



MONTHLY REPORT

Presented May 26, 2021
(for April 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 – 33% into 2021

- REVENUE = \$527,824; Cumulative for 2021 = \$780,608; or 44% of budget projections (after taking out beginning cash)
- EXPENSES = 33,837; Cumulative for 2021 = \$667,904 or 36% of budget projections (after taking out budgeted ending cash)
- CASH = \$805,443

ANALYSIS:

A few comments:

- We have made one of two payments to PeaceHealth for 2021, and one of two payments to Mount Baker Planned Parenthood (accidentally made in 2019).
- The District is owed some money from HRSA, approximately \$15,000, delayed due to an issue with HRSA's Payment Management Service
- We are caught up on reimbursement of wages and benefits to San Juan Island EMS

SAN JUAN ISLAND EMS FINANCIALS (Fund 6511 and 6512)

2021 BUDGET Consolidated Overall COMPARISONS – 33% into 2021

- REVENUE = \$ 657,208; Cumulative 2021 = \$ 1,021,269; or 42% of budget projections (after taking out beginning cash)
- EXPENSES = \$ 172,400 Cumulative 2021 = \$ 1,011,721 or 41% of budget projections (after taking out budgeted ending cash)
- CASH, RESERVES, INVESTMENTS = \$ 1,994,772
 - CASH = \$ 1,242,772
 - RESERVES (FUND 6512) = \$409,000
 - INVESTMENTS = \$ 343,000

ANALYSIS:

A few comments:

- The District now has had significant revenue, and expenses and revenue are both at roughly 42% and 41% respectively of the planned annual revenue and expenditures
- We will be paying off the EMS Building bond in May 2021 for an estimated \$580,673, which will leave us with \$1,417,099 in cash based on April 2021 cash
- This was a big year financially, paying down many significant liabilities and resolving union agreements and other critical issues that involved backpay (EMTs) or refunds (GEMT).

OPERATIONS REPORTS

SJCPHD#1 – OPS REPORT

In April we spent quite a bit of time on grant related items. The District sent representatives to a Palliative Care meeting that Evan Perrollaz has organized as part of the Washington Rural Palliative Care Initiative.

The District was notified that the changes to the Project Director role for both the Planning Grant (end of April) and the Care Coordination Grant (end of March) were successful. Superintendent Nathan Butler was placed in that role for both grants.

We had trouble getting the Payment Management System to approve Butler so that the District can draw down funds from HRSA, so in April resulting in paying people for work on the grants without receiving funds from HRSA. This is unfortunate, but we anticipate getting this resolved shortly.

Steve Wambsganss completed his first full month of employment. He has sorted the district's financial documents and helped get our accounts and records into acceptable shape.

The District heard from Mount Baker Planned Parenthood in its March Board Meeting.

SJIEMS – STATISTICAL REPORT (OPS PART 1)

Department Stats – April 2021

- Month of April: 94 runs
 - There were 67 calls from April 2020 = 40% increase over April 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: 299 runs January 1, 2021 through April 30, 2021
 - There were 290 calls from January 1, 2020 to April 30, 2020, therefore the year 2021 is a 3% annual increase over 2020
 - There were 332 calls from Jan 1, 2019 to April 30, 2019, therefore the year 2021 is a 10% decrease over 2019
- Average number of responders per call = 2.02
- Destinations: PIMC = 37, Island Air = 18, Airlift NW = 16, LifeFlight = 1, Navy= 0, Coast Guard = 0
- Monthly Average Chute Time – EMS (time of page until resource rolling) = 2:21
- Average Scene Time – EMS = 18:14
- 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 10:45 with 85% of calls under 20:00

- (benchmark for suburban area) and 60% under 10:00 (urban benchmark)
- In Town – 63 calls (67%) – Average response time 9:09 with 39 % under 8:00
 - Mid-Island – 25 calls (27%) - Average response time 11:39 with 88% of calls under 20:00 and 40% under 10:00
 - North end – 1 calls (1%) Average response time 19:35 with 100% of calls under 20:00 and 0% under 10:00
 - South end – 3 calls (3%) - Average response time 11:05 with 66% of calls under 20:00 and 33% under 10:00
 - Outer Island – 1 calls (1%) inside of district
 - 1 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 and staff

In April there was no update regarding the union. Our new agreements are allowing us to move forward, and we have confidence that we are paying people fairly and accurately, consistent with our agreement.

In April, our negotiations with the union culminated in making an offer to an EMT to go to Paramedic school. In early May we received notification that the Medic One program did accept our student. We will have more on that to come.

We began a personnel policy review to improve conditions for office staff and to treat them more equitably compared to the rest of the county.

Operations

Operations continue under the Covid-19 response model initiated in late March 2020. It has now been an entire year. In April, Director of Emergency Response Weyshawn Koons and Interim EMS Administrator Nathan Butler held a special meeting with volunteer EMTs in the agency. We discussed how to improve our program and prepare for summer. The March staff meeting also sought to improve our response model and better share responsibility within the Agency.

This summer we anticipate high volume, and like many EMS agencies and healthcare organizations around the country, the pandemic has prevented us from being able to train and hire as we normally would. As an agency we are pulling together to find ways to face this unique challenge through better communication, targeted training on areas where volunteers may struggle like report writing, and other adaptive measures. This is a work in progress.

Medical Protocols:

The protocols have been approved by the state!!!

Staff and Agency Training

In April, the agency did OTEP training on Cardiovascular, Code Commander, 12 lead and AED, and STEMI. Additionally, we had our first joint run reviews with the Fire District, led by Dr.

Corsa, our Medical Program Director and Supervising Physician. Joint Run Reviews make a great deal of sense since both agencies cover the same set of calls.

Community

While we didn't do any in person classes in April, in we did start to receive lot of requests for training from different groups. (in May, at the time of writing we had done several)

We issued 4 cards in April 2021:

- Heartsaver First aid CPR/AED, in person class on location - 0
- Heartsaver First aid CPR/AED, skills only - 2
- BLS Provider, skills only – 2

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

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

Boosters: 1

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 April 2021, there were 56 enrolled in total, of whom 32 patients are actively engaged, 14 under observation, and 12 referred but not yet enrolled, 1 refused, and 1 closed. There were 262 direct patient interactions.

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

Lainey Volk and Peggy Long are working with Kyle Davies (HUB Care Coordinator) to explore ways that Community Paramedicine and Community Care Management might work together. This is an ongoing discussion.

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.

In April, our primary effort was to implement joint run reviews and to discuss joint training options. Joint run reviews are necessary regardless of integration, but nevertheless help further our integration efforts.

Efforts were also made to reach out to agency and staff to discuss implementation of the plan, and to connect leadership between the agencies. We are collecting data and information as to complete the projects and timeline laid out in the implementation plan.

Civil Investigative Demand (CID)

In April 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 (not the county):

- April 2, 2021: 9 active cases, 10 new cases
- April 9, 2021: 12 active cases, 13 new cases
- April 16, 2021: 12 active cases, 8 new cases
- April 23, 2021: 6 active cases, 6 new cases. On this date the county reported that the outbreak on SJI had been contained.
- April 30, 2021: 4 active cases, 2 new cases

April was a rough month due to a spike in cases on San Juan Island, but it was also a successful month: the spike was contained, and vaccination efforts received a huge boost with the National Guard's vaccination of several thousand islanders the week of April 26th – 28th. During this month the Johnson and Johnson vaccine was frozen, and later unfrozen.

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, and also assisting with the National Guard's effort.

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