

**MEMORANDUM OF UNDERSTANDING BETWEEN  
JEFFERSON COUNTY PUBLIC HEALTH CARE SERVICE DISTRICT NO. 2,  
D/B/A JEFFERSON HEALTHCARE  
AND  
JEFFERSON COUNTY FIRE PROTECTION DISTRICT NO. 1  
D/B/A EAST JEFFERSON FIRE RESCUE**

This Memorandum of Understanding (the "MOU") is made as of December 19, 2018, by and between Jefferson County Public Health Care Service District No. 2, d/b/a Jefferson Healthcare ("Jefferson Healthcare"), and East Jefferson Fire Rescue "ground transport provider."

1. **Authority.** This Memorandum of Understanding is entered into by Jefferson Healthcare under the authority of RCW 70.44.060 and the ground transport provider under the authority of RCW 52.12.031 and in conformity with chapter 39.34 RCW, the Interlocal Cooperation Act.
2. **Purpose.** The purpose of this MOU is to establish the terms under which the ground transport provider will transfer patients of Jefferson Healthcare by ambulance to other healthcare facilities, skilled nursing facilities or local residences.
3. **Objective.** The objective of this agreement is to enter into a memorandum of understanding between Jefferson Health Care provider and one local primary ground transport provider.
4. **Patient Transfers.** Jefferson Healthcare will identify for transfer those patients who require services not offered by Jefferson Healthcare. Such patients will be transferred by ambulance to another acute care facility that provides the needed services.
5. **Transfer Protocols.** The decision to transfer a patient to another facility shall be made in compliance with the policies and procedures of Jefferson Healthcare. The transfer shall be at the discretion of and initiated by the patient's attending physician or an emergency room physician, physician assistant or nurse practitioner. After consulting with the patient or a person authorized to act on behalf of the patient, the practitioner initiating the transfer shall have the discretion and authority to determine the health care facility to which the patient will be transferred, and the licensure level of the transporting staff.
6. **Referral Procedures.** Referrals to the ground transport provider will be coordinated through one designated control point at Jefferson Healthcare. The control point shall coordinate all requests from all hospital departments. In most instances the coordinator will be the House Supervisor. The House Supervisor or emergency room Charge Nurse will insure that all proper transfer paperwork is in order including Medicare ABN forms when necessary.
7. **Payment for Services.** Generally, the ground transport provider shall bill the patient receiving the services or any source available for payment of services provided to the patient. Additionally, Jefferson Healthcare will provide to East Jefferson Fire Rescue additional financial resources in the form of \$95,000 for 2019 and \$100,000 in year 2020. These additional financial resources are to augment certain additional costs incurred by East Jefferson Fire Rescue for non-compensated costs to carry out this agreement insuring adequate daily ALS personnel are available, and for certain types of long-distance transfers which are not usually reimbursable to the District, but are nonetheless important to the overall functioning of Jefferson Healthcare to ensure proper patient care and distribution. East Jefferson Fire Rescue will invoice this amount on a quarterly basis beginning March 2019. All billing will begin effective April 2019; Jefferson Healthcare will pay at the beginning of each quarter within 30 days of invoice date.

8. **Sustainability.** Jefferson Healthcare and East Jefferson Fire Rescue endeavor to create a sustainable funding model to address various Jefferson County healthcare initiatives. Both parties commit to partnering in this effort as a means to provide a predictable level of service to include fire-based ground ambulance transport and expanded healthcare services provided by Jefferson Healthcare. **Periodic Reporting.** East Jefferson Fire Rescue will provide a periodic report (at least quarterly) breaking down transfer costs versus remuneration from both payers and Hospital District Funds.
9. **Incidental Cost Reimbursements.** Jefferson Healthcare will reimburse East Jefferson Fire Rescue the true costs of Ferry and Bridge Tolls that are attributed to patients transferred from Jefferson Healthcare facilities. The amount of tolls will be added to the quarterly invoices for the additional resources being provided by Jefferson Healthcare to East Jefferson Fire Rescue.
10. **Qualifications.** To be eligible to provide transfer of patients of Jefferson Healthcare, the ground transport provider shall maintain compliance with the following qualifications:
  - a. Maintain a valid license in compliance with state law and local Ordinances;
  - b. Comply with all federal, state and local municipal requirements involving Patient transport, including WAC 246-976-890, which requires verified Pre-hospital trauma services for inter-facility transfer of trauma patients;
  - c. Contract in compliance with State licensing requirements with a State approved physician to act as its Medical Program Director (“MPD”) who shall be responsible for providing medical oversight and monitoring narcotic inventory;
  - d. Maintain verifiable malpractice insurance acceptable to Jefferson Healthcare;
  - e. Submit all run reports to the MPD for review and quality assurance review and provide copies to Jefferson Healthcare upon request;
  - f. Maintain continuing medical education as required by the MPD;
  - g. Ensure that all policies and procedures are reviewed and approved by the MPD;
  - h. Maintain transport vehicles in a proper operating and safe condition in accordance with State requirements and make available all vehicle maintenance records for review by Jefferson Healthcare upon request
  - i. Provide necessary medications and medical equipment required for patient transport unless those medications are not a part of the technician’s normal scope of care. In those instances, Jefferson Healthcare will provide necessary medications for patient en route to transfer point. i.e. antibiotics, blood products as examples;
    1. Specialized equipment such as IV Pumps will be provided by Jefferson Healthcare for use during transports and returned immediately upon return to the District.
    2. If necessary, ventilators purchased by EJFR will be under the care and maintenance of Jefferson Healthcare certified personnel. Costs associated with maintenance of those items will be billed to EJFR on a quarterly basis.

Depending on emergency 911 call volumes at any given time, East Jefferson Fire rescue will make available vehicles fully staffed to transport patients from Jefferson Healthcare 24-hours per day, seven days per week and maintain sufficient staff available to ensure appropriate rest periods.

11. **Transport Unit Procedures.** East Jefferson Fire Rescue will generally be available for patient transfers/transport from Jefferson Healthcare consistent with other hour restrictions for certain types of transfers stipulated elsewhere in this agreement, and providing the District maintains a minimum of one EMS vehicle and one Engine company available for emergency 911 responses.

East Jefferson Fire Rescue will also strive to meet the following additional criteria:

- a. For critical patients (ALS) ground transport providers shall be available at Jefferson Healthcare within 20 minutes of the request for response; and
- b. For non – critical (BLS) patients, ground transport providers shall be available at Jefferson Healthcare within 30 minutes of request for response.
- c. STEMI patients presenting in the Emergency Room shall receive an ALS response within 1 minute of 911 being notified of the incident. Any STEMI protocols in progress shall be assumed by the transporting crew and continued while en route to the receiving hospital.
- d. Mental health patients will be accommodated on the following basis; Patients going to Kitsap Mental Health or Tacoma area hospitals will be transported per this agreement on a 24/7 basis. Patients going to areas east of Seattle or to Seattle or Bellingham will be accommodated during ferryboat hours only when the crew can be guaranteed a ferry boat back to the district after delivering the patient. This section is intended to assist in avoiding circumstances requiring lengthy late night return drive times back to the District as a safety measure.
- e. In the event Jefferson Healthcare requires a transporter to provide a second transport team and vehicle while the transporter's first team is assigned to a previous transport from Jefferson Healthcare, the provider shall respond to the second request within a reasonable amount of the time. House Supervisor will be notified and remain updated as crews become available. Providing that this staffing matrix allows for the District to maintain two 911 available ambulances and one fire engine company to the general public for emergency calls as described above.
- f. In the interest of personnel safety Non-critical patients requiring transport to destinations across Puget Sound after the hour of 22:00 and before 04:30 shall be held for transport until after 04:30 to accommodate for lack of Washington State Ferry availability\*. This does not preclude transporting of non-critical patients to destinations such as Bremerton or Tacoma.
- g. *\*Refers only to cross Sound transports.*
- h. Jefferson Healthcare will make every effort to provide as much advance notice as possible prior to needed transport. If these times cannot be met, Jefferson Healthcare will determine alternate transport to provide for the best interests of the patient.
- i. In the event of a critical transport patient requiring the expertise of a medical professional who

has a greater scope of practice than that of the technician (generally a paramedic in this instance) may request that additional qualified Jefferson Healthcare personnel accompany the patient during the ground transport, or suggest an alternate mode of transfer i.e. Air Ambulance provided it is in the best interest of the patient, notwithstanding any other considerations. Appendix A of this MOU describes the levels of service and scope of practice available from East Jefferson Fire Rescue personnel.

12. **Benefits.** This agreement is entered into for the benefit of the parties to this agreement only and shall confer no benefits, direct or implied, on any third persons.
13. **Non-Exclusive Agreement.** The parties to this agreement shall not be precluded from entering into similar agreements with other municipal corporations or service providers.
14. **Renewal/Terminations.** The term of this agreement shall commence upon date signed by the parties, and shall continue to be renewable and reviewable for potential updating on an annual basis: either party may terminate this agreement at any time prior to expiration upon 365 days written notice with or without cause.

We, the undersigned, agree to all the terms described herein.

JEFFERSON HEALTHCARE

EAST JEFFERSON FIRE RESCUE

By: Mike Glenn 12/12/18  
Mike Glenn, CEO Date

By: David F. Johnson 12.19.18  
Rich Stapf, Jr., Commissioner Date  
David Johnson

By: Hilary Whittington 12.13.18  
Hilary Whittington, CFO Date

By: Jim Wilkowski 12.19.18  
Jim Wilkowski, Chief Date

By: Tina Toner 12-12-18  
Tina Toner, CNO Date

## APPENDIX A

### FIRE DISTRICT RECOMMENDED GUIDELINES FOR CHOOSING INTER-FACILITY TRANSPORT PERSONNEL & SKILLS

Purpose of these guidelines is to assist the emergency room physician and nursing staff in determining the proper resource to request of the Fire District in the transportation of patients from Jefferson Healthcare to other receiving hospitals or facilities or private residence within the District. The operational capabilities of the Fire District to provide emergency 911 fire and EMS services will always take precedence when resources are committed. Time of day will also dictate some response times in order for crews to remain fresh and safe, and will be discussed with the transferring physician in advance.

Like the hospital's House Supervisor, the District endeavors to have the direct phone linked to an on Duty Chief, who will triage the proper resource in consultation with the House Supervisor. The Duty Chief is managing the District's personnel and equipment 24/7.

The transferring physician is the person who ultimately makes the decision on the level of service that will suffice for the effective transfer of patients from Jefferson Healthcare, notwithstanding possible advice to the contrary from the receiving physician. East Jefferson Fire Rescue will provide whatever resources available, and when unable to be timely, will always suggest alternatives which will include Airlift.

**EMT-B (Basic Life Support)** BLS personnel may not administer any medications other than O2 in the field

BLS personnel should be requested for the following types of inter-facility transports:

- Fractures not requiring IV medications
- Pre-medicated Patients not requiring additional medication en route to a mental health facility
- Hospital patients returning within District
- Resolving TIA or CVA patients not requiring IV medication or IV monitoring (saline lock ok)
- Stable cardiac patients without pain who are being transferred for follow up care and who have been stable in the ED and or the unit
- GI patients who are no longer bleeding or who are being transferred for additional testing
- All patients who merely need vitals and general monitoring of their medical condition
- Sedated psychological disorder patient for admission to a proper facility
- Pediatric patients with resolved respiratory issues needing follow up care at another facility
- Patients with a saline-lock in place who will not require medication en route other than those described above

**ALS-PARAMEDIC (Critical Care)**

ALS personnel should be requested for the following types of inter-facility transports:

- Any critical injured patient requiring advance life support measures and medications such as post trauma, cardiac arrest, STEMI or chest pain with cardiac arrhythmias
- Patients who MAY require the starting of an IV for the administration of clear fluids while in route to hospital.
- Stable cardiac patients who may require NTG or who are on NTG paste if their pain should reoccur
- Any patient needing advance airway care and ventilator assistance.
- Patients requiring pain medications en route to hospital
- Patients requiring the administration of any IV medications en route to hospital
- CVA patients actively bleeding who cannot be flown due to weather conditions
- CVA patients requiring medications en route to hospital or who have received STROKE PROTOCOL medications with potential of complications
- Diabetic patients needing their blood glucose levels checked and who may require IV administration of D-50 or fluid bolus to decrease high blood sugar levels.
- CVA patients requiring clear fluid therapy en route to hospital
- Fractures requiring clear fluid therapy en route to hospital requiring the administration of pain medications
- Diabetic patients needing their blood glucose levels checked and who may require IV administration of D-50 or fluid bolus to decrease high blood sugar levels.

