

**LA PINE RURAL FIRE PROTECTION DISTRICT**  
**Board of Directors Regular Meeting**  
**51550 Huntington Road, La Pine, Oregon**  
**Meeting Minutes March 12, 2020**

**Open Meeting**            Director Cox opened the meeting at 8:59 a.m. and led the flag salute.

**Roll Call**

Directors Present:     Doug Cox, Jerry Hubbard, Joel Witmer, and Jim Landles.

Directors Absent:     Larry South (out of town).

Staff Present:        Chief Mike Supkis, Assistant Chief Dan Daugherty, Office Manager Bonita Johnson and Administrative Assistant Joyce Engberg.

**Public Forum**

Present: Charla DeHate and Courtney Ignazzitto of La Pine Community Health Center, Dick Swails (LPRFPD Budget Committee member), Marvin Pugh (LPRFPD Support Services Team member), Dennis Dishaw of Sunriver Service District, Greg Bryant (candidate for county commissioner).

**Approval of Minutes**

Regular Board Meeting – February 13, 2020.

- Director Hubbard inquired if the minutes were a transcript? Joyce replied minutes are generally just a summary and not a word-for-word.

**Action:** Director Landles moved to approve the minutes of the February 12, 2020 board meeting minutes. Second by Director Witmer; the motion passed by a 4-0 vote.

**Financials**

A. The Monthly Bills. Staff answered questions regarding expenditures and current revenue and expense statement.

- Director Hubbard inquired about:
  - Line 5000 – Tax Revenue. Does staff think the District will receive the \$49K still needed to meet budget by the end of June 2020? Chief Supkis the district had collected 98% so far this year of the expected and thought the budgeted amount would come in by the end of June Larger tax payments are always historically received in March and June.
  - Line 6041 – Reserve Response. Can students turn in their logs sooner? Joyce responded it is challenging since after the end of the month, students have to turn in logs to student coordinator, who then has to be on shift and get to them between calls, and sometimes that doesn't happen before the board meeting date. Chief

- Supkis added it also has to go to the payroll person and himself, and vacation and sick times also affect being able to get to it before Board meeting date.
- Line 3410 – Other Income. Is this new item in regards to the Facility Billing? Bonita responded it is a new line she created at the direction of our auditor to show the yet to be received inter-facility A/R without showing as income received.
  - Director Witmer inquired about:
    - Line 6105 – OT. Why is amount in the negative? Joyce responded it was due to a timesheet correction for one of the crew who previously recorded his hours wrong.
    - Line – AED. Are the monitors having problems? Chief Supkis responded they are eight years old and needed to be refurbished as cases were broken etc. New monitors cost \$35k each, refurbishing them costs \$10k total and effectively doubled their life.
    - Line 8235 – SCBA. Was there a repair, and is the newer equipment requiring more repairs than average? Chief Supkis responded that our new SCBA has a ten-year parts and service warranty. The current costs are for annual testing and calibration, of the fit tester which in not out of the norm.

#### Monthly Expenses by Vendor.

- Director Witmer inquired if the \$12k for Integrity was for breakdowns? Bonita responded yes and Integrity had not sent invoices for over a month due to book keeping issues on their end, so many bills came at once. The District made sure they were legitimate before paying.
- Director Hubbard noted many of the charges were for F-450's. Staff responded these are the medics (ambulances) which get heavy use. The District's many dirt roads are rough one the medics and the use cycles creates a lot of triggers for the diesel engine pollution control system. The engines on these two older medics are now seven years old but now have seen two complete pollution control system replacements.
- Director Hubbard inquired if the Seattle Stair Climb was cancelled. Staff responded it has been cancelled due to COVID 19 concerns in Seattle and the amounts to pay have been deleted from A/P.

#### C. Monthly Expense Report.

No comments.

**Action:** Director Hubbard moved to approve monthly expenses presented from 2/14/2020 – 3/12/2020 in the amount of \$365,256.21. No further discussion or comments. Second, Director Landles; the motion passed by a 4-0 vote.

### **Management Report**

#### A. Monthly Alarm Report.

- Chief Supkis noted EMS calls were 84 at this time last year and are already at 160 so far this year.
- Guest Dick Swails inquired how many transports were from the clinics this month? Chief Supkis responded that 4 were from the La Pine Health Center (LPHC) and 10 were from

the St. Charles La Pine (SCLP) clinic this month. SCLP had 14 last calls month. 20% of the District transports are inter-facility right now.

- Director Landles noted he was unable to locate where the last two grassfires were listed? Bonita moved them to the Wildland Fire column.
- Director Witmer inquired if the EMS response number was correct? Bonita made the correction to 140.

#### B. Multiple Alarm & Building Permit/Valuation Report.

- Valuation for building permits in February 2020: Commercial \$0 and Residential \$3,155,281.01. No comments.

#### C. Notable Incidents

- Director Witmer inquired if Ken Salminen is the SST member who passed away? Chief Supkis responded that it was and his memorial service is this coming Saturday at 2:00 pm at the American Legion building. Administrative Staff and some crew are planning on attending.
- Director Hubbard noted the calls on 2/13 and 2/14 to Fall River Drive were in close proximity. Chief Supkis responded that in the EMS world, legitimate health issues will often crop up in same neighborhoods, same day. Hard to say the science behind it, but it does happen fairly often. Director Hubbard also noted the two calls to same address on 2/21 and 2/22. Chief Supkis responded that the patient did not have access to a care provider and needed transport by the time of the second call.
- Director Hubbard noted the two general alarms on 2/25 and 2/26. Chief Supkis responded they were for a brush fire and structure fire.
- Director Hubbard noted there was a call to the clinic and the District had no units or mutual aid available due to being on the brush fire. Chief Supkis noted the District already had diverted a tender to a prior medical call and they had called for a Medivac helicopter.
- Director Cox inquired why Airlink does not use/like the airway used by the District? Chief Supkis the paramedics sometimes use King airways which are field airways that are used when normal ones don't work in critical situations. St. Charles in a clinical setting doesn't use them for long term care and is unhappy when a patient arrives with one. AC Daugherty explained that we hold the air medics accountable for lengthy change-outs of airways. Director Cox rhetorically asked why isn't the patient more important than changing the airway so they can arrive quickly at higher care?
- Director Landles inquired if the lengthy airway changing is more of a problem with LifeFlight or Airlink? Chief Supkis responded it is mostly Airlink.
- Director Cox inquired if there had been any more discussion in getting an air medic stationed here. Chief Supkis responded no.
- Director Hubbard inquired about the new Bridge Street fire and asked what is a TF1? Chief Supkis responded it stands for Task Force One. It is a step above about single unit mutual aid. There were many homes in jeopardy and thus multiple engines were potentially needed to protect each one.
- Director Hubbard asked for details on the event at St. Charles La Pine where the District EMT's had to back out of building. Chief Supkis responded that two weeks ago SCLP had

a patient with flu-like symptoms but no precautions had been taken. This patient was from an area in California where COVID-19 was already present and their sibling was already in hospital for respiratory failure. Our crew backed out, garbed up in PPE's and then went back in and transported.

- Director Cox inquired if 911 does anything to screen for this? Chief Supkis responded they do but the reporter doesn't necessarily provide accurate information. AC Daugherty noted that 911 stepped up another level on March 11<sup>th</sup> to implement more screening. He called the SCLP clinic to follow up. They were using an open-air nebulizer where the air goes back out unfiltered into the environment. There are filtered nebulizers, but it wasn't used in this case.
- Director Cox noted there were ten instances of 7 or more calls in a 24-hour period, and eight instances of 10 or more in a 24-hour period. Chief Supkis responded this is happening all too often now and staff will need to be increased if possible. Director Cox inquired if District adds another medic, how many more crew members needed? Chief Supkis responded 6 crew members and then probably a rover to cover sick time and vacations.
- Director Hubbard shared that Sunriver Fire had asked for three more crew members. Chief Supkis responded that Sunriver Fire calls spike during holidays and summer due to the increased tourist volume. Chief Moor and crew are doing a great job. SR is spending \$40 million for updates and to draw more tourists.

#### D. Equipment and facilities

No comments

#### **Correspondence / News**

- A. Letter –Thank-you from Salminen Family
- B. Letter –Donation from Hensala
- C. Letters - La Pine Community Health: Appeal Invoice #53048 and #53073; District Responses
- D. KTVZ – La Pine Woman Charged with Setting RV Fire
- E. Daily Dispatch - DCSO Charges La Pine Woman with RV Fire
- F. KTVZ – Wood Shake Roof Fire: Same Home Again
- G. Bend Bulletin – La Pine Home Damaged in Fire
- H. Wise Buys - Wood Shake Roof Fire, Board Meeting Notice
- I. KTVZ - Escaped La Pine Burn Threatens Homes
- J. Newberry Eagle - New Ordinance by La Pine Fire District - multiple stories
- K. SDIS – Longevity Credit
- L. SDIS – 2020 Best Practices Program

No comments.

## Old Business

### A. Billing Appeal per Ordinance #2019-03, La Pine Community Health Center, Invoice #53035.

- Chief Supkis noted that several more bills have been processed since Invoice #53035 was appealed. One bill was too recent to address and one was dismissed by the Fire Chief due to district timeliness in response.
- Director Hubbard inquired if the clinic and staff made any progress on the matter? Chief Supkis responded the LPHC has been working hard on it and their transports are going down. Charla DeHate organized a meeting with Cascade Medical Transport (CMT) and the La Pine Health Center and there was some progress with discussion on how to get more funding. Chief also had a meeting scheduled later in the week with the ASA director from Deschutes County, CMT, and the staff director from Redmond Fire on how to incorporate more use of private medics. If Redmond doesn't get their levy, they will be looking at having to lay staff off. The meeting has been postponed.
- Ms. DeHate shared she put the aforementioned meeting together but with the emerging Corona virus issue the St. Charles representative Mike Richards was not able to come. Chief Supkis, Ms. DeHate, LPHC director of nursing Erin Trapp, and Patrick and the COO from CMT were present. The ask presented was if CMT would place a unit in La Pine? Patrick stated it was not likely, but he is optimistic that a second unit could be placed in south Bend. Ms. DeHate and Chief Supkis have not heard back from him yet. They are trying for another meeting in the near future.
- Director Hubbard asked if the cost of service would be bringing a used BLS ambulance to La Pine? Chief responded that CMT provides ALS, BLS, and wheelchair transport. Patrick is supposed to provide the numbers on the cost. The ASA plan says they can't go directly to 911 emergency calls. The need is at the clinics at this point and private sector transport companies need funding – as a private business they have no tax base or subsidies to rely on.
- Director Witmer inquired where CMT's south Bend location is? Staff replied they don't know; the main office is in Redmond now so most likely a parking lot since they are on the move most of the time. CMT needs to keep them rolling to be a successful business model.
- Chief Supkis shared the LPHC transports are spaced out, compared with SCLP has clusters which may indicate a particular physician relying more heavily on 911 medics.
- Director Hubbard inquired if the Urban Renewal District has a growing budget? Staff responded the assumption it is but funds must be used in the URD. The LPHC is in the URD, SCLP is not.
- Ms. DeHate inquired if the District medical director reviewed the call and patient history as requested? Director Cox responded that due to the Corona virus issue and Director South being out of town, the appeal has not been able to be addressed, so the appeal will have to be addressed next month.
- Guest Dick Swails inquired how many intra-facility transfers have been appealed? Chief Supkis responded all so far from LPHC, SCLP has been mostly silent, and Prairie House has not responded in any way.
- Guest Dick Swails inquired if Prineville has the same ordinance? Chief Supkis responded they do not. St Charles was mandated to keep an ER in Prineville, so Prineville transports to that ER, however their problem is then a short while later from the ER to

St. Charles in Bend. Chief Supkis also noted that St. Charles transport center blocked LPHC from using the service and CMT was committing to St. Charles first to have rigs on the north side, so that boxed LPHC out of transport resources.

- Director Cox inquired how many transport bills has LPHC received? Chief Supkis responded 4. Director Cox then inquired how many has SCLP received from the District? Bonita responded 23 through the end of January.
- Director Witmer inquired if having the meeting with St. Charles at a La Pine location is one of the hiccups to getting the meeting done? Chief Supkis responded it could be, the District met on their turf last time and it took about three attempts before it actually happened.
- Director Witmer noted when the ordinance passed, it gave the District the ability to bill the clinics to reduce overuse of medics. It also provides for tipping the scales the other way. ALS transports do not always go lights and sirens, so the billing has to be a balancing act. Director Cox noted if an insurance company doesn't agree with the ALS code, they don't pay. Chief Supkis responded yes but our paramedics do a wonderful job documenting well. The paramedics are not involved in the politics and finances of transports – they just record what they observed and did. Sometimes without Code 3, ALS treatments are provided enroute.
- Director Cox asked Ms. DeHate what happens when they charge an insurance company for transport instead of the District? Ms. DeHate responded that is not within their scope.
- Director Witmer stated he wanted to return to the previously discussed scales of balance if they have gone in the opposite direction. Based on the number of bills being sent to SCLP, is the District saying most calls doesn't deserve a 911 emergency transport? There are obvious ALS transports, and obvious BLS calls that could be done by private transport, but there are the ones in between where the patients aren't necessarily showing the need for an ALS transport but the potential is there to develop into an ALS call. He is concerned that 30 bills in two months is too many, and can the District support that loss of income? Has there been any more discussion as to having those calls re-evaluated? Chief Supkis responded it's the paramedics who determine if it's an ALS emergent call on the report. The question is if the clinics don't pay, and insurance doesn't pay - then do our taxpayers then pay for it? But the tax base is already maxed out. When the District transports, it typically only collects \$400-\$500 from Medicaid or Medicare. It costs the district \$2,600 to be able to provide the required resources and to transport. St. Charles has a quarter of the patients that LPHC does, but is transporting 5 times more. It is cost shifting to the taxpayers when the District has to transport a patient with a fractured arm because they don't have radiology open that day and they call it in as life and limb emergency. Or it's 4:30 pm and they are getting ready to close. Another point is these medical clinics are supposed to be a higher level of care and they are shifting the patient care, and in the process, limiting the District's ability to respond to a critical call at a private residence or accident scene where the patient is not in a higher level of care, and there is no PA or doctor to help them while they wait for someone to show up.
- Director Witmer noted Ms. DeHate had stated that the LPHC had 1/10 of 1% of patients transported, while SCLP had just under 2% of patients transported. That is a big

difference and one can take out of it that St. Charles is abusing it or using it much more indiscriminately.

- Ms. DeHate noted that in 2019 LPHC only has two providers and had 23,000 patient visits and 44 transports. SCLP had 10,000 visits and 150 calls to transport. The LPHC chief medical officers make certain their providers are trained up to their license so they know when to call 911 or to have another transport service attend. They have dollars to help pay for alternative transport. Their providers are there every day. Her understanding is the SCLP has two primary care providers, but the issue is their walk-in care. They are not an urgent care as is commonly thought and they rotate their providers in from Bend. Their providers are not used to rural response times taking 2.5 hours -they are used to being able to call and have a unit show up quickly and then return to a second call a half hour later. St. Charles is working on it and is trying to train their providers. Requests for transports seem to increase on certain days and most likely point to a provider not trained up on rural issues.
- Guest Dick Swails stated why should taxpayers pay for St. Charles inappropriate use of District medics?
- Director Witmer noted that the District has attempted to have meetings with St. Charles for some time.
- Director Cox stated the District met with St. Charles before they built the new clinic and expressed the District's concern at every planning meeting. St. Charles representatives responded with "we hear you" or "we can address at another time." As soon as the clinic opened their doors, their requests for medics put a burden on our District.
- Chief Supkis noted the recent Bend/Tumalo brushfire created community concern because the Tumalo crew was already on a medic call and Bend Fire had to send a crew, which took longer.
- Director Landles noted he has been to the SCLP clinic three times and each time they sent him to the Bend ER via POV.
- Director Witmer inquired if the issue at hand can be drawn off to a side meeting? Chief Supkis responded it's possible, but decisions themselves have to be made in a public meeting. A great policy question for the board to chew on is if revenues cannot be collected for the calls in question, where does the funds for the needed medic unit come from?
- Director Witmer noted that he thought the borderline calls should be put back on the patient to create a better balance between the clinics and patients sharing the costs to the District.
- Director Cox stated another option would be to add a BLS medics but our union collective bargaining agreement makes that challenging. Chief Supkis responded it's not that so much as they would have to be paid the same as a 24-hour crew member. He suggested that in the absence of St. Charles maybe the board can meet with LPHC and create a matrix for guidance.
- Director Witmer thanked Ms. DeHate for coming to meeting and stated the Board doesn't want to keep kicking the can down the road and wants to get to resolution. He wants to find the best and quickest way to resolve it. He knows the paramedics are doing a great job at notes, but would like to suggest a second set of eyes, perhaps AC Daugherty to do a second review. Chief Supkis responded he doesn't make the decision

in a vacuum – the decision is made by the paramedics following the guidance of the medical protocol – but adding that secondary review is possible.

- Director Cox expressed concern that if decisions are made without St. Charles at the table, they will protest the results. Director Witmer responded that even if they don't come to the meeting, it is still a standard that was made by working with the LPHC clinic and the board to come to a fair matrix.
- Director Hubbard suggested that once CMT comes back with a cost, that the District goes back to Tami Baney, who had mentioned previously a pot of funds and tried to get a transport solution for La Pine several years ago.

### **C. Update District Policy #600-02, Emergency Medical Services.**

- Director Cox noted the update states “When only one District ALS medic unit is available within the District, staff may elect, when a patient is at a medical care clinic and under a higher level of medical care, to defer and/or pend any District ALS medic unit responses until at least one other medic becomes available in the district in order not to leave the District uncovered by ALS medic units.”
- Chief Supkis noted that this update was already discussed at the previous two meetings. The paramedics already have this ability but per currently policy they had to assess the patient in person, and the intent is to be able to do this over the phone rather than have to go to the clinic. Also, it has been found not best to have this discussion with the doctor in front of the patient. Redmond has starting doing this as well, and the District needs to do this to address growing needs.
- Ms. DeHate stated she respects the timeframe of unit responses but is concerned about the health history of patients. One patient had double embolisms, which was not yet clearly evident, but was in real need of transport. She understands and agrees with the District viewpoint on the one hand, but then again not, based on the patient evaluation.
- Director Cox stated the helicopter (air ambulance) takes too long to arrive and then the patient sits on the tarmac while the airway is changed out.
- Chief Supkis stated which patient gets to wait is the base question: if a patient is at a clinic, they are at a higher level of care, and a patient at a private residence needs precedence in medic response, i.e. not breathing at home vs. serious need at clinic.
- Director Landles stated that adequate funding would resolve this issue.
- Director Witmer noted the policy says 911 doesn't automatically decide where medic goes, the paramedics decide. Staff responded that live dynamic conversations do happen between paramedics, 911, and facilities to help determine where need is the greatest.

**Action:** Director Hubbard moved to approve the updates to Board Policy # 600.02. Second by Director Witmer; the motion passed by a 4-0 vote.

### **New Business**

#### **A. Facilities RFP – DKS Architecture and Design**

- Chief Supkis introduced Philip Doza from DKA Architecture & Design. They have responded to the District's RFP to help with the initial design of adding showers and better configure facilities at Stations 101 and 102. AC Daugherty noted they were the

only architecture firm to respond to the RFP by the deadline and their proposal packet has been handed out to each Board member today.

- Mr. Doza presented his company's credentials and noted some local projects including Sunriver Resort and Bend/La Pine Schools. They have experience at the state and local levels. The project is to create restrooms and showers and this is a proposal for the initial stage. The proposal does not include the cost of a professional estimator. The ballpark cost for an estimator is \$2K-\$3K. This quote is a not-to-exceed fee.
- Chief Supkis noted the District is going into budget sessions in April. This proposal is 50% over what the District planned in the FY 19/20 budget. \$7k total is needed to come up with preliminary design and preliminary cost.
- Guest Dick Swails inquired if the District documented the effort to obtain proposals per the auditor? AC Daugherty responded that for architects, state entities have to put out an RFP (request for proposal). He sent out seven RFP's and only received the proposal from DKA Architecture. The District can hire them if their proposal is under \$100k and they meet the need.
- AC Daugherty thank Mr. Doza for coming and presenting the proposal.

**Action:** Director Hubbard moved to approve the Preliminary Project Design as proposed by DKA Architecture & Design, dated March 6, 2020, in an amount not to exceed \$8,000.00. Second by Director Landles; the motion passed by a 4-0 vote.

#### **B. District Prep and Action on COVID-19, Flu, etc.**

- Chief Supkis noted that the virus started in China in December. Yesterday, the first presumptive case hit Deschutes County. The exposure could affect our students due to secondary contact. 60-80% of COVID-19 patients do not need to be hospitalized. The virus cannot be contained, but the slowing the spread will help not overwhelm the system. The District has supplies. Medics who are exposed will be kept in isolation OHA guidelines. UV light kills similar virus, treatment is the same as for the common cold unless it goes to the lungs. It does not appear to be affecting children too much. The District is following CDC and OHA guidelines. It's important to isolate from susceptible populations.
- Director Hubbard inquired how many disposable PPEs (personal protection equipment) does District have? AC Daugherty responded has enough for about 2-3 weeks (which was normally a 5-year supply) and that the District has ordered additional supplies but he is not sure of exact number.
- Director Landles inquired if the presumptive corona virus case was from Redmond? Chief Supkis responded it was a transported patient in Redmond, so the paramedic was exposed and then was with EMS students at COCC, and District students are in turn with our staff. It was also noted that 216k people have already died from the flu this season.
- Chief Supkis noted he has directed staff to come up with contingency plans such as create a ghost payroll in case staff gets ill or goes into quarantine.

**Special Meeting and Workshops**

First budget committee meeting is April 21, 2020 at 6:30 pm at Station 101.

**Good of the Order**

- Student applications are due April 1<sup>st</sup>, 2020.
- COCC may close their campus due to the virus.

**Next Meeting**

Regular Board Meeting at Station 101 – Thursday, April 9, at 9 a.m.

- Director Witmer inquired what options were there for the executive session? Chief Supkis suggested the Board meets in two weeks for a workshop on Strategic Planning and review how the district can come up with required resources in balance with the new ordinances concerning patient transports between medical facilities.

**Adjourn Regular Board Meeting**

Director Cox adjourned the board meeting at 11:26 a.m.

Respectfully Scribed and Submitted  
La Pine Rural Fire Protection District  
Administrative Staff

*Date Presented to Board and Approval* \_\_\_\_\_

*Board Secretary* \_\_\_\_\_

*Board President* \_\_\_\_\_