EMS Administrative Board
May 14, 2025

1. **Open the meeting**

2. **Approval of agenda:** May 14, 2025, Jim Brost made a motion to approve the agenda, Les Riel seconded by. Motion passed.

3. **Introduction of attendees:**

Board Members in Attendance:

Jim Borst, Fire Commissioners	Jim Lange, Fire Chiefs
Joel Byam, Fire Chiefs	Dave Lynde, Ambulance, Chair
Mike Costello, Councilmember, City of Selah	Aaron Markham, Fire Chiefs
Kyle Curtis, County Commissioner	Les Riel, Fire Commissioners
Sam Glanzer, Fire Commissioners	

Board Members Absent:

Sarah Dowen, Hospital Representative, Yakima EMS Council	Kevin Hodges, MD, Medical Program Director

Alternate Board Members in Attendance:

Nathan Craig, Fire Chiefs

Alternate Board Members Absent:

Dan Boyle, Fire Commissioners	Cameron Haubrich, Fire Chiefs

Department of Emergency Medical Services in Attendance:

Tony Miller, ES Director	Diane Koch, Office Specialist
Jeremy Rodriguez, EMS Ops Manager/Training Coordinator	Chase Tucker, EMS Program Representative

Department of Emergency Medical Services in Absent:

Guest(s): Treena Russell, ALS

4. **Open Public Input –** none

5. **Communications –** none

6. **Approval of Minutes:** Copies of February 13th minutes were sent out and copies available during the meeting for review and approval.
   Les Riel moved to approve the minutes as submitted, Sam Glanzer seconded by. Motion approved.

7. **Reports from committees/agencies**
   a. Emergency Medical Services
      Tony Miller reported:
      i. Nurse Health Line – is up and working. There are a few kinks that are being worked out.

      ii. Pulse Point – the price for Pulse Point has been received as $20,000. But after a discussion with Erica McNamara, she stated that $10,000 had already been put into ProQA. There will be

a follow up conversation regarding that with ProQA. It takes roughly 90 days to get up and running once the payment has been made. During a presentation there are different steps to it. One is when a cardiac arrest comes in, it will go out to lay people such as downtown Yakima or Union Gap. The other step is for EMS, nurses, doctors, if a cardiac arrest is a residential area, then it will go out to those medical providers and not the general public.

More to come on this.

iii. We are changing from Everbridge to most likely Code Red for our mass notifications. That contract should be signed the first part of June, with implementation by August 1st, as that is when our Everbridge contract expires. We have had Everbridge since 2016 and there have been no upgrades during that time. We have had 4 demos from other providers for mass notifications from through the United States. The most user friendly and easiest to use is Code Red. It should be seamless for the agencies, as Code Red will move everything over and set it up.

Training will be done in June and July. They will be here for a live training in June, and the rest of the training will done via Zoom.

iv. We have already started looking at the 2026 budget. The levy numbers have already been received from the Assessor's office. The chiefs should start receiving the levy fund numbers this week. We received a more accurate number this year than last year.

For the EMS office for 2025 we anticipate receiving $952,000 from property taxes. In 2026 we anticipate receiving $968,000.
Currently we budgeted $450,000 in reserves and from the more accurate data received we actually have $522,000 in reserves. Per earlier discussions about having more in reserves, this puts us right where we need to be.
Other sources we still get the DOH Trauma Grant for $24,000. We do not know if we will be getting this in the future. The South Central Region is signing contracts without knowing if there will be any money.
Jim Lange asked about why the grant funding would stop when the money comes from Law Enforcement traffic tickets? It was explained that the funds can be used for other projects deemed more vital.

v. OEM and DOH are not receiving any federal money because Washington is considered a "sanctuary state".

vi. The projections for next year, we raised everything by 5% for the budget.

Jeremy Rodriguez reported:

vii. Last August we requested $55,000 for AEDs to start replacing AEDs across the county for the fire departments. This was to be a multiyear plan that would be an on-going project subject to board approval year-to-year. After more research and with the way the laws read, we ran into a few snags.

AED price ranges from $1500 to $3400 depending on unit capability and add-on extras, such as higher capacity batteries, cases, Wi-Fi, cellular data plan, etcetera). Anticipated life span is 8-10 years. Manufacturers offer an 8 year warranty, but all use a 10 year cost of ownership estimation tool.

The objectives of this project are to:

- Standardized AEDs county wide
- Get all AEDs within their expiration date, multiple fire departments have AEDs that are over 15 years old, with some over 20 years old.
- Assist the fire departments with a cost offset financially
- Get timely and accurate data about our CPR calls (time of first shock by fire department)
- Standardized AED training county-wide. We can purchase 1 AED training device, which will work the same as every departments AED.
- Standardize AED usage county-wide

The AED we chose is the CR2. It is a little above the mid-point in cost. If you go online and look at the model we are currently looking at, they list at about $2700.

They are capable of interfacing with AMRs CR2s, they come with an 8-year warranty, and you only need 1 set of pads. The difference is there is a key that is attached to the AED which will change it from adult to pediatric when the key is inserted.

In terms of CPR, we received our CARES data from across the County. We do not have it broken down by the agency. The Utstein number (save rate) Nationally the average is 37%, Washington State is 40% and **Yakima County is 50%!** Please take this information back to your providers, because they have worked hard and earned this.

Public Access AED in Yakima County is at 8.1% and the national average is 12.7%. Our public access numbers are low. We have been discussing that hopefully the fire chiefs may be willing, that when we bring you a new AED, that you would allow us to have your old AED. We would then put it into the public realm. First into government buildings and then moving outwards. These AEDs would be tied into Pulse Point and Life Net.

Chase Tucker reported

viii. Life Net comes through Stryker, and we have it for the Lucas Devices and CR2 AEDs. The devices send data via Wi-Fi. The data drops into this nice system and we can see every CR2 AED in the valley. It gives us the added benefits of:

- The way these are set up (Chase set up the Wi-Fi for the agencies), when you plug them into their power bank and they are within their home Wi-Fi it auto does a system diagnostic and sends that off and says, "I am good" or "There is a problem". That way we know ahead of time if there is an issue, such as a dead battery.
  An email was received recently that pads were expired on a device. A phone call was made to that agency and yes, the pads were expired.

- When an AED is used on a patient, it sends an email showing what the initial rhythm (no HIPPA information is shared), what time it was attached, whether it shocked and at what it shocked at. This is the same as the Lucas Device.

- Any grants that we have looked for to help purchase more CR2s wants to know what our Utstein number is and what our CARES data looks like. We will now have this information and the more accurate our information is the more likely we are to receive the grant.

- This also allows us to gather better data for CARES and have a better Utstein number. This is a huge win for the County, as we have had a 20% climb in our recent Utstein numbers.

- The data that we are receiving through this program also helps fill the missing data at the

State level.

- Recently we had a report that a fire department had a code and used the AED. We were able to download the data from that call. Then in the same department a report was sent that there was something wrong with their Lucas Device. The department called Chase who was then able to call Stryker and send over the error report. The issue should not happen again.

Tony Miller reported:

ix. Through the RFP County agencies have purchasing power through AMR. There are other AEDs out there but those AEDs do not provide the data we need, so we want to stick with the CR2. Stryker is the sole source for this particular type of AED. In total we need approximately 132 AEDs and 10 more Lucas devices to get everyone in the county on the same page.

Stryker offers a "lease to own" program. We would pay $61,000 per year, which includes all maintenance, for 5 years and then at the end we pay $1 per machine, and they are ours. This would allow us to replace all the AEDs at once. The cost per AED is $2350 each. If we add in the 10 Lucas Devices, the annual cost would be $110,000 per year for 5 years.

Discussion continued on the best way to make this purchase.

Chief Craig suggests that the fire departments purchase the AEDs for their agencies and then DEMS reimburses. Discussion followed on how this could be made to work. It was suggested that we utilize our "grant program" and form a subcommittee to decide which AEDs would be replaced at each department first. This would include a "cap" of how much we can spend each year. It is estimated that this would be at least a 3 year program. Information will be put together by DEMS (for example: number of AEDs needed total and which agencies have the oldest AEDs, suggestion on how the grant program would work, including annual cap) and presented at the August meeting during the budget meeting.

Chief Lange questioned if AMR may switch vendors in the future. Per Dave Lynde this is very unlikely as they have used Stryker for over 35 years and AMR uses many Stryker products.

For the public access we would need to purchase wall cases, batteries and pads, when these are installed.

The last item discussed was purchasing a LifePak 1000 for the Nile Fire Department. For a paramedic to reach a patient in the Nile it is approximately 45 minutes. It is important to know what the patient's initial rhythm vs the rhythm is 45 minutes later when the paramedic reaches the patient.

Jeremy Rodriguez reported:

x. As we head into our budgeting process for 2026 some other potential needs for the EMS ofice and that departments that are requesting are:

- Lucas Devices (10).
- A new full body Sim Man.
- A new SALAD manikin (we are currently using a "homemade" one – it works but is not the best).
- Virtual reality equipment – we are watching what happens in the future, this may be a possibility to enhance training.
- There is a tool called is an I-SIM – this connects into iPAD and makes it look like the

machine that providers use in the field.
- Need more office furniture as our chairs are breaking.
- Webcam for our office for smaller meetings in our conference area.

We are not yet ready to ask for anything officially yet, until we review our budget and the costs. We will bring more information to the next meeting.

Discuss followed on setting up a replacement grant for AEDs at the 8 year mark and the EMS office tracking this. This would essentially shift the costs for AEDs from the fire departments to the EMS office. It was noted that

Nathan Craig made a motion to have the fire departments purchase AEDs immediately, from AMR and then bill the EMS office and seconded by Les Riel. Motion passed.

b. **Ambulance Response Time Committee – Jim Lange**

During the March meeting the February responses were reviewed. AMR was 92% in compliance. The only exemptions were mostly due to the weather. The April meeting was not held, due to not having a quorum.

Brief discussion of AMR doing standbys during the last Fire Chiefs meeting. The Fire Chiefs felt that a supervisor rig would be good enough for their medical standbys.

8. Old Business

a. Pulse Point update above.

b. Nurse Navigation – Dave Lynde
He is receiving live reporting on the Nurse Health Life. After the nurse talks to the patient about 60% of the time the patient is sent back and rather than going back to 911, it goes directly to AMR as a BLS response. If it is deemed that the patient needs an ALS response, then 911 is notified, so that fire is also dispatched.
All the calls coming back are being handled internally unless an urgent response is required.

Some of the other ways that patients were helped:
Uber Rides
Self-help care at home (27 times)
Online doctor visit
There have been a few hangs up.

There has been a total of 103 calls since implementation on 4/22. There are follow up calls to all the patients who interacted with the nurses and only 5 out of 100 took the call on the follow up. In addition, the fire department did not respond to 60 calls and the ambulance did not respond to 40 calls.

We are working on a process for crews to do field referrals.

Some of the issues that have been reported from the nurses have been that patients in Yakima County know what to say to get an ambulance and some patients have been difficult to work with.

It is helping that even if a patient goes in by ambulance that the hospital is putting patients in

"waiting room", which is now called "triage".

Reports will continue to be made to this group..

c. Nature Codes.
The EMS levy is tied to the Spillman Nature codes. This summer switching to ProQA nature codes. **Bravo, Charlie, Delta, Echo** – we will need to keep the old ones for this year and add the new codes. We have some nature codes that will stay for instance water rescue, MVA.

Nathan Craig made a motion to include ProQA nature codes in EMS levy. Jim Lange seconded. Passed.

9. New Business
a. AED purchase options above.

10. For the Good of the order
a. Tony – The county requested that we swap out our 4Runner and it was replaced by a 4-wheel drive GMC.

11. Next regularly scheduled meeting is 09:00 on, August 13, 2025. In person at the EMS Office in the classrooms.

12. Meeting adjournment – made a motion to adjourn, seconded by. Motion passed.