

**SAN JUAN COUNTY PUBLIC HOSPITAL DISTRICT NO. 1
SAN JUAN ISLAND EMS**



Policy Area: Patient Care	Guideline Number: 2-012-21
Title of Policy: Marine Response and Billing	CAMTS: NA
Original Effective Date: September 22, 2021. Replaces section 6 of the Policies and Procedures. (Prospective)	Guidance: NA
Revision Date: NA	Approved by: Nathan Butler, Interim EMS Administrator and Superintendent, Board of Commissioners (Prospective)

PURPOSE

To provide EMS services to the islands and waterways of San Juan County that do not have their own EMS system, when requested by the San Juan County Sheriff's Office.

DEFINITIONS

1. Primary Response Zone: the area where the District has a duty to respond, found in the District's EMS license. It currently mirrors the taxing district of San Juan County Public Hospital District No. 1. It is also shown on the WA State Department of Health's webpage.
2. Secondary Response Zone: This is the area to which the District may respond, but is not required to respond (i.e., no duty to respond). This currently includes all of the outer islands in San Juan County.
3. Outer Islands: Islands not serviced by WA State Department of Transportation.
4. The District: San Juan County Public Hospital District No. 1, dba San Juan Island EMS.

POLICY

- 1 Primary Response Zone: In-District Outer Islands Coverage
 - 1.1 San Juan Island EMS has a duty to respond and provide EMS services to the outer islands that are within the boundaries of San Juan County Public Hospital District No. 1. This includes the inhabited islands of Brown, Henry, Pearl, Spieden, Johns, and Stuart, as well as numerous smaller islands.
 - 1.2 In the event of an ALS call to an outer island within the District:
 - 1.2.1 Wherever possible, backfill for Station 31 will be sought for ALS coverage before leaving San Juan Island by the responding medic. The medic providing that backfill will work to secure BLS backfill to Station 31 if necessary.
 - 1.2.2 The medic should ensure that ALS resources truly are needed to the extent possible and deploy to the outer island if the answer is in the affirmative regardless of whether there is available ALS backfill.
 - 1.3 While the District has a duty to respond, it is not unlimited. If a response cannot be performed within low-risk parameters, then a response should not be attempted.

SAN JUAN ISLAND EMS

2 Secondary Response Zone: Out-of-District Outer Islands Coverage

- 2.1 San Juan Island EMS will support a response outside of its primary response zone when possible, and at the request of the Sheriff's Office via dispatch, but it should be within the District's secondary response zone of San Juan County.
- 2.2 However, there is no duty to respond outside of the District's primary response zone. Any response is subject to conditions and the availability of resources, both for the response itself, and for backfill to Station 31.
- 2.3 If ALS service is requested, the medic on duty shall attempt to find backfill for San Juan Island, and if none is possible, then a BLS only response will be considered. If backfill for a BLS response is not possible, or inadequate crew for the boat is not available, then the mission should not be attempted.

3 Safety Guidelines for all Marine Responses

- 3.1 The San Juan County EMS Medical Protocols provide a detailed marine response policy under "Special Conditions." These protocols should be followed:
 - 3.1.1 Four responders are necessary under most conditions to respond via boat, and at least two should be EMS providers.
 - 3.1.2 The Sentinel and Guardian are the primary vehicles to be used for response, but other boats may be used if conditions dictate. If the standard boats are not able to respond (weather, crew, etc.), and customary airlift resources cannot respond (Airlift Northwest, Life Flight, Island Air), then mutual aid resources should be contacted such as US Coast Guard, US Navy, etc.
 - 3.1.3 The highest certified EMS responder will contact the reporting party and determine the type of response needed.
 - 3.1.4 The pilot of the marine vessel shall retain final authority in regard to safety and conduct of the boat, crew, passengers.
 - 3.1.5 All other protocols as applicable
- 3.2 All responding personnel should be trained in the safe operation of the boat or be confined to a safe zone of the boat under the direction of the boat's captain.
- 3.3 All personnel will wear a PFD at all times while in the boat or while transporting the patient on a dock or beach or near water. If on an open boat, consider the use of an exposure suit.
- 3.4 Before departing the marina for a response, a response route should be determined, and an evaluation should be made to ensure that conditions are safe for a response on the travel route. Environmental conditions such as wind, tides, currents, etc., should all be considered.
- 3.5 The highest-ranking San Juan Island EMS responder makes the final determination on whether it is sufficiently safe for San Juan Island EMS personnel to respond.
- 3.6 The responding crew should check with any partner agencies who are also

SAN JUAN ISLAND EMS

responding to establish communications protocols and coordinate response to the extent possible.

- 3.7 Key equipment may be kept on the vessel(s) to ensure a response ready asset, but should be checked regularly for functionality

4 Transport of Patients

- 4.1 If it is (a) appropriate for patient care, (b) if there is an available resource, and (c) the patient can be safely transported to an adequate airlift landing site on the outer islands, then the patient should be evacuated directly from these islands by air and not transported by boat.
- 4.2 If the patient is transported by boat, the patient shall be taken to the most appropriate destination as determined by the senior medical provider on scene, in consultation with medical control and dispatch as necessary. Travel all the way to the mainland is permissible, if necessary, but generally the closest and safest destination that still provides adequate care to the patient is preferred.
- 4.3 In the event of a patient with violent or criminal behavior, a deputy from the Sheriff's office will be requested to accompany EMS personnel to outer island calls.
- 4.4 The Paramedic will gather all the facts concerning the incident:
 - 4.4.1 Reporting party's name, phone #, contact info, insurance
 - 4.4.2 Patient's age, sex, and weight
 - 4.4.3 The location of patient
 - 4.4.4 The location of nearest LZ/RU
 - 4.4.5 Local resources, e.g. transport, foot path vs car/truck/ambulance/golf carts/ATV
 - 4.4.6 Other metrics as needed for the electronic medical record
 - 4.4.7 Information needed for billing: mileage, personnel, equipment/supplies/medications consumed, and station backfill.

5 Billing

- 5.1 Marine Response within the primary response zone will be billed in accordance with actual costs but will be credited the cost of an equivalent call on San Juan Island. For instance, if the cost for a BLS call is \$1350, then \$1350 will be deducted from the cost, and any remainder billed to the patient.
- 5.2 Marine response to the secondary response zone (outside of the taxing District) will be billed in accordance with actual costs and directly billed to the patient. It will be the patient's responsibility to reclaim costs from insurance carriers. If possible, the patient should be informed of this before a response is sent, and an average cost cited. This is a courtesy, and not required for billing to take place.
- 5.3 Billing may be waived in part or in its entirety for economic hardship. The request should be made to the agency and reviewed by the Chief Executive for approval or denial.

SAN JUAN ISLAND EMS

- 5.4 The District will only bill for costs incurred by the District itself unless there is a valid and current agreement with partner agencies that are also responding regarding cost and revenue sharing.
- 5.5 Those who do not file an approved economic hardship form, and who do not pay or make arrangements to pay, may be sent to collections as approved by the Chief Executive.

6 Mutual Aid and Partnerships

- 6.1 The District may opt to bill for services provided by partner agencies and use patient payments to offset costs by partner agencies that are assessed to San Juan Island EMS. This is a general policy, and it does not mean that individual payments from patients will specifically be tracked in this way.
- 6.2 No patient should be billed for the same service by multiple agencies; therefore, agreements should be sought between responding agencies to establish procedures to preventing multiple billing.
- 6.3 Agreements with partner agencies should be based on a flat fee where possible but may also be based on actual costs. However, recovery of billing fees from patients is inconsistent and unreliable. This should be considered when designing agreements with partners to avoid losing significantly more money on response than is received.
- 6.4 All patients should be billed to the extent possible, even if a zero balanced is owed (e.g., for patients in the District's primary response zone).

7 Auxiliary Support Crew

- 7.1 In order to leverage limited first responder personnel, the District may opt to use Marine Response personnel.
- 7.2 Marine support personnel receive boat safety training, and follow all safety protocols that other EMS personnel follow. If possible, marine support personnel should also receive CPR and first aid training, however, it is not required.
- 7.3 Marine support personnel must pass all requirements for other agency personnel, such as background checks, drug testing, and HIPPA training; as well as be reviewed periodically to ensure continued compliance.

SAN JUAN ISLAND EMS

APPENDIX A: ACTUAL COST FEES (2021)

Boat Fuel and Insurance: \$250 per hour

Boat Use: \$600 (flat fee, based on average rental rates for a four-hour deployment)

Captain: \$50 per hour (charter rate and on-call premium)

Crew, Firefighters, and BLS Personnel: \$35 per hour (average agency wage, plus premium for benefits)

ALS Personnel: \$60 per hour (average agency wage, plus premium for benefits)

Equipment and Supplies Used: actual cost (based on recent average)

Medications used: actual cost (based on recent average)

Station backfill (ALS): \$60 per hour (note: this is often overtime, but the average rate is used)

Station backfill (BLS): \$35 per hour (note: this is often overtime, but the average rate is used)

All fees subject to change based on actual costs.