

**Priority:** Safety

**Lead Agency:** Health Department

**Program Offer Type:** Existing Operating

**Program Contact:** COLLINS William E

**Related Programs:**

**Program Characteristics:**

### Executive Summary

Emergency Medical Services (EMS) plans, regulates, coordinates, provides medical supervision and quality assurance for all pre-hospital emergency care provided by an exclusive ambulance contract and the fire departments in the County. The EMS program supports the Communities factor of the Safety Outcome team.

### Program Description

The EMS program has five major functions:

1. The emergency ambulance contract: Emergency ambulance service is provided through an exclusive franchise agreement with a single ambulance company. This is a performance contract and the EMS program administers the contract and insures that the performance criteria are met.
2. Medical supervision: The EMS Medical Director supervises all pre-hospital medical care provided by paramedics, basic EMTs and first responders. Medical advice for these responders is also provided via radio by OHSU under supervision of the EMS Medical Director.
3. Continuous Quality Improvement(CQI): The EMS program maintains the patient care and other information necessary for the CQI process. Results are used for planning, operating and improving the quality of care provided by the EMS system.
4. The EMS program regulates all ambulance business (emergency and non-emergency) in the County in accordance with the ambulance ordinance, MCC 21.400. This includes license and inspections, operational review, and medical care supervision.
5. Coordination of medical dispatch and medical first response: Dispatch and fire first response are provided by the City of Portland and other fire departments and districts throughout the County. Coordination includes medical supervision, operating protocols, communications, major event planning, and equipment specifications.

### Program Justification

The EMS Program ensures that an immediate medical response is available to all County residents and visitors who are vulnerable due to health and medical emergencies. It does so through coordinating services provided by multiple public and private agencies. The EMS offer contributes to the success of strategy 6 by responding to emergencies quickly and effectively. They also do so in a manner that supports strategy 2, by coordinating with regional fire departments and districts in the delivery of immediate medical response.

### Performance Measures

| Measure Type | Primary Measure                                 | Previous Year Actual (FY04-05) | Current Year Purchased (FY05-06) | Current Year Estimate (FY05-06) | Next Year Offer (FY06-07) |
|--------------|---|--------------------------------|----------------------------------|---------------------------------|---------------------------|
| Output       | Ambulance response times - 8 min./90% of calls. | 91%                            | 90%                              | 90%                             | 90%                       |
| Outcome      | Cardiac arrest survival to hospital             | 30%                            | 0%                               | 30%                             | 30%                       |
| Quality      | Cardiac arrest survival hospital discharge      | 12%                            | 0%                               | 12%                             | 12%                       |

### Performance Measure - Description

The major contract performance measure is the ambulance response time of 8:00 minutes in 90% of urban emergency calls. System quality measures include medical care outcomes such as survival from cardiac arrest. Medical outcomes are benchmarked against other communities; we look to improve on these results over time.

Cardiac arrest survival until arrival to hospital demonstrates how quickly and effectively EMS responds in the field and stabilizes clients.

Cardiac arrest after hospital discharge shows EMS's role in the larger system and how their work contributes to survival rates after a cardiac arrest.

Cardiac arrest is defined as the heart has stopped beating, there is no cardiac rhythm, and emergency personnel are necessary.

**Legal/Contractual Obligation**

The County is responsible under ORS 682 to have an ambulance service area plan. It is the County's choice as to how much to invest to achieve this mandate.

**Revenue/Expense Detail**

|                           | <b>Proposed General Fund</b> | <b>Proposed Other Funds</b> | <b>Proposed General Fund</b> | <b>Proposed Other Funds</b> |
|---------------------------|------------------------------|-----------------------------|------------------------------|-----------------------------|
| <b>Program Expenses</b>   | 2006                         | 2006                        | 2007                         | 2007                        |
| Personnel                 | \$0                          | \$539,170                   | \$0                          | \$572,387                   |
| Contracts                 | \$0                          | \$503,000                   | \$0                          | \$503,684                   |
| Materials & Supplies      | \$0                          | \$48,293                    | \$0                          | \$102,980                   |
| Internal Services         | \$0                          | \$174,822                   | \$0                          | \$145,894                   |
| Subtotal: Direct Exps:    | <b>\$0</b>                   | <b>\$1,265,285</b>          | <b>\$0</b>                   | <b>\$1,324,945</b>          |
| Administration            | \$0                          | \$0                         | \$21,165                     | \$0                         |
| Program Support           | \$0                          | \$0                         | \$76,411                     | \$0                         |
| Subtotal: Other Exps:     | <b>\$0</b>                   | <b>\$0</b>                  | <b>\$97,576</b>              | <b>\$0</b>                  |
| Total GF/non-GF:          | <b>\$0</b>                   | <b>\$1,265,285</b>          | <b>\$97,576</b>              | <b>\$1,324,945</b>          |
| Program Total:            | <b>\$1,265,285</b>           |                             | <b>\$1,422,521</b>           |                             |
| Program FTE               | 0.00                         | 0.00                        | 0.00                         | 4.60                        |
| <b>Program Revenues</b>   |                              |                             |                              |                             |
| Indirect for dep't Admin  | \$74,378                     | \$0                         | \$64,426                     | \$0                         |
| Fees, Permits & Charges   | \$0                          | \$728,285                   | \$0                          | \$731,945                   |
| Intergovernmental         | \$0                          | \$64,000                    | \$0                          | \$65,000                    |
| Other / Miscellaneous     | \$0                          | \$473,000                   | \$0                          | \$528,000                   |
| Program Revenue for Admin | \$0                          | \$0                         | \$0                          | \$0                         |
| <b>Total Revenue:</b>     | <b>\$74,378</b>              | <b>\$1,265,285</b>          | <b>\$64,426</b>              | <b>\$1,324,945</b>          |

**Explanation of Revenues**

All costs of the program are recovered through various fees.

**Significant Program Changes**

Last year this program was: #40002, Emergency Medical Services