

February 23, 1989  
0034D/MC:ssj

Introduced by: Audrey Gruger

Proposed No.: 89-133

MOTION NO. ~~7454~~

A MOTION authorizing the executive to prepare a master plan for emergency medical services.

WHEREAS, paramedic services in King County are funded by a six-year voter-approved property tax levy, and

WHEREAS, this tax levy is currently at the statutory maximum of \$.25 per \$1000 of assessed value, and

WHEREAS, basic life support services are provided by 38 fire departments in King County, and

WHEREAS, paramedic services (or advanced life support services) outside the City of Seattle are currently provided by eight paramedic units, with a ninth unit scheduled to begin service in the summer of 1989, and

WHEREAS, the demand for basic life support services and advanced life support services and response times of responding vehicles has increased significantly over the past five years, and

WHEREAS, because the levy is already at statutory maximum, provision of additional paramedic units beyond a ninth may be constrained by availability of funding resources, and

WHEREAS, the master plan is to identify and evaluate alternative methods of delivering paramedic services, and

WHEREAS, the master plan should evaluate alternatives on the basis of cost effectiveness, efficiency, and relative performance, and

WHEREAS, the master plan should identify the factors which contribute to increased calls for service and deteriorating response times;

NOW THEREFORE, BE IT MOVED by the Council of King County:

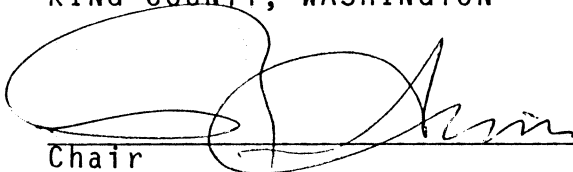
The county executive is hereby authorized and directed to proceed with the emergency medical services master planning process as outlined in Attachment A, and in accordance with Council Motion No. 7214.

BE IT FURTHER MOVED,

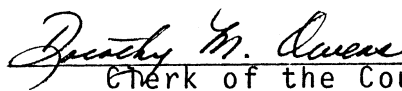
The council shall approve the requests for proposals for both phases of the master planning process.

PASSED this 27th day of February, 1989.

KING COUNTY COUNCIL  
KING COUNTY, WASHINGTON

  
Chair

ATTEST:

  
Clerk of the Council

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EMS MASTER PLANISSUE:

Is there a more cost-effective and efficient way of delivering paramedic service while maintaining the high quality of service currently provided?

OBJECTIVES OF THE EMS MASTER PLAN:

To identify alternative methods of paramedic service delivery systems, evaluate the alternatives based on certain criteria, and recommend to the Council and the Executive a method of delivering paramedic services in the long term. This process will provide the information necessary for county officials to make an informed decision on the direction of paramedic services for the next EMS levy period (1992 - 1997).

THE MASTER PLANNING PROCESS:

A two-phase planning process is proposed to accomplish the objectives of the EMS Master Plan. The development and progression of both phases will be guided by an EMS steering committee composed of staff representatives from the Budget Office, the Department of Public Health, the County Council, and emergency medical service providers.

Phase I will determine the factors influencing workload levels and response times, project financial resources, and to project workload to the year 2000. This information will in turn be used to identify no and low cost methods of improving the system's performance.

Phase II will identify alternative methods of paramedic service delivery, evaluate their effectiveness on the basis of cost and performance standards, and recommend an alternative which will best meet the County's needs. Completion of both phases is proposed to be accomplished by consultants retained through a request for proposals process subject to approval by the Council.

MASTER PLAN TIME LINE:

Council staff proposes that both phases be completed within approximately nine months of awarding a contract for Phase I. The following table summarizes the anticipated time line for completion of both phases.

1989

	J	F	M	A	M	J	J	A	S	O	N	D
PHASE I				X-----X								
PHASE II							X-----X					

(Mid April - Mid July)

(Mid June - Mid December)

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EMS MASTER PLAN DETAIL

PHASE I

A consultant, through an RFP process, shall be retained to perform an analysis of demographic and EMS workload data. The consultant shall submit a report to the Executive and the Council which:

1. Describes the relationship between workload, response times, resources, and performance standards.
2. Review and recommend changes to current standards of performance.
3. Identifies the factors contributing to changes in workload and response times.
4. Projects availability of financial resources.
5. Projects response times and calls for service to the year 2000.
6. Identifies deficient and efficient areas of the current service delivery system and recommends short term no and low cost methods of addressing these deficiencies.
7. Describes the effects on response times, costs, and methods of implementation for the methods identified in step 5 above.

Phase I is to be completed by the consultant within 3 months of awarding a contract. Additionally, within 45 days of Council approval of the contract the consultant is to submit a progress report to the Executive and the Council summarizing the consultant's activities to date and projecting a completion date for Phase I.

PHASE II

A consultant, through an RFP process shall be retained to identify alternative methods of providing advanced life support (EMS) services. The alternatives identified shall include, but not be limited to, the current method of delivery, a combined basic life support (EMT) and EMS response system (hereafter referred to as an enhanced EMT system) operated from the fire districts.

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Each alternative shall be analyzed in the following manner:

- A. A description of the alternative.
- B. The analysis shall use a queing model to compare the existing system to each alternative on the basis of performance criteria.
- C. Each alternative shall be analyzed according to, but not limited to, the following four perspectives:
  1. A determination of the level of service provided given existing resources.
  2. A determination of the cost of the alternative given a specified level(s) of performance standards.
  3. A comparison of the costs of providing additional increments of service, the gains of such additions, and the thresholds at which such additions would occur.
  4. The analysis shall identify the following costs:
    - a. training costs
    - b. salary upgrades (if necessary)
    - c. capital improvement costs
    - d. operations and maintenance costs
- C. Should the alternative considered involve enhancement of existing resource (e.g. the enhanced EMT system) the analysis shall assume no degradation of the existing service levels.
- D. As a basis for the queing analysis, a linear programming model shall be used to establish base optional schedules.
- E. The analysis shall discuss organizational, structural, legal and financial changes necessary to implement the alternative.

Phase II shall be completed by the consultant within 6 months of Council approval of the contract for Phase II. The consultant shall submit a report summarizing the information found in Phase II, shall recommend to the Council and the Executive for review three alternative methods, in preferential order, of providing EMS services. Further, the consultant shall submit two progress reports summarizing the consultants activities to date and projecting a completion date of Phase II. These two progress reports shall be submitted 60 and 120 days after the inception of Phase II.