

# Washington County EMS Alliance



## Washington County EMS Alliance Governing Board Meeting Minutes March 30, 2022

### Attendance:

Member / Delegate			Back-Up Delegate	
Present	Name	Jurisdiction	Present	Name
X	David Downey (Chair)	City of Hillsboro	X	Greg Espinosa
X	Patrick Wineman (Vice Chair)	City of Forest Grove		TBD
X	Marni Kuyl	Washington County		TBD
X	Rodney Linz	Banks Fire District		Brennan Nannenga
X	Deric Weiss	Tualatin Valley Fire & Rescue	X	Steve Boughey

### Other Interested Parties/Staff:

Adrienne Donner (WCEMS), Tim Case (WCEMS), Gaby Rodriguez (WCEMS), Jack Nuttall (WCEMS), Jesse Bohrer-Clancy (WCEMS), JD Fuiten (MWA), Shane Ryan (MWA), David Weeks (MWA), Kristin Chaffee (TVFR), Karen Ubanks (TVFR), Mohamud Daya (TVFR), Ben Sorenson (TVFR), Joshua Nordberg (TVFR), Chief Geering (FGFR), Mark Buchholz (WCCCA), Jennifer Reese (WCCCA) Casey Schein (LFN), Gail Madsen, William Murphy.

### Summary of Actions and Decisions

1. Adoption of the Agenda
2. Review and approve February's meeting minutes
3. Strategic Direction
4. Workgroup Updates
5. EMS Updates
6. Round Robin Updates

### Opening Comments

Chief Downey opened the meeting at 1:00 PM and welcomed everyone.

### **Adoption of the Agenda**

Chief Downey asked for approval of agenda, Chief Wineman made a motion to accept agenda as proposed, Chief Weiss seconded, all in favor, agenda adopted.

### **Review and Approve Minutes**

Chief Downey asked for any suggestions or deletions to February's meeting minutes, none given, but he did have one suggestion: On page 4, correct ARMAP to ARMUP. No other changes made motion to accept, Marnie seconded it, all in favor of accepting Downey's suggestion and otherwise keeping meeting minutes as is.

### **Public Comment**

Chief Downey welcomed public comment. No public comment.

### **Strategic Direction**

Chief Downey led discussion on strategic direction, mentioned that the governing board met on March 9<sup>th</sup> for one hour and discussed three things: franchise agreement status, whether Alliance should consider rework as EMS authority, and how much input this group should have for final approval to board/how would the Alliance lead system changes.

Chief Wineman led discussion on Alliance recommendation to board of county commissioners for franchise agreement. Stated that lots of work is happening in this space over the last month, shout out to Kristin at TVF&R for being the compiler/editor, shoutout to Chief Boughey for being a good partner, and shoutout to Tim Case for his work on the documents. Chief Wineman began with the restructured ambulance transport services plan, where there will be no big difference in Washington County EMS Alliance Pillars/Priorities, just need to add more depth. The big question is regarding governance and how that will work. Chief Wineman suggested to take EMS Alliance from position of advisory to position of instrument for county. In other words, give Alliance authority to implement change, not just recommend it.

Chief Boughey stated that we understand the county will not allow us to establish this authority ASAP because of logistics but want to put framework in now that Alliance will be the group to build the new system.

Chief Wineman went on to say that the county will participate as a member of current and future EMS Alliance as a voting member, county will continue to monitor QA/QI process and make sure we have a mechanism of system enhancements. These are all key pieces to seeing system become successful and productive. EMS Alliance will also provide system for change/design/operational oversight/advisory/authority.

Chief Boughey mentioned that the initial new contract would be a five-year type situation and then have additional evaluation period as time goes on as this is not an Evergreen Model.

Chief Wineman stated that it may not be exactly five years, still figuring out timeline.

Tim Case mentioned that the purple additions to the documents are TBD, hence five years in purple.

Chief Wineman went on to say that they want some attention on EMS system that meets needs of county, which is a data driven piece. Want solid performance review and evaluation of ambulance transport, want to use patient-centric measurements, how and what will we measure, use both quantitative and qualitative measurements, have county-wide coordinated/standardized intra-agency EMS training/requirements, how will we deliver coordinated training throughout county, have operation system requirements that address centralized dispatch, integrated deployment, and resource management.

Chief Weiss asked if there were any other ideas on resource use in the system or if there will just be a focus on ALS/BLS.

Chief Wineman responded that this piece is for ALS/BLS but have had conversations on mobile integrated health, community paramedicine, and how to integrate with physicians/hospitals...it is a system of changes NOT just ALS/BLS component.

Chief Boughey mentioned to also highlight the integration of first response resources and looking at those involved in the county- maybe have an ambulance-only response or fire-only response, since why send an ambulance to a call that does not require transport.

Chief Wineman continued with saying the county also wants dedicated 911 resources that are separate from non-emergent/contract work, want integrated staffing as well as standardization across the board, and have a common ePCR and data platform. It is currently difficult to make data-driven EMS decisions in this county because we silo our data- there is no common shared space to analyze all that data. There should be a common ePCR and data platform to get everyone on board with, but what would this look like? According to Chief Wineman, we would all be on one charting program/system, collect calls into one space, everything interconnected so can see a call from start to completion. Can then collect and analyze all this data to inform decision-makers through objectively driven means vs subjectively.

Chief Wineman went on to say that they want EMS Alliance to have an input on the ambulance vendor and the process that will be used to select that service and making this part of a system. Will also need a review of the ambulance transport services for compliance with plan requirements through quantitative/qualitative assessment, look at 3<sup>rd</sup> party independent review committees that can take a look at the system/customer feedback/system efficiency and effectiveness to make sure we are meeting our goals.

Chief Wineman then went on to ask how will all this be funded- will there be system enhancement funding priorities/proposals; what will EMS billing system look like and how would that fit into system viability/stability; where is the money coming in and going out and how is this benefiting the system (financial viability oversight); what

would vendor fees look like/and how do we develop a more robust and healthy staff model while working within the EMS system's means.

Dr. Daya commented on the continuous data platform saying that would be wonderful.

Tim Case stated he wanted to note that if cannot have everyone on one platform or ePCR that a reliable and consistent bridge into whatever the data aggregating software is needs to be established/maintained/and be continuous.

Chief Wineman used Clackamas County as an example for not having everyone on same ePCR: AMR was unable to go onto same ePCR as others in the county but were able to find way to bridge data, something along this model would be good for WashCo.

Dr. Daya mentioned that the health of EMS clinicians also needs to be considered since the system relies on them; rapid turnover is detrimental.

Chief Wineman continued onto 3<sup>rd</sup> party/independent compliance committee: AAA has strong recommendation on how that committee could be comprised so resources are available from there and from stakeholders to give honest reflection of system. Moving onto fire agencies, their responsibilities would include continuing first response EMS services within their boundaries and a TBD of assuming a level responsibility for emergency ambulance transport services within respective geography of ASA(s) as per Ambulance Service Plan- need to determine overarching model in terms of oversight or administration of particular plan and what that will look like.

Marnie mentioned that the above TBD gives her heartburn: regardless of where patient is in county, should continue to receive same quality of care. Felt uncomfortable with idea of multiple ASAs.

Chief Boughey appreciated Marnie's comments and stated that the Alliance is fully committed to equity so before they would ever step forward with the vendor, they would have a business model for a private vendor to support equity in the county. Anything that would be designed with an integrated fire resource transport unit from day 1 will be in a model the vendor understands before going out. The model would allow for multiple vendors to apply for work and provide service in the county.

Tim Case follow up with saying the goal is equitable, high-performance service for everyone in county regardless of where patient lives- policy and governance policy is on top.

Chief Wineman continued with responsibilities of fire agencies, stating they will: share collective expertise and available resources; TBD: how do we leverage options and opportunities within GEMT right now to fund/support system initiatives/enhancements and how does that drive the model.

Kristin stated that GEMT is specific to the public sector, service provided to Medicaid beneficiaries; a base rate pay is established at the state level; supplemental pay

available through federal government/state/providers...how to best leverage GEMT is still in progress.

Chief Wineman moved on to talking about Ambulance Service Area (ASA). Need to clarify what the ASA structure will look like, have county go to single private vendor, every five years Alliance will confirm/compile requirement for private vendor, and how does the fire agency fit into all this.

Tim Case stated a singular ASA would have predictable service because of implementing more data streams; can predict issues.

Chief Boughey mentioned ARMUP is very reactionary whereas ASA would be formalized and less reactionary to triggers.

Chief Wineman listed the minimum requirements for ASA(s): compliance by all providers in county; require code 1 and code 3 911 ambulance transport time performance standards to be applicable to Washington County ASA; compliance by all providers with established Washington County ambulance transport response time standards; concrete and clear means of ambulance transport response time performance compliance reports submitted by all providers that would be visible and publicly accessible; BLS ambulance service in combination with private vendor; standardized single point depository for data to make informed decisions from organized database; if fire agency opts out, Alliance will establish and direction.

Chief Wineman then moved on to listing clinical performance elements: must be based on industry standards, not anything subjective or anecdotal; going back to AAA, want healthcare that is effective, patient-centered, appropriately resources, and fiscally responsible that is available to public and elected officials.

Chief Wineman moved on to compliance with standardized clinical key performance indicators (KPIs): looking at KPIs becoming part of measured instrument for compliance in the county, so if a private vendor is having trouble meeting their response time requirement but see that medicine is being provided at acceptable level, then may be able to temporarily relieve response time requirement because the patient clinical care is going so well- even if not getting to hospital within time requirement, will not be penalized because providing great care as measured by KPI; QA/QI workgroups involvement is key for data; get into RCAs with direction from EMS Alliance; have some sort of consequences for repeat noncompliance and how can this be implemented into the system.

Chief Wineman finished the presentation with mentioning that QI/QA work group and process participation needs more details, operational performance elements have lots of TBDs, and deployment design needs to have tiered response triaged by dispatcher.

Marnie thanked Chief Wineman, saying this is a plan that can be vetted, and she appreciates all the work in helping her understand concepts that were previously abstract.

Chief Wineman made a motion to move this plan forward to WashCo; if don't take step now, will miss timeline for pulling back franchise agreement and begin work of moving plan forward.

Chief Weiss stated let's create a workgroup specifically for this that Wineman leads.

Chief Boughey said make sure to add medical director to workgroup.

Chief Downey stated we have moved and seconded that the 9-page document will be the design template that the new workgroup will use to provide direction to moving system forward. All were in favor.

Chief Wineman made another motion to make recommendation from EMS Alliance to WashCo to rescind franchise agreement from current provider, thereby opening up option to navigate system from clean slate.

Marnie abstained from the vote.

Chief Wineman states that he made this motion last month and wants to renew it. Also wants it to be known that nothing he is saying is meant to be seen as anti-MetroWest sentiment and nothing in the document says they would not be a future provider, this is a system issue that needs to be addressed with redesign of the plan.

Chief Weiss seconded motion.

Dr. Bohrer-Clancy stated he could be the workgroup's medical director.

All were in favor of motion.

Adrienne Donner brought up strategic plan updates. Chief Weiss asked if under medical direction could move define scope to first and define EMS training program to second since scope defining would presumably come before program. Adrienne stated that switching them probably would not matter, Chief Weiss said he shall take a second look then. Adrienne had no other updates and any feedback within the next week on the plan from the Alliance would be great.

### **EMS Alliance Workgroup Updates**

Charters: Those tasked with charters will do work between Feb and March to be prepared for April meeting to discuss any changes to existing charter that would align with strategic matrix. Adrienne stated the April meeting will be for charter review.

### **EMS Staff update**

Adrienne stated they are making an offer right now for a new administration position which would bring EMS staffing up to 3 full time.

## **Round Robin**

WCCCA: no updates.

MetroWest: no updates

Medical direction: no updates.

Agenda items for next meeting: charter review, Adrienne will check in with Fitch for an April meeting with the Alliance.

## **Public Comment**

Adrienne Donner had one public comment: we have not worked on our stakeholder distribution list so will start some outreach.

**Next meeting: April 28 at 1:00 p.m.-3:00 p.m., via Zoom**

## **Good of the Order**

Nothing for the good of the order.

**Meeting was adjourned at 2:40 p.m. with the next meeting scheduled for April 28<sup>th</sup> at 1:00 p.m., via Zoom.**

Minutes compiled by Leda Liko