ASB Meeting Minutes
February 14, 2024, 1:30 P.M.

Present
Bill Dennstaedt(Zoom), Chris Wyrobek, Cody Rohrbach, Daron Bement, Dave Baird, Don Malone, Frank Soto, Jr., Jim Walkowski, Ken Johnson, Lonnie Rash, Mike Nokes, Tom Hatley, Tom Jenkins; AMR: Paul Priest, Tim Loncon, and Jack Busch(Zoom); Guests Eric Olson and Sean Burton with GMR(Zoom).

Approval of Meeting Minutes
Motion to approve: Chief Bement
Second: Chief Rohrbach
January 10, 2024 ASB Meeting Minutes approved.

Agenda

New Business:
911 Nurse Navigation
Paul Priest introduced guest speaker Sean Burton, National Director Integrated Health for Global Medical Response (GMR). Sean helps head up the Nurse Navigation Line, working with many team members across the nation. Nurse Navigation seems to produce some good results to get the right resource to the right person. This has been implemented in 12 states; currently 23 active programs, including Spokane, Seattle, Snohomish, and Washington D.C. with 4 more going live in Q1.

Sean Burton shared his presentation ‘911 Nurse Navigation: Changing the EMS Paradigm’. He is considered a subject matter expert since the design of this program about six years ago. Nurse Navigation is used when there is an increase in call volume that exceeds staffing and it helps with emergency provider burnout. The program is designed to keep low acuity complaints outside of the traditional EMS response system. This helps to keep first responders and emergency department resources available for life threatening emergencies instead of also having to handle low acuity calls. It improves operational efficiencies by reducing costs and staffing. They can deliver real time quality outcome data and reporting metrics so you can see what is happening with the patients in the program. This includes how long it takes to manage the patient and where they go. Nurse Navigation is designed around the local community and it expands access to care for those calling 911 regardless of their ability to pay, getting them the right level of medical care based on their specific medical needs. They have language line
access for non-English speakers. They can arrange ride-share with Lyft to get a patient to and from clinics and pharmacies. The costs are included in the program; there is no additional cost to participants. About 50% of patients referred to Nurse Navigation can be kept completely out of the transport system. Patients who need the Emergency Department still go there. 47% were moved to a scheduled BLS transport for non-emergent transport to the Emergency Department. They average a 15% reduction in non-transport dry run rates. There is 24-7 coverage with RNs/LPNs licensed in every state they operate. Their headquarters are located at GMR’s Medical Command Center in Lewisville, Texas. To date, over 140,000 calls have been navigated through the program. Implementation of this program typically takes 90 days. AI typically monitors all 911 calls. Some systems are using it to identify cardiac arrest, stroke, or trauma alerts for the 911 call takers. It depends on how we want it set up. Sean said they start conservatively to make sure it is right for our operation. They can grow their list of resources over time as they identify where resources may be lacking. They work with individual clinics who tell them what their capabilities are that day. They have not run into overcrowding one individual resource. Nurse Navigation works with the patient to send them to the appropriate resource. If a patient still wants an ambulance, it is the patient’s choice. This does not change anything for Dispatch, except to give them another resource to utilize. If anyone has other specific questions, he can be reached through Paul Priest.

Paul said they have already done much of the groundwork to implement this in our area. They have identified clinics, etc. The cost of Nurse Navigator is based on volume. Paul can put the ASB in contact with those agencies who are using Nurse Navigation, if there is a desire, for further questions.

**Bill HB 2466 – Ambulance Wait Times**

Wait time shall be within 30 minutes of the ambulance arriving at the hospital for a patient to transfer from emergency medical services to hospital staff. If not, the hospital will be penalized. The penalties are forthcoming from the steering committee.

**Bill SB 5986**

Protect consumers from charges for out-of-network health care services. This would be done by prohibiting balance billing for ground ambulance services and addressing coverage of transport to treatment for emergency medical conditions. This bill passed the Senate and it is in the Committee for the House.

**Bill HB 2258**

Relates to providing funding for municipalities participating in regional 911 emergency communications systems. (per Chief Rohrbach, this bill did not pass the House and was returned to the Rules Committee and was tabled until the next legislative season).

**AMR transitioning ePCR platforms**

Corporate GMR has decided to go with Image Trend ePCR platform. It is in the training phase; roll out is set for the end of February. ESO was quite expensive. Image Trend works very well with ESO and it incorporates a lot of the billing that needs to be captured. They have done some testing on it in other markets and they are getting some great data. Hopefully it will be a seamless transition from ESO to Image Trend.

Chief Jenkins said there is a small occurrence where AMR employees still articulate that the interface is not working; both Sacred Heart and Deaconess ask for the full report. Paul Priest
said to let him know of any of those issues so they can look into them. Tammy will send out a notice regarding when Image Trend will be going live, any process nuances or delays.

**District 2 joining the ASB**

Fire Chief Eric Olson informed the group District 2 wants to move forward with joining the ASB. They are flexible on the timing of joining. They want to continue to have the same service from AMR. With their volunteer staffing, they provide BLS transport capability for about 50% of their calls. They respond BLS; for ALS patients, they maintain on scene while waiting for AMR to arrive. Chief Olson asked if AMR paramedics would be able to ride on District 2’s ambulance when the transport is time critical. Further discussion will need to be had with both AMR and District 2 to move forward.

Chief Jenkins advised in accordance with the By-Laws of the original Interlocal Cooperative Agreement, there are three things that must be satisfied for open enrollment; the new agency must be dispatched with our current dispatch center, there must be a unanimous vote and approval by the ASB, and they become party to the agreement. He said it would be cleaner if district 2 would wait until the sunset of the current contract, which will end in 4 months.

Paul Priest said he would like to have some discussions with District 2 so they can look at all aspects of what their desire is in this group. Chief Jenkins offered to be a party to the discussions as a representative of the ASB.

**ASB Negotiation Schedule and size of representation**

There was a discussion regarding intent/size of bargaining groups; waiting on financials from SVFD. There was a decision and a motion to form a small sub-committee consisting of Districts 8, 9, 10 and 13 and a consultant for negotiations. They will let Chief Malone know who will represent their District and will establish the frequency of their meetings.

Motion: Chief Rash
Second: Chief Bement
Approved Sub-committee consisting of Districts 8, 9, 10 and 13.

**New CA Discussion/Selection**

Chief Jenkins brought forward that given the SVFD, as the current CA to the ASB, will be parting away from the consortium, the ASB will need another PLG to take over the CA roles and responsibilities. District 9 volunteered to take over as the CA for the ASB. Discussion circulated and with no other Districts desiring to take over CA responsibilities, a motion was made for District 9 to be the new CA effective July 1st, 2024.

Motion: Chief Malone
Second: Chief Rash
There was a unanimous vote in agreement for District 9 to take over as the CA for the ASB.

SVFD is still the CA until the end of this contract.

- **Action Item:** Chief Soto can begin handing over the records to Chief Walkowski at the frequency that works best for him.

**Divert Discussion/Awareness**

Discussion regarding new county-wide no divert at local hospitals.

**Level Zero Notification Process to ASB Agencies**
There was an in-depth discussion of the process of notification of agencies for level zero notification. There is inconsistency with SREC. There is a need to develop solutions for notifications of agencies.

- **Action Item:** ASB PLGs will work through the Fire Communications Advisory Board (FCAB) forum for further discussion.

**AP Critical Staffing Shortage**
BLS Unit exception request early notification of ALS unit shortage. The ASB brought forward a perceived concern regarding an incident where the Area Fire Coordinators were informed of critical ALS staffing or a shortage of paramedics. Furthermore, a discussion was had as it relates to the system being overwhelmed and running out of ALS ambulances, thus the process the county would like to take with excepting BLS ambulances. The PLGs discussed these concerns and agreed that the BLS acceptance should lie at the fire officer (20-officer) approval and not at SREC to make the determination as each situation will be different. This topic will be addressed at our next FCAB meeting to clarify with SREC.

- **Action Item:** ASB PLGs will work through the Fire Communications Advisory Board (FCAB) forum for further discussion

**Old Business**

**District 4 official notification of withdrawal from the ASB**
The ASB was formally notified on January 29, 2024 that District 4 will withdraw from the ASB on March 1, 2024. Chief Jenkins advised in accordance with the By-Laws of the original Interlocal Cooperative Agreement, a PLG may withdraw from the Agreement with 180 days advanced written notice before the contract is renewed or rebid. With no objections from the other PLG members, Chief Jenkins recognized the early withdrawal. The only concern was that per the current agreement, will there be any impacts requiring further discussion and negotiation from the contractor. Paul Priest advised he will get back to the group but did not feel that District 4’s volume met the threshold per contract.

**Roundtable**

**District 4 (Chief Nokes)**
They are in the process of onboarding four Paramedics.
This is his last meeting. He wished everyone well.

**District 8 (Chief Rash & Chief Wyrobek)**
Nothing

**District 9 (Chief Walkowski)**
He is working on the transition into his new role as Fire Chief.

**District 13/Newman Lake (Chief Bement)**
Nothing

**Cheney (Chief Jenkins)**
They are looking to hire a full-time Fire Marshal.

**AMR (Paul Priest & Jack Busch)**
Paul said he appreciates the discussion points and he hopes they continue. These are opportunities for AMR to incorporate into best practices. They just want to make it right.
Jack said he will work on being more transparent.

**SVFD (Chief Hatley)**
Chief Hatley informed the group that ALS Ambulance System visited with Spokane Valley Fire Department and ASB members on February 13, 2024 and wanted to ensure full transparency with the ASB.

**Fire District 10 (Chief Malone and Chief Johnson)**
Nothing

**District 3 (Chief Rohrbach)**
Nothing

**Adjournment**
Chief Jenkins adjourned the meeting at 3:30 PM

**Next Meeting:**
Wednesday, March 13, 2024 at 1330 hours, at the SVFD Administration Building