



# MONTHLY REPORT

Presented April 28, 2021  
(for March 2021)

***SAN JUAN COUNTY PUBLIC HOSPITAL DISTRICT NO. 1  
AND  
SAN JUAN ISLAND EMERGENCY MEDICAL SERVICES***

# FINANCIAL REPORTS

Supporting data can be found in the financial reports sent separately.

## SJCPHD #1 FINANCIALS (Fund 6521)

**2021 BUDGET Consolidated Overall COMPARISONS** – 25% into this year:

- REVENUE = \$240,559; Cumulative for 2021 = \$252,784; or 14 % of budget projections (after taking out beginning cash)
- EXPENSES = \$600,991; Cumulative for 2021 = \$630,067 or 34% of budget projections (after taking out budgeted ending cash)
- CASH = \$315,456

### ANALYSIS:

The District received substantial property tax revenue in March as expected and paid its second 2020 subsidy payment to PeaceHealth Peace Island Medical Center for \$516,838. Approximately \$44,000 in revenues were from the two HRSA grants, and \$196,361 in property tax.

## SAN JUAN ISLAND EMS FINANCIALS (Fund 6511 and 6512)

**2021 BUDGET Consolidated Overall COMPARISONS** – 25% into 2021:

- REVENUE = \$ 255,197; Cumulative 2021 = \$ 364,060; or 15% of budget projections (after taking out beginning cash)
- EXPENSES = \$ 335,249; Cumulative 2021 = \$ 839,320; or 34% of budget projections (after taking out budgeted ending cash)
- CASH, RESERVES, INVESTMENTS = \$ 1,512,964
  - CASH = \$757,964
  - RESERVES (FUND 6512) = \$409,000
  - INVESTMENTS = \$346,000

### ANALYSIS:

A few comments on these numbers:

- The top three sources of revenue in March were property tax (\$224,216), ambulance service fees (\$17,847), and reimbursements for wages from the hospital district (\$10,788)
- We plan to pay off the building for somewhere in the ballpark of \$575,000, and purchase the ambulance for about \$275,000. Based on these numbers, it would leave the District at \$662,964. This is about three or four months of expenses and is well within recommended guidelines for cash on hand.
- We have paid down quite a few liabilities in early 2021 such as the full-time EMT backpay and the GEMT overpay, as well as paid the typical annual expenses that fall early in the year.

# OPERATIONS REPORTS

## SJCPHD#1 – OPS REPORT

The 2019 Financial Reporting and Internal Controls Audit neared completion. An exit conference was planned for early April, and the District is receiving a clean bill of health.

Superintendent Hutchins worked her last day on March 25, 2021. The District wishes her all the best! A small retirement party was held in her honor in compliance with state covid restrictions.

The District hired Steve Wambsganss to be the Executive Assistant to the Superintendent and the Hospital District Affairs Specialist. His first full-time day of work was May 5<sup>th</sup>, but he worked a series of part-time days to get time with Hutchins in March. He is already proving to be a quick study and effective in his job.

The transition for the financial manager and project manager roles for the two HRSA grants was begun by Hutchins in March. Hutchins also submitted the first claims to HRSA to pay staff and vendors to work on both grants. This will be disbursed as part of the hospital district warrants, and a separate “project report” will be sent to the District by the county to track the money separately. It will take some time to complete this process.

## SJIEMS – STATISTICAL REPORT (OPS PART 1)

### Department Stats – March 2021

- Month of January: 76 runs for March 2021
  - There were 78 calls from March 1, 2020 to March 29, 2020 = 3% decrease over March 2020
  - Not all calls result in a response, they may be stood down for one reason or another; this is the total number of times the agency was paged
- Year of 2021: 205 runs January 1, 2021 through March 31, 2021
  - There were 223 calls from January 1, 2020 to March 31, 2020 = 8% annual decrease over 2020
- Average number of responders per call = 2:2
- Destinations: PIMC = 35, Island Air = 11, Airlift NW = 13, LifeFlight = 0, Navy = 0, Coast Guard = 0
- Monthly Average Chute Time – EMS (time of page until resource rolling) = 2:05
- Average Scene Time – EMS = 18:57
- Monthly Average Response Times continue to be within suburban benchmarks. Benchmark times are per North Region EMS & Trauma Care Council standards which comply with State RCWs and WACs
  - Overall - Average response time 09:50 with 88% of calls under 20:00 (benchmark for suburban area) and 62% under 10:00 (urban benchmark)
  - In Town – 55 calls (72%) – Average response time 06:51 with 76% under 8:00

- Mid-Island – 13 calls (17%) - Average response time 10:06 with 100% of calls under 20:00 and 38% under 10:00
- North end – 3 calls (4%) Average response time 25:06 with 33% of calls under 20:00 and 0% under 10:00
- South end – 4 calls (5%) - Average response time 13:22 with 75% of calls under 20:00 and 25% under 10:00
- Outer Island – 1 calls (1.0%) inside of district
  - 0 call out of district
  - Note that these are raw times, not adjusted for staging or extended wait times for ALNW arrival, or simultaneous calls

## **SAN JUAN ISLAND EMS – OPS REPORT (OPS PART 2)**

### **IAFF LOCAL #3219**

In March we paid out our backpay obligation to the full-time EMTs for 2019, and this completes the District's backpay obligation in compliance with the union's contract.

### **Operations**

Operations continue under the Covid-19 response model initiated in late March 2020. It has now been an entire year. Statistics for shifts follows:

- 2040 hours in March 2021
- 2074 hours in February 2021
- 2304 hours in January 2021
- 2262 hours in December 2020
- 2217 hours in November 2020
- 2675 hours in October 2020
- 2255 hours in September 2020
- 2625 hours in August 2020
- 2483 hours in July 2020
- 3126 hours in June 2020
- 3488 hours in May 2020
- 3884 hours in April 2020
- 3670 hours in March 2020

### **Medical Protocols:**

The combined BLS and ALS protocols are still with the state, and are being reviewed by the Washington State Department of Health

### **Staff and Agency Training**

In March 2021, the agency did pharmacology and medication skill stations. This annual testing ensures that EMTs can correctly use the small selection of medications they are authorized to administer. Additionally, we had run reviews with Dr. Corsa, our Medical Program Director and Supervising Physician.

## **Community**

With the slow easing of COVID 19 restrictions, classroom training for American Heart Association is slowly opening. We are still instructing people to go online at [elearning.heart.org](https://elearning.heart.org) for training, but as COVID restrictions loosen up we willing to do small classes where there is sufficient need. So far, we have done one.

We issued 15 cards in March:

- Heartsaver First aid CPR/AED, in person class on location - 7
- Heartsaver First aid CPR/AED, skills only - 5
- BLS Provider, skills only – 3

Additionally, our car seat program continues. Infant car seats: Gifted – 0, Loaner – 0, Installation only – 1

Convertible: Gifted – 1, Loaned – 0, Installation only – 0

Boosters: 0

Bicycle helmets: 1

## **Community Paramedicine**

The main goals of the community paramedicine program and service have not changed. They remain: to improve the quality of life and health for our citizens while reducing the cost of healthcare. This meets the hospital district's goal of "aging in place". Through Community Paramedicine, we can identify short- and long-term patient outcomes that are appropriate for measuring the success of a variety of interventions.

In March 2021, there were 56 enrolled in total, of whom 29 patients are actively engaged, 9 under observation, and 15 referred but not yet enrolled, 1 refused, and 1 closed. 5 cases were closed in March. There were 178 direct patient interactions, the same as February 2021.

Community Paramedicine worked in partnership with PIMC and the Health Department to deliver the first dose of vaccine to 11 shut in patients. The vaccine was delivered by Lainey and a nurse from the hospital. An additional visit was made the next day to check on the status of patients.

Community Paramedicine also worked with Eventide to provide doses of J&J vaccine to 10 at risk patient thru a combination of arranging rides or home visits.

## **EMS – Fire Integration**

An Implementation Plan for Integration was presented in the March 2021 Board meeting for the Board to review and was adopted. This plan outlined a road map to integration.

## **Civil Investigative Demand (CID)**

In March 2021 there was no update regarding the CID.

### **Covid-19 Situation**

We continue to operate under our Emergency Declaration. The county reported the following benchmarks for the number of active cases for San Juan Island:

- March 5, 2021: no cases
- March 12, 2021: no cases
- March 19, 2021: no cases
- March 26, 2021: one new case

February and March both had very few cases on San Juan Island and in the county. However, the situation was radically different going into April.

Our “Stop the Spread” Policies and protocols continue to be adapted to meet the situation, but we are complying with CDC guidelines in permitting removal of masks in small groups of fully vaccinated people in the station. Personal protective equipment (PPE) supplies remain adequate. Nearly every member of our agency is fully vaccinated.

San Juan Island EMS actively supported the county’s vaccination efforts by contributing personnel and an ambulance each week at the clinic site in March.

*Respectfully submitted,*

*Nathan Butler*

*Superintendent, San Juan County Public Hospital District No. 1*

*Interim EMS Administrator, San Juan Island Emergency Medical Services*

*Assistance from:*

*Peggy Long, Outreach Assistant*

*Weyshawn Koons, Director of Emergency Response / Chief Training Officer*