

MEDIC ONE/EMERGENCY MEDICAL SERVICES STRATEGIC PLAN & LEVY REAUTHORIZATION

Regional Services Subcommittee meeting 4/18/2024

Summary

The EMS Division and partners briefed the group on Community-Centered programs and Regional Leadership and Management roles and responsibilities.

Attendees

Chair: Angela Birney, City of Redmond

Will Aho, Eastside Fire & Rescue

Cynthia Bradshaw, King County EMS Division

Matt Burrow, Bellevue Fire

Brian Carson, Puget Sound Fire

Jasmine Chan, Chinese Information & Service Center

Helen Chatalas, King County EMS Division

Andrea Coulson, King County Medic One

Brian Culp, KCFD #27

Lisa Defenbaugh, South King Fire

Alexa Dilhoff, Bellevue Fire

Larry Doll, Seattle Fire

Chris Drucker, King County EMS Division

Becky Ellis, King County EMS Division

Jason Gay, Burien Fire

Don Gentry, Mountain View Fire

Jason Hammond, King County EMS Division

Steve Heitman, Renton Regional Fire Authority

Cory James, NORCOM

Herlinda Martin, St. Vincent de Paul of Seattle & King County

Vonnie Mayer, Valley Com

Hendrika Meischke, University of Washington

Kristine Mejilla, King County EMS Division

Tania Mondaca, King County Council

Amy Moorhead, Redmond Fire

Mirya Munoz-Roach, St. Vincent de Paul of Seattle & King County

Kelly O'Brien, King County EMS Division

Andres Orem, Shoreline Fire

Michele Plorde, King County EMS Division

Tom Rea, King County EMS Division

Mark Sawdon, King County Medic One

Mohamed Shidane, Somali Health Board

Brad Thompson, Valley Regional Fire Authority

Aaron Tyerman, Puget Sound Fire

Todd Wollum, Shoreline Fire

Ryan Woodey, Kirkland Fire

Mei Po Yip, Chinese Information & Service Center

Rose Young, King County EMS Division

Issues discussed:

1. Community-Centered Programs

The EMS Division has broken its Regional Services and Strategic Initiatives into "Lines of Business" and will brief the Subcommittee on these Lines of Business during the first three meetings. The EMS Division and regional partners briefed participants on the Community-Centered programs.

Community-Centered Programs highlighted:

- Injury Prevention
 - Falls Program
 - Child Passenger Safety Program
- Low Acuity Alternatives
 - Taxi Transport Voucher Program
 - Telephone Referral Program
- Communities of Care Program
- Vulnerable Populations Strategic Initiative

Telephone Referral Program (TRP, or Nurseline)

The Telephone Referral Program (TRP) diverts low-acuity calls to a 24-hour nurse triage line, leaving EMS units available for higher acuity medical calls. It has been a regional service funded by the EMS levy for more than 20 years. In August of 2023, EvergreenHealth terminated its external TRP contracts, requiring the King County EMS Division to seek an alternative vendor to provide such services via a competitive request for proposal process. The EMS Division is currently in negotiations with a prospective vendor for a proposal with enhanced TRP offerings.

There is support from the King County Fire Chiefs Association and dispatch partners to get the new vendor in place and restart TRP during the 2020-2025 levy span. There was interest in better understanding how TRP interacts with the Taxi Voucher program.

Communities of Care

Long term care facilities are a large utilizer of EMS services (approx. 12% of calls). The Communities of Care program works with fire departments and long term care facilities to educate such facilities about EMS services, when it's appropriate to call 9-1-1, and what to expect when EMS arrives.

Subcommittee participants expressed interest in increasing the availability of the program, either through Regional Services or through fire department programs, such as MIH. **Next steps entail looking at what an enhanced program could look like.**

Vulnerable Populations Strategic Initiative

Initiated in 2014, the Vulnerable Populations Strategic Initiative (VPSI) aims to ensure that EMS provides the best possible care to all King County residents regardless of race, ethnicity, age, socioeconomic status, culture, gender, or language spoken. It represents a unique collaboration between Public Health – Seattle & King County, the EMS Division, fire departments, community-based organizations, and the University of Washington. There is

a great focus on strengthening these partnerships to ensure high-quality interactions between EMS and vulnerable populations.

The Initiative currently partners with five liaison organizations: Chinese Information and Services Center, St. Vincent de Paul Centro Rendu, Somali Health Board, Seattle Office of Emergency Management, and the University of Washington School of Public Health. Liaisons conduct the bulk of education and community outreach which includes calling 9-1-1, bystander CPR, stroke awareness, hypertension, and falls prevention, with EMS resources translated into 17 languages.

2. Regional Leadership and Management roles and responsibilities

EMS Division roles and functions needed for the levy to support regional partners and the EMS system include:

- Regional coordination, policy development and supporting partnerships;
- Contracts, invoicing and division-wise administrative support; and
- Budgeting and financial plan management.

Next Meeting

Tuesday, May 14, 2024: 1:00 – 3:00 pm Mercer Island Community Center

Topics include a review of Regional Medical Quality Improvement activities, Data Management and Analysis, and Overhead/Indirect costs.

4/18/2024 Regional Services Subcommittee meeting
2026-2031 Medic One/EMS levy planning

Reports from Other Subcommittees - ALS

3/27/24 & 4/10/24 – ALS SUBCOMMITTEE

Discussed future medic unit needs, ALS-based programs, and 2026-2031 “Programmatic Status Quo” funding level.

Proposals made:

1. Adding a medic unit “placeholder” in reserves.
2. Continuing support for the ALS program that supports BLS QI activities and the program that supports paramedic students.

Reports from Other Subcommittees - BLS

3/27/24 & 4/4/24 – BLS SUBCOMMITTEE

How the levy supports BLS, grounding in BLS allocation, MIH presentation.

Discussion items:

1. Should we consider a different BLS allocation distribution methodology?
2. Should the BLS allocation increase since BLS responsibilities have?

Regional Services: Lines of Business

Regional Services Lines of Business

A. Training and Education

B. Community-Centered Programs

C. Regional Medical Quality Improvement

D. EMS Data Management

E. Regional Leadership and Management

F. Indirect and Infrastructure

Regional Services: Lines of Business

Regional Services Lines of Business

A. Training and Education

B. Community-Centered Programs

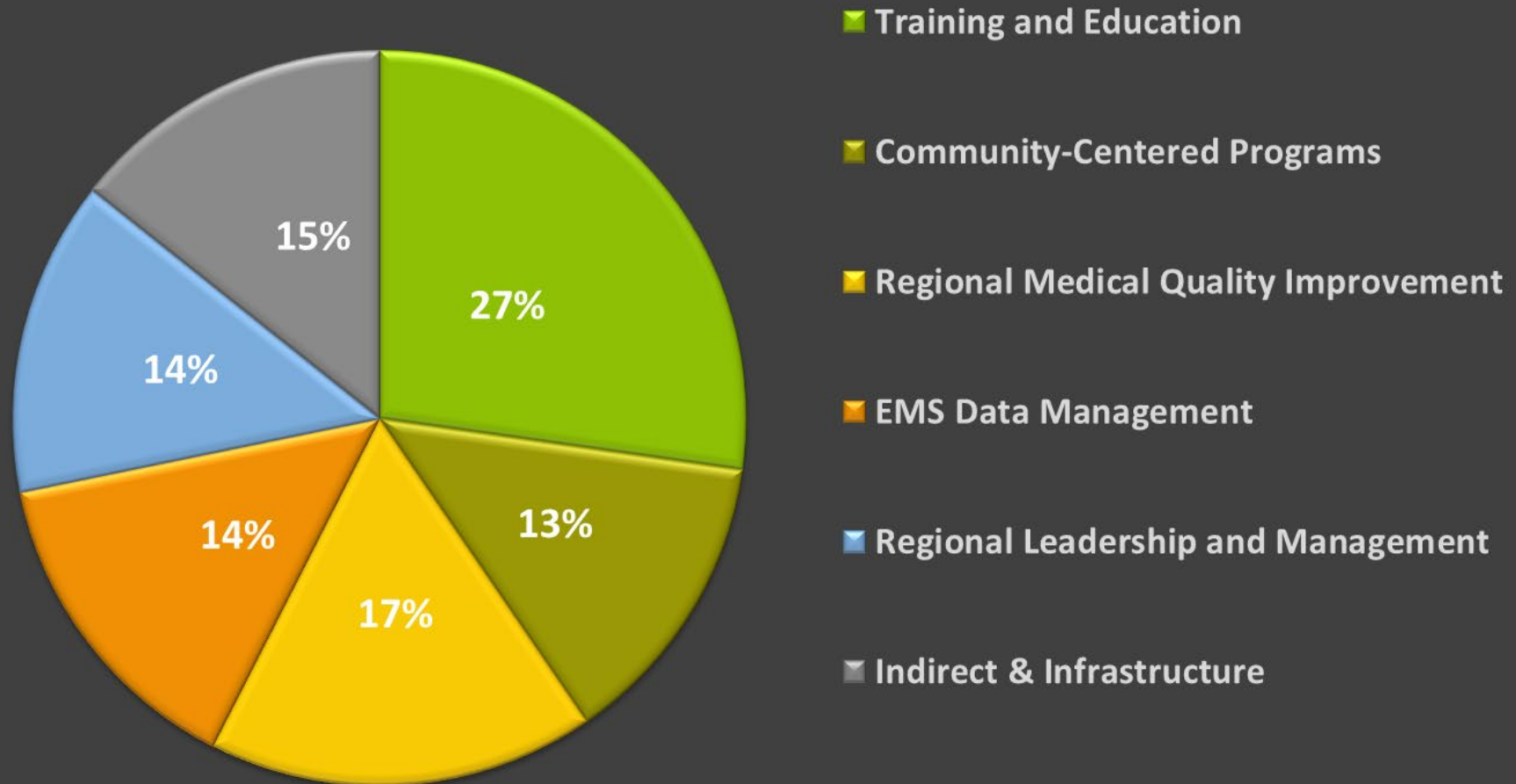
C. Regional Medical Quality Improvement

D. EMS Data Management

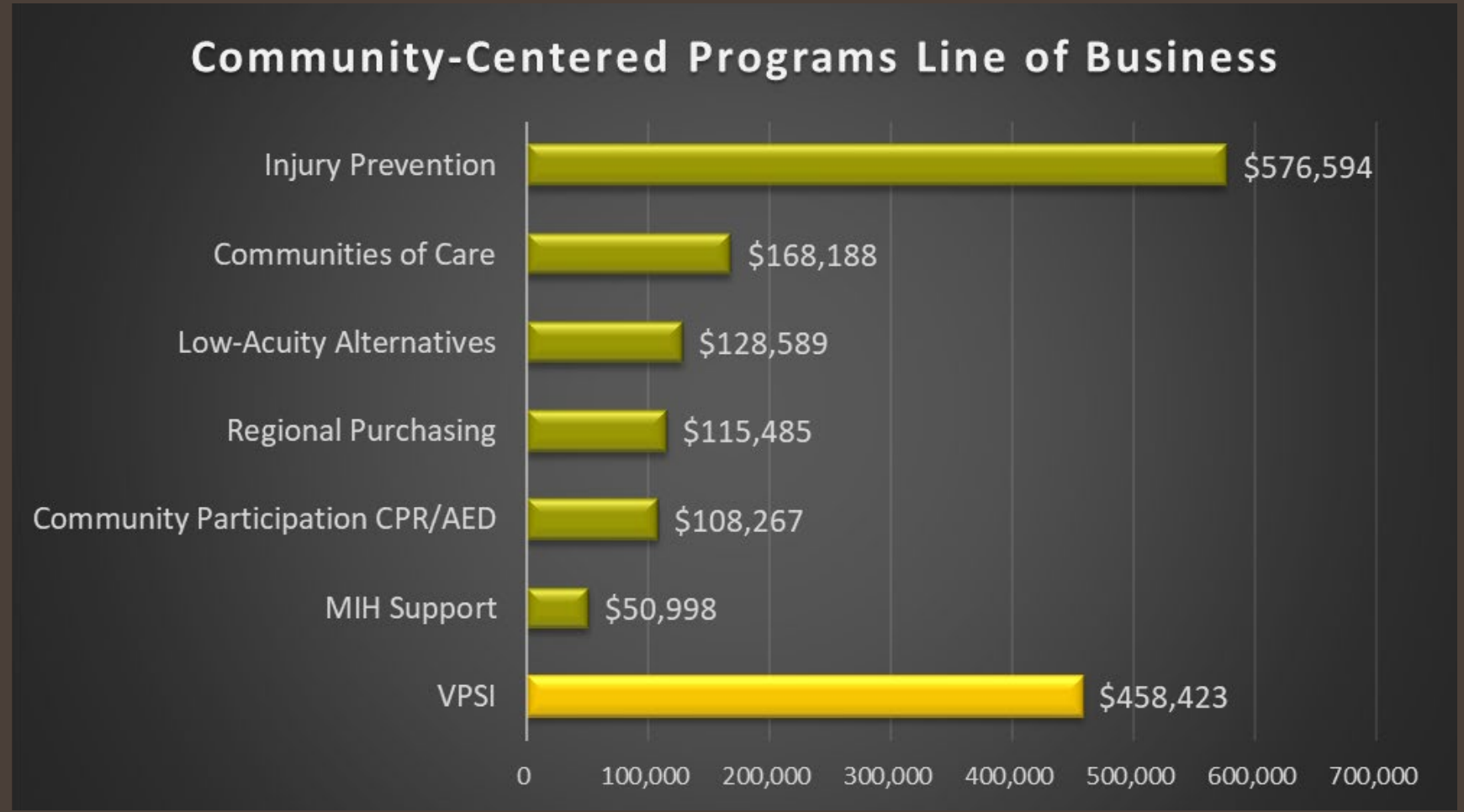
E. Regional Leadership and Management

F. Indirect and Infrastructure

Regional Services Line of Business (based on 2022 actuals)



Community-Centered Programs (Line of Business)



2022 Actuals – Total \$1.6 million

Injury Prevention: Falls and Child Passenger Safety Programs



Falls Program: One Step Ahead

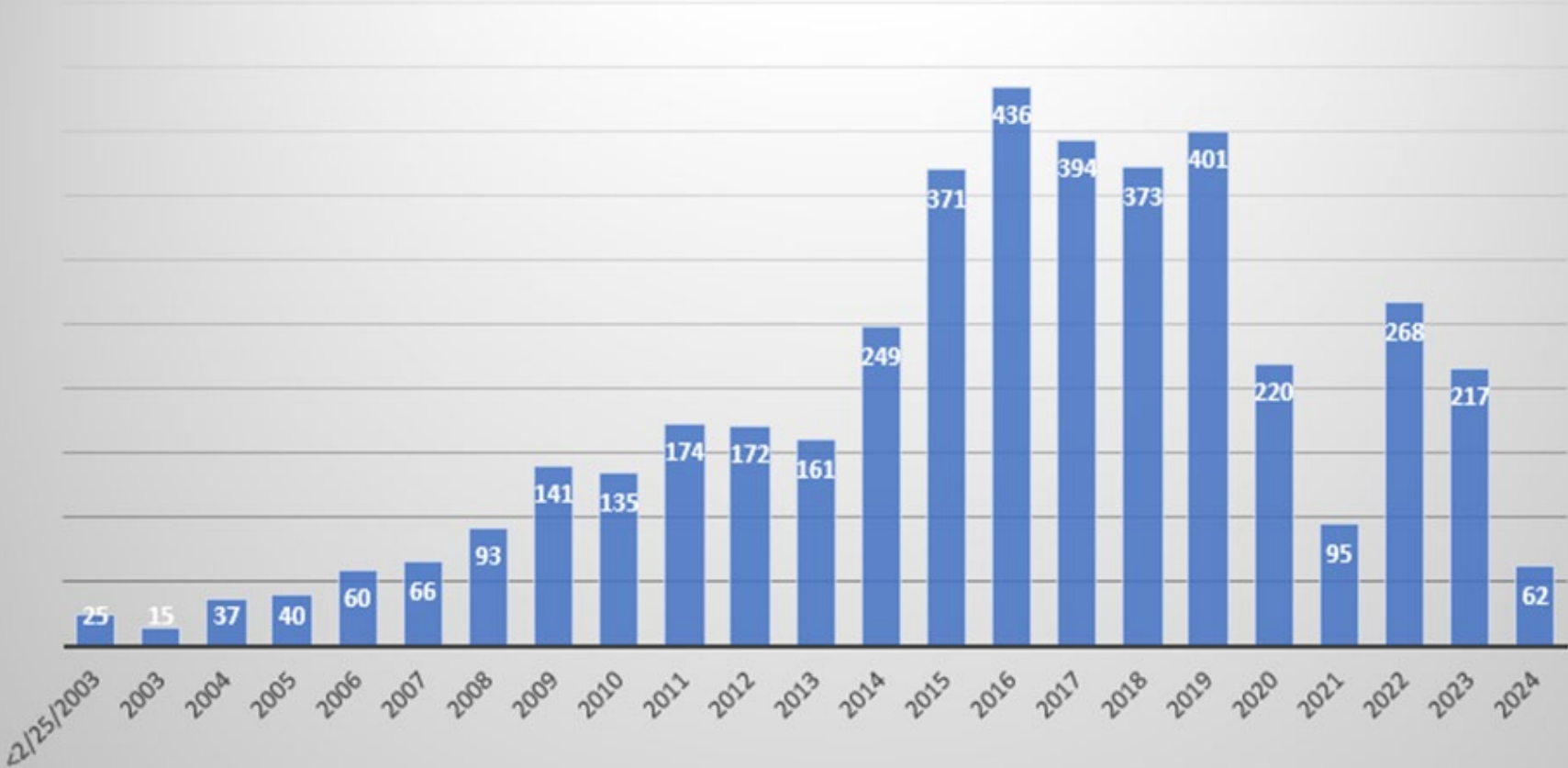


- **Goals:**
 - 1) Reduce reoccurring falls
 - 2) Keep older adults healthy and independent in their homes
- **Recruitment:**
 - 1) Referrals – MIH (primary), other healthcare providers/services
 - 2) ESO record review
 - 3) Specific-criteria
- **Offerings:**
 - 1) Home safety walkthroughs by licensed OT/COTA
 - 2) Installation of durable medical equipment
 - 3) Client-specific plans
- **Impact:**
 - 1) More than 4,200 clients served by program since inception
 - 2) 80% of clients did not have a repeat fall after interventions

Falls Program: One Step Ahead



Client Enrolled



Falls Program: Shape Up!



- **Goal:**
 - 1) Promote and provide exercise classes to older adults
- **Recruitment:**
 - 1) Burien, Bitter Lake, and Laurel Heights Community Centers
 - 2) Mt Si, Sno-Valley, and Northshore Senior Centers
 - 3) Shoreline/Lake Forest Park
- **Offerings:**
 - 1) Group physical activity classes
 - 2) Otago exercise program pilot
- **Impact:**
 - 1) 3,000 older adults/seniors participated in the program in 2023.

Falls Program: Partnerships



Preventing Falls:

Maintaining Your Independence

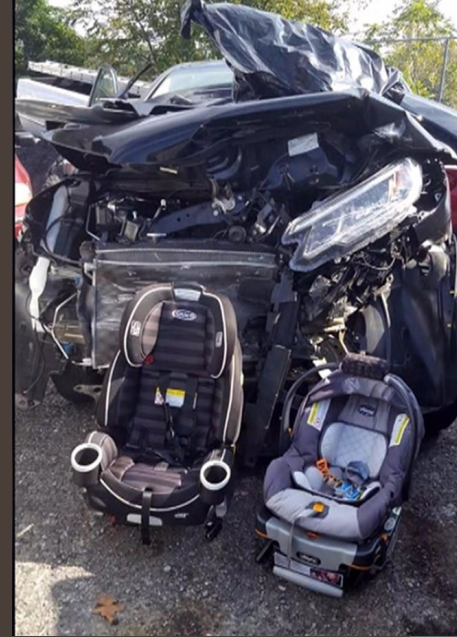
预防跌倒:

保持您的独立性

- **University of Washington School of Public Health:**
 - 2023 undergraduate student cohort capstone - Fall Prevention video
 - Partnered with MIH programs, healthcare professionals, and VPSI partner (CISC)
 - Culturally relevant and sensitive community resource
- **Video available on**
 - PHSKC YouTube Channel: <https://youtu.be/XveHZI8ARvg>
 - EMS Division Fall Prevention webpage
 - King County Fall Prevention Coalition webpage

Child Passenger Safety Program

- A leading cause of injury-related death in children
- In King County, most car seats arrive at checkpoints installed incorrectly
- CPS Technician Network
 - 80 certified technicians
 - Fire departments and other entities
- EMS Division coordinates CPS Network and activities
 - Connect community members with organizations, technicians, and car safety advocates
 - Manage King County annual CPS events www.kingcounty.gov/carseats



Low-Acuity Alternatives: Taxi Transport Voucher and Telephone Referral Programs

Child Passenger Safety Program Events

- **Checkpoints** to educate community on appropriate restraint needs for children in vehicles
 - King County data (10/22-9/23)
 - 1619 inspections
 - 248 seats distributed by technicians
 - 67% required corrections on seats already "installed"
- **Outreach and Education**
 - Fire station open houses, community events, school health fairs
- **Gaps**
 - Language barriers
 - Awareness/access to event offerings



Station 52 – PSRFA



Taxi Transport Voucher Program

- Approved method of transportation for low-acuity patients treated by EMS
 - Guideline in "Blue Book"
- Piloted in 2011 (Redmond, Renton, and EvergreenHealth)
 - Decrease BLS unit time on scene
 - Reduce transport send backs from TRP to 9-1-1 centers
 - Divert transports from ER to other facilities
- Implemented in 2012
- Most fire departments participate
 - 30-min response time by taxi required
- MIH programs eligible in 2021
- Current levy period – 2,000+ vouchers distributed

The image shows two identical copies of a 'Yellow & Graytop Cab TRANSPORTATION ORDER' form. The forms are yellow with black text and a logo for 'GRAYTOP Yellow & Graytop Cab' in the top left corner. The top right corner of each form has the number '1913201'. The forms contain fields for 'Account Name', 'Account #', 'From', 'To', 'Amount \$', 'Number of Packages', 'Authorized Signature', 'Date', 'Driver and For Hire Fee', 'Car No.', 'Arrival Time', 'Load Time', 'Unload Time', and 'Received by'. There are also checkboxes for 'NO TIPS' and 'Optional Use of Barcode'. A prominent instruction reads 'Driver must Complete Below This Line'.

Seattle and King County



2023 EMT Patient Care Guidelines

Telephone Referral Program

- A regional service funded via the EMS levy for more than 20 years
- Diverts low-acuity calls to a 24-hour nurse triage line
- EMS units available for higher acuity medical calls
- Pivotal time - EvergreenHealth contract terminated August 2023
- EMS Division, with support from KCFCA and regional communication centers, revised scope of program and recently completed an RFP process. In negotiations.

**EMERGENCY MEDICAL SERVICES TELEPHONE REFERRAL PROGRAM:
AN ALTERNATIVE APPROACH TO NONURGENT 911 CALLS**

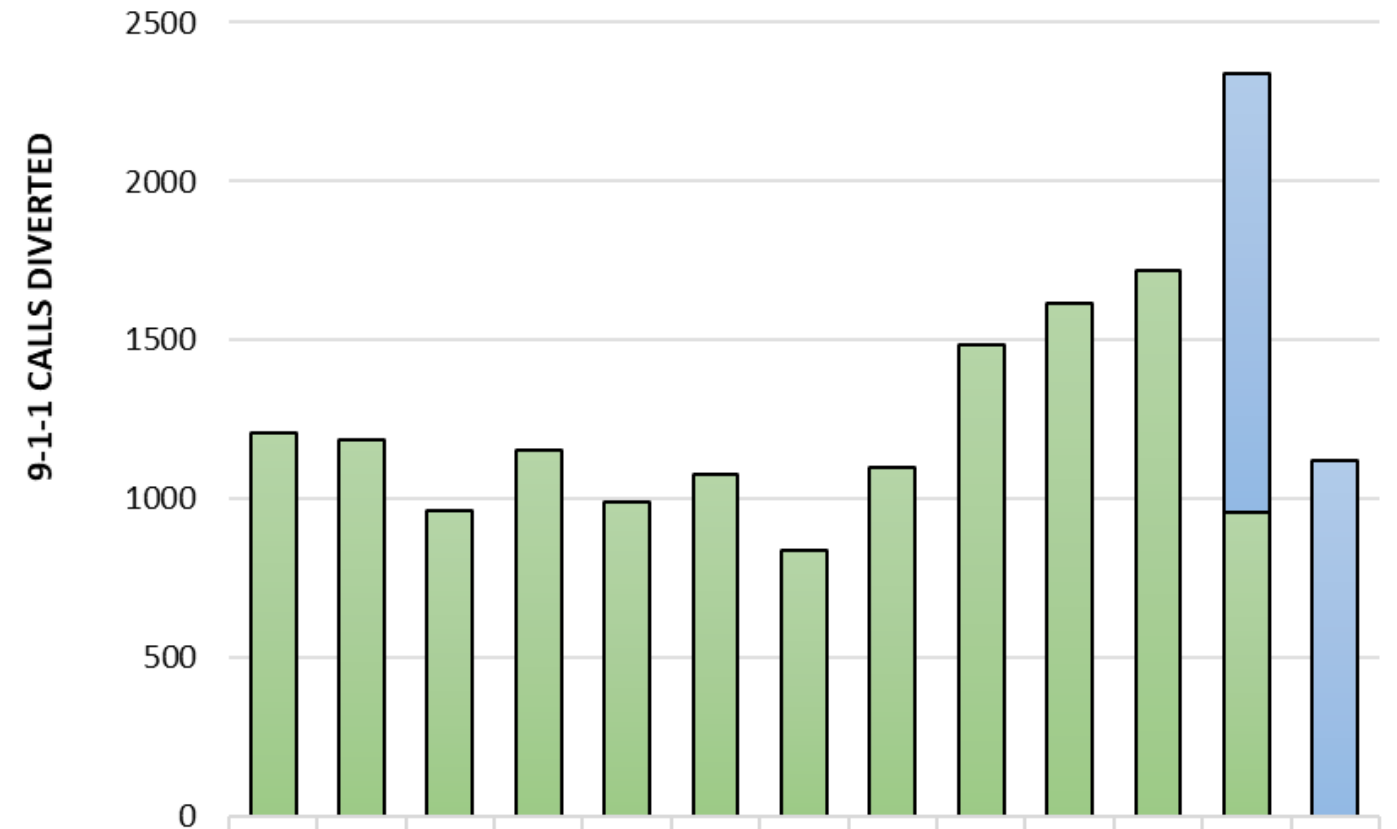
William R. Smith, MS-IV, EMT-P, Linda Culley, BA, Michele Plorde, MPH, John A. Murray, MD, Tom Hearne, PhD, Paul Goldberg, MPH, Mickey Eisenberg, MD, PhD

Impact to EMS System— Diverted Calls

Historically
~ 1% BLS call volume

Currently
~2.5% BLS call volume

Telephone Referral Program

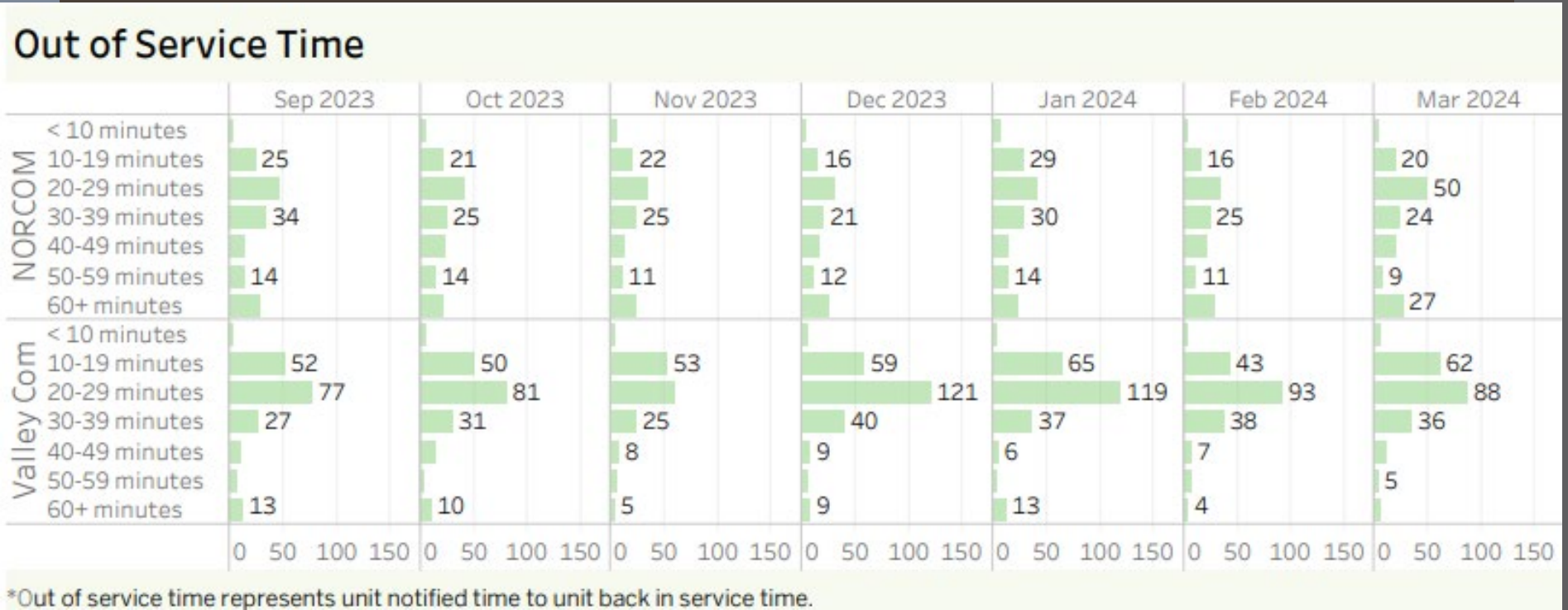


	2012	2013	2014	2015	2016	2017	2018	2019	2020	2021	2022	2023	2024
TRP Not Available (9/23-3/24)												1382	1119
TRP Available	1208	1185	965	1154	991	1080	836	1102	1483	1615	1721	957	

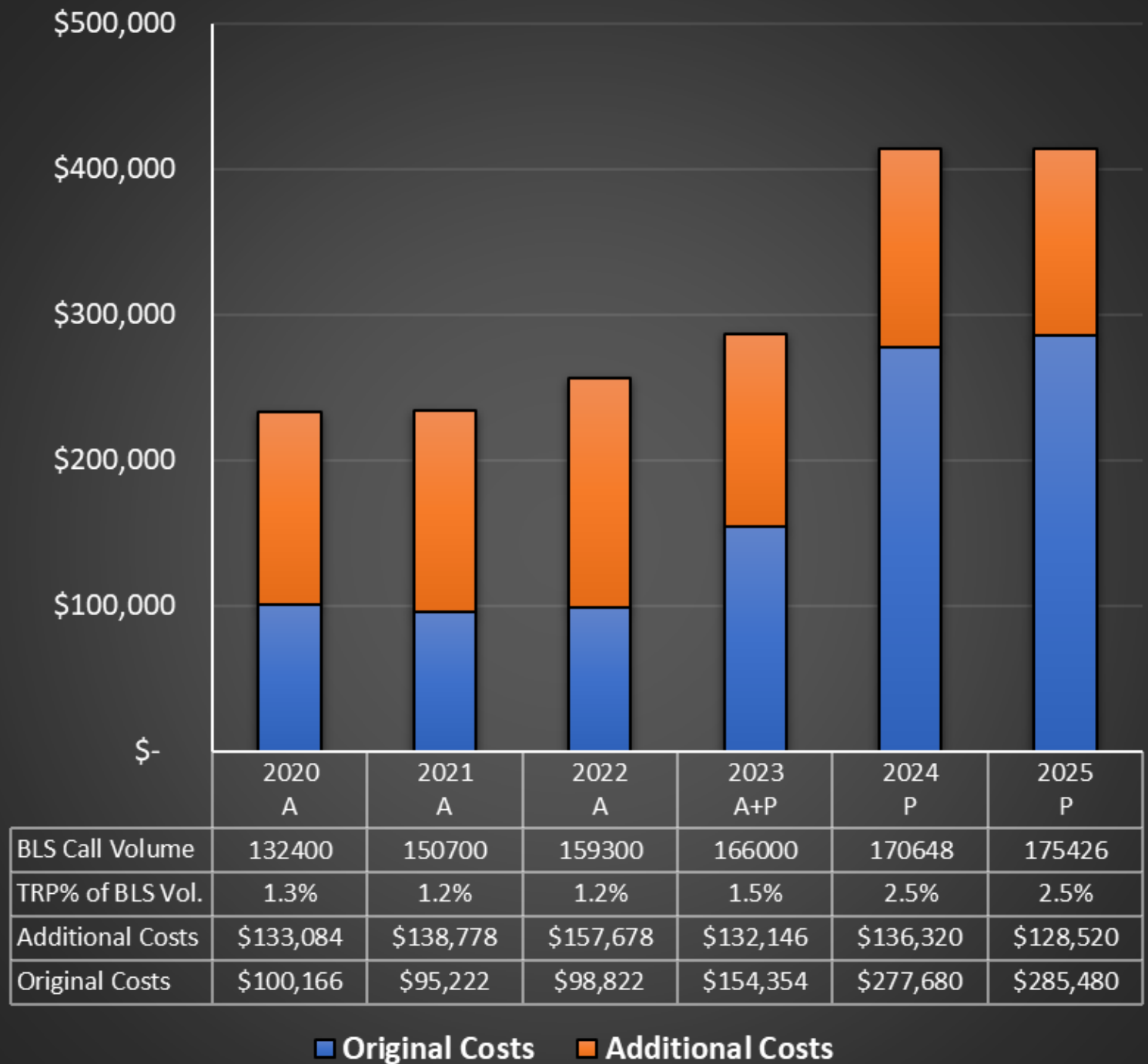
Impact to EMS System— BLS Utilization

- Top 3 TRPIDC cards
1. Sick/Unknown (59%)
 2. Bleeding/Pain (23%)
 3. Fall (6%)

Total call volume = 2,501
(September 2023–March 2024)



TRP Scope
Enhancements:
Alternative Response
Behavioral Health



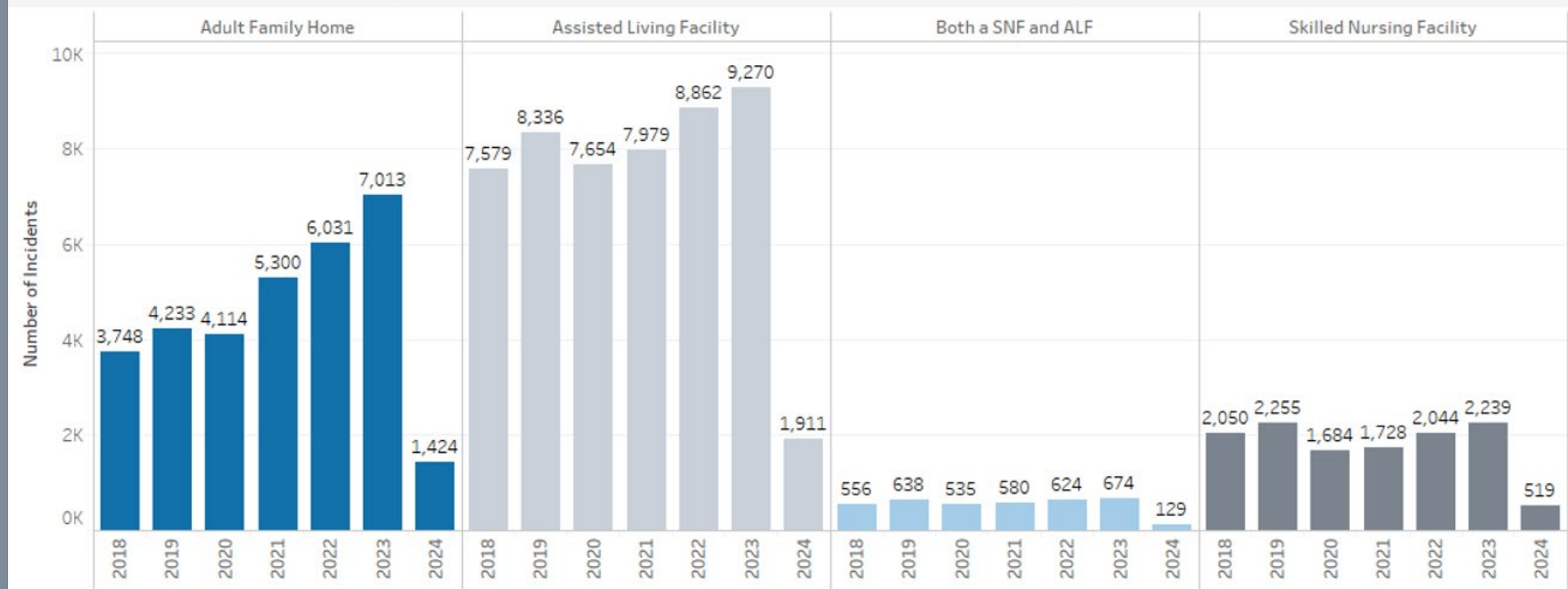
Communities of Care Program

Communities of Care Program

- Partners with long-term care facilities (LTCFs) and fire departments to focus on EMS system utilization
 - Skilled Nursing (SN) - 28
 - Assisted Living (AL) - 94
 - Adult Family Homes (AFH) - 1300
 - Combo SN & AL - 4
- Partnership includes:
 - 1) Training staff
 - *Medic One/EMS system, when calling 9-1-1, prepare for arrival*
 - 2) Facility specifics (services, resources, policies impacting EMS)
 - 3) Data reviews – 9-1-1 calls and EMS response
 - Specific events reviewed

Impact to EMS System

Total Incidents by Facility Type



Transport Categories of Incidents to Adult Family Homes

	2018	2019	2020	2021	2022	2023	Grand Total
ALS	280	241	226	249	302	326	1,624
BLS/Private Ambulance	2,574	2,927	2,786	3,590	4,147	4,780	20,804
Other (e.g. POV, taxi)	48	57	51	84	74	166	480
AMA/Refused Transport	26	27	33	28	33	119	266
No Transport*	820	981	1,018	1,349	1,475	1,622	7,265
Grand Total	3,748	4,233	4,114	5,300	6,031	7,013	30,439

Community-
centered
Programs

Recommendations:

- 1) Continue most programs as is
- 2) Increase funding for Telephone Referral Program

Questions?

Community-
centered
Programs



Vulnerable Populations Strategic Initiative

Kristine Mejilla, Mirya Roach and Herlinda Martin, Dr. Hendrika Meischke, Mohamed Shidane
Regional Services and Strategic Initiatives Subcommittee
April 18th, 2024

Agenda

01 — BACKGROUND

02 — ABOUT US

03 — ST. VINCENT DE PAUL
CENTRO RENDU

04 — UNIVERSITY OF
WASHINGTON

05 — SOMALI HEALTH
BOARD



VPSI MISSION

Conduct programmatic, scientific and case-based evaluations to ensure that the interface between EMS and vulnerable populations is of the highest quality.



HISTORY

2014

**EDUCATION
OUTREACH**



**WORKFORCE
DIVERSITY**



**PILOT
STUDIES**



HISTORY

2014

**EDUCATION
OUTREACH**



**9-1-1
CPR
EDUCATION**

**WORKFORCE
DIVERSITY**



**STAR & FUTURE
WOMEN IN
EMS/FIRE**

**PILOT
STUDIES**



**FIRE BASED
PILOT
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DIVERSITY**



**STAR & FUTURE
WOMEN IN
EMS/FIRE**

**PILOT
STUDIES**



**FIRE BASED
PILOT
PROJECTS**

FIRE BASED PILOT PROJECTS

WHY

**GAIN A DEEPER UNDERSTANDING OF
FIRE DEPARTMENT & VULNERABLE
POPULATION INTERFACE**

GOAL

**SUSTAINABLE PATHWAY TO BETTER
SERVE THE COMMUNITIES**

HOW

**SHORT TERM TARGETED RESEARCH
STUDIES**



REACH/EMS PILOT

*In partnership with REACH and Puget Sound and Renton
Regional Fire Authorities*

GOAL

**DIVERSION OF PATIENTS WITH UNSTABLE HOUSING
SITUATIONS TO REACH CASE MANAGERS**

HOW

REFERRAL PATHWAY TO REACH

EVAL

**CLIENTS EXPERIENCING HOMELESSNESS
NEED MANY RESOURCES**

**Community
education
and outreach**



Calling 911

Bystander CPR

Stroke

Hypertension

Fall Prevention

2020-2025

**UW
Partnership**



Trainings

UW Students

Reports

**Fire
Department**



Language Access

Research Projects

Pilot Studies

**Community
education
and outreach**



Calling 911

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**UW
Partnership**



Trainings

UW Students

Reports

COLLABORATIVE WORK

Vulnerable Populations Strategic Initiative

The Vulnerable Population Strategic Initiative (VPSI) is a team of highly dedicated staff that works in partnership with the University of Washington School of Public Health, emergency response organizations and community leaders. Their goal is to conduct programmatic, scientific and case-based evaluations to assure that EMS provides the best possible care to all King County residents regardless of race, ethnicity, age, socio-economic status, culture, gender or language spoken.

There are significant disparities in health status and access to health care in King County, Washington. Poverty, discrimination, and limited English proficiency (LEP) affect access to health care and insurance coverage. Uninsured individuals disproportionately turn to emergency medical services (EMS) for health care services and as such, EMS providers are at the front lines in providing care to those most in need.

In 2014, 21.2% of King County's residents were foreign-born and of these individuals, 26.4% of King County residents ages 5 and older spoke a language other than English at home.

Research shows that LEP communities in King County experience unique challenges in accessing 9-1-1 related to communication barriers and cultural differences.

Select a topic to learn more

[VPSI resources](#)

Multiple in-language resources for 9-1-1, CPR, heart attack, and stroke

[VPSI reports](#)

Mid-level review, CPR community survey, wellness survey, and more.

[Fire department-based pilot studies](#)

CONTACT

King County Emergency Medical Services
401 5th Avenue, Suite 1200
Seattle, WA 98104

Phone: [206-296-4693](tel:206-296-4693)

Fax: 206-296-4866

[Online contact form](#)

Short URL: kingcounty.gov/ems

VPSI partners

- [University of Washington, School of Public Health](#) (faculty, students)
- King County fire departments and call centers
- Community-based organizations
- [Ethnomed](#)
- [Chinese Information and Service Center](#) (CISC)
- [Saint Vincent de Paul's Centro Rendu](#)
- [Seattle Office of Emergency Management](#)
- [Somali Health Board](#)
- [King County Office of Emergency Management](#)
- [King County EMS Division](#), Public Health – Seattle & King County
- Key leaders from vulnerable population communities

VPSI Website

Studies and Pilots

Translations

EMS Resources

LIAISONS



**CHINESE
INFORMATION
SERVICE CENTER**



**SOMALI HEALTH
BOARD**



ST. VINCENT DE PAUL
Centro Rendu



**UNIVERSITY OF
WASHINGTON**
School of Public Health



SEATTLE OEM
*Office of Emergency
Management*

LIAISONS



**CHINESE
INFORMATION
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LIAISONS



Regular Meetings

Collective impact

Resource sharing

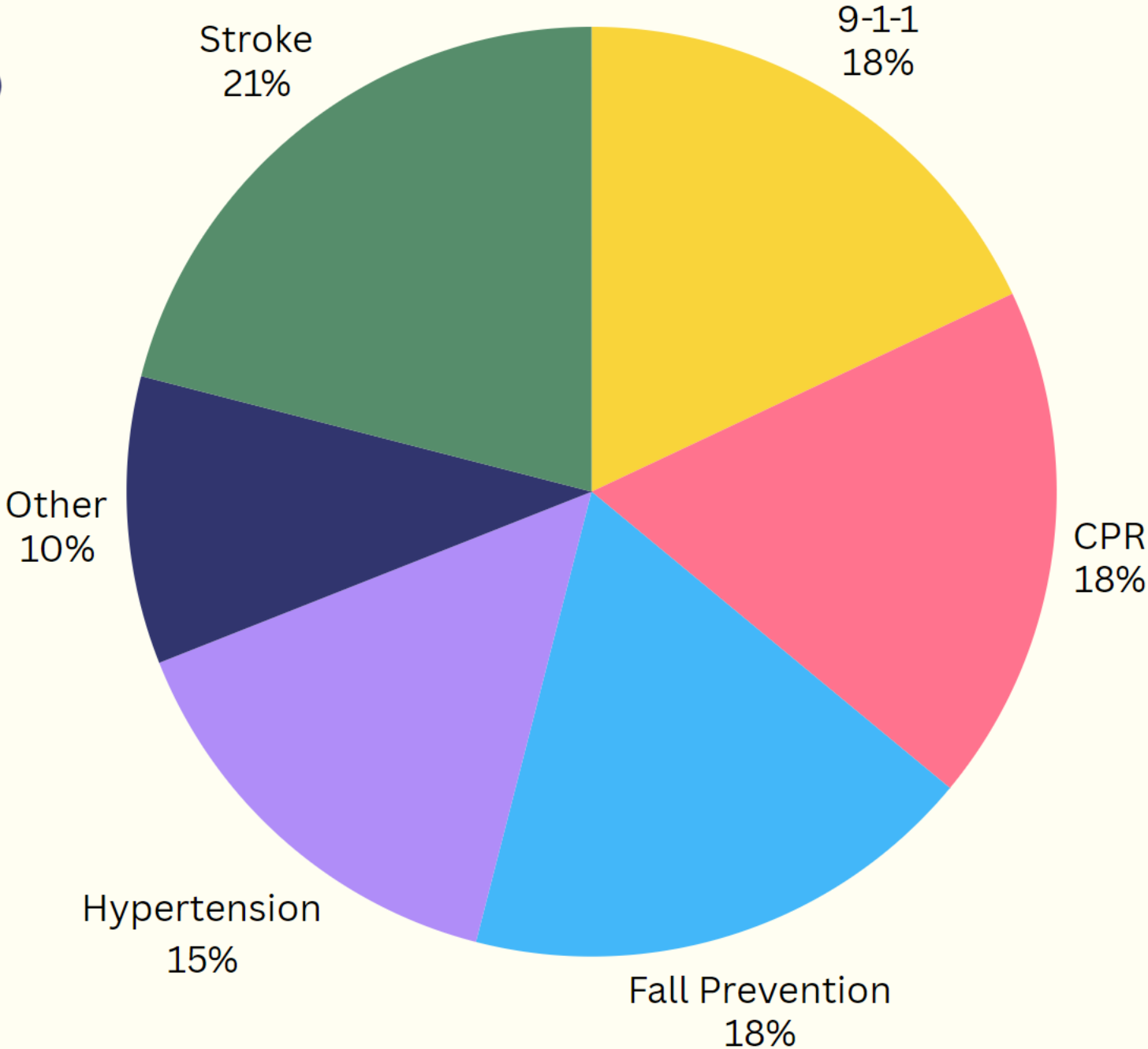
Differing perspectives

Mutal Support

Collaborative Efforts

2023 TOPICS

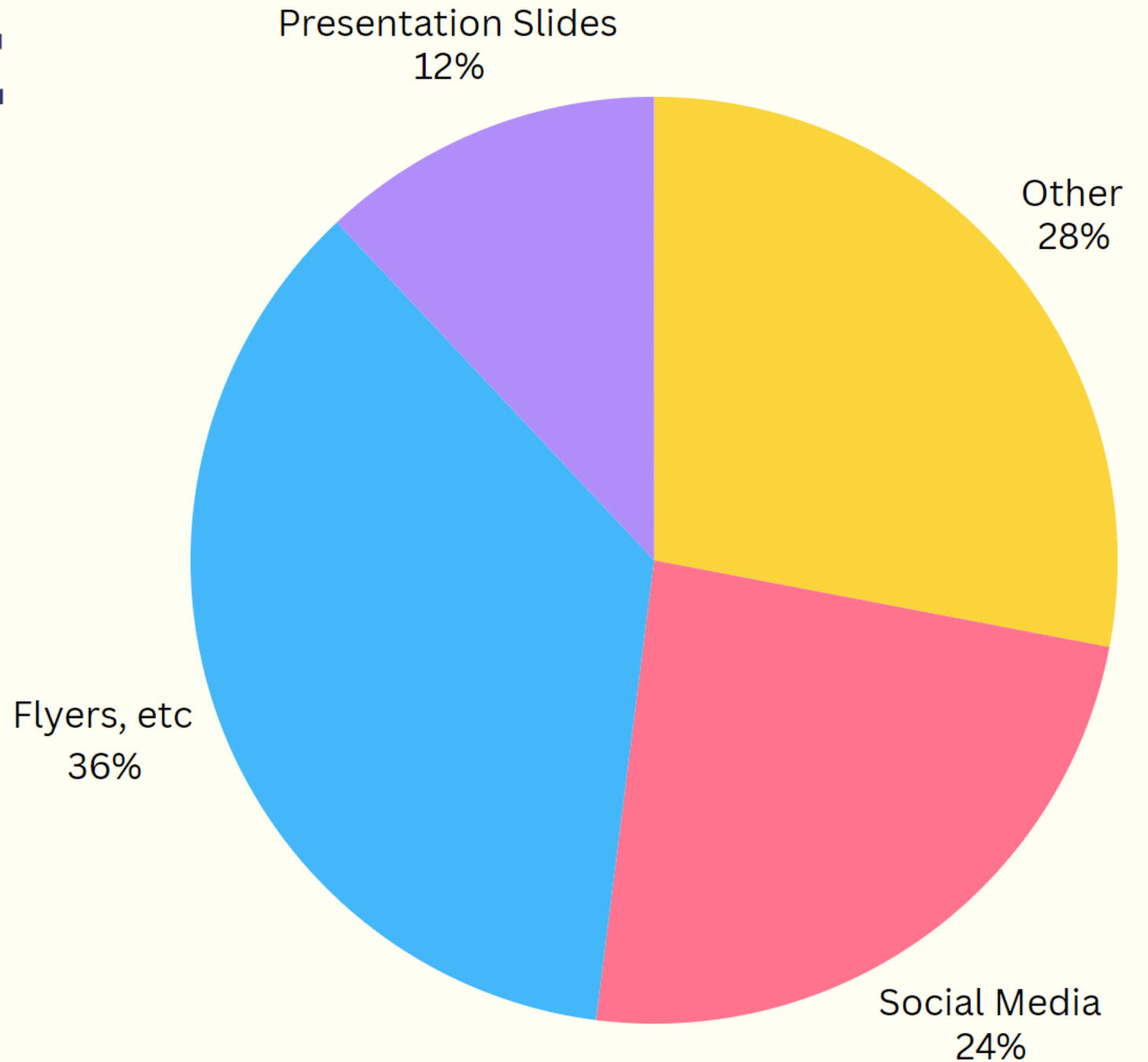
Stroke	21%
9-1-1	18%
CPR	18%
Fall Prev	18%
Hypertension	15%
Other	10%

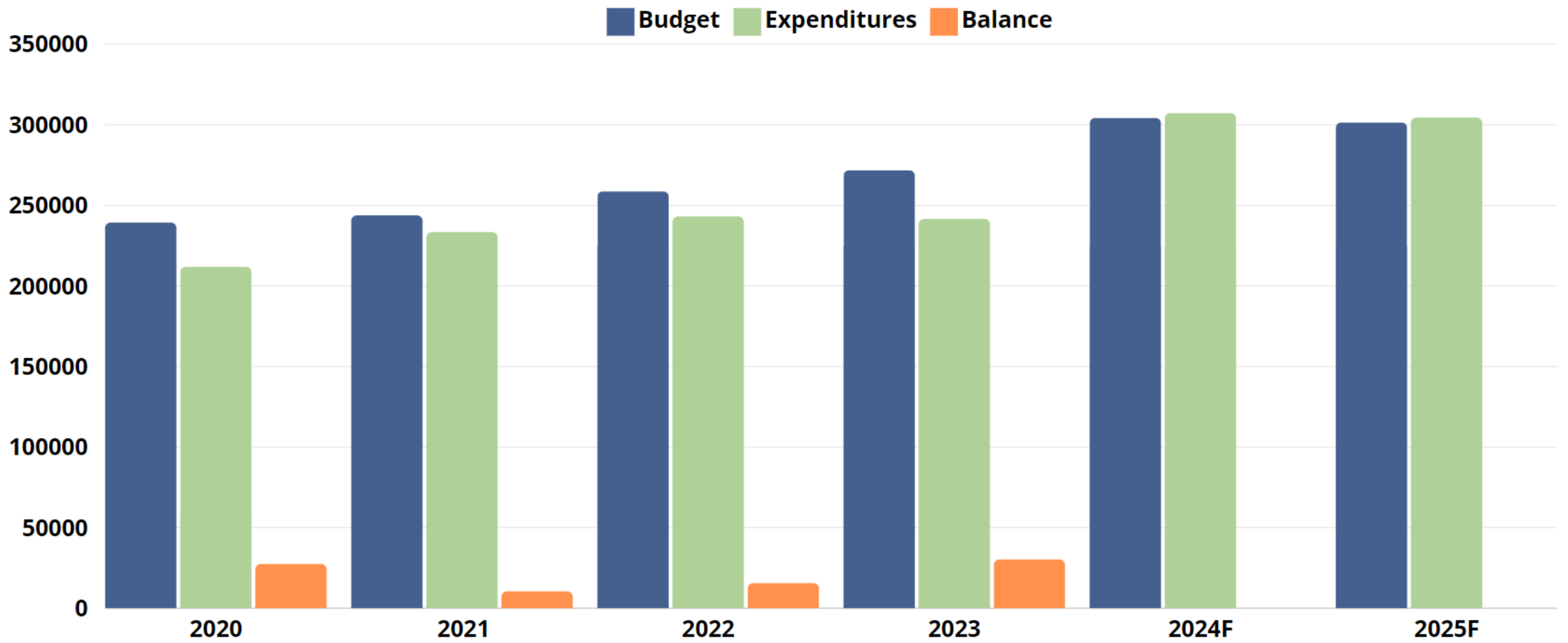


INNOVATIVE CONTENT CREATION

Other:

- Online trainings
- Survey Translations
- Trifold Presentations
- Storyboards





	2020	2021	2022	2023	2024F	2025F	2020-2025F
Budget	\$239,319	\$243,781	\$258,714	\$271,772	\$304,283	\$301,471	\$1,619,340
Expenditures	\$211,896	\$233,372	\$243,105	\$241,561	\$307,326	\$304,486	\$1,541,746
Balance	\$27,423	\$10,409	\$15,606	\$30,211	(\$3,043)	(\$3,015)	\$77,591

Centro Rendu EMS

Centro Rendu EMS programs provide tailored outreach and culturally relevant access to the Latinx community. It offers preventive health education, CPR training and EMS career information.



EMS
EMERGENCY MEDICAL SERVICES

Key Elements of the Centro Rendu EMS program for the Latinx community?

1. Community events and workshops that empower our members by providing resources and information in a culturally relevant manner.
2. Centro Rendu Latinx EMS Navigators – who are empowered through a train-the-trainer model. This aspect of our program has allowed us to more effectively expand our reach within the Latinx community.
3. Disproportionality and historically marginalized, the Latinx community members living and working in King County need safe spaces to gather, along with culturally and linguistically responsive services.
4. Creating awareness of careers in the EMS field for youth and adults, by building trust between agencies and facilitating resource/career fairs that are inclusive of BIPOC providers, increasing visibility for greater representation.
5. Serve as a convener of other Latinx community members and provider that are dedicated to working and serving this vulnerable community.



Impact Results on Our Community

Recently our neighbors have told us the following:

- ▶ They will implement what they have learned in EMS workshops into their daily lives.
- ▶ They will share the knowledge of what they have learned with family members and friends .
- ▶ They revealed to us that prior to our EMS workshops, they had not learned how to identify health signs and symptoms.
- ▶ They feel they have reduced the barriers of fear when facing a medical situation and not speaking the language.
- ▶ Some families have reported making changes in their homes to avoid accidents and pay special attention to their most vulnerable family members.
- ▶ They have found a safe place to talk about their devastating health situations that they have faced when calling 911, for example: a heart attack, a stroke, a fall, etc.

Community Health Action Network

- ▶ Centro Rendu gathers local health agencies to work together in identifying barriers faced by the Latinx community in King County.
- ▶ During these meetings we work together to brainstorm new ideas and strategies for advocacy and solutions on health prevention issues.
- ▶ We address community needs and help to increase awareness for the lack of culturally relevant services, access to wellness program, and preventive health information.



Resource and Career Fair for Youth

- ▶ Testimonies from firefighters that highlighted their journey towards a career in the EMS workforce.
- ▶ Gathering with other youth, these fairs encouraged participants to see their potential, and new possibilities for their future.
- ▶ First-hand information helped open doors for young people to obtain resources and be encouraged by networking with professionals that looked like them.



2023 Final Report

- ▶ **17** workshops:
280 participants
- ▶ **4** Outreach Events:
540 families
- ▶ **5** Info/Demo events:
87 families
- ▶ **6** Meetings: CHAN (Community Health Action Network):
14 members



Looking
back...

2014-2024

University of
Washington



The background features a dark blue gradient with faint, light blue circular patterns. A prominent circular scale with numerical markings (140, 150, 160, 170, 180, 190, 200, 210, 220, 230, 240, 250, 260) is visible on the left side. Several circular arrows and dashed lines are scattered across the background, suggesting a technical or scientific theme.

Outreach & Education

N=121 undergraduate students active in the community



Thousands of residents at fairs and tabling events



50 workshops reaching 600 seniors



14 summer interns



2,175 households visited
267 educational sessions

COVID-19-21 adaptations

1,000 phone calls
N=484 answers
N=220 phone conversations about stroke and 9-1-1

Abdi N, et al. **Bridging Culture and Language: Encouraging Bilingual/Multicultural Individuals to Act as Information Navigators for Their Loved-Ones and Communities during the COVID-19 Pandemic.** J Health Commun. 2024 Jan 2;29(1):34-48



Northwest Center
FOR PUBLIC HEALTH PRACTICE

UW SPH | PH LearnLink

TRAINING ▾ / RESEARCH ▾ / EVALUATION ▾ / ABOUT US ▾ / PARTNERSHIPS ▾

TRAINING SEARCH TOOL 🔍


Home > Training > COVID-19 Information Navigator

COVID-19 Information Navigator

Research shows that friends and family of non-English or limited English speakers are important sources of information during crises and disasters because they are often more trusted than other information sources. With the right support, bilingual and multilingual individuals are ready and willing to be "information bridges" for their loved ones and communities.

This free training will support bilingual and multilingual community members in the important role of helping reduce the health information barriers by sharing vital health information with people in your community who have limited-English skills. The training will provide tools and strategies for identifying and communicating important COVID-19 and other health information.

This training includes specific tips and resources for communicating effectively, better understanding how to find accessible health care services (such as interpreters for patients), finding and sharing up-to-date and accurate COVID-19 information, and taking action by advocating for COVID safety in your community. Following completion of the training, participants will receive continued monthly support, resources, and information from the COVID-19 Information Navigator Program.



Date: September 16, 2021

Topics:
Communication
Infectious Disease & Immunizations
Vulnerable Populations & Health Disparities

Format: Self-Paced Course

Duration: 1.5 hours



Abshir: I can't call 9-1-1 because I don't speak English. I won't know what they are saying.

Vana: Anyone who calls 9-1-1 can request an interpreter. Would you like me to teach you how?

So, what can you and your loved ones expect when calling 9-1-1? Due to the COVID-19 pandemic, there have been some changes to 9-1-1 services. In the next section, we will go over these changes so you and your loved ones can be better prepared in the event you need to call 9-1-1.



WE'RE BACK!

Students gain professional development skills and learn about EMS and EMS careers



"The VPSI experience was super insightful on how to engage with community members during workshops. I gained valuable public speaking skills which I know I will use in the future"



<https://kingcounty.gov/en/dept/dph/health-safety/health-centers-programs-services/emergency-medical-services/vulnerable-populations>

9-1-1 and you: Preparing bystanders for emergencies

Northwest Center
FOR PUBLIC HEALTH PRACTICE

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TRAINING SEARCH TOOL ↗

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9-1-1 and You: Preparing Bystanders for Emergencies

In this three-part training, we will cover the basics of calling 9-1-1 and the steps that you can take to recognize and respond to stroke and cardiac arrest. Each module will include practical tips and activities for sharing this life-saving information with the older adults in your family and community, particularly those for whom English is not a preferred language.


Learning Objectives

9-1-1 Basics

- Describe why calling 9-1-1 is necessary in specific situations
- Describe 3 things you can do to help the call taker respond to an emergency
- Organize the EMS chain of events into the correct order
- Describe how to request an interpreter when calling 9-1-1

Responding to a Stroke

- Describe the symptoms of a stroke
- Describe the risk factors of stroke
- Identify the physiological differences between hemorrhagic and ischemic stroke
- Describe the steps to conduct the FAST exam



Date: March 29, 2023

Topics:
Cultural Competence
Emergency Preparedness & Disasters

Format: Self-Paced Course

Competency Domains:
Communication Skills

[Open Training](#)

TOPICS:

- 9-1-1
- Cardiac arrest and AMI
- CPR
- Stroke
- Falls



Video clips

Steven and Sunja

Now that you know how to use 9-1-1 and communicate with the call taker and have some tips and resources for sharing this information with others, it's time to put what you've learned into practice. Help Steven as he talks to his grandmother about calling 9-1-1.

How should Steven respond? Click on a reply:

That must have been really frustrating. To make sure that doesn't happen again, why don't I show you how to ask for an interpreter when you call 9-1-1?



If you're worried about the call taker understanding you, you can text 9-1-1 in Korean, and your message will be translated for the call taker. Here, I'll show you how.

Case/ stories

Activity: Who to Call?

Listen to (or read) the 9-1-1 calls below and select the correct call category:



Who to Call?

You've just dialed 9-1-1, but was that the right number to call?

Listen to the audio (or read the transcript) for each of the following 9-1-1 calls. Then decide whether you made the right call, or whether you should have called a different number for help.

← PREV



NEXT →

Information

9-1-1 and You:

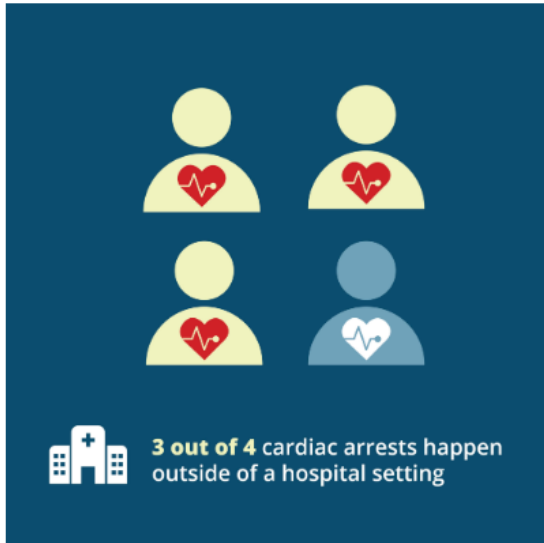
Responding to Cardiac Arrest

BYSTANDER INTERVENTION



Introduction

Every year, 350,000 people experience cardiac arrests outside of hospitals. In fact, 3 in 4 cardiac arrests happen outside of a hospital setting. This means that the person most likely to witness a cardiac arrest is a spouse, friend or relative of an older adult. (Center for Disease Control and Prevention, 2021)



This is why it is so important

Demonstrations

In this training, we will focus on Hands-only CPR. The video below provides a short demonstration of how to conduct hands-only CPR.

While you watch: What do you notice about the hand position of the person performing CPR?



Content Warning: The following clip contains audio from an actual emergency call.

Agonal Breathing [Audio]

0:00 / 0:35

Language communities represented in trainees



- N=152 have evaluated the training
- (85% students; 7% CHW; 8% other)
- 88% SA they would recommend the training to others
- Greater confidence in emergency response actions

Quotes from trainees

Thank you for the valuable educational information

I am not someone who posts frequently on social media but I will seek out other avenues to spread awareness

Great training and demonstration of how calling 9-1-1 works


I learned a lot of new things with it about how to respond to emergencies

Graduate student projects

- 2014 - Vulnerable Adult Pilot Project : to improve identification and reporting of vulnerable adult abuse and neglect
- 2015 – Shoreline Fire Department Pilot Project: to test a method of connecting 9-1-1 callers who have mental illness or substance use disorder to health care resources
- 2016- Seattle Fire Department High Utilizer Individuals Pilot project
- 2017 – City of Renton Sobering Center Pilot
- 2019- REACH Pilot study: improving access to medical and social services for high-need patients who are homeless
- 2020 – Crisis Connections One Call Pilot Study (MIH/EMS and Crisis Connections)

Full reports available on VPSI website:

<https://kingcounty.gov/en/dept/dph/health-safety/health-centers-programs-services/emergency-medical-services/vulnerable-populations/reports>



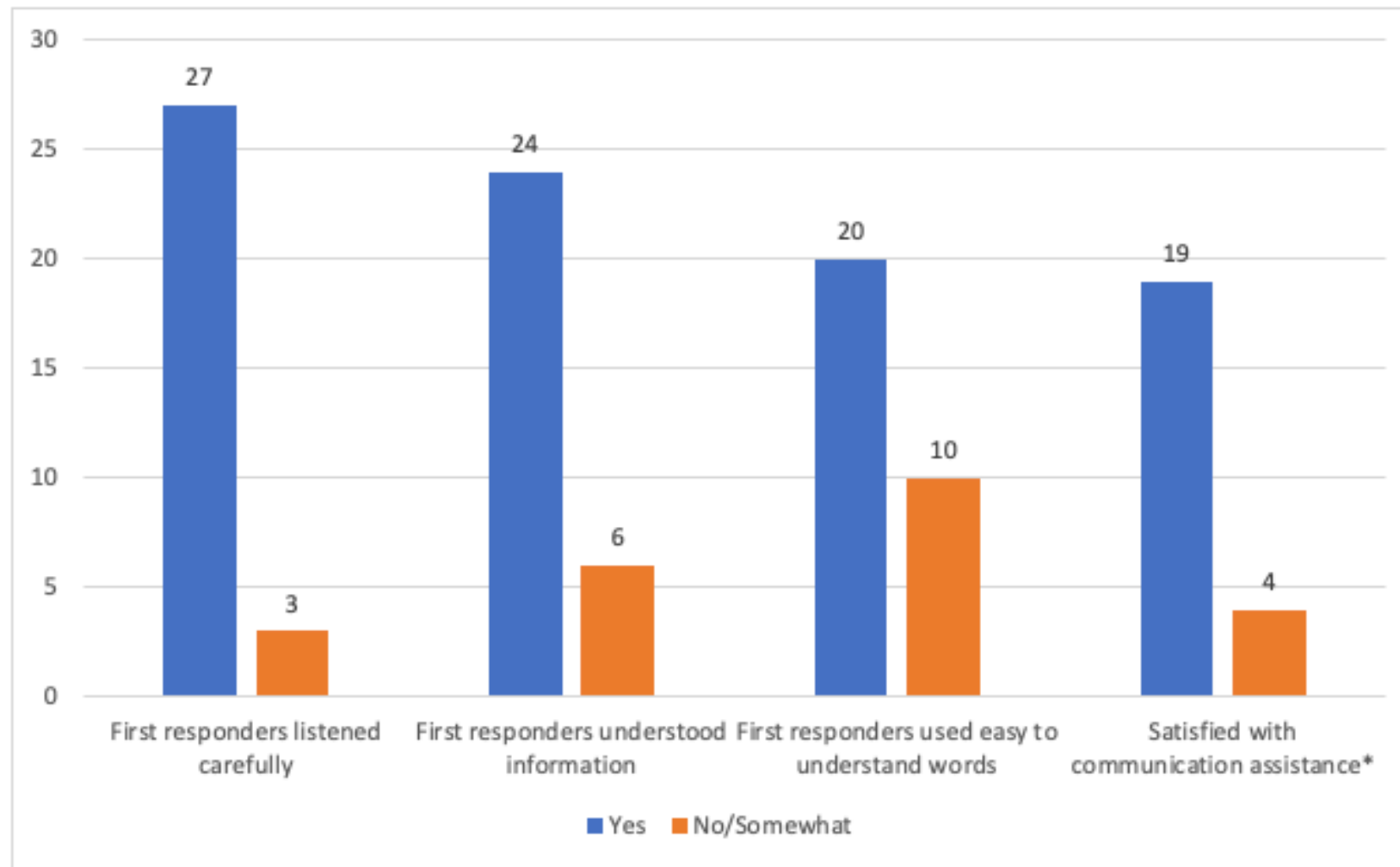
Other projects
involving
students/faculty

2024 – Experiences of Spanish and Chinese-Speaking Patients with First Responders during Medical Emergencies

2018 – Seattle-King County Wellness Survey – N=984 EMS providers

2014 –Results of the countywide Needs Assessment among EMS providers N=698 EMS providers

Figure 1. Patient experiences among Spanish and Chinese speakers during 9-1-1 visit



*only among people who reported that they had received help with communication during the 9-1-1 visit

Participating King County Fire Departments:

- Puget Sound Regional Fire Authority,
- Bellevue Fire Department,
- Renton Regional Fire Authority,
- Kirkland Fire Department,
- Bothell Fire Department,
- Valley Regional Fire Authority
- Redmond Fire Department

- **VPSI liaisons:** CISC, UW, St. Vincent de Paul Centro Rendu

QUESTIONS?





EMS Outreach Program

Maymuna Haji-Eda

Programs Manager

Somali health board (SHB)



Somali Health Board (SHB)



The Somali Health Board (SHB) is a public, non-profit 501(c)3 grassroots organization, formed in 2012 by Somali health professionals and volunteers concerned about the health disparities that disproportionately affect new immigrants and refugees within King County, with ambitious goals of eliminating and reducing health disparities.

PROGRAM OVERVIEW & SUMMARY

EMS:

- CPR
- 911 Education
- Signs of Stroke
- STOP The Bleed
- Hypertension Education
- Fall Prevention

Virtual Trainings

The Othello Outreach Clinic

AbuBakr Islamic Center - Tukwila

SHB office - Tukwila

Muslim American Youth Foundation- Kent

OUTREACH GOALS

Create access to
services/programs

Education/Awareness

Safety/Environmental

COMMUNITY FEEDBACK

- Salma is a community member that is trained in CPR/First Aid through our program
- Her elderly mother started to choke
- She was able to stay calm and quickly act while others around her were scared & panicked
- Salma utilized her skills to save her own mother while she was choking
- After the incident, others asked where she was trained
- Salma shared our YouTube training video with the community [abroad]



From our 2022 Annual Report

- Collaboration with Public Health – Seattle & King County to increase awareness about strokes, CPR, and 911.
- Organized the Stop the Bleed program at the Muslim American Youth Foundation (MAYF) to provide bleeding control training.
- Distribution of bleeding control kits to Somali organizations for future sessions.
- Training statistics: 420 individuals trained, 360 CPR certifications, and 60 uncertified in CPR.

Presented by Mohamed Shidane, Deputy Director



THANK YOU!

QUESTIONS?



OVERVIEW

EMS AND COMMUNITY
PARTNERSHIPS

5 EDUCATIONAL AND
OUTREACH TOPICS

17 LANGUAGES

1.7 MILLION BUDGET



Regional Services: Lines of Business

Regional Services Lines of Business

A. Training and Education

B. Community-Centered Programs

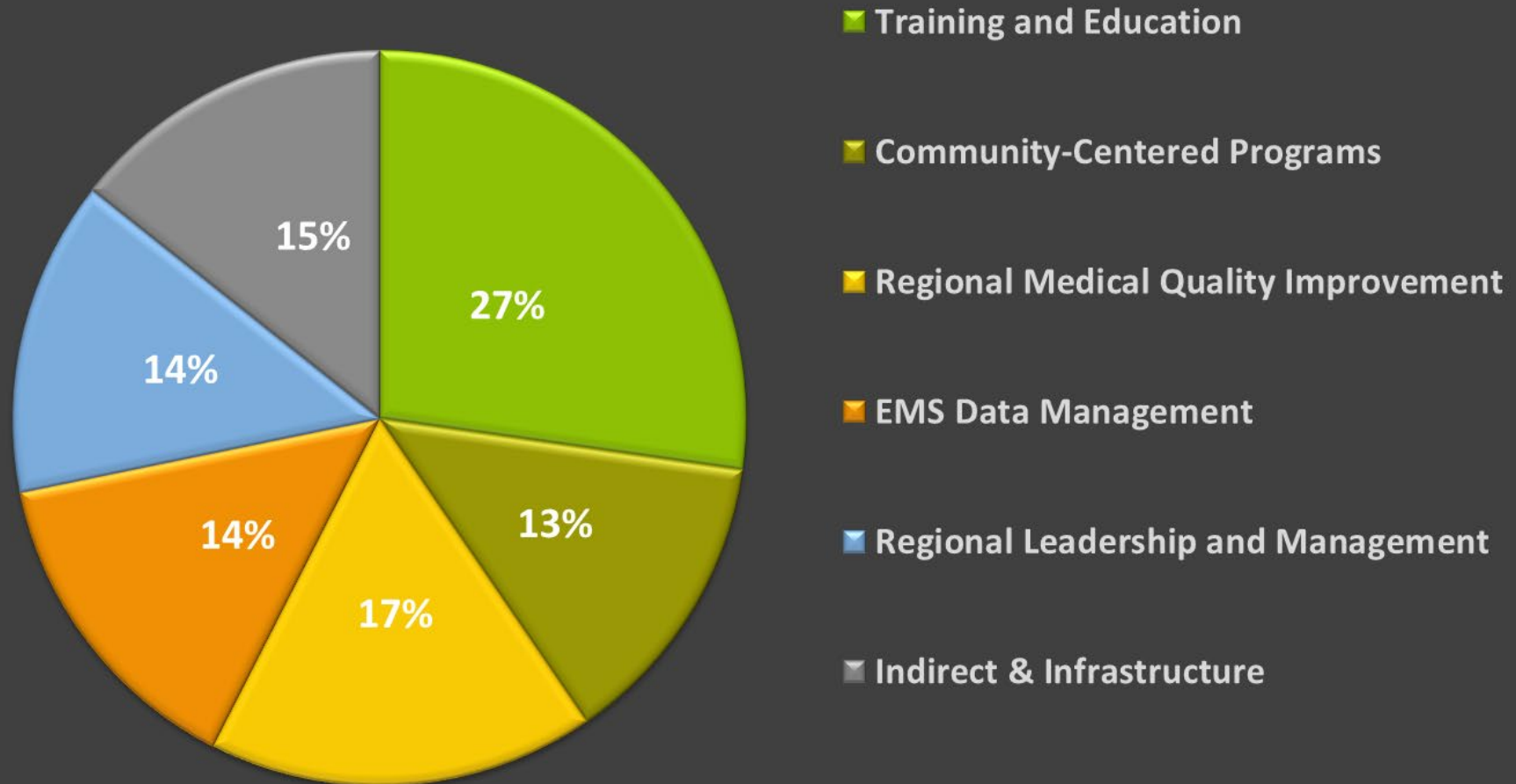
C. Regional Medical Quality Improvement

D. EMS Data Management

E. Regional Leadership and Management

F. Indirect and Infrastructure

Regional Services Line of Business (based on 2022 actuals)



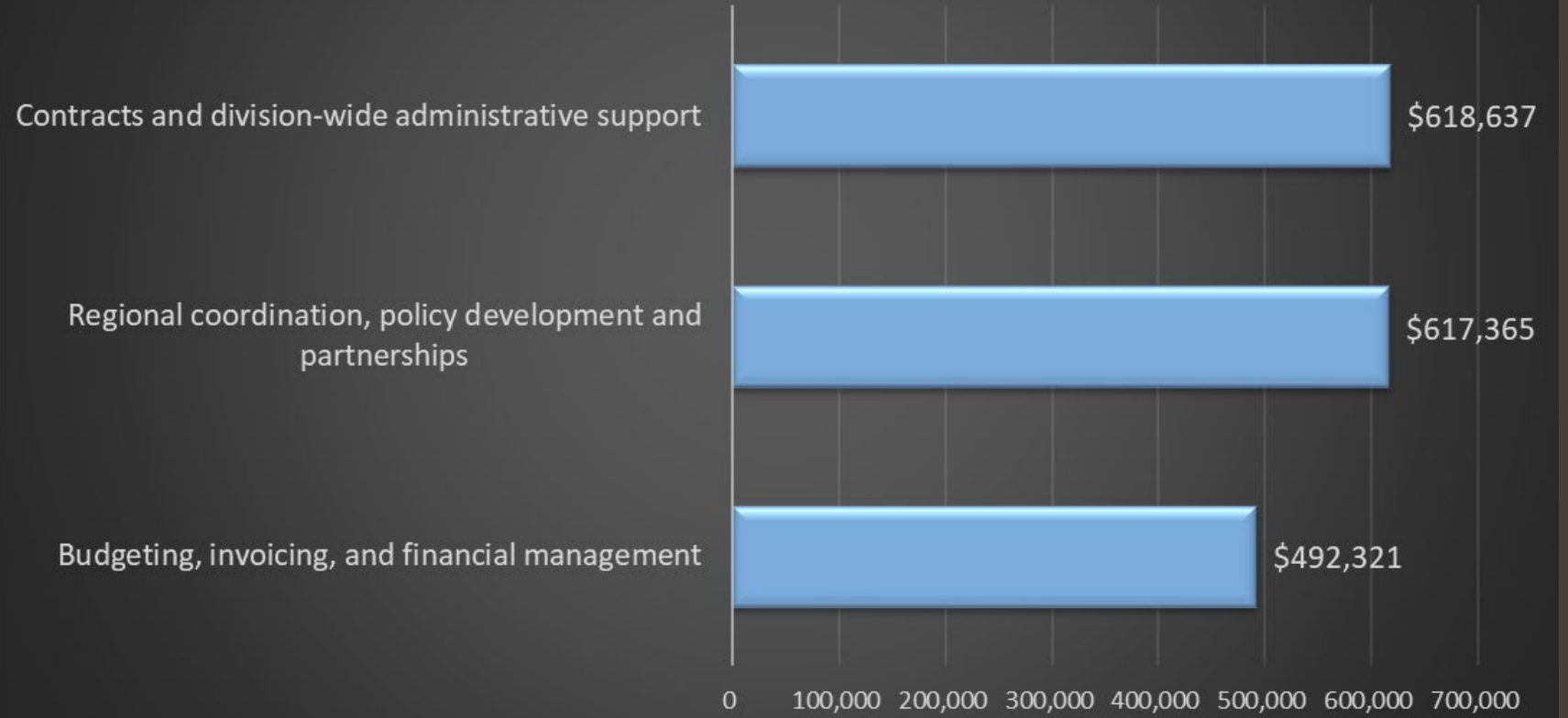
Regional Leadership & Management

Leadership, Administrative & Finance Functions (8 FTEs)

- Regional coordination, policy development, and partnerships
- Contracts, invoicing, and division-wide administrative support
- Budgeting and financial plan management

Regional Leadership & Management (Line of Business)

Regional Leadership and Management Line of Business



2022 Actuals – Total \$1.7 million

Emergency Medical Services Division

Telephone Referral Program: 2020-2025 Medic One/EMS levy period

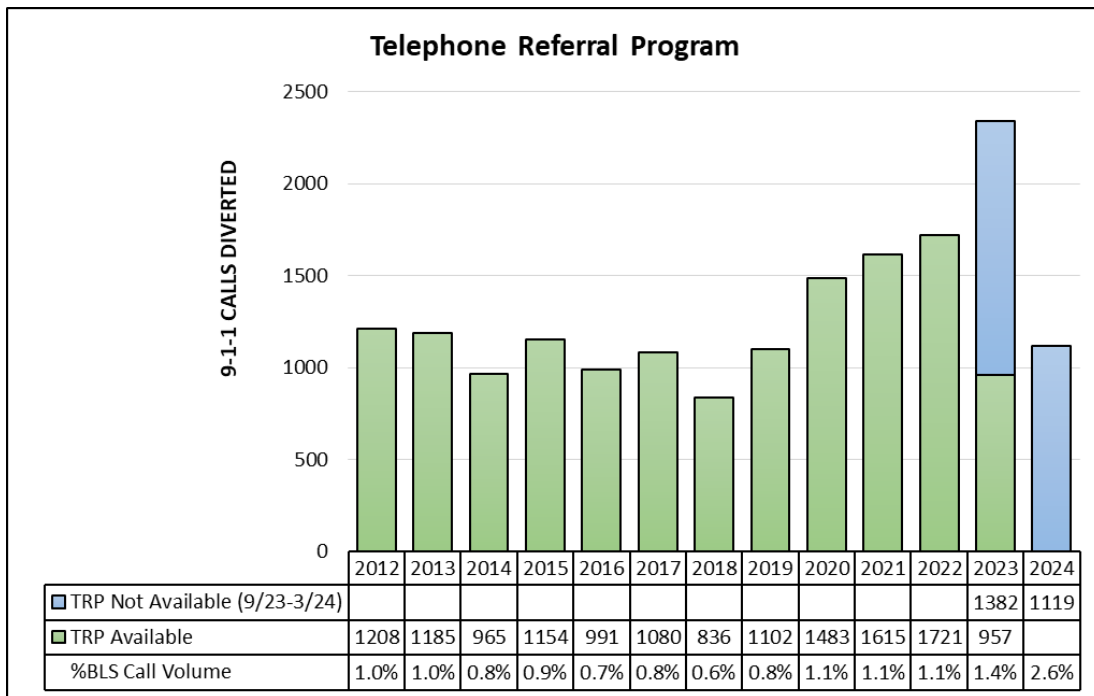
Overview

The Telephone Referral Program (TRP) has been a regional service funded through the Medic One/EMS levy for more than 20 years. The program diverts low-acuity 9-1-1 calls to a consulting nurse triage line for medical advice and care instructions in lieu of dispatching EMS units. This allows units to be available for higher-acuity emergency medical calls. 9-1-1 calls are triaged based on medically-approved Criteria-Based Dispatch (CBD) guidelines, which are rigorously reviewed and revised every three years aligning caller-reported signs and symptoms with an appropriate level of care and response mode.

EMS System Impact and Current Activities

From January 2012 through August 2023, the TRP has diverted approximately 1% of BLS call volumes annually (see figure below, green bars). Starting September 2023, the TRP vendor (EvergreenHealth Healthline) terminated all external contracts. With this change, the EMS Division has:

- 1) Continued tracking 9-1-1 calls that met TRP criteria (see figure below, blue bars). All eligible calls now receive a non-emergent BLS response. Percentage of eligible calls have increased – currently at 2.6% of BLS call volume.
- 2) Enhanced TRP scope, supported by the King County Fire Chiefs Association and regional communication centers.
- 3) Completed a request for proposal process. Currently in contract negotiations with vendor.



The EMS Division is committed to reimplementing this program, working closely with all involved partners to make this service available to 9-1-1 system users. Additional costs associated with the TRP during the current EMS levy period will be funded by Regional Services program balances.