

The following is a transcript of the public comment period at the June 2018 Fire District meeting. Vic Riley starts.

Vic: I have three questions. The first one is for Chief Carleton and Commissioner Lester. I'm curious about, if you can tell us, how many patients you have in the Community Paramedic program so far?

Chief Carleton: Right now we're working with four people in the community, and we've been successful in acquiring assistance from Circle of Care through that process as well, and also from a local yoga instructor, to bring into peoples' homes that are in their senior years who would benefit from yoga to help with balance issues and core strength. So it's going well, slow. I plan on hopefully being able to advertise it starting in July. I've been putting together a mock-up of advertisements and covering some of the short list of things we'll be assisting with with people in the community.

Vic: I know that at the January Hospital District meeting when you introduced this to them, you offered to carry brochures into peoples' homes and advocate for the clinic and stuff like that. Has there been any movement from the Hospital District to form a more collaborative relationship with you and collaborate on your initiatives?

Chief Carleton: No. Not at this time. We haven't been contacted by the Hospital District. I did have a meeting with Barbara Wayland the other day for about forty five minutes to an hour just to discuss the program with her in detail and some other issues surrounding the Hospital District and Fire District. I believe the meeting went really, really well and that we're on the same page in a lot of ways. The biggest thing for us is being able to provide for this community and the members within this community who don't have much, don't have any type of medical care, don't get out of their house very often, are socially isolated, those types of things. And bring in the components, and being collaborative with the Circle of Care, with the clinic, with the Fire District, that (with) the three of us and any organizations that may come to pass in the future, nobody needs to move from here in the future when they get older. And we are able transport as fast as the majority of organizations in Whatcom County down to St. Josephs, and in most cases even faster because we utilize Airlift Northwest for the high acuity calls. So I want people to understand that we want you to be able to feel comfortable staying here in your senior years, having confidence in our organization, with our mobile integrated in-home health care program, as well, because we have a nurse practitioner, we also have a physician's assistant within that program, being able to utilize the clinic if they choose as their primary care provider, and then utilizing the avenues of Circle of Care to come into the home and help clean the home, and then also offer respite care for one or the other person who's living in the home. So if the husband is taking care of the wife, the husband is able to leave for a couple of hours every week, go out and do what they need to do, get some fresh air, or vice versa, the wife taking care of the husband. And Circle of Care is able to offer that. So we've been very successful having those meetings and getting things on the calendar for the people that are involved at this point. I'm happy to carry brochures. Senior and disability brochures, those types of things. Brochures from the clinic if they have those kinds of things for us. We haven't had any discussion with them on those topics.

Vic: So my third question is for Commissioner Harper. Pat, since your wife is a Hospital District commissioner, I would think that you would be in a unique position to be able to improve the collaborative relationship between the Hospital District and the Fire District. I'm wondering what your plans or strategy are for doing that.

Commissioner Harper: Well, we don't talk a whole lot about it, some things she can't talk about, some things I can't talk about. I guess, what I've heard, they're currently saying May or

June from Unity Care, about continuing or not continuing. And I know from previous discussions before she was even a member of the commissioners, the problems with Medicare and Medical and things like that, when she dealt with that kind of stuff in a previous job, it's quite complicated, but I guess we'll find out more in June.

Commissioner Meursing: That would be this month, June. Right?

Commissioner Harper: Yeah, right. At some point, I don't want to name a date, but...

Commissioner Meursing: Well they have a...

Commissioner Harper: We can expect some sort of response. Are they going to continue, or, you know. The main thing is the contract (inaudible - they have to stay until the end of the year)

Commissioner Lester: I don't think that's right. It's ninety days.

Chief Carleton: I'd like to add to that. I mean, our goal is to have a collaborative effort with whoever is here providing outreach to this community. And I believe with the permission of the commissioners, it's the Fire District's responsibility to do everything we possibly can within the financial means that we currently have that if there's ways that reach out to this community in ways that are not currently being offered in the community, then we should explore those concepts and maybe implement those concepts. We can't do everything, right?

Vic: Yeah, I agree with that, and the reason for my question is that when Elaine Komusi announced her resignation she cited the Community Paramedic program as one of the reasons. She seemed to feel it was a threat to the clinic. When I applied to replace Robin Nault on the Hospital District board, I advocated for a more collaborative relationship between the two. I said that the Hospital District should see that program as an opportunity rather than as a threat. And I guess, I was not chosen for that position, and I was curious about if that situation had improved since then.

Chief Carleton: Yeah, I haven't had any contact with anybody from the clinic. Again, having the meeting with Barbara Wayland was very positive in my mind, and making sure they understand is that, one of our first offers for someone to get into primary care is we inform the people or help them understand that the clinic is available for that purpose. And we do that in everyone that we've had an outreach to. And those people, I can't express who they are due to HIPPA but they would affirm that as well when Virginia and I have gone into these homes.

Vic: Well the reason I asked about the numbers is I can't imagine that four patients from your program would be much of a threat to the clinic.

Chief Carleton: No, and it's a service that the clinic was not currently offering. So if the clinic had been offering this type of outreach to the community, we wouldn't be doing it. We would be looking at other avenues to try to better living conditions and outreach into this community. But we started the program, it's across the nation in fire service and in private ambulance companies and other organizations. Pat Grubb did a very good job in his article pointing out that we're not the first to be offering nurse practitioners, we're not the first to be offering this level of service, there's nurse practitioners (inaudible - in other communities). So we want the best for this community, I want Point Roberts to be prosperous, I want people to be able to live here and if they so choose to die in their home here that they spend so much time. So however we do that, whatever relationships we build can be a positive to that effect and I hope those are accomplished within the clinic, ourselves, Circle of Care, whatever else other organizations come to pass.

Commissioner Lester: I'd like to make a comment, and that is, I think that this organization could benefit the Hospital District in so many ways. I just want to re-emphasize: we're not in competition. We are supportive. And it would help us if they were supportive.

Chief Carleton: Yeah, we've never been in competition with the Hospital District or the clinic itself. We do two separate things. Our ability to get grants are in two separate arenas. The grants that we go for, the Hospital District most likely is not able to. And vice versa. To say that we're taking all the grants and the Hospital District doesn't have any grants because we're getting them all, that's not a true or accurate or factual statement. So it's about collaboration to help this community have things it's never had before and to be able to provide services that nowhere else in this county or even in the region are providing to their communities that are covered by EMS or fire response. So it's our goal to be the best, it's a goal because I live here, I'm a resident here and when I grow older and I become a senior myself what services will be available to me, and I hope that we're able to provide, to build such a strong foundation with the collaborativeness of the clinic or the provider of the clinic, the Hospital District, Circle of Care, and the Fire District, that we'll have services that we actually have to choose from because we have too many.