

CITIZEN'S ADVISORY GROUP ("CAG")
TO
SAN JUAN ISLAND EMS ("SJIEMS")
SAN JUAN COUNTY PUBLIC HOSPITAL DISTRICT #1 ("SJCPHD #1")
SAN JUAN COUNTY FIRE PROTECTION DISTRICT #3 ("FD #3")
AND THE TOWN OF FRIDAY HARBOR ("TOWN")

MINUTES
Wednesday Sept 5, 2018
6:30 pm, 669 Mullis Street, Suite 203

CAG representatives:

Chuck Dalldorf, Town (Chair)
George Johnson, SJCPHD #1
Rick Frazer, at large
Dan Paulsen, FD #3
Mark Tompkins, at large

Others Present:

Nathan Butler, SJCPHD #1
SJCPHD #1 Board Recording Sec.

Absent:

None

Public Present:

Karin Augusta
Brad Creesy

By Phone or teleconference:

None

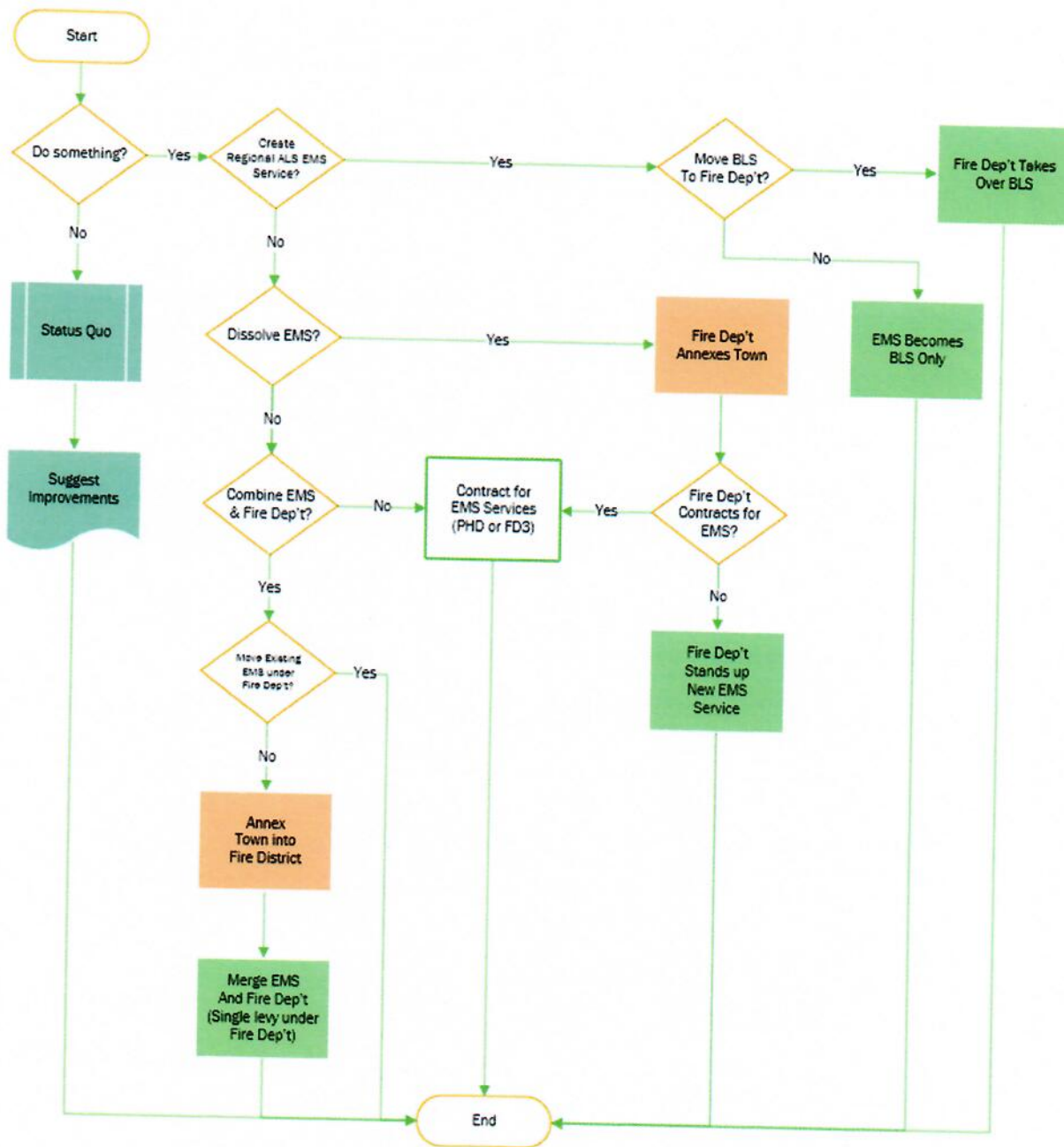
Call to Order: Chair Dalldorf called the meeting to order at 6:30 pm.

Approve Minutes: By consent the group agreed that the minutes from 8/25/2018 were acceptable.

Citizen's Advisory Board Working Session: Flow Chart

The group worked to develop a flowchart that shows the array of options that need to be considered by the CAG. Beginning with whether anything should be done at all, the first option is for SJIEMS to continue operating as it is currently, and the CAG could either offer suggestions for improvement or simply decline to offer guidance.

If the service model is changed for delivery of EMS services, it will fall into one of four categories: start a regional EMS model, combine FD/EMS in some fashion, contract for services, or dissolve EMS and start a new service entirely.



Citizen’s Advisory Board Working Session: Pro/Con lists

The CAG then discussed pros, cons, and issues to research for all the options considered.

COMBINE EMS/FD

The first set of options is to take the EMS department and move operations under the Fire Department.

This could be done by moving the EMS service under Fire District 3 but maintaining the current EMS Levy where it is under SJCPHD #1. SJCPHD #1 would then pay a subsidy to Fire District #3 much like it does to Peace Island Medical Center. This is the "combine/move" option.

Alternately, the current EMS levy could be dissolved, operations moved under the Fire Department, and the current FD #3 levy increased to accommodate the EMS service which it would then run. This is the "combine/merge" option. This would likely involve annexing the town because the current EMS levy covers the town, while the FD does not.

	PRO	CON	ISSUES
Combine (both move and merge)	-Economies of scale -Assume revenue stream	-Fixed assets, building issues -Assumed liabilities, e.g. CID, debt, tail insurance policy	-Union Contract -Management integration -Cultural integration -Operational details
Combine (move only)	-No vote -Stepping stone to further consolidation -Assume existing EMS license	-Different district boundaries	-Who owns EMS license?
Combine (merge)	-Tail-end simplicity, once done will match public perception -Req. For RFA if desired	-How to sell? (to Town, FD, EMS/PHD, public)	-Levy design -District boundaries (town!)

CONTRACT

The second set of options involves shutting down the current system and simply contracting for EMS services. Either SJCPHD #1 or FD #3 could do this, simply paying a third entity to run the services on their behalf. One example of this would be to pay PIMC to run EMS services.

	PRO	CON	ISSUES
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Contract (General)	-Simple: Levy could be the same -If larger umbrella organization could be found may be advantageous -Stepping stone to something better	-Who to contract with? -Union or contract negotiation sticking points -Where to find volunteer EMTs if current won't come?	-Current medic union or similar limiting issue?
Contract (FD #3)	NEED ANSWERS	-motivation may not exist	-Who?
Contract (Private)	NEED ANSWERS	NEED ANSWERS	-Who?
Contract (Admin services only)	NEED ANSWERS	NEED ANSWERS	-Who?

OTHERS

Another option is for the current EMS service to be shut down entirely, not moved or merged, and its assets sold off. Then, FD #3 would start its own service with its own levy. They could purchase assets as needed and hire some of the same staff under a previous agreement (e.g. first round of hiring could be from SJIEMS) or some such arrangement. However, it would be a brand-new service. This would likely require annexing the Town because the EMS levy currently covers the town, while FD #3 does not. FD #3 could also contract for EMS services instead.

It's also possible to arrange a regional Advanced Life Support (ALS) service sharing paramedics across the county. FD #3 could run a Basic Life Support (BLS) service on San Juan Island, or the current SJIEMS could become a BLS only service.

	PRO	CON	ISSUES
Dissolve EMS / FD start new service	-No liability to FD #3 -Possible reduction in expenses (Economies of Scale) -Cross Training	-New Levy, new boundaries (or negotiate Town EMS Contract) -Outer island boundaries -Liability remaining for PHD -Everything from scratch: hiring, provider #, license, building	-No medic union? -Turning old system off, new on, without disruption -Public perception -Boards' perception

No Change	Easy	-Doesn't fix anything -Current financial model sustainability?	
Regional ALS EMS Service	-RFA prep?	-Feasibility?	

Citizen's Advisory Board Working Session: To Do

The members of the CAG then worked to identify issues for further research such as the need to learn more about the Paramedic union contract, whether Economies of Scale would materialize, identifying cultural issues and beliefs, identifying what drove EMS and FD #3 apart in the first place, how different levies function, etc.

Public Comment:

There was no public comment.

New Business:

None.

Set Meeting Schedule:

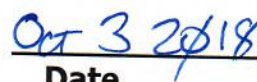
The CAG agreed to meet October 3rd and October 17th 2018 at the SJCPHD #1 business offices. Both nights they will meet at 6:30 p.m.

Adjournment:

Chair Dalldorf adjourned the meeting at 8:55 p.m.



Signed by Chair



Date

The original document is retained at the San Juan County Public Hospital District #1 Office at 849 Spring Street, Unit B-5, Friday Harbor, WA 98250 in San Juan County Public Hospital District #1 permanent proceedings file.

Attest: Nathan Butler, Board Recording Secretary for SJCPHD #1