

Lead Agency: Health Department

Program Contact: OXMAN Gary L

Program Offer Type: Existing Operating

Related Programs:

Program Characteristics: In Target

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.

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 the 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. The EMS Program is a visible part of the public safety system and contributes to citizens feeling safe. The EMS Program ensures that an immediate medical response is available to all County residents and visitors experiencing a medical emergency. The program emphasizes coordination of services provided by multiple public and private agencies, and takes collaborative approaches to prepare for individual and community emergencies.

Performance Measures

Measure Type	Primary Measure	Previous Year Actual (FY09-10)	Current Year Purchased (FY10-11)	Current Year Estimate (FY10-11)	Next Year Offer (FY11-12)
Output	Ambulance response times - 8 min. 90% of calls	90.4%	90.0%	90.0%	90.0%
Outcome	Cardiac arrest survival to hospital	24.6%	30.0%	34.9%	35.0%
Quality	Cardiac arrest survival to hospital discharge	14.1%	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. The method for computing this percentage has changed, potentially resulting in a figure of <90.0% even when the ambulance provider meets contract requirements.

System quality measures address medical outcomes of cardiac arrest. Cardiac arrest is an often-fatal cessation of the heartbeat that requires immediate medical intervention. Cardiac arrest survival until hospital arrival demonstrates how quickly and effectively EMS responds and stabilizes patients in the field. Cardiac arrest survival to hospital discharge shows how EMS contributes to the larger health care system. These medical outcomes are benchmarked against other communities with an eye towards improving results over time. Current year estimates of cardiac arrest survival are preliminary and pending receipt of hospital data.

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
Program Expenses	2011	2011	2012	2012
Personnel	\$0	\$655,212	\$0	\$674,327
Contracts	\$0	\$693,000	\$0	\$693,875
Materials & Supplies	\$0	\$341,926	\$0	\$205,064
Internal Services	\$0	\$202,407	\$0	\$218,586
Total GF/non-GF:	\$0	\$1,892,545	\$0	\$1,791,852
Program Total:	\$1,892,545		\$1,791,852	
Program FTE	0.00	4.70	0.00	5.20
Program Revenues				
Indirect for dep't Admin	\$112,541	\$0	\$107,008	\$0
Fees, Permits & Charges	\$0	\$1,447,545	\$0	\$957,681
Intergovernmental	\$0	\$0	\$0	\$562,000
Other / Miscellaneous	\$0	\$445,000	\$0	\$272,171
Total Revenue:	\$112,541	\$1,892,545	\$107,008	\$1,791,852

Explanation of Revenues

All costs of the program are recovered from licenses, fees and reimbursement for supplies and training for other jurisdictions. The fees are established and collected through revenue agreements with American Medical Response (AMR) and other jurisdictions in Multnomah County. The estimated beginning working capital funds system improvements for EMS providers.

Ambulance licenses: \$22,000

Franchise Fee: \$835,681

Supply and joint training reimbursements: \$662,000

Fines: \$90,000

Beginning working capital: \$182,171

Significant Program Changes

Last year this program was: #40004, Ambulance Services (EMS)

Ambulance Services revenue decreased from FY2011 by \$100,693 primarily from reduced beginning working capital.

Supplies expenditures were reduced to offset the reduction in revenue and also to add a .50 FTE Clinical Services Specialist (social worker) to identify and reduce the incidence of 911 emergency calls by working with individuals who frequently call for non-emergency assistance and connect them with appropriate services.