduces the reliance on King County's current expense fund.

**Drawbacks**

- We do not anticipate any change to the citizen/customer level.
- This is a change to the current system and may cause some confusion, especially in terms of levy support.

**Fire service in south King County...**

**Benefits**

- Skilled fire fighter EMTs will be able to participate as paramedics in south King County. Mechanisms can be designed to allow for multiple agencies to participate with Lead Agencies to fill paramedic positions.
- Paramedics who choose to transfer out of the paramedic position will bring their PM skills to the basic life support engine or aid car.
- Paramedics can participate in a QA program that includes reviewing BLS responses, getting feedback for BLS crews on patients, etc.
- Improved marketing of paramedic services to our communities, which assists with citizen approval.
- Ability to utilize firefighter paramedics in multiple FD roles such as rehab at fires and haz mat scenes.
- There will be increased communication between paramedics and EMTs. Patient chart review, outcomes, treatment plans and care decisions can be discussed within a QA program that will stimulate an increase in EMT and paramedic skill.

## **Drawbacks**

- Both providers must explore the issue of providing automatic mutual aid to our partners. If there is a problem in this area, it will be relatively easy to resolve with existing agreements in other parts of the state.
- During transition, there may be some short-term cultural clashes as two types of agencies are combined. The changes will be greatest for the paramedics who will be changing culture, command structure, employer etc.

## **Paramedics in south King County...**

### **Benefits**

- Moving to a fire service agency can be a significant benefit to the paramedics, as many will be able to move from PERS to the LEOFF pension system with the potential of buying back service credit time. This alone will allow paramedics the opportunity, should they capitalize on it, to retire at age 50 or 53 under the LEOFF 2 system, as opposed to age 65 under the PERS system.
- Additionally, paramedics will be under the management of a fire service with a streamlined decision making process, unlike King County which has many areas of management and oversight to coordinate.
- The fire service model offers paramedics new career track opportunities without compromising their paramedic status.

### **Drawbacks**

- From Labor's perspective, a dual provider model is not desirable because it has the potential of dividing crews and 'teams' up which may make it harder to maintain skill levels if they are more frequently assigned to low call volume units and makes it harder for the agency to fill unanticipated vacancies.
- Kent and Federal Way appreciate that any change to the current model will present employers and paramedics with challenges. Wages, hours and working conditions are a concern for paramedics and administrations and they must be resolved through proper negotiations. Other important issues like medical culture, skills maintenance, and medical control are important too and issues surrounding them must be discussed and resolved. The success of any change in the ALS system will rely on all parties working cooperatively to achieve common goals.
- From Labor's perspective, the 3-platoon shift in both the single and the dual fire service provider alternatives is a significant drawback. It will result in crews working together less than they do on a four-platoon schedule because of "K days," which will affect their ability to work well as a team, and make training more difficult. It can also lead to more medics being on than needed to staff units, on given days, which will result in a reduction of patient contact and skills.

## **The overall King County regional system (including regional services)...**

### **Benefits**

- There should be no discernable change in the provision of regional ALS services in south King County. Kent and Federal Way are committed to maintaining a high level of regional service throughout the Zone 3 region, and with our regional partners.
- Kent and Federal Way will operate as partners in the regional system and as such, the electeds within those jurisdictions will be kept well informed. With this increased awareness, both cities will be able to make educated, timely decisions about the EMS levy.
- The fire service and cities have funding options that King County cannot provide. They also have the flexibility in applying more area specific funding to meet the needs of EMS care. In the long run, this ability may be important to secure funding for EMS within the region.
- The dual provider model helps minimize the impact on many areas of the existing fire department organizations. This is best illustrated by using the example of training. The coordination, delivery and documentation of training is an important and time consuming endeavor. In addition to the annual requirement of continuing medical education, medics must have a basic level of firefighter training to meet the intent of the LEOFF 2 retirement system. The dual provider option accomplishes these training goals, while minimizing the impact on the medics, the system, the overtime and the departments.
- With two providers, administering the ALS program in south King County would limit the risk and liability that one provider would incur if there was a budget shortfall or unforeseen funding shortage.
- All ALS providers in King County would be fire service agencies, which may simplify the coordination between regional partners.

### **Drawbacks**

None noted.