



**SOUTH KING COUNTY
MEDIC ONE
FEASIBILITY STUDY**

October 2004



SUBMITTED BY:

Strategic Learning Resources, Inc.
P.O. Box 903 • Langley, WA 98260
360.221.3401
www.strategiclearningresources.com

EXECUTIVE SUMMARY

Background

In 2001, King County made a commitment to the cities of Federal Way and Kent to explore the possibility of transferring the Advanced Life Support (ALS) services provided by King County Medic One (KCM1), to the fire service in south King County “by means of a consortium of south King County BLS provider agencies”¹. Early in 2003, the EMS Division of the Public Health Department and the Kent and Federal Way Fire Departments initiated a feasibility study to determine whether it is both feasible and desirable to transfer ALS to the fire service. All parties agreed that the current quality of care is excellent and therefore, any alternative to the current system needed to maintain or improve the current level of care, as well as, heighten the connection and support that jurisdictions in south King County have for the program. This philosophy was confirmed through a stakeholder survey of elected officials, fire service and medical community carried out at the beginning of the study.

A working group of leaders from EMS, King County Medic One, fire service and paramedic labor, Federal Way and Kent Fire Departments and other urban and rural fire departments in south King County was formed and the consulting firm of Strategic Learning Resources was retained to carry out the feasibility study. The study was carried out within the context of the political, economic, and medical environment of the regional and county-wide ALS program. This acknowledged that the actions of one provider affects other providers and communities, that the current medical model of service delivery will not be changed, and that the allocation of funds from the EMS levy and standards of care are set by King County based on the EMS Strategic Plan approved by the King County Council. (This context is described in more detail in Chapter 1.)

Alternatives

KCM1 provided the baseline against which other alternatives would be compared. (Chapter 2 describes the current system.) Three alternatives to the current system were developed and are described in detail in Chapter 3.

The first is an **Enhanced KCM1**, which is the same as the current system with the addition of a south King County EMS council, which provides for formal input into policy setting by local jurisdictions in south King County. The second is the **Dual Fire Service Provider**, which assigns four medic units to Kent and three units to Federal Way. The third is the **Single Fire Service Provider**, which assumes the transfer of ALS to either Federal Way or Kent, in the event that one of the departments chooses not to be a provider. The operational differences and similarities are highlighted in the table “Summary of Alternatives: Operational Overview” at the end of the Executive Summary.

In addition to the differences and similarities shown in the summary table, the following features are particularly salient when comparing the alternatives to each other:

¹ 2002 Strategic Plan Update of the 1998-2003 EMS Strategic Plan, p. 40.

- ◆ The fire service alternatives are essentially the same, having the same staffing, a single medical director, and similar command structures. Their primary differences are that the Dual Fire Service Provider alternative has slightly higher indirect costs and the Single Fire Service Provider alternative mandates a governance board, which shares risk through sharing both decision making authority and cost over-runs.
- ◆ The fire service alternatives enable paramedics, who wish to, to move from the PERS retirement system to the LEOFF system, thereby being able to retire at the age of 53 with full benefits. This comes at a cost and pension portability for all medics is estimated to be more than \$2.1 million.
- ◆ The Dual Fire Service Provider alternative would need to be approved by the Central Region EMS and Trauma Care Council because it adds a provider to the regional system.

There are significant financial differences between the fire service alternatives and the current-enhanced system. The highlights of these are summarized in the table “Summary of Alternatives: Financial Overview”, also at the end of the Executive Summary. Of particular importance are:

- ◆ Differences in salary and benefits, which are higher in aggregate for the current-enhanced program than in the proposed fire service alternatives, though the fire service staffing is higher.
- ◆ The allocation of indirect costs, which are dramatically lower in the fire service alternatives.

In addition, a transfer of the program to the Fire Service would require between \$1.6 - \$2.1 million to pay for transition costs such as the payout of vacation and sick leave to paramedics, training of new medics, and training of medics to be firefighters.

An underlying financial assumption for both fire service alternatives is that all cash, reserves, and KCM1 capital equipment and vehicles funded by the EMS levy would be transferred from King County to the new providers.

Evaluation

The work group evaluated the alternatives using a set of twelve criteria, which focused on:

- financial implications
- governance
- management
- political support
- service delivery
- labor
- transition

The evaluation revealed that there were few areas of strong consensus about the alternatives. These were that:

- ◆ The Single Fire Service Provider alternative and the Current-Enhanced KCM1 alternative are congruent with the EMS strategic plan, as they do not increase the number of ALS providers in the County.
- ◆ All three alternatives offer improvement over the current program in respect to offering greater opportunities for input and participation by local communities and departments in setting the direction for ALS.
- ◆ The Dual and Single Fire Service Provider alternatives provide a better retirement system in LEOFF, over the long term.

At the close of the study, the Kent and Federal Way Fire Departments concluded that it is financially feasible for the Departments to support the ALS program within the current EMS levy allocation. They are supportive of the Dual Fire Service Provider model, as it spreads the risk between the two departments, while still allowing them to provide a coordinated service through careful collaboration. They believe the transfer to the Fire Service is desirable in the long term because it will give the cities a greater stake in the success of the program, will benefit the paramedics and community by lowering the retirement age and can be run more efficiently by a fire department.

There was no clear support by other Fire Departments for the transition, with some believing it would be a positive action, and others that it is unnecessary or might even lessen their ability to influence the direction of the program.

The paramedic labor group, which began the process with a strong interest in transferring to a single fire service provider, ended the process believing that neither fire service alternative was in their interest because they would lose economically. They have had consistent concerns about the Dual Fire Service Provider alternative because of what they see as negative ramifications of dividing the service, but believed that a single provider would serve both the community and the labor group well. At the conclusion of the study, they are recommending that the ALS program stay with King County, though they would be willing to revisit that if core concerns could be addressed to everyone's satisfaction such as economic conditions, deployment strategies, and working conditions. The firefighter labor groups made a commitment to the paramedic labor group in the fall of 2003 to support the paramedics in whatever their assessment was of the fire service alternatives.

(A full description of the evaluation process and outcomes can be found in Chapter 4.)

***Consultant
Recommendations***

SLR offers some observations and conclusions about the feasibility study in Chapter 5. The major driver of the feasibility study was the ability of leadership in south King County, at the level of jurisdictions, to influence or control policy decisions related to ALS. The study demonstrated that Federal Way and Kent Fire Departments can operate the Advance Life Support services within their current organizations and with the current EMS allocation. It was less conclusive that it is desirable to do so at this point in time or that the support

exists to do so. Despite the level of effort invested in the study by the participants, there remain unanswered questions and a lack of consensus.

The lack of a consensus does not mean that the question of transitioning the ALS program to the Fire Services will necessarily 'go away'. An understanding needs to be established, therefore, about how decisions will be made about the program that are based on the best interests of the community and the ALS program. Continuing ambiguity is a serious and understandable concern to the paramedics, and having a clear basis for a potential future decision to transition the program to the fire departments is important. Therefore, SLR recommends that:

1. KCM1 remain with King County, unless the reasons to make a transition to the Fire Departments gain greater support and become more compelling.
2. The EMS Division immediately implement the south King County EMS council, as described in the enhanced KCM1 proposal, to better involve all communities in south King County in the policy and operational issues of ALS. Considerable attention should be given to the needs of larger cities to assure that they understand the benefits of the ALS program for their communities and support the EMS levy.
3. The EMS council assess, after 12-18 months of operation, whether:
 - Communication between the ALS program and south King County elected officials has improved and there is confidence that input and feedback to the program from south King County communities is leading to action.
 - Response times and other operational areas that may be of current concern are being addressed.
 - Likely new possibilities are being sought and considered to resolve the retirement age issues for paramedics.

If communication has improved, and operational issues and retirement possibilities are being addressed, the question of transition should be put to rest and the Program should remain with King County. If these areas have not been addressed, the issue should be revisited by the EMS council, with the understanding that a transition would need to occur by 2008 to assure pension portability for paramedics.

SUMMARY OF ALTERNATIVES: OPERATIONAL OVERVIEW

	KCM1 Enhanced	Dual Fire Service Provider Kent and Federal Way	Single Fire Service Provider: Either Kent or Federal Way
Number of Paramedic Units	7	Kent - 4 Federal Way - 3	7
Unit Locations and Facilities	Same as current	Same as current Close KCM1 Headquarters	Same as current Close KCM1 Headquarters
Paramedic Staffing (IAFF 2595)	4 platoons 60 medics FLSA overtime 8.7 FTEs per Medic Unit	3 platoons Kent – 36 medics Federal Way – 27 medics, No FLSA overtime 9.0 FTEs per Medic Unit	3 platoons 63 medics No FLSA overtime 9.0 FTEs per Medic Unit
Command Structure and Supervision	Medical Services Administrator 4 field Medical Services Officers (MSOs), 3 administrative MSO's Model provides for 1 field MSO on duty at all times 8 total supervisory FTEs	Kent MSO's report to EMS Battalion Chief 3 field MSOs 1 administrative MSO Federal Way MSO's report to Assistant Chief for EMS 3 field MSOs 1 administrative MSO Model provides for 2 field MSO's on duty at all times 10 total supervisory FTEs	MSOs report to EMS Chief 6 field MSOs 2 administrative MSOs Model provides for 2 field MSO's on duty at all times 9 total supervisory FTEs
KCM1 Admin Staff (Local 17)	Same as current: 3 technical and clerical support staff	Integrates current administrative support positions into Fire Departments	Integrates current administrative support positions into Fire Department
Medical Direction	Same as current, single medical director	Both departments contract with same medical director	Same as current, single medical director
Governance	Advisory committee structure in the form of south King County EMS council	<i>Option 1:</i> Valley Communications model, either advisory or policy board <i>Option 2:</i> Policy/Governance Board, cost-sharing <i>Option 3:</i> Advisory Board, no cost-sharing	Policy/governance board with cost-sharing

**SUMMARY OF ALTERNATIVES: FINANCIAL OVERVIEW
2005-2007**

	KCM1 Enhanced	Dual Fire Service Provider Kent and Federal Way	Single Fire Service Provider: Either Kent or Federal Way
Funding Sources	EMS levy allocation, \$375,000 annual King County CX contribution, Reimbursed contracts	EMS levy allocation, No Kent or Federal Way funds assumed, Reimbursed contracts	EMS levy allocation, No Kent or Federal Way funds assumed, Reimbursed contracts
Salaries & Benefits 2005-2007	\$25,821,165	\$24,863,296	\$24,863,296
Paramedic Student Costs-Replacement & Expansion	\$286,522 (no expansion needed)	\$538,886 (expands certified paramedic pool by 2)	\$538,886 (expands certified paramedic pool by 2)
Facility Costs	\$466,566	\$188,810 (eliminates KCM1 headquarter lease)	\$188,810 (eliminates KCM1 headquarter lease)
Indirect Costs	\$1,441,933 \$68,663 per unit per year	\$245,726 \$11,701 per unit per year	\$122,863 \$5,850 per unit per year
Net Revenues	(\$587,364)	\$155,035	\$328,611
	[Note: In actuality, this negative balance is compensated for by a reserve banked from earlier years in the levy period when revenues exceeded expenses, and the program will end 2007 with a positive balance of \$102,407.]	[Note: Any cash reserves available at the time of a transition would be transferred from King County to the Fire Service provider(s), increasing the net revenues.]	
Transition Costs	None	\$1.6 - \$2.1 million requested from King County but assumed to be negotiable	\$1.6 - \$2.1 million requested from King County but assumed to be negotiable