

**Lead Agency:** Health Department

**Program Contact:** Darrell Knott

**Program Offer Type:** Existing Operating

**Related Programs:**

**Program Characteristics:**

**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 MC EMS Program has five major functions:

- 1) Management of the emergency ambulance contract to assure that performance criteria are met by the ambulance provider contracted with the County under an exclusive franchise agreement.
- 2) Medical supervision of all medical care provided by 911 dispatchers, 911 EMS providers and non-911 ambulance providers, including EMTs and paramedics. Immediate medical advice for responders is provided via radio by OHSU under the supervision of the MC EMS Medical Director.
- 3) Establishment of quality standards for EMS services provided to the citizens of Multnomah County. MC EMS uses the Continuous Quality Improvement (CQI) process to monitor and improve the quality of service provided to the public.
- 4) Regulation of all ambulance business in the County in accordance with the ambulance ordinance, MCC 21.400. Regulation includes licensing and inspection of ambulances, review of ambulance contractor operations, levying fines for substandard contract performance and violation of administrative rules, and supervision of medical care.
- 5) Coordination of medical first response and medical dispatch. All 911 fire and EMS responders in the County are dispatched by the City of Portland 9-1-1 Dispatch Center (Bureau of Emergency Communications). MC EMS assures that the 911 medical dispatch protocols are consistent with the care provided by the EMS providers. The fire departments of Portland, Gresham, Portland International Airport, and volunteer fire districts throughout the County provide medical first response to 911 calls. 911 ambulance transport is provided by American Medical Response (AMR) Multnomah County.

Additionally, MC EMS coordinates major event planning, medical equipment specifications, liaison and coordination with local hospitals, and emergency medical services disaster response in the county. The Program's visibility within public safety contributes to citizens feeling safe.

In the coordination of these services, MC EMS ensures timely medical response is available to all County residents and visitors experiencing a medical emergency and emphasizes collaborative coordination of services by multiple public and private agencies.

**Performance Measures**

Measure Type	Primary Measure	Previous Year Actual (FY11-12)	Current Year Purchased (FY12-13)	Current Year Estimate (FY12-13)	Next Year Offer (FY13-14)
Output	Ambulance response times - 8 min. 90% of calls	90.1%	90.0%	90.1%	90.0%
Outcome	Cardiac arrest survival to hospital	40.0%	32.0%	40.0%	33.0%

**Performance Measure - Description**

The major ambulance contract performance measure is the percentage of urban 911 emergency calls in which the ambulance arrives on scene in 8:00 minutes or less.

Cardiac arrest survival to hospital demonstrates how quickly and effectively EMS responds and stabilizes patients in the field. It requires an integrated response system to achieve good patient outcomes, including access to 911, bystander CPR, timely first response, and effective EMS transport to the hospital. This single benchmark is one of the best measurements of the overall quality and integration of the EMS system in the community. This medical outcome is benchmarked against other communities. Current year estimates of cardiac arrest survival are best estimates with the data available. Program measure change: The "Cardiac arrest survival to hospital discharge" measure is no longer being used as an EMS program measure because hospital outcome data for these patients is not available. The data was available in previous years a grant and because the EMS program does not currently participate in the grant, the data is no longer assessable.

## 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	2013	2013	2014	2014
Personnel	\$728,573	\$0	\$766,110	\$449,565
Contracts	\$737,363	\$0	\$789,096	\$0
Materials & Supplies	\$270,295	\$0	\$166,368	\$25,080
Internal Services	\$78,545	\$0	\$96,036	\$0
Total GF/non-GF:	<b>\$1,814,776</b>	<b>\$0</b>	<b>\$1,817,610</b>	<b>\$474,645</b>
Program Total:	<b>\$1,814,776</b>		<b>\$2,292,255</b>	
Program FTE	5.40	0.00	5.40	4.00
Program Revenues				
Fees, Permits & Charges	\$975,486	\$0	\$1,627,593	\$0
Intergovernmental	\$612,290	\$0	\$70,017	\$474,645
Other / Miscellaneous	\$227,000	\$0	\$120,000	\$0
<b>Total Revenue:</b>	<b>\$1,814,776</b>	<b>\$0</b>	<b>\$1,817,610</b>	<b>\$474,645</b>

## 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 AMR and other jurisdictions in Multnomah County. The County ambulance contract and MCC 21.400 provide the authority for MC EMS to levy fines for substandard performance. The fines fund system improvements for EMS providers.

Additionally, MC EMS has received a Health Commons Grant for the innovation program described below.

Ambulance license: \$28,000

Franchise fee: \$898,191

Supply and joint training reimbursements: \$771,419

Fines: \$120,000

Health Commons Grant: \$474,645

## Significant Program Changes

✔ Significantly Changed

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

MC EMS received grant funding through the regional Health Commons Grant for an innovation program. The grant supports the Oregon health care transformation movement. The Innovation Program employs four Licensed Clinical Social Workers (LCSWs) to reduce the number of patients who frequently call 911 and would be better served by alternative health care resources such as primary care physicians, behavioral health services, addiction and clinic services. Social workers work together with EMS response agencies to identify program candidates, perform patient assessments in field settings, determine and implement intervention strategies that reduce unnecessary calls to 911, improve the patient's health care experience, improve the patient's health, and reduce medical costs. The EMS innovation program is also working to extend the grant-funded services into adjacent counties.