

**Priority:** Safety  
**Program Offer Type:** Existing Operating  
**Related Programs:**  
**Program Characteristics:**

**Lead Agency:** Health Department  
**Program Contact:** COLLINS William E

**Executive Summary**

Emergency Medical Services (EMS) plans, regulates, coordinates, and provides medical supervision and quality assurance for all pre-hospital emergency care provided by an exclusive ambulance contractor 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; the EMS program administers the contract and assures that 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. Immediate medical advice for responders is provided via radio by OHSU under supervision of the EMS Medical Director. 3. Continuous Quality Improvement (CQI): The EMS Program coordinates a system-wide data-driven approach to improving the quality of service provided by the EMS system. The program gathers, maintains, and analyzes data on patient care and outcomes necessary for the CQI process. Results are used for planning, and for improving EMS operations and the quality of pre-hospital patient care. 4. The EMS program regulates all emergency and non-emergency ambulance business in the county in accordance with the ambulance ordinance, MCC 21.400. This includes licensing, inspections, review of operations, and supervision of medical care. 5. Coordination of medical dispatch and medical first response: Dispatch is provided by the City of Portland. The fire departments of Portland and Gresham and districts throughout the County provide first response. EMS coordinates medical supervision, operating protocols, communications, major event planning, and equipment specifications.

**Program Justification**

The EMS Program supports the Communities factor of the Safety Priority. Emergency Medical Services are a visible part of the public safety system. The EMS Program ensures that an immediate medical response is available to all County residents and visitors experiencing a medical emergency. Having this response available increases the public's perception of safety. The EMS Program embodies principles in Safety Strategy #5. The Program emphasizes coordination of services provided by multiple public and private agencies, and takes collaborative approaches to preparing for individual and community emergencies.

**Performance Measures**

| Measure Type | Primary Measure                                | Previous Year Actual (FY05-06) | Current Year Purchased (FY06-07) | Current Year Estimate (FY06-07) | Next Year Offer (FY07-08) |
|--------------|--|--------------------------------|----------------------------------|---------------------------------|---------------------------|
| Output       | Ambulance response times - 8 min. 90% of calls | 91.0%                          | 90.0%                            | 90.0%                           | 90.0%                     |
| Outcome      | Cardiac arrest survival to hospital            | 30.0%                          | 30.0%                            | 30.0%                           | 30.0%                     |
| Quality      | Cardiac arrest survival to hospital discharge  | 12.0%                          | 12.0%                            | 12.0%                           | 12.0%                     |

**Performance Measure - Description**

The major contract performance measure is the percentage of urban emergency calls in which the ambulance arrives on-scene in 8:00 minutes or less. System quality measures include medical care outcomes such as survival from cardiac arrest. Cardiac arrest is an often-fatal cessation of the heartbeat that requires immediate medical intervention. Cardiac arrest survival until arrival at the hospital demonstrates how quickly and effectively EMS responds and stabilizes patients in the field. Cardiac arrest survival at hospital discharge shows how EMS contributes to cardiac arrest survival in the larger health care system. Medical outcomes are benchmarked against other communities with an eye towards improving on results over time.

## 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

|                           | Proposed General Fund | Proposed Other Funds | Proposed General Fund | Proposed Other Funds |
|---------------------------|-----------------------|----------------------|-----------------------|----------------------|
|                           | 2007                  | 2007                 | 2008                  | 2008                 |
| <b>Program Expenses</b>   |                       |                      |                       |                      |
| Personnel                 | \$0                   | \$572,387            | \$0                   | \$588,308            |
| Contracts                 | \$0                   | \$503,684            | \$0                   | \$539,000            |
| Materials & Supplies      | \$0                   | \$102,980            | \$0                   | \$125,850            |
| Internal Services         | \$0                   | \$145,894            | \$0                   | \$160,982            |
| Subtotal: Direct Exps:    | <b>\$0</b>            | <b>\$1,324,945</b>   | <b>\$0</b>            | <b>\$1,414,140</b>   |
| Administration            | \$21,165              | \$0                  | \$23,804              | \$0                  |
| Program Support           | \$76,411              | \$0                  | \$83,688              | \$0                  |
| Subtotal: Other Exps:     | <b>\$97,576</b>       | <b>\$0</b>           | <b>\$107,492</b>      | <b>\$0</b>           |
| Total GF/non-GF:          | <b>\$97,576</b>       | <b>\$1,324,945</b>   | <b>\$107,492</b>      | <b>\$1,414,140</b>   |
| Program Total:            | <b>\$1,422,521</b>    |                      | <b>\$1,521,632</b>    |                      |
| Program FTE               | 0.00                  | 4.60                 | 0.00                  | 4.60                 |
| <b>Program Revenues</b>   |                       |                      |                       |                      |
| Indirect for dep't Admin  | \$64,426              | \$0                  | \$76,673              | \$0                  |
| Fees, Permits & Charges   | \$0                   | \$731,945            | \$0                   | \$771,140            |
| Intergovernmental         | \$0                   | \$65,000             | \$0                   | \$65,000             |
| Other / Miscellaneous     | \$0                   | \$528,000            | \$0                   | \$578,000            |
| Program Revenue for Admin | \$0                   | \$0                  | \$0                   | \$0                  |
| <b>Total Revenue:</b>     | <b>\$64,426</b>       | <b>\$1,324,945</b>   | <b>\$76,673</b>       | <b>\$1,414,140</b>   |

## Explanation of Revenues

All costs of the program are recovered through various fees.

## Significant Program Changes

Last year this program was: #40016, Emergency Medical Services