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INTRODUCTION

The following gives a little history about the feasibility study and describes the study process. It also gives some guidance to the reader of this report, as to how the report is organized.

History

King County Medic One has provided advanced life support services (ALS) to the citizens of south King County since 1979. Prior to that time, paramedic service was provided by three paramedic provider groups: Highline, Valley, and Auburn-Federal Way. Since 1979, the quality of service provided by King County Medic One has been acknowledged as being excellent and the working relationships between paramedics and EMT firefighters in the field has been collaborative and effective.

By 2001, however, the cities of Kent and Federal Way felt that their ability to provide input to and influence the level of service to their citizens was limited. To fully support the EMS levy (which was on the ballot), they needed a commitment to look at ways of providing ALS with more local control. In 2001, King County made a commitment to the cities to explore the possibility of transferring the ALS services provided by King County Medic One, 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 and Kent and Federal Way Fire Departments determined that the time was ripe to initiate a feasibility study. They engaged the consulting firm of Strategic Learning Resources (SLR) to facilitate the process and pulled together a group of stakeholders in ALS and south King County EMS to provide their expertise and perspectives during the study.

One of the very first steps was to determine which, if any, of the Fire Departments were interested in becoming an ALS provider. Both Kent and Federal Way expressed strong interest, as well as a commitment to not compete but rather to explore collaborative ways of providing the service. No other Department was ready to express that level of interest.

Purpose

The focus of the feasibility study became, therefore, to assess the feasibility and desirability of transferring ALS to Federal Way and/or Kent Fire Departments. A distinction was drawn between determining whether it **could** be transferred and whether it was a **good idea** to transfer it, because all parties were in agreement that the quality of care being provided to citizens of south King County was excellent. A clear recommendation to transfer the service would depend on being able to show that providing the service through the Fire Departments would not reduce the quality of care, and that it would improve financial or operational aspects of the service.

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

Study Process

From the start, it was important to involve any stakeholders with an interest in the issue, while not overwhelming the study with an extended process. What came to be called the "Core Group" was formed with thirteen members representing EMS, King County Medic One, the medical community, both fire service and paramedic labor, Federal Way and Kent Fire Departments and other urban and rural fire departments in Zone 3. The Core Group was expected to attend all meetings or send a substitute, and at key points in the process, were the decision makers. Other stakeholders also attended many of the meetings, acting as both advisors and observers. These routinely included Fire Commissioners, the Chief Administrative Officer of the Department of Public Health, chiefs of other ALS programs in the county, EMS Division operations and financial managers, and paramedic and fire labor.

In addition to the Core Group, which met almost monthly, there were sub-groups that formed to work on the detail of different alternatives, labor issues, and financial issues. These groups met as needed through the course of the year.

The feasibility study followed a set of steps, designed to fully inform the stakeholders of options and implications and to encourage objectivity in the assessment. These steps included:

1. A 'kick-off' meeting hosted by the County Executive and attended by a broad range of stakeholders.
2. An on-line survey sent to 169 elected officials, fire service chiefs, labor officers, and physicians in south King County to understand the broader community perspectives on the funding and delivery of ALS services. (79 responses were received.)
3. Consensus on a set of evaluation criteria to be used in assessing and comparing the different alternatives, as well as, consensus on a set of givens which needed to be present in each alternative. The development of the criteria early in the process was to guide the building of alternatives and to enable somewhat more objective evaluation at the end of the process.
4. The development of a set of templates to describe the operational and financial implications of different alternatives in a standard and comparable way. These templates were used by the EMS Division and the prospective provider agencies, Federal Way and Kent, to develop detailed descriptions of the different alternatives. The full involvement of the provider agencies in developing the alternatives assured that the alternatives met their requirements and that the fire agencies came to fully understand the implications of being an ALS provider.
5. A full presentation of the current system of ALS, as well as each of the alternatives to the work group, by the EMS Division and Kent and Federal Way Fire Departments.
6. A detailed assessment and comparison of the alternatives by the Core Group, using the evaluation criteria.

Report Organization

The first two chapters of this report, which give background about the regional ALS system and the current King County Medic One program, are designed to give a reader, who knows little about how ALS services are funded or delivered currently, the necessary context and background to be able to understand and evaluate the alternatives to the current system.

Readers who are familiar with the current system may wish to only read about the stakeholder survey in Chapter 2, and then focus on Chapters 3 through 5, which describe the alternatives to the current model, the evaluation of the alternatives and the conclusions, which can be drawn.

Readers who are a glutton for punishment can spend time with the Appendices, which provide the detailed information gathered throughout the process, from the on-line survey through the pro-forma estimates and financial assumptions.

The study process did not result in a consensus position or set of recommendations from the Core Group. Instead, participants agreed to disagree. To the degree that perspectives differed among key stakeholders, those differing opinions and assessments are described in the report.

CHAPTER 1
ENVIRONMENTAL CONTEXT OF THE FEASIBILITY STUDY

The feasibility study must be understood in the context of the political, economic and medical environment of ALS. The following gives a high level overview of the regional system for providing and funding ALS, the interest of suburban cities in the study and the interest of the paramedic labor group in the study. All of the issues had a constant presence during the study process.

Regional ALS System

Advanced Life Support (ALS) services are provided as part of an Emergency Medical Services (EMS) system that includes 911 response, dispatch, basic life support and ALS. In addition to King County Medic One, there are five fire-service based ALS providers: Seattle, Bellevue, Redmond, Shoreline and Vashon. All agencies providing Advanced Life Support Services in King County (outside the city of Seattle) do so under the auspices of a contract with King County and receive funding from the EMS levy through King County.[2] The EMS Division of the Public Health Department sets the standards for ALS providers, based on the policy directions set by the 2002 Strategic Plan update, which was adopted by the King County Council.[3] Policy related to ALS is also guided by the Central Region EMS and Trauma Care Plan, which incorporates the Strategic Plan and sets among other things, the minimum and maximum number of ALS providers in the region[4]. ALS providers act in concert with each other, recognizing that as a regional county-wide service, the actions of one provider affects other providers and communities.

The critical elements of the contractual standards, the Strategic Plan, and the practices of existing ALS providers to meet those provisions are described below. They draw a picture of the expectations for an ALS service in south King County and elsewhere in the county.

Paramedics

Each ALS unit in King County is staffed by two paramedics for a 24-hour shift (with the exception of one paramedic-EMT unit operated by Redmond). All paramedics are trained, certified, and re-certified by the University of Washington Paramedic Training Program at Harborview Medical Center. Training takes nine months and one class is trained each year, with each ALS provider sending students as needed. Typically, tuition is about $10,000 per student and is funded by the provider agency. The Fire Service providers select candidates from their firefighters, while King County has an open recruitment process, not limited to firefighters.

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[2] Obviously, King County does not contract with itself for King County Medic One services, but the County program adheres to the same set of standards as other ALS providers.

[3] The Plan was the work of two regional EMS task forces and is followed by all ALS providers.

[4] The EMS and Trauma Care Plan is updated biannually by the Central Region EMS and Trauma Care Council, which was established by the Washington EMS and Trauma Care System Act of 1990. The Plan is submitted to the Washington State Department of Health and establishes regional patient care guidelines and the number and level of designated trauma and rehabilitation centers, in addition to the number of ALS providers.

Medical Direction

Paramedics provide care under the clinical supervision of the Program Medical Director (PMD), who in turn reports to the King County Medical Director. Each agency contracts with an Emergency Physician to provide this medical direction and the paramedics operate under that physician's license. The Program Medical Director, therefore, has a substantial role in the oversight and directions of the ALS service, and if a paramedic is not performing at a clinical standard that the physician is satisfied with, he or she can be removed from the ALS service. The PMDs meet regularly and coordinate their activities to promote consistency across the County under the leadership of the County Medical Director.

Funding

ALS providers receive a set amount from the levy funds, based on the number of units they have. In 2004, each provider received $1,331,225 per unit. In addition, they receive funds for vehicle replacement on a predetermined basis. (These allocations are adjusted annually based on the forecasted CPI.) The number of units is determined by the EMS Strategic Plan and the contract between the provider agency and King County.

EMS Levy

The Emergency Medical Services (EMS) Levy is a six-year special dedicated levy, which began with an assessment of $.25 per $1000 of assessed property value in 2002 and will decrease to $.215 by 2007. Levy funds are used to fund all of ALS, a portion of the costs of basic life support services (provided by fire departments throughout the county), and regional support programs. The current levy expires in 2007. The levy is county-wide and requires voter approval every levy period. To be placed on the ballot, the levy requires the approval of the King County Council, as well as all cities with a population over 50,000. (These currently include Seattle, Bellevue, Federal Way, Shoreline, Renton and Kent.) Continuation of the regional ALS program, as we know it, is therefore dependent on the support of cities over 50,000 population, as well as the county.

Over the period of the levy, expenditures for ALS 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 the allowed 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 and 2007).

To minimize "cost shifting" to all ALS provider agencies, costs are 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 over the annual CPI adjustment. If new construction is more robust, there will be more funds available to meet unanticipated needs. A one-time

increase in the ALS allocation between now and 2007 is expected and described in the EMS Strategic Plan. The timing of that increase will depend on the cost demands experienced by all paramedic providers, as well as the availability of funds.

Growth of Suburban Cities

The King County Medic One program was established in 1979 when the County was asked to take over the program, which had been provided by three provider groups (Highline, Valley and Auburn-Federal Way). At that time, the cities and fire districts of south King County were not at a scale where they could effectively provide ALS services. In the 1990's, King County's population expanded rapidly and in a thriving economy, many communities incorporated in order to be able to manage their own communities and be less beholden to County government. The natural tension between city and county government, over regulation, tax revenue, provision of services, and setting of policies has grown and has been particularly visible in south King County.

This feasibility study is a reflection of the interest of suburban cities in having direct input and control over the provision of services to their residents and "having a system that is truly a south county system that would be responsive to all agencies in South County."[5]

Labor Concerns

The paramedic labor group, whose members provide advanced life support in the field, also came to the feasibility study with a strong interest in assessing a transition of the service to the fire service because of the retirement system under which they work. As county employees, they are part of Washington State's Public Employee Retirement System (PERS). Under this system, they cannot retire until age 65 (unless they are willing to take a reduced pension), an age at which it is difficult for many to meet the physical requirements of field work. Paramedics within the fire service work under another state retirement system for law enforcement and fire fighters (LEOFF) and are able to retire as early as age 53. The King County Medic One labor group has many members who have been with the program since its early years and retirement age is of increasing concern.

[5] Letter to the County Executive from the Mayor of the City of Kent, March 26, 2001 requesting a feasibility study.

CHAPTER 2
KING COUNTY MEDIC ONE: THE CURRENT SYSTEM

It is commonly agreed that the quality of care provided by King County Medic One is excellent. The current system provides the "baseline" to which to compare all other alternatives for providing ALS in south King County, and must be improved on to make it desirable to make substantial changes. A thorough understanding of the current system is, therefore, important to evaluating whether or not it is feasible and desirable to move the program to the Fire Service. This chapter has two parts: the first is a summary of the current program, and the second is a summary of the findings of a survey of stakeholders about the current program carried out at the beginning of the feasibility study. A complete description of the survey can be found in Appendix B and a detailed description of the current program can be found in Appendix C.

Current King County Medic One Program

Service Area

The seven paramedic units of King County Medic One (KCM1) respond to calls over a 700 square mile area starting south of Seattle and extending to Pierce County and east to Kittitas. In 2003, KCM1 responded to 11,627 calls. Each unit has a primary response area, but will travel out of their area to back up another medic unit if needed. The boundaries of KCM1 and the primary service areas of the seven units are shown in Figure 1, a map of south King County and the ALS units. It shows that units are housed locally in fire stations in SeaTac, Renton, Auburn, Kent, Federal Way and Enumclaw. The units are located strategically to minimize response times.

Facilities & Fleet

KCM1 rents space for units from the fire departments listed above and in addition, has a central administrative office in Kent. A fleet of 20 vehicles, including staff cars and medic units, are maintained.

The other facilities of importance to the ALS program are the five area hospitals to which patients are transported: Auburn Regional Medical Center, Highline Community Hospital, Valley Medical Center, Enumclaw Community Hospital, and St. Francis Hospital, as well as, Harborview Medical Center, which is the regional trauma center.

Figure 1: Map of King County Medic One ALS Units - 2004

INSERT MAP

Paramedic Staffing

Medic units are staffed with two paramedics working 24-hour shifts organized in 4 platoons[6], each with 15 paramedics. One additional medic is available to fill in for long-term vacancies due to such things as illness, on the job injury, and military duty.

Paramedics are scheduled to work 104 24-hour shifts each calendar year with year-in-advance scheduling of vacation days. This is accomplished through a 48-hour work week. 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. The paramedics come under the Fair Labor Standards Act (FLSA) and when they work a full 48 hours, they receive 40 hours at regular pay and 8 hours at 1.5 times regular pay. (If hours in excess of 40 hours are vacation or other leave, they are not eligible for FLSA.)

All paramedics, Medical Service Officers (MSOs), and Acting MSOs are represented by IAFF Local #2595.

Command & Administrative Structure

KCM1 has a command structure, not unlike that of fire departments, that is responsible for all operations and administrative functions. All command staff are currently certified, Harborview-trained paramedics who have different areas of supervisory responsibility.

The Medical Services Administrator (MSA) is the first in command and oversees the entire program, program policies, administration and planning, personnel, budget, and departmental relations.

A Medical Services Officer (MSO) for Operations is second in command and oversees all daily operations including overseeing fleet maintenance, inventory control, small equipment, special operations, and all telecommunications devices. Four shift MSOs, who act as field supervisors for each platoon, report to the MSO for Operations. A second 'day shift' MSO is in charge of paramedic training and education, recruitment, new hires and orientation, and paramedic recertification. A third day shift MSO oversees public relations, safety, employee health, dispatch, and emergency management issues. These supervisors are supported by 2.5 administrative staff. A fourth MSO position, funded by the EMS Division, is responsible for BLS training of EMTs county-wide.[7]

The Program Medical Director is also part of the command structure, having the primary responsibility and authority to provide medical oversight for all aspects of EMS. The Medical Director supervises one of the paramedic platoons and also supervises three other physicians, each of who supervises the other three

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[6] A platoon is all paramedics assigned to work a particular 24 hour shift rotation.

[7] This position is not included in the financial forecasts for the different alternatives, as it is not funded by the unit allocation from the EMS levy.

platoons. The physicians, including the Medical Director, are emergency physicians and on staff at Auburn, Highline, Valley and St. Francis hospitals. In total, therefore, the administrative staff is one MSA, seven MSOs, the Medical Director, and administrative support. An organizational chart and job descriptions for KCM1 paramedic and administrative positions are included in Appendix C. A detailed description of the role of the Medical Director can also be found there.

Funding

KCM1 is funded at the same level as other ALS providers through the EMS levy. In addition, King County contributes $375,000 in Current Expense Funds (CX funds) as called for in the EMS Strategic Plan, which is intended to close any gap between the actual operational cost and the funding allocation. The intent, as described by the Plan, is that "King County commits to an equitable financial contribution as incurred by the other ALS providers."

Services

While KCM1 does not have a formal contract to provide services as other ALS providers do, it conforms to the ALS standards, required services and operational principles of other ALS providers. It also provides services above those required by the basic contract, including staffing medic units for special events (such as the triennial Port of Seattle, Boeing Field aircraft incident exercises) and heavily attended public events (such as White River amphitheater and Pacific Raceways). A paramedic bike team has been established for use at events where motor vehicle access is difficult. As part of the EMS Division of Public Health, KCM1 has also participated in a number of local and national clinical studies related to trauma and cardiac arrest.

Governance

KCM1 is part of the EMS Division of the Public Health Department Seattle-King County. Through Public Health, the program is responsible to the King County Council and the King County Executive.

Operationally, KCM1 participates in nine different monthly regional meetings, of which three are specifically for south King County (Zone 3 Fire Chiefs, Valley Communications Board, and FD Z-3 Hazardous Materials Providers) and three quarterly regional meetings, and is therefore part of the coordinating bodies for setting EMS related policies for south County.

Fire agencies and dispatch are consulted by the EMS Division prior to major policy changes, such as the placement of new units, relocation of units, or change in response boundaries. There are no formal mechanisms, however, for local agencies or cities to influence policies or services.

KCM1 also participates in county-wide coordinating and policy bodies, along with other ALS providers, such as the EMS Advisory Committee, the EMS & Trauma Council, and Medical Director's meetings.

Fit with the EMS Strategic Plan

As a provider of paramedic services in King County from within the EMS Division, the KCM1 program 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 and implementation of the EMS Strategic Plan. This requires a detailed understanding of the issues, demands, and perspectives that are 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. An example of this in south King County is the work that KCM1 and the EMS Division did in assisting Valley Communications Center modify dispatch criteria to successfully manage the growth of paramedic calls.

Stakeholder Perspectives on Current Program

The Survey

In June 2003, SLR conducted an electronic survey of persons identified as stakeholders in the delivery of ALS services in south King County. These included elected officials, fire departments, labor, and the medical community. 169 stakeholders, with accessible email addresses, were identified and asked to respond to a web-based survey. A response rate of 47% was achieved.

The survey asked questions about:

- how the respondent would rate the quality of the current ALS service and what improvements they would like to see,
- reasons for transferring or not transferring ALS to the Fire Service,
- the type of involvement in ALS policy setting jurisdictions would like to have, and
- respondents' perspectives on the financing of EMS.

The detailed results of the survey are provided in Appendix B, but the highlights follow.

The survey was somewhat flawed in that it was implemented before there was clarity about who the lead agencies might be or how the fire service alternatives to the current system might be organized. In the responses to the open ended questions, it is clear that stakeholders had different assumptions and concepts in mind, and therefore they may have answered some questions with different understandings. The open ended survey questions also reveal that some stakeholders, in particular elected officials who are at least one step removed from the program, are not well informed about EMS in general or ALS in specific.

Nevertheless, the survey gave the study group a good picture of the different perspectives of interested parties including fire commissioners, city council people, mayors, fire chiefs and medical directors at the beginning of the study.

Quality of Service When asked to rate the quality of service by the current ALS program, 86% said it was good or excellent. Almost half, however, had suggestions for improvements. (See Appendix B for the detail.) The major concerns were the hours of coverage in southeast King County[8] and response times.

Funding Preferences Stakeholders were asked about their funding preferences, assuming King County was the ALS provider, and assuming that a Fire Service was the provider. There was no significant difference in those responses, but there was a clear preference, irrespective of who the provider is, for abandoning the current approach of a voter approved levy and the development of a permanent levy or some other approach to permanent public funding of the service.

Reasons for Transferring ALS Respondents were offered statements, which could be reasons for transferring ALS to the Fire Service. There were very few clear patterns of responses with the exception that stakeholders agreed that it would result in EMTs having better training and providing better quality care by working more closely with paramedics than they do now, and that both paramedics and firefighters would have a greater range of career opportunities. The survey also tried to ascertain how important the individual issues were, but most respondents did not answer that part of the question.

Some elected officials indicated that they thought that local governments would be more likely to support the EMS levy if ALS was provided by a local Fire Department, rather than the County, and others felt that a transfer would result in more accountability for services and funds and greater local control. There was no strong overarching support, however, for a transfer to the Fire Service.

Reasons for not Transferring ALS As before, there were almost as many responses and comments as respondents, with no clear picture emerging. However, most people did agree that cities and fire districts would be put in the position of having to fill any budgetary gap in EMS levy funding to sustain the ALS program, a significant drawback. Concerns were expressed about potentially fragmenting the service and changing something that was not broken, and putting the smaller fire districts at risk of a degradation of service if ALS was managed by a large department.

Desired Involvement in Policy Setting There was a clear preference among elected officials and fire chiefs to have a decision-making or governing role in setting policies about the delivery of ALS in their jurisdictions (as opposed to either no role or an advisory role). The survey did not explore whether stakeholders would be willing to "pay" in order to have a policy-role, but there was a clear acknowledgement in the comments that decision-making and paying for costs above the levy allocation would go hand-in-hand. The role of smaller cities and fire districts in policy setting, if a

[8] In November 2003, a unit, which had been operating 12 hours per day, was expanded to operate the full 24 hours. Response times are thought to have improved, but the full study is not completed.

transfer from the county to a larger fire department occurred, was seen as problematic by a number of respondents, and others had concerns about how a regional rather than local approach would be maintained.

Observations

At the start of the study, there was no clear trend of support or lack of support for transferring ALS, as stakeholders were divided and many were not well informed. The stakeholders that had the greatest concerns were small jurisdictions and the current ALS providers, labor and the EMS Division. For labor, an issue raised in a number of areas was the need to improve their retirement package and be able to retire at an earlier age. The survey confirmed that the quality of service is not a concern for stakeholders, but that participation in setting policy and the funding of ALS are ongoing issues.

CHAPTER 3
ALTERNATIVES TO THE CURRENT SYSTEM

Three alternatives to the current system were developed. The first is an "Enhanced KCM1," which provides for more formal input into policy setting by local jurisdictions in south King County. The second is the "Dual Fire Service Provider," namely the division of the program and transfer to the Federal Way and Kent Fire Departments. 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. An overview of each of these alternatives is provided here, followed by a summary of the financial implications of each and a brief comparison of the alternative to aid the reader. Detailed descriptions of the Fire Service alternatives are provided in Appendices D and E.

DESCRIPTION OF ALTERNATIVES

Enhanced KCM1

This alternative began as the "baseline" or the current KCM1 program, described in Chapter 2. In all ways but one, this alternative is the same as the current KCM1. The change is that discussions with the Core Group led to a proposal for a formal and structured way for fire departments and other jurisdictions to provide input into the operational and policy decisions of the ALS program.

South King County EMS Council

The Enhanced KCM1 alternative proposes 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.

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

Dual Fire Service Provider Alternative

The Dual Fire Service Provider alternative is one in which the Kent and Federal Way Fire Departments are the ALS provider agencies and employers of the paramedics. The goal of the alternative is to minimize fragmentation of the service to the community and build on the working relationships, which already exist between the two departments.

Kent and Federal Way arrived at this alternative after exploring the potential to establish a formal partnership to administer paramedic services. It was determined that a legal entity formed by a joint powers agreement (similar for example to Valley Communications) would not constitute a fire department and therefore, would not meet the goals of improving retirement for paramedics or creating a more operationally efficient approach. The formal partnership was therefore abandoned and a more informal, but still coordinated model, was developed.

Service Area

The Dual Fire Service Provider alternative divides the current service area geographically and assigns four medic units to the Kent Fire Department and three units to the Federal Way Fire Department. No changes in response areas of the existing units are planned and dispatch would continue to be through the Valley Communications Center[9]. The primary service areas of each are shown in Table 1 and illustrated in Figure 2.

Table 1
Dual Agency Primary Service Areas

Kent Fire Department	**Federal Way Fire Department:**
Medic Units: 5, 7, 11, 12	***Medic Units: 4, 6, 8***
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	Sea Tac Fire
Black Diamond Fire	Port of Seattle [10]
Enumclaw Fire	Pacific Fire

[9] With the exception of Port of Seattle and Enumclaw Fire.
[10] The Port of Seattle contracts for service.

Figure 2: Map of Proposed Service Area for the Dual Fire Service Provider Alternative – 2004

INSERT MAP

Facilities and Fleet

No change in the location of medic units is planned. Where units are located at fire stations outside of Kent or Federal Way, the providers intend to continue current rent arrangements. The KCM1 administrative facility in Kent would be discontinued, however, as Federal Way and Kent have the capacity to absorb the administrative functions within their current facilities and structures.

All staff and medic unit vehicles would be transferred to the two Fire Departments at the time of transition.

Paramedic Staffing

Kent and Federal Way propose to integrate the ALS program into their current organizational culture and shift schedule, and would therefore change the program to three platoons. Kent would be staffed with 36 paramedics and Federal Way with 27, each with a ratio of 4.5 FTEs per paramedic shift position.

On this schedule, a typical shift rotation would be 24-hours on, 24-off, 24-on, 24-off, 24-on and then four days off. Under the Federal Way labor contract, each 24-hour employee receives a 24-hour shift off for each 6 shifts worked, which is equivalent to 17.38 (24-hour) shifts off per year. Under the Kent contract, each 24-hour employee receives a 24-hour shift off for each 9 shifts worked, which is equivalent to 12 (24-hour) shifts off per year (exclusive of overtime.) Medics assigned to Kent would therefore work more hours than those in Federal Way.

Fire Departments are partially exempt from the overtime provisions of the Fair Labor Standards Act and fire personnel are allowed to work a 53-hour week before they receive overtime. Significant overtime pay would therefore no longer be part of the paramedic wages.

Command and Administrative Structure

Kent and Federal Way propose a change in the command structure, which integrates the Medic One program into their current organizations. The Medical Services Administrator position would be eliminated and at Federal Way, the Medical Service Officers (MSOs) would report to an existing Assistant Chief of EMS and at Kent Fire, the MSOs would report to an existing Battalion Chief responsible for EMS. Each Department would retain a day shift MSO to assist with administrative functions and have a field MSO as supervisor of each platoon or shift. This will result in two field supervisors being on duty in South County at all times.

The Departments propose to contract with the same physician to provide medical direction so that medical oversight of paramedics and EMS is consistent across south King County, as it is now. The role of the medical director would be substantially the same or strengthened if possible.

Kent and Federal Way Fire Departments have also committed that no job loss would occur because of a transition of the ALS program to the Fire Service and

will therefore also transfer the administrative support positions to their Departments and integrate them into current functions.

In total, therefore, the command structure between the two departments would be two existing fire chiefs responsible for EMS, two administrative MSOs, six field MSOs, a single Medical Director and needed administrative support. An organization chart is provided as part of the detailed description of this alternative in Appendix D.

Funding

Funding of the ALS program will continue to be through the EMS levy allocation as described earlier. No additional funds from the cities of Kent or Federal Way are assumed.

Services

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 department 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.

Governance

At the heart of the governance discussions about a transition of ALS from King County to the Kent and Federal Way Fire Departments is whether input by other jurisdictions would be advisory only, or whether other jurisdictions would have responsibility and authority to set policy, coupled with an obligation to share in the costs if the levy allocation was insufficient.

In the Dual Fire Service Provider alternative, the Kent and Federal Way Fire Departments have proposed three different options for providing a forum for input by other jurisdictions into policy and operational decisions related to ALS.

Option 1: Valley Com Model

The first option is modeled after the Administrative and Operations Boards of Valley Communications and could be adapted to either an advisory or a policy setting model. The Administrative Board would be made up of the Fire Chiefs of Kent and Federal Way and other partners to be determined. Their responsibility would be to provide input on issues such as the economics of running the program, future enhancements and quality assurance, and exploring options if levy revenues should fall short of projected costs.

The Operations Board would have representatives from all fire agencies in south King County. Their responsibilities would include monitoring response times,

making recommendations on operational enhancements, and providing and receiving information related to quality assurance.

Option 2: Policy/ Governance Board

This option is modeled after the policy board of Redmond. Depending on the number of area fire departments that participate, it could be an expansion of the role of Zone 3 Chiefs, which currently meet as a decision making body on a regular basis. Participating agencies would be expected to help fund any costs not funded through the levy allocation and firefighters from those agencies would be eligible to apply for vacant paramedic positions.

The purview of the Policy Board would include:

- Budget, including financing of any program enhancements, allocation of EMS levy funds, and implementation of any needed cost-sharing.
- Service delivery, including monitoring agreed to performance indicators and recommending any expansion of service.
- Paramedic selection process and significant changes to the paramedic labor contract.
- Planning and policy development, including contingency planning, emergency and disaster planning and dispute resolution.

Option 3: Advisory Board

This option is modeled after the Advisory Board for Shoreline Fire. It too could be an expansion of the Zone 3 Operations meetings, and would not include any cost-sharing or formal responsibility for policy.

Fit with EMS Strategic Plan

The EMS Strategic Plan speaks to exploring the "feasibility of delivering paramedic (ALS) services by means of a consortium of south King County BLS provider agencies." The Kent and Federal Way Fire Departments have proposed that the Dual Fire Service Provider alternative is congruent with this approach, as any governance structure would be integrated with policy setting for Zone 3, which is done by the Chiefs of the Zone 3 fire departments, who operate like a consortium.

The two agencies would be two separate employers and would have two separate contracts with King County to provide ALS. This will establish an additional ALS provider and will therefore need prior approval by the Central Region EMS and Trauma Care Council, which establishes the number of ALS providers in the region and submits its recommendations to the State of Washington.

Single Fire Service Provider Alternative

There are two underlying assumptions of importance for the Single Fire Service Provider Alternative. The first is that either Federal Way or Kent will be the provider of ALS services, only if the other department is not able to be a provider. The second is that there are few differences between this alternative and the Dual Fire Service Provider alternative. This alternative was developed after, and in large part based upon, the Dual Fire Service Provider alternative.

Service Area

The service area and the primary response area of each unit would be the same as in the current model.

Facilities and Fleet

As in the Dual Fire Service Provider alternative, no change in the location of medic units is planned. Where units are located at fire stations outside of the lead agency, Kent or Federal Way would intend to continue current rent arrangements. The KCM1 administrative facility in Kent would be discontinued, however, as both Federal Way and Kent have the capacity to absorb the administrative functions within their current facilities and structures.

All staff and medic unit vehicles would be transferred to the lead fire departments at the time of transition.

Paramedic Staffing

Staffing would be the same as described in the Dual Fire Service Provider alternative, with the schedule varying only depending on which fire department is the lead agency. Either Kent or Federal Way would staff the three platoons with 63 paramedics.

Command & Administrative Structure

As in the Dual Fire Service Provider alternative, it is likely that if Kent or Federal Way were the sole provider of ALS services in south King County, they would develop a separate EMS Battalion, similar to that of Seattle's. Depending on the agency, the head of the Battalion would either be a Battalion Chief or an Assistant Chief. The command structure would be the same as in the Dual Fire Service Provider alternative, resulting in two administrative MSOs and six field MSOs reporting to the EMS Chief. In this structure, as in the Dual, two field MSOs would be on duty at all times.

Medical Direction would also be provided as in the current program and in the Dual Fire Service Provider alternative through a single Medical Director who supervises other physicians who provide guidance to the shifts.

Funding and Services

There is no change from the Dual Fire Service Provider alternative in funding or services.

Governance

The Single Fire Service Provider alternative differs from the Dual Fire Service Provider alternative in the area of governance. If either Kent or Federal Way are to act as the sole provider of ALS, a policy/governing Board is required with the associated sharing of costs and risk if the levy allocation should be insufficient to fund the services. The Policy/Governing Board would make policy decisions, which are not governed by the contract with King County and would be consulted on any significant operational issues.

Fit with the EMS Strategic Plan

The Single Fire Service Provider approach is consistent with the EMS Strategic Plan, as it replaces a single provider with a single provider. Unlike the dual agency alternative, no approvals from the Trauma Council will be needed, as there is no increase in ALS providers. By establishing a Policy/Governing Board with member fire agencies, it is also consistent with the concept of the development of a consortium in South County, referenced in the 2002 plan update.

FINANCIAL IMPLICATIONS

Detailed pro-formas for the years 2005 – 2008 were developed for each alternative. The timeframe should be seen as 'sample' years for two reasons. The first is that after the alternatives were fully developed, it was determined that the earliest a transition to Kent and/or Federal Way could occur was January 2007 and the second is that the current levy period is finished in 2007, after which the revenue forecast is uncertain. Nevertheless, the pro-formas are useful in comparing and understanding the implications of the alternatives.

The following discussion focuses on the major financial assumptions and issues. A complete description of the underlying assumptions and the full pro-formas and their variations are provided in Appendix F.

Salary and Benefits

Labor costs are the critical portion of the pro-formas:

- More than 80% of the expenses in all ALS alternatives are in salaries and benefits.
- The greatest differences between the alternatives lies in this area because of the different staffing plans and benefit structures.
- They are the source of greatest disagreement among stakeholders, in particular between labor and the Kent and Federal Way Fire Departments.

Understanding the assumptions and the differences is therefore useful in evaluating the alternatives.

Table 2 is a summary of salaries and benefits between the Current Enhanced program and the two Fire Service alternatives. Costs are shown aggregated from 2005-2007[11] covering a three-year period of operation.

Table 2
Salaries and Benefit Comparison 2005-2007

	Current -Enhanced King County Medic 1	Dual Fire Service Provider	Single Fire Service Provider
Salaries			
Paramedic Salaries & Overtime	16,181,680	16,193,703	16,193,703
Field MSO Salaries & Overtime	1,370,211	1,643,692	1,643,692
Admin & Support Staff	1,859,562	953,389	953,389
Medical Direction	196,160	196,160	196,160
Total Salaries	**$19,607,612**	**$18,986,944**	**$18,986,944**
Benefits			
Employee Benefits & Insurance	3,811,492	4,540,264	4,540,264
Social Security	1,432,468	-	-
Retirement	873,628	979,218	979,218
Excess Retirement Payments	95,964	-	-
Special Allocations/Other	-	356,871	356,871
Total Benefits	**$6,213,552**	**$5,876,353**	**$5,876,353**
SALARIES & BENEFITS	**$25,821,165**	**$24,863,297**	**$24,863,297**

Salary Assumptions

As can be seen in the table, the Single Fire Service Provider and the Dual Fire Service Provider alternatives are indistinguishable from each other in terms of labor costs. They are quite different, however, from the current and enhanced programs of KCM1.

The “paramedic salaries and overtime” line reflects these differences:

- More than $350,000 annually in FLSA overtime in King County and none in the Fire Service.
- No scheduled overtime in the Fire Service because of increased staffing (63 paramedics as opposed to 61), so that regular time replaces overtime.

[11] The reader should remember that the pro-forma assumes that the programs are fully operational at the beginning of 2005.

The differences in Field MSO and Administrative expenses is reflective of the Fire Departments emphasis on field supervision and assumed capacity to manage many administrative functions within their current structures. Therefore, the higher Fire Service costs for "Field MSO Salaries and overtime" line reflects the increased number of MSOs in the Fire Service (6 as opposed to 4) alternatives, while the lower "Admin and Support Staff" costs are due to the deletion of the MSA position and the reduction of administrative MSOs from three to two.

The assumptions underlying the forecasted wages are arrived at differently in the KCM1 and the Fire Service alternatives. KCM1 salary forecasts are based on the current wages of paramedics[12] including longevity and MSOs adjusted for contractual increases in the future. The Fire Service salary forecasts for paramedics were arrived at by looking at the average total wages, including longevity for 2004. These were then pegged to existing labor contracts. For paramedics, this was comparable to firefighter compensation after 10 years of service and for MSOs, to firefighter compensation after 17 years of service.[13] Longevity is adjusted in aggregate, rather than based on specific individuals experience. This aggregated, rather than individual, approach was used to avoid making speculative and arbitrary 'assignments' of individual paramedics to a particular department in the Dual Fire Service Provider alternative.

In aggregate, KCM1 forecasted salary costs are higher than the Fire Service, though the KCM1 staffing is lower.

Benefit Assumptions

There are a number of differences between the KCM1 and the Fire Service alternative assumptions related to benefits:

- The current cost of health insurance premiums is higher for the Fire Departments than for King County.
- Fire Department employees are not subject to Social Security but have higher retirement/deferred compensation benefits.
- Within the "consulting contracts" line item shown under "other costs," the Fire Department benefits include a wellness and fitness program not available through KCM1 (the Joint IAFF/IAFC wellness-fitness initiative).
- The KCM1 forecast includes expected payments for persons retiring under PERS 1, a liability which would not be assumed by the Fire Departments.

In aggregate, Fire Service forecasted benefit costs are lower than KCM1, though if they are adjusted for Social Security and excess retirement payments, they are almost $1.2 million higher over the three-year period.

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[12] Current paramedic base wages include a 3.5% reduction compared to comparable paramedic wages, in acknowledgement of the impact of FLSA.

[13] The Kent and Federal Way Fire Departments contracted for a study of comparable paramedic wages in the region and confirmed their assumptions based on that study.

Paramedic Student Costs

The cost of replacing paramedics and/or increasing the number of paramedics in the program is another area that differentiates the KCM1 program from the Fire Service alternatives.

Table 3
Paramedic Replacement and Expansion Comparison
2005-2007

	Current -Enhanced King County Medic 1	Dual Fire Service Provider	Single Fire Service Provider
Total Paramedic Student Costs	$286,522	$538,886	$538,886

All alternatives assume that an average of two paramedics are trained each year to replace paramedics who are leaving due to retirement or other reasons. The difference in the cost of training paramedics lies primarily in the assumption that in KCM1, new hires in training receive a stipend for living costs ($27,500), which is well below their future wage, and in the Fire Service alternatives, they are assumed to be firefighters whose wages are maintained during paramedic training.

Other Costs

In large part, the Fire Service alternatives do not differ significantly from the KCM1 program in respect to the forecast for other costs, which include medical and office supplies, dispatch, telephone, radios, uniforms, etc. A few areas however, are important to call out as shown in Table 4.

Table 4
Comparison of Other Costs
2005-2007

	Current -Enhanced King County Medic 1	Dual Fire Service Provider	Single Fire Service Provider
Facility Costs	466,566	188,810	188,810
Indirect Costs	1,441,933	245,726	122,863
All Other Costs	3,945,341	4,257,404	4,206,702
Total Other Costs	**$5,853,840**	**$4,691,940**	**$4,518,375**

Facility costs are lower for the Fire Service alternatives because the leasing of the administrative facility for KCM1 in Kent is assumed to be discontinued.

Differences in indirect costs are somewhat more complicated. First, there is a higher indirect cost for the Dual Fire Service Provider than in the Single Fire Service Provider alternative reflecting some duplication of administrative overhead. This is the only difference in these two pro-formas. Secondly, because the Fire Service is assuming that the three administrative support

positions currently in the KCM1 program will be integrated into their existing administrative functions, they have reduced the allocation for indirect costs in those functions. If the administrative support positions were to be reflected in indirect costs instead of labor, the Fire Service indirect would increase to $799,345. [14]

In Total

A comparison of expenses and revenues is summarized in Table 5. The higher revenues for the KCM1 program are due to the annual contribution of $375,000 from CX funds. Otherwise, the revenue sources for all three alternatives are the same.

Table 5
Expenses and Revenue 2005-2007
(Excludes Operating Reserves)

	Current -Enhanced King County Medic 1	Dual Fire Service Provider	Single Fire Service Provider
Salaries & Benefits	$25,821,165	$24,863,297	$24,863,297
Paramedic Replacement & Expansion	$286,522	$538,886	$538,886
Other Costs	$5,853,840	$4,691,940	$$4,518,375
Total Expenses	$31,961,526	$30,094,123	$29,920,558
Revenues	$31,374,163	$30,249,168	$30,249,168
Net (without operating reserves)	($587,364)	$155,035	$328,611

As shown, KCM1 would operate in the red over the three years, but because this was forecasted in the EMS financial plan, KCM1 (like other ALS providers) has 'banked' levy funds in the early part of the levy period to cover the higher expenses expected in the later years of the levy period. KCM1 is estimated to enter 2005 with a reserve of $689,771 leaving an adjusted balance of $102,407 at the end of the levy period.

Over the same period of time, the Kent and Federal Way Fire Departments would operate in the black, largely because of lower indirect costs.

[14] ALS providers and the EMS Division are holding extensive discussions about indirect costs in preparation for setting the 2005 ALS unit allocation. ALS providers are finding that their current indirect cost allocation is insufficient to fully fund costs such human resources and IT, and are negotiating for an increase. Kent and Federal Way believe that they have sufficient organizational capacity to support these and related functions for ALS without fully allocating costs. If a resource (person, software, space etc.) exists and would not need to be expanded, the cost has not been allocated to the ALS program in the pro-formas. This may represent a different philosophy than is being presented by current ALS providers.

The pro-formas were actually extended one year past the levy period, through 2008, and it is instructional to see the trend in the annual net of revenue minus expenses over that four year period for each alternative, in which the revenue forecast is held flat with the exception of a correction for inflation. The table demonstrates that all providers experience increasing costs that ultimately exceed the current levy allocation, and that the Fire Service alternatives are able to end the levy period "in the black" only by carrying over funds from earlier years, similar to other ALS providers. (It should be noted that any operating reserves available at the time of transition would be transferred to the Fire Service provider(s).)

Table 6
Comparison of Annual Net of Revenues Minus Expenses
2005 – 2008

	Current – Enhanced King County Medic 1	Dual Fire Service Provider	Single Fire Service Provider
2005	30,178	248,084	304,584
2006	(224,729)	54,546	112,362
2007	(392,813)	(147,595)	(88,336)
2008	(595,804)	(321,623)	(260,883)
Cumulative Net	($1,183,168)	($166,588)	$67,727
With Operating Reserve	($493,397)		

Transition Costs

The Fire Service alternative pro-formas assume that a transition has occurred and a fully operational ALS program has begun. Before that could happen however, a fairly complex transition period must occur. During a transition, financial negotiations would occur between the labor group and the Fire Departments and between the Fire Departments and King County. In addition, two new paramedics would need be trained and arrangements to transfer all physical assets and capital reserves associated with the current program to the lead agencies would need to be made.

A number of significant financial issues are associated with any transition, and the Fire Departments and King County collaborated in arriving at a rough estimate of costs. The term "transition costs" really encompasses three groups of financial transactions:

- the transfer of assets which were purchased with levy dollars
- costs related to the policies or labor contracts of the current or new providers, and
- costs related to the actual transition.

The transfer of assets is not negotiable and is required by law, as anything purchased with EMS levy dollars must remain with the program. Examples of

these include staff vehicles and associated cash reserves, the Medic One units, and computers.

The second group of costs is negotiable, but is likely to be largely the responsibility of the provider whose policies or contracts are involved. An example of this type of cost is the payout of vacation and sick leave to paramedics if they were to leave King County.

The third group of costs would only occur because of the transition and would be negotiated by King County and the Fire Departments. Examples of these are the cost of changing uniform patches and signage on the units.

Costs Related to Provider Policies or Contracts

Costs related to provider policies and contracts are all related to labor costs. Table 7 shows the types of costs and their estimated amounts. It also shows which agency has responsibility, if it is clear. It should be noted that these costs are associated with a transition of ALS from King County to the Fire Service – irrespective of which alternative would be implemented.

Table 7
Transition Costs Related to Provider Policies or Contracts

Responsibility of King County EMS and negotiable	
Potential payout of vacation including benefits	$634,000
Potential payout of sick leave including benefits	$324,000 – $862,000
Subtotal	$958,000 – $1,496,000
Requested of King County by Fire Departments and negotiable	
Stipend, tuition and hiring for additional paramedic trainees	$99,000
Medical/Dental/Vision Coverage for first 30 days	$106,000
Subtotal	$205,000
Total	**$1,163,000 – $1,701,000**

The current paramedic labor contract requires the County to pay accrued vacation at the time an employee leaves and a portion of sick leave depending on the circumstances. This is clearly a liability of King County at the time of transition, though the range shown is only an estimate and the actual amount is negotiable. In addition, the Fire Departments have asked the County to extend health care coverage to the paramedics for the first 30 days of their employment with the fire service, if needed, to assure that there is no gap in coverage during the transition. They have also asked the County to shoulder the training and salary costs of two newly hired paramedics needed to staff the proposed three platoons and reduce scheduled overtime. These are subject to negotiation, but the goal of the Fire Departments would be to protect new employees and to begin operation of the program fully staffed.

Costs Because of Transition

Most of the costs associated solely with the transition are operational costs and are to aid the integration of paramedics into the fire service culture. They are summarized in Table 8.

Table 8
Operational Transition Costs

Requested of King County by Fire Departments and negotiable	
Identity Change (patch, stationary, vehicle lettering, etc.)	$ 15,000
Employee Transition Meetings	$ 40,000
Change/Stress Management Classes & Counseling	$ 60,000
Firefighter Training for Paramedics	$ 150,000
Contingency	$ 150,000
Total	**$ 415,000**

Total Transition Costs

The costs identified to date for transition range from $1.6 million - $2.1 million. The funds for these costs have not been identified and all of it is subject to negotiation by the different parties. In the Single Fire Service Provider Alternative, it is possible that some of these costs would be shared by agencies participating in a Policy/Governing Board.

Portability – A Financial Consequence of Transition

A transition of ALS to the Fire Departments would have significant financial implications for paramedic labor.

State law makes portability from PERS to LEOFF possible, but as the age of retirement is much earlier in LEOFF, the contributions made by a participant are higher. The State requires persons who wish to transfer their pension to make up the difference and to also pay a relatively high interest rate on it. For paramedics who have many years of service, this can be cost prohibitive amounting to tens of thousands of dollars per person. The paramedic labor group’s retirement situation will not benefit therefore from a transfer to the fire department in the near term, unless some assistance with portability is given. The total cost of portability may be in the neighborhood of $2.5 million and assistance is therefore unlikely. For paramedics who enter the LEOFF system early in their careers, this would not represent a problem, and therefore in ten to twenty years they would experience the benefit of an earlier and well-funded retirement.

CHAPTER 4
EVALUATION OF THE ALTERNATIVES

The completed alternatives were evaluated by the Work Group based on evaluation criteria established at the beginning of the study. The setting of the criteria was an arduous task – taking five revisions. Ultimately, however, this process of assessing the alternatives crystallized the differences in perspectives by the different stakeholders and the issues which are likely to be critical to decision makers. The following provides an overview of the differing viewpoints of the stakeholders and at times, offers observations from the consultant. The detailed assessment and ranking of the alternatives can be found in Appendix G. A more general assessment of the pros and cons of each alternative, as viewed by the agency proposing them, is included at the end of each alternative narrative in Appendices C – E.

Evaluation Criteria

What all Alternatives Have in Common

The extensive discussions about how to evaluate the alternatives resulted in some core elements. All alternatives were expected to:

- Preserve the jobs of all King County Medic One employees, including civilian staff.
- Continue the current service delivery and medical model, including Harborview trained paramedics, two paramedics per unit, participation in a tiered EMS response system, and medical control and oversight.
- Include adequate measures for financial and political stability within the framework of the levy funding.

These were considered givens for all alternatives and were not use to compare the alternatives.

Conditions Expected to Vary Between Alternatives

The criteria used to evaluate the alternatives focused on conditions which might differ between the alternatives and the current KCM1 program, which was considered the baseline. The workgroup identified twelve criteria, listed in the text box on the following page, which focused on:

- financial implications,
- service delivery,
- governance,
- labor,
- management,
- transition, and
- political support.

Evaluation Criteria

1. The operating efficiency of the alternative is equal to or higher than those of other alternatives.
   - The alternative provides local augmentation or complement to baseline performance standards.
2. The financial impacts on partners are clear, equitable and can be sustained by the partners.
3. The alternative minimizes the risk that lead agency(s) will have to absorb costs in excess of the levy allocation.
4. The alternative minimizes the number of ALS providers in King County.
5. The standards for and delivery of medical treatment and care remain equal to or better than current.
   - The alternative provides local augmentation or complement to baseline performance standards.
6. The alternative allows consortium member or partner departments to have a clear structure and/or forum or process to provide input or direction to the lead agency(s).
7. The alternative maintains or improves the stable work environment, the financial security, and retirement of the all south King County Medic One employees.
8. The alternative allows for paramedics' professional growth and career opportunities.
9. The alternative provides for an organizational structure that supports an integrated system of command, control and oversight.
10. The alternative can be achieved in a reasonable time period.
11. The alternative has the support of sub-regional jurisdictions and medical community.
12. The alternative is supported by the Zone 3 fire labor groups and the paramedic labor group.

Use of the Evaluation Criteria

Members of the workgroup were asked to discuss and then rank each of the alternatives, comparing the alternatives relative to the current KCM1 program. If the alternative was an improvement in respect to a particular criteria, it was ranked positively, if it was unfavorable compared to the baseline, it was given a negative ranking. The workgroup members were asked to work together in stakeholder groups, which included the following participants:

Leadership of Kent and Federal Way Fire Departments	Chief, Federal Way Chief, Kent Federal Way Fire Commissioners Battalion Chief for EMS, Kent Assistant Chief for EMS, Federal Way Assistant Chief/CFO, Federal Way
Labor	IAFF representative, 7th District IAFF representative, 8th District and Local 1747, Kent IAFF representative, 9th District King County Medic One, President King County Medic One, Vice-President President, Local 2024, Federal Way Vice-President, Local 864, Renton

Leadership of other Fire Departments in south King County and other ALS providers	EMS Chief, Redmond Battalion Chief, Auburn Chief, Maple Valley, FD #43 and King County Fire Chiefs Association Deputy Chief, EMS, Bellevue Chief, Renton Deputy Chief, Renton Chief, SeaTac
Leadership of EMS Division and KCM1	Manager, EMS Division Finance Officer, EMS Division Program Manager, EMS Division Medical Director, EMS Division MSA, King County Medic One Chief Administrative Officer, Public Health

Evaluation

Evaluation Criteria 1

The operating efficiency of the alternative is equal to or higher than those of other alternatives.

"Operating efficiency" can be and was defined differently by different stakeholders. The following table illustrates some measures of efficiency, which reflect differences between the alternatives.

Table 9
Comparative Measures of Efficiency

	Current -Enhanced King County Medic 1	Dual Fire Service Provider	Single Fire Service Provider
Total number of calls (estimated for 2005)	11,507	Federal Way 5881 Kent 5626	11,507
Average calls per unit	1644	Federal Way 1960 Kent 1406	1644
Aggregated indirect costs, 2005-2007	$1,441,933	$245,726	$122,863
Supervisory FTEs (including EMS chiefs and MSA)	8 (1:7.6 paramedics)	10 (1:6.3 paramedics)	9 (1:7 paramedics)
Paramedic FTEs per Medic Unit	8.7	9.0	9.0

These measures show that a single provider, whether it is KCM1 or a single fire agency, is operationally more efficient than two providers. Indirect costs and supervisory costs are lower and the medic units can on average provide more service (as measured by call volumes). The EMS Division would also argue that the benefits of its higher indirect costs are also significant and include

research activities, community programs and full support from human resources, legal and information services, risk management and reduced financial risks, as well as a direct connection to Public Health in areas of infectious disease and bio-terrorism.

Stakeholders, when assessing operational efficiencies, had a broad range of opinions and some groups were not able to reach a consensus.

- *EMS Division Leadership:* Enhanced Current and Single Fire Service Provider alternatives are most efficient because of the economies of scale.

- *Kent and Federal Way Fire Departments Leadership:* The Fire Service alternatives are most efficient and the Dual Fire Service Provider alternative is preferable. The Dual Fire Service Provider minimizes the impact of absorbing the large ALS program and enables the Departments to use their existing infrastructure and capacity well.

  The Single Fire Service Provider model may appear more efficient on paper, but would in reality strain the capacity of either Department. It would require a medium sized city to manage a program the size of Seattle's Medic One.

- *Paramedic and Fire Labor:* No consensus, with a wide range of perspectives.

  The paramedic labor group views the proposed three platoon shift as working poorly for ALS. It results in crews working together less often, which decreases their ability to work as a team on complex incidents, makes scheduling of training more difficult, and can result in more medics being on then are needed to staff units, which results in a reduction of patient contact and medic skills. (Seattle and Shoreline have 4 platoons.)

- *Other Fire Departments Leadership:* No consensus, with a wide range of perspectives.

Evaluation Criteria 2 & 3

The financial impacts on partners are clear, equitable and can be sustained by the partners.

The alternative minimizes the risk that lead agency(s) will have to absorb costs in excess of the levy allocation.

The key element of the feasibility study was the internal assessment by the Kent and Federal Way Fire Departments as to whether they thought it was financially

feasible to be an ALS provider. Both departments concluded that it was feasible, as demonstrated by the pro-formas, which show how the departments can provide the service within the allocation.

Another critical element is the ability of the providers to sustain the program into the future. This introduces the element of risk if future levy allocations should be insufficient (or non-existent). Here again, the assessment by stakeholders of the risk and sustainability differed.

- *EMS Division Leadership:* The Fire Service alternatives are more at risk than the current KCM1 because they are not backed by the large financial capacity of the County. King County assumes the risk of any program cost overruns and liability exposure in law suits. Cities and fire districts, as jurisdictions, are not asked to contribute.

  In the event of a levy failure, sustainability of Fire Service based ALS in south County will be more questionable than if the program is part of King County.

- *Kent and Federal Way Fire Departments Leadership:* The Dual Fire Service Provider alternative is the most sustainable because it shares risk in a clear and equitable manner between two lead agencies.

  The Single Fire Service Provider alternative may be more risky than the current program, or represent no change. More information about the governance model and commitment to cost-sharing by participating agencies would be needed to determine the feasibility.[15]

  An advantage of the Fire Departments is that they have funding options, such as the Federal Assistance to Fire Fighters Grant Program that are not available to the County.

  An advantage to the County is eliminating KCM1's dependence on the County's current expense fund.

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[15] A weakness of the feasibility study was the difficulty in getting clear feedback and discussion about governance and cost-sharing. Because it was a feasibility study, and not a transition study, the level of detail needed to enable participants to commit to cost sharing was not present. Informal discussions among Fire Chiefs indicated a willingness to discuss the matter when more was known, but a significant question was heard throughout the study period as to why jurisdictions would wish to pay additionally for a service their citizens now receive and pay for through the EMS levy.

- *Paramedic and Fire Labor:* No consensus, though the range of opinion was from assessing no change in comparison to the current program, to evaluating the Fire Service alternatives as more risky.

- *Other Fire Departments Leadership:* No consensus because sustainability if the levy is not approved is questionable and because there is a lack of clarity about what level of cost-sharing would be needed and how many departments or jurisdictions would participate.

Evaluation Criteria 4

The alternative minimizes the number of ALS providers in King County.

One of the few areas of agreement among stakeholders is that the Dual Fire Service Provider alternative adds an ALS provider to the regional system. This would require review and approval from the Central Region EMS and Trauma Care Council.

Evaluation Criteria 5

The standards for and delivery of medical treatment and care remain equal to or better than current.

Similar to the assessment of 'operating efficiencies,' stakeholders' assessment of the standards and delivery of medical treatment depended on their differing vantage points and understanding of what makes the ALS system work well. Issues of concern to stakeholders were the structure of medical direction, the level of field supervision and the relationship of paramedics to EMTs.

- *EMS Division Leadership:* Division leadership believes that one of the strengths of KCM1 is that medical direction is part of the EMS Division, which sets the standards for care. The move away from that in both Fire Service alternatives, therefore, weakens medical direction in comparison to the current program.

- *Kent and Federal Way Fire Departments Leadership:* Kent and Federal Way put a value on field supervision to assure a high standard of care and therefore, increase the number of field MSOs in both Fire Service Alternatives. They also believe that having paramedics in the Departments will improve the level of BLS care they are able to provide. For both reasons, they assess the Fire Service alternatives as improving the delivery of medical treatment in comparison to the current KCM1 program.

- *Paramedic and Fire Labor:* No consensus. Some saw the Fire Service alternatives as improving the level of care over the current and some as decreasing it.

The paramedic labor group views the Dual Fire Service Provider alternative as threatening the level of care by reducing the average number of calls a given unit goes on and grouping the low call volume units with one agency (Kent)[16] and by making it harder to fill unanticipated vacancies.

- *Other Fire Departments Leadership:* No strong consensus, though some thought that the inclusion of paramedics in the Fire Departments would improve the level of service provided by EMTs in the lead agencies.

Evaluation Criteria 6

The alternative allows consortium member or partner departments to have a clear structure and/or forum or process to provide input or direction to the lead agency(s).

The Fire Service alternatives propose either an advisory or a policy/governing board modeled after or incorporated into the current Zone 3 approach to coordination and decision-making. This is a forum that the Fire Departments throughout south King County know, participate in, and trust. KCM1 has proposed an enhancement to their current program with the establishment of a south King County EMS council with participation from a broad range of fire representatives and elected officials from south County and Zone 3. The history of the relationship between the County and the jurisdictions in south County, however, leads the Fire Departments and elected officials on the Work Group to be skeptical about whether meaningful input and participation would occur through that EMS council. The evaluation of the alternatives, in respect to whether or not there is an improved forum for input and direction for ALS therefore varies.

- *EMS Division Leadership:* The Enhanced KCM1 and the Dual Fire Service Provider alternatives offer improved oversight and stakeholder involvement in ALS decisions. The Single Fire Service Provider alternative offers the maximum involvement through the policy setting Board.

- *Kent and Federal Way Fire Departments Leadership:* The Enhanced KCM1 may improve input slightly. The Single Fire Service Provider and Dual Fire Service Provider alternatives will significantly improve participation and input.

- *Paramedic and Fire Labor:* All three alternatives offer improvement over the current program.

[16] The more calls a unit goes on, and the greater variety of clinical experiences paramedics have in the field, the easier it is for them to maintain their skills.

- *Other Fire Departments leadership:* In general, all three alternatives offer some improvement over the current, with a few stakeholders seeing little improvement.

Evaluation Criteria 7

The alternative maintains or improves the stable work environment, the financial security, and retirement of all south King County Medic One employees.

This evaluation criteria addresses three distinct areas of labor concerns, which were evaluated separately.

Stable work environment relates to whether or not the employer or lead agency is able to sustain the program under difficult financial or political circumstances (and therefore is linked to criteria 2 and 3, related to financial impacts and minimizing risk). For some stakeholders, this also was a measure of how much change the program would undergo. The opinions were varied both within and across the stakeholder groups.

- *EMS Division Leadership:* The Fire Service alternatives represent a slightly decreased stability, both because they represent a change from the current and because of increased risk to sustainability.

- *Kent and Federal Way Fire Departments Leadership:* Kent and Federal Way see the Fire Service alternatives as providing a more stable work environment than the current program because there are two jurisdictions investing in the long-term health of the program and providing direct oversight.

- *Paramedic and Fire Labor:* No consensus, with a wide range of perspectives ranging from the County being more stable to Kent and Federal Way offering more stability.

- *Other Fire Departments Leadership:* The Fire Service alternatives are seen as decreasing stability of the work environment, at least through the transition period, but there was not a strong consensus.

Financial security relates to compensation and benefits (other than retirement), and was an area of considerable controversy, confusion, and ultimately disagreement. A core issue for the paramedic labor group was their net income (‘take home pay’ or earning power) and they wanted assurances that this would not be compromised by a transfer to the Fire Service. The position of the Federal Way and Kent Fire Departments, as well as King County (and SLR), was that a feasibility study could not be done at the level of net income for individuals, and that that was a transition issue subject to labor negotiations. The Fire Departments had a stated goal of designing a full compensation package (including benefits) that had a similar monetary value, on average, for

individuals as that of the current program, and believe they were successful at that.

Compensation is not as easy to assess as one might think at first, because as described earlier, the underlying assumptions are different between the current KCM1 program and the proposed Fire Service alternatives. As a reminder, some of the areas of confusion are:

- FLSA overtime, which from the perspective of the labor group, is part of their regular wages with their base hourly rate being adjusted downwards with the knowledge that they receive FLSA.
- Social Security, which is withheld by the County, but which is not by the Fire Departments.
- The KCM1 pro-forma is based on actual individuals and the Fire Departments' estimates are based on averages and tied to their study of comparables for other Fire Departments with ALS programs.
- The hours worked in a year are the same for KCM1 and Federal Way (2,496) and higher (2,632) for Kent, but the Dual Fire Service Provider pro-forma is simply the Single Fire Service Provider pro-forma allocated to the two lead agencies based on the number of medic units. The Single Fire Service Provider pro-forma is based on Federal Way work hours.

In these circumstances, the simplest method to compare compensation is to compare the average per hour and per FTE, as shown in Table 10, using the assumption that work hours are the same – 2496 per year. The comparison shows that without any adjustment for Social Security withholding, the average gross salary in the KCM1 program is higher than in the Fire Service alternatives. If one adjusts for Social Security withholding, as suggested by Kent and Federal Way, the Fire Department average salary is higher.

Table 10
Simplified Comparison of Paramedic Wages
Average for 2005-2007

	KCM1	KCM1 minus estimated Social Security Withholding	Single Agency
Paramedic Salaries including overtime (3 yrs aggregated)	$ 16,181,680	$15,000,417	$16,193,703
FTEs	61	61	63
Hours	152,256	152,256	157,248
Average Salary/ FTE/Year	$88,424	$81,969	$85,681
Average Hourly Wage/Year	$35.43	$32.84	$34.33

As could be expected, this criteria was not an area of consensus:

- *EMS Division Leadership:* The Fire Service alternatives have somewhat decreased financial security in comparison to KCM1.
- *Kent and Federal Way Fire Departments Leadership:* The Fire Service alternatives improve the financial security of the paramedics.
- *Paramedic and Fire Labor:* No consensus, with paramedics having a position that the compensation is lower than what they currently receive and therefore compromises their financial security.
- *Other Fire Departments Leadership:* No consensus, with some believing that financial security is worsened and others believing that it is improved.

Retirement, the third concern of this criteria, would be improved for the Paramedics if they could retire at an earlier age than 65 with full benefits. There was consensus among the stakeholders that in the long term, the Fire Service offers a better retirement system, under LEOFF, than the County does with PERS, because it allows retirement at age 53. In the short term, however, the benefits apply to half or fewer of the paramedics because pension portability is prohibitively expensive for many of the older paramedics.

Many stakeholders believe that a lower retirement age for paramedics will not only benefit the medics themselves, but also the community they serve as the aging workforce may have greater physical difficulty in meeting the needs of residents, and may suffer more work related disabilities, which are costly.

Evaluation Criteria 8

The alternative allows for paramedics' professional growth and career opportunities.

KCM1 offers limited opportunities for professional growth. They include promotion to Medical Services Officer or Medical Services Administrator, as well as involvement in training, research, and quality assurance within KCM1 and with the EMS Division. Paramedics in the Fire Service, on the other hand, have professional growth and promotional opportunities within both the EMS and the fire suppression areas of a fire department.

In general, there was consensus among stakeholders that the Fire Service alternatives are favorable for the paramedics in terms of professional growth and

career opportunities. Variation in perspective exists as to whether one alternative is better than the other, and the degree of improvement[17].

Evaluation Criteria 9

The alternative provides for an organizational structure that supports an integrated system of command, control and oversight.

There are two major differences between the KCM1 program and the Fire Service alternatives:

1. major decisions that must be made by someone outside of the ALS program are likely to take longer within the County than within a Fire Department, and
2. the Fire Service alternatives shift administrative personnel from support activities (such as training, emergency management, public relations, employee health, paramedic replacement, etc.) to increased field supervision.

In both the Single and Dual Fire Service Provider alternatives, the command structure begins with an existing Chief in charge of EMS and the program is integrated into the existing structure of the Fire Department(s).

Both paramedic labor and the EMS Division raised questions and concerns about whether there is sufficient capacity within the Departments to absorb the administrative requirements of the ALS program and reduce the number of administrative MSOs by one. In addition, labor does not feel that additional supervision in the field is necessary.

There was general consensus, however, that the command structure and the more efficient decision making process of the fire service makes the Dual and Single Fire Service Provider alternatives an improvement over the current organizational structure. The Single Fire Service Provider model has an advantage in that there would be a unified command, requiring less coordination when backup units are needed or unanticipated vacancies occur.

Evaluation Criteria 10

The alternative can be achieved in a reasonable time period.

The Fire Service alternatives assumes that two new paramedics will be added to the program, and that before the program is transferred to the Fire Departments, that these medics will be recruited, hired, and trained. As classes commence in the fall and extend 10 months, the earliest this would occur is January 2006 and the more likely date is January 2007. Stakeholders differ in opinion as to whether this is a reasonable time period.

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[17] The paramedic labor group has expressed skeptisism that this is an important criteria, as many current paramedics are not interested in other career opportunities. However, it is not clear that this wouldn't change over time if opportunities were available to them, as they are with other fire based ALS providers.

- *EMS Division Leadership:* The length of time needed to transfer the program will have a negative impact on the current program and is too long and drawn out.

- *Kent and Federal Way Fire Departments Leadership:* Kent and Federal Way see all three alternatives as having a reasonable transition period.

- *Paramedic and Fire Labor:* The enhanced version of the current KCM1 is easy to implement with no transition. There was no consensus on the transition time for the Fire Service alternatives, with opinion ranging from being very negative to reasonable. From the paramedic viewpoint, a two to three year period in which a transfer is coming, but not occurring, leaves their work environment unsettled and in turmoil. From their perspective, this would be a continuation of the uncertainties that they have had since a decision was made to do this feasibility study in 2001.

- *Other Fire Departments Leadership:* No consensus, with some seeing the time period as reasonable and others as being long enough to have negative impacts.

Evaluation Criteria 11

The alternative has the support of sub-regional jurisdictions and the medical community.

Stakeholders looked at this criterion from two perspectives: is there support for a given alternative, and if the alternative was implemented, how would it change political support for ALS and the EMS levy. The assessment of support occurred both through discussion within stakeholder groups and by polling representatives of the "Core Group".

- *EMS Division Leadership:* The medical community does not support the transfer of KCM1 because of concerns about medical control. (They made clear, however, that they would certainly support the program if a transfer occurred.)

- *Kent and Federal Way Fire Departments Leadership:* If ALS is transferred to the fire departments, the cities of Kent and Federal Way will perceive themselves as having a greater stake in the success of the service. This will build a greater understanding of and commitment to the EMS levy by local electeds, including mayors, city councilmen, and fire commissioners. Without direct involvement or a stake in the program, their support is more uncertain.

The Dual Fire Service Provider alternative also offers a more 'local' connection, increasing the ability of the ALS staff to form a relationship with communities.

- *Paramedic and Fire Labor:* Chose not to evaluate this criterion, as they did not believe they had sufficient information.

- *Other Fire Departments Leadership:* No consensus. Some stated that there is not support for a transfer of ALS to Kent and/or Federal Way, and others felt it would gain more support.

Evaluation Criteria 12

The alternative is supported by the Zone 3 fire labor groups and the paramedic labor group.

The firefighter labor groups made a commitment to the paramedic labor group in the fall of 2003 to support them in whatever their assessment was of the fire service alternatives. 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 Fire Service 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.

CHAPTER 5
OBSERVATIONS AND CONCLUSIONS

A year's worth of work generates much information, detail and discussion. To arrive at a well considered decision about whether it is both feasible and desirable to transfer the King County Medic One program to Kent and/or Federal Way Fire Departments, it is useful to step back from the detail and consider the critical issues. The following are largely the observations and conclusions of the consultants in the spirit of simply offering a greater level of detachment than stakeholders when considering the alternatives.

Observations

Need Compelling Reasons to Change KCM1

SLR has had the opportunity to work with King County and other ALS providers and Fire Departments over the last ten years. This study was unique in our experience because a major driver of the study was not concerns about what happens in the field, encompassing quality of care or the coordination between paramedics and line firefighters and officers. Rather, it centered on the ability of leadership, at the level of jurisdictions, to influence or control policy decisions about ALS. There was in fact agreement at the onset that any alternative should improve upon the current program rather than 'fix it' and should improve the connection and support that jurisdictions in south King County have for the program. This implies that a high standard must be met by any Fire Service alternative before it becomes desirable (even if it is feasible) to move the KCM1 program. In other words, there must be compelling reasons to change the program.

Role of Financial Measures

Stakeholders involved in the feasibility study were committed to evaluating the financial impacts of the different alternatives, as the primary method of determining feasibility. The emphasis of the analysis for the Fire Departments was **could** they manage the ALS program within the EMS levy allocation. They proposed changes to the shift and organizational structure of the program, which were largely directed to using their existing organizational structures, and to integrating the paramedics into their current organizational culture. This includes changes such as the elimination of the MSA position, an increase in field supervision, the use of three platoons and the structure of labor compensation. Some of these changes result in increased operational efficiencies, but the feasibility study did not fully explore the role of economies of scale, and differences between having a single fire service provider versus two – which would have provided clearer information about the desirability of transferring the service. Instead, the two fire service alternatives were constructed intentionally to be almost identical from a financial perspective, making financial measures unimportant in evaluating their differences.

Role of Transition Costs

The work group, which set the evaluation criteria, considered the issue of transition only from the perspective of timing. The feasibility study revealed, however, that the cost of transition would be more than $1.6 million and there is

an expectation by the Fire Departments that most of that would be paid for by King County. (The example used is that King County paid for much of the transition costs for the Redmond ALS program. The difference, however, in that situation was that there was no other willing provider in Northeast King County, so the precedent is not as clear as is sometimes suggested.)

Role of Timing

The issue of timing has three components to it:

- When could a transfer of the ALS program occur and what are its implications?
- Is there a time after which a transfer would have fewer beneficial impacts?
- When would the benefits of the transfer be achieved?

As described previously, the transfer of the program could likely occur as late as January 2007. The work group did not fully examine what the drawbacks to this might be and therefore also did not consider if there were ways to mitigate the likely schedule. An operational drawback is that it leaves the paramedic labor group in an unsettled work environment for two to three years. A potential political drawback is that 2007 is the last year of the current EMS levy, and the year that a new EMS levy will be placed on the ballot. While a pending transfer of the ALS program to Kent and/or Federal Way is expected to gain the support of elected officials in those cities, it is also possible that it would confuse voters. If a transfer is to be implemented, this should be addressed in the transition planning.

On the other hand, to achieve the benefit of pension portability for paramedics, the transition will need to occur prior to June 2008, as RCW 41.26[18] requires that members of PERS apply to transfer service credit by June 30, 2008.

The last issue, related to the benefits of a transfer, really focuses on the question as to whether it is desirable to move KCM1 to the Fire Service. The feasibility study took a very short look – just four years out – and did not examine in any detail what the long-term benefits might be. If one looks in a cursory way at a longer period, say for example 10 years, the transfer looks more favorable than in the near term. For example:

- King County currently contributes $375,000 annually out of current expense funds to the KCM1 program. If this was discontinued at the time of the transfer, it would take about three years for the County to recoup the requested transition funding and after that the County would save money.
- The study pro-forma assumptions estimate that almost half of the paramedics would choose to stay in the PERS retirement program at the time of transition because of the cost of portability. In 10 years, assuming that there is replacement of an average of two paramedics per

[18] Amended by House Bill 1202 to this effect in 2003.

> year due to attrition, the number still on PERS is likely to be less than 10%.

Decision makers are therefore encouraged to take a longer term look at the desirability of transferring the service.

Role of Political Support

The origins of this study are political, in the best sense of the word, with an interest by local electeds and decision makers in having influence over the services provided to their communities. This concern appears greatest among the larger cities in south King County, which have expressed the view that they are at times the forgotten communities of King County.

To address this issue head on, without having to move the ALS program, the EMS Division proposed a south King County EMS council. The goal of the EMS Division is to provide meaningful input and formal mechanisms for participation in operational decisions. This solution has not been embraced by the Fire Departments or their elected officials because of a lack of trust in King County government as a whole and a skepticism that their input would actually influence decisions. This lack of trust and skepticism was the ‘elephant in the room,’ which hampered open discussion and a closer look at some of the stakeholder concerns. Such a council however, if it was well implemented, would represent the least disruption to the program and a direct way of giving voice to all the communities of south King County regarding ALS.

Another political concern is the support of the EMS levy, first by the electeds of cities over 50,000 and then by the voters. A theme during the course of the study discussions was that unless the cities had a real role in ALS, they might not be willing to support putting the EMS levy on the ballot, and if they did have control of ALS, they would be able to sell and support the levy to their voters. Arriving at a political approach, which satisfies the cities of Kent and Federal Way, is therefore of concern not just to south King County communities but all of King County, which depend on the EMS levy.

Conclusions and Consultant Recommendation

The feasibility study demonstrated that the Federal Way and Kent Fire Departments can operate the Advanced Life Support services within their current organizations and within the current EMS allocation. It was less conclusive that it is desirable to do so at this point in time. Despite the level of effort invested in the study by the participants, there remain unanswered questions and a lack of clear consensus among stakeholders. The study process did not begin with, and did not in itself generate, a groundswell of support within Zone 3 for transferring KCM1 to Kent and/or Federal Way Fire Departments. For example, smaller jurisdictions are mixed in their level of interest – with some fully supporting a transition and others preferring to keep the status quo; and the paramedic labor group changed its position from support to wishing to remain with King County.

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, and not other political considerations. 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 south King County EMS council evaluates after 12-18 months of operation whether:
   - Communication and trust 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.