

**VASHON ISLAND FIRE & RESCUE
BOARD OF FIRE COMMISSIONERS**

Minutes

Date: 03/08/16

Time: 6:30 p.m.

Place: 10020 SW Bank Rd., Vashon, EOC

REGULAR MEETING

1 **Present:** Hank Lipe, Chief
2 George Brown, Assistant Chief
3 Candy McCullough, Chair
4 Brigitte Schran-Brown, Vice-Chair
5 David Hoffmann, Commissioner
6 Camille Staczek, Commissioner
7 Ron Turner, Commissioner
8 Susan Wolf, District Secretary

9 **Guests:** James Fogarty, Director, King County Emergency Medical Services Division; Susan
10 Reimer, Vashon Beachcomber; Jojo Weller, Mark Radford, Josh Dueweke, Charlie Krimmert, Mike
11 Garvey, Barb Huff, Myron Hauge, Rick Brown, Tom Bruskotter and other members of the public.

12 **Amendments to Agenda**

13 The Chair asked to move the Medic One Proposal up to New Business.

14 **Approval of 02/23/16 Minutes**

15 Motion by Commissioner Hoffmann:

16 "I move we approve the 2/23/16 minutes."

MINUTES APPROVED, 5-0

18 **Voucher Approval**

19 Motion by Commissioner Turner:

20 "I move that we approve the referenced vouchers and transfers as detailed in
21 Administrative Memorandum 03.08.2016-1."

MOTION PASSES, 5-0

23 **Chiefs' Reports**

24 *Chief Lipe:*

- 25 • He's continuing to work with the EOC Team preparing for a huge exercise in June. He's
26 very proud of the effort of those (disaster preparedness) volunteers.

- 27 • Tomorrow morning he has a planning meeting at 10:30 a.m. with the EOC team working on
28 the current landslide situation on Luana Beach Road. They are also working with the King
29 County Department of Transportation, who has a new supervisor, Jeremy Ferguson. They
30 can take aerial photographs with a drone using a Lidar camera. He knows Mr. Ferguson from
31 his participation in the Roads Task Force last fall.
- 32 • Commissioner Staczek and he went to the ALS Task Force in Tukwila for a mid-period
33 review of the (ALS) strategic plan. Camille was representing the King County Fire
34 Commissioners.
- 35 • Chief Lipe welcomed 31 new CERT members last week. CERT now totals 80 members.

36 *A/C Brown:*

- 37 • Six new recruits will start training soon; Lt. Schwitters is the new scheduling coordinator.
38 • The majority of officers have now attended Blue Card training through the consortium.
39 • We have a Comcast order to install more internet bandwidth.

40 *Commissioner Staczek:*

- 41 • She learned about the history of the ALS program at the Task Force meeting. They
42 explained funding changes if another agency wants to have their own aid units and said it
43 was all very interesting.

44 Medic One Proposal Update

45 Jim Fogarty explained that the draft proposal he is presenting was developed after reaching
46 different stakeholders in Medic operations. He stated there were steps to go through at every
47 phase to see if it will work for everyone.

48 *Background:*

- 49 ○ For those who were unfamiliar, two years ago on March 3, 2014 he received a letter
50 from Fire Chief Lipe and a copy of a joint letter from Medical Supervising Officer
51 (MSO) Brownell and Medical Program Director (MPD), Dr. Sam Warren. Chief
52 Lipe asked for Medic One's assistance to review the ALS delivery system on Vashon.
53 Mr. Fogarty has gotten to know some of the challenges here and some of the folks
54 which make up this system.
- 55 ○ It's taken two years because there are lots of components: labor groups (two) IAFF
56 2595 and IAFF 4189. A successor agreement had to be reached first. Andrea Sylvia
57 was the negotiator. The goal was to take conceptual ideas to improve clinical care
58 and operational efficiencies, if possible, and do it under the financial constraints.
- 59 ○ Basic Life Support (BLS) is only marginally involved because of levy constraints to
60 100% fund Advanced Life Support (ALS) operations. They look at all the regional
61 providers and medics, the ideal number of units (one aid car and two paramedics),
62 what do we need to maintain skills and keep response times low. They studied 26
63 units countywide and determined they have enough units; it will be 2020 before they
64 consider adding more. Criteria for units are 1,500-2,500 maximum annual calls for
65 service to maintain skills. Turnaround times to hospitals are fast in Seattle, not like
66 the three hour turnarounds on Vashon. However, because of our isolation we need a
67 unit; Enumclaw has 700-800 calls per year. So they look at where they can deploy
68 units for best response times.
- 69 ○ Most calls are BLS, with only 25% of 9-1-1 calls being ALS. So 75% of BLS calls
70 fall under local decision-making. ALS operates regionally with funding, medical

71 oversight and education all seemed together. Examples of ALS calls are traumatic
72 injury and CPR.

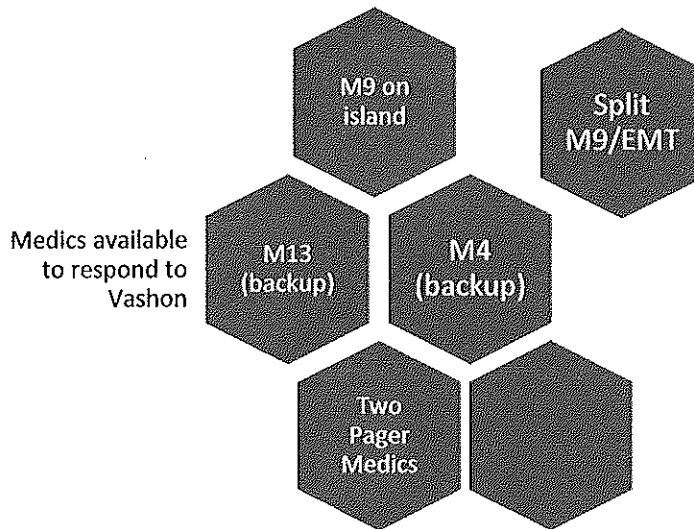
73 *Financial Considerations:*

- 74 ○ It costs \$2 million annually to run units. Two paramedics in a transport aid unit are
75 the standard clinical model. Of the \$2,004,476 total pie to spend, \$1,478,940 is for
76 labor; \$160,000 fuel and pharmaceuticals; \$180,000 overhead and indirect expenses
77 totals \$1,813,946. That leaves \$185,536 and he has challenged work groups to ask
78 what more can we provide for that? Can we hire more experienced clinicians, more
79 personnel? They can retrofit stations to relocate units, like at North Bend. Unit
80 analysis shows an ideal location further west from SeaTac at Burien and closer to the
81 ferry dock so they are retrofitting a station to accommodate their Medic One unit.
82 Any one time costs less than half a million can come out of a different fund.

83 *Next Steps and Shift Length:*

- 84 ○ They are using the draft to go through the stakeholders and then the decision is up to
85 them. South County voted 2 to 1 to buy into the plan. MPD Eisenberg, Dr. Rae, the
86 new MPD, So King, and Dr. Sam Warren all endorse the plan. If the Vashon Board
87 of Commissioners asks to move forward, then it will go to the King County Executive
88 and Council, who are then likely to support it.
- 89 ○ What is a given with this draft is King County EMS's commitment to improve the
90 plan. Ferry transports and its approach for ALS/BLS may be improved. 48 hour
91 shifts (that Vashon paramedics now work) are not recommended; most agencies don't
92 allow it. Unusual events might call for it occasionally, but these are isolated events,
93 like holidays or a slow medic unit. So on a case-by-case basis, it is allowed with
94 approval of the MPD.

95 *Diagram of Deployments:*



- 96 ○ Medic 9 is the unit on the island; it would be here 24/7 ready to transport. Three
97 times per week, based on county data, it has to leave the island. The plan provides
98 everything Vashon has now and builds upon it. It allows for a paramedic plus an
99 EMT to transport a stable patient as VIFR does now and as it is done county-wide
100 should there be a multiple car crash on I-5, for instance.

- 102 ○ But VIFR needs a system to get another unit here, so Director Fogarty gave a series
103 of options: We could engage the MSO on the mainland who can deploy a backup
104 replacement while the medics are still working the patient. If both medics want to
105 transfer the patient, there could be a shift change hold over. Medics can, on a
106 voluntary basis, carry a pager, and within an hour be at one of those two locations.
107 They are paid \$10 per hour to carry a pager; they staff a spare vehicle, but it puts
108 another unit into the system. How quickly? He can't promise they will be here
109 before the medic unit leaves island, due to the ferries. So they can still split crews, or
110 call Airlift Northwest (ALNW) or do a ferry dock transfer. M9 can jump on the ferry,
111 transfer the patient and return.
- 112 ○ There is an MSO on duty 24/7 and there is also a backup acting MSO on a
113 promotional list, who is a working medic, as back up. They receive \$200 a month for
114 acting MSO.
- 115 ○ An added benefit would be if Vashon had a large fire, they could have several medic
116 units sent here. For Strawberry Festival they could plan for another unit to be here or
117 for other community events, runs, horse trials, etc.

118 *Housing Medics:*

- 119 ○ Keeping the living quarters for paramedics together with the duty crews of FF/EMTs
120 is valuable for educational purposes and could be provided as a lease arrangement.
121 The contract can be worked together on how the lease money is used. Hopefully the
122 medics want to transfer to the county, but they have to be certified through
123 Harborview with no criminal background, etc. Medic One has offered to pay for
124 ferry tickets to the labor group because those who live here would now be traveling
125 off island for work.

126 *Summary:*

- 127 ○ The plan handles issues like summertime with increased calls, delayed ferries,
128 overtime and costs, which are described in the plan. The early release program is
129 explained which frees up medics for instance, to meet a ferry schedule or to attend
130 classes, which can extend to an hour.
- 131 ○ Although "the Devil is in the details," this plan gives VIFR everything it has now and
132 adds more support to it.
- 133 ○ In regard to employee retention and hiring: 80 medics in a larger agency are not
134 largely compelled to work overtime. The plan also provides financial benefits and
135 skills maintenance through limiting months here to prevent skills degradation.
136 Medics work a busy unit/slow unit in rotation.
- 137 ○ Time is of the essence because Medic One is making hiring decisions in April/May so
138 new hires can get into their training program. He would like to hear opinions and
139 questions of the Board. It's taken two years to get to this point, but it also took two
140 years when Evergreen Hospital decided not to continue their ALS program.

141 *Question/Answer/Comment Portion:*

142 The Chair invited community input, stating Jim Fogarty had done a good job explaining
143 proposal, but it is still a draft and she wants public meetings and membership
144 engagement.

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- Question: Does the compensation for ferry fare worked both ways (both for medics coming to the island but also for island paramedics having to travel to the mainland for work? The answer was yes; it's part of the labor agreement.
 - Question: When the medics come to island if ours are off, do they come in a medic unit? Answer was yes.
 - Comment: There are enormous gaps in ferries (listed on the white board) for bringing medics on; which would leave the island vulnerable. Director Fogarty advised we would still have the option of calling ALNW.
 - Question: How does a medic on a unit split up? If the aid car is taken off with one medic on it, what does that leave the other medic? Presently we have medic units (individual vehicles with single paramedics with their kits, as opposed to an aid car with two medics) so how does the other medic function? It had been proposed at one time to put one paramedic down at Bennedsen house, the MPD did not want them to split up. Answer was that the authorities on Vashon would follow up presumably more details in the plan.
 - Comment: There is no degradation of skills – most Vashon paramedics have between 25 and 40 years of experience. Director Fogarty explained that the MSO and MPD letter, together with Chief Lipe's letter was put forth to his attention.
 - Comment: the MSO might have stated that, but the other medics do not agree.
 - Comment: Has anyone laid out the Pros and Cons? Director Fogarty advised that Vashon will need to sort through the process, maybe make counter proposals and move forward to provide the best services for the community.
 - A member of the public, who described herself as a nurse, has a daughter who has a critical illness and who has been airlifted in the past. She believes transfers make for a gap in care. In the past she has experienced excellent care from our present medics and likes seeing the same medics, who know her residence, know how to get around the island and it's a great benefit. She also commented that there has to be a way to upgrade skills without changing the entire system.
 - Director Fogarty advised that statistics show that it there are clinically superior results from having two medics attend to a patient rather than one and asked if she would rather have two medics than one. If, in the case of a stable ALS patient, the medics split, another medic unit will already be on its way to the dock. The medic can also meet the aid car at the dock. The most critical time is the 20 minute ferry ride, but that risk is assumed by the residents who chose to live on the island. If Vashon were to have one stable patient (transported by one medic and one EMT) and two unstable patients, each patient would be met by a two man unit at the dock each time. The patients could be transferred to another unit while another medic unit comes to the island.
 - Director Fogarty asked the medics if they had problems with the small volume of calls getting the required amount of intubations (for skills) per year. The answer was no problem; they go to Harborview Medical Center to get what they don't get on the island. Fogarty commented that if they work a busy station for three-four months, they will get 300-400 intubations and these will be in "live" circumstances, not patients under anesthesia.
 - He stated that it is advantageous to have two medics with an ALS patient waiting for the ferry, but that splitting medics and having two medics meeting at the ferry still meets the plan. The plan doesn't meet everything, it's not perfect, but it does make an

- 192 improvement. The medics are welcome to readdress clinic results and make
193 improvements to the plan.
- 194 ○ Director Fogarty commented it may be possible to make an arrangement with the
195 ferries. That was met by a comment, that it is an “iffy” proposition. Right now, if a
196 ferry goes out anywhere on the line, Washington State Ferries (WSF) takes a ferry
197 from Vashon and provides a small ferry which holds only 34 cars instead of the usual
198 80 car ferry. In turn, Fogarty stated ferry problems will still exist whether a change to
199 the medic program takes place or not.
 - 200 ○ Question: Is it possible to do a six month trial and see how that works out? The
201 answer was no, because once our employees are hired by the county and under new
202 labor contracts, they couldn’t just transfer back.
 - 203 ○ The comment was made again that no degradation of skills has taken place. Director
204 Fogarty answered that the Medical Directors have determined what prevents skills
205 from degrading.
 - 206 ○ Referring to the diagram, Director Fogarty stated that two paramedics who chose to
207 be on call status carry pagers and it may be possible to have more medics on call.
208 When the pager goes off, they go to a spare aid car, staff it and go to the call
209 throughout the county. He mentioned that labor groups happen to have medics who
210 live on the island, who could carry pagers and respond when needed but that would
211 need to be negotiated. Medics like it but labor groups don’t.
 - 212 ○ The letters from the MSO and MPD addressed to the county expressed concerns to
213 improve the quality of care. This plan provides access to a dramatically larger
214 organization, which allows the program to continue to do what we do now, but with
215 added benefits.
 - 216 ○ Question: If we experience several BLS calls back to back, it was understood the
217 paramedics would only respond to ALS calls. The answer was that medics would
218 find themselves compelled to answer the calls. For instance, in more rural areas like
219 Black Diamond, the medic would respond but that is not designed in the system.
220 Comment: Paramedics here now also cover BLS calls and fires. While these are local
221 decisions, at some point on the third or four call or in the case of a massive fire,
222 county medics have staffed the aid car.
 - 223 ○ Comment was made that medics get to know their community if they stay put, get to
224 know patients and are able to handle calls with more compassion.
 - 225 ○ Comment: One paramedic, who used to train new medics, would correct trainees to
226 have a more compassionate bedside manner. Fogarty commented that he believes
227 medics in their system are compassionate. In South County, they participate in food
228 drives and one particular medic, who is fond of a particular area, signs up more often
229 for that area, because they can choose rotations.
 - 230 ○ A comment was made that Director Fogarty was underestimating the benefits in
231 seeing familiar faces, gaining a better level of care and competence.
 - 232 ○ Director Fogarty countered that several areas and cities use Medic One including
233 Seattle, Bellevue, South County, Redmond, Shoreline and Vashon. It takes 8-9
234 medics to staff a unit. Because of having a larger pool of medics, the medics are not
235 asked to work all kinds of overtime due to medics out military leave, injuries, etc.
 - 236 ○ The local chapters of the labor unions (IAFF) have sent the plan out to their people,
237 so the labor groups have it.
 - 238 ○ Vashon members and citizens need an opportunity to provide input and then the plan
239 would pass to the stakeholders, then the labor relations at the county would have to

240 engage our employees. Exit packages would be put together for our employees when
241 the decision is made.
242 o Director Fogarty was thanked for his presentation, for answering questions and for his
243 time.

244 **New Business**

245 “Stuck on Vashon” Regional Explorer Event

246 Rick Brown, Explorer Advisor, stated that this event conflicts with another event so it will
247 have to be postponed to next year.

248 SOG 4001 Emergency Response

249 A/C Brown advised that the captains and Battalion Chief of EMS tried to put into words how
250 we actually respond in this draft. It has been reviewed by the officers, he received input and
251 this is the final revision. Chief Lipe asked to send it out to entire body of members before he
252 signs.

253 ACTION ITEM: Secretary Wolf to email the members for comment on the new revised
254 guideline.

255 **Old Business**

256 Board Retreat

257 Chief Lipe stated that due to an Administrative position retiring and the fact the District will
258 not be paying his salary for a portion of the year, he has funds available for the retreat.
259 Discussion was had with Commissioner Schran-Brown stating the various venues and costs.
260 She has tentative speakers who have made special arrangements at a lower price than usual.
261 One is a clinical psychologist who offered to speak for the price of a ferry ticket and lunch.
262 Speakers would address leadership, teamwork and morale for a healthy future. It would be
263 all day on a Saturday or Sunday, probably late May. May 21 or 22 is the most available.

264 Q/A Committee

265 They will complete evaluation forms for April.

266 Strategic Plan Update

267 The Chief is working on developing a mechanism for a community-based decision for the
268 future of BLS and wants to vet it through a public process.

269 **General Comments**

270 The Chair advised those present that it was expected that there would be public meetings
271 considering the change for the public as well as VIFR members to provide feedback to the
272 Board before a decision is made.

273 **For the Good of the Order**

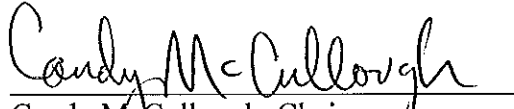
274 There will be a potluck luncheon on Monday 21st at noon for A/C Brown, who is soon to be retired.
275 He is willing to come back for the meeting on the 29th, if needed.

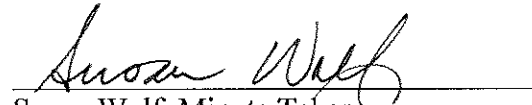
276 **Documents Signed**

277 Having no further business before the Board, the Chair adjourned the meeting at 8:37 p.m.

The next Regular Meeting will be on 03/29/16 at 6:30 p.m. at 10020 SW Bank Rd, Vashon, EOC Room

Approved this 29 day of March, 2016.


Candy McCullough, Chair


Susan Wolf, Minute Taker