



Program #40004A - Ambulance Services (Emergency Medical Services) 2/20/2019

Department: Health Department **Program Contact:** Paul Lewis
Program Offer Type: Existing Operating Program **Program Offer Stage:** As Requested
Related Programs:
Program Characteristics: In Target

Executive Summary

Multnomah County Emergency Medical Services (MCEMS) regulates, monitors, and coordinates a local EMS system, including a franchised ambulance contractor, fire departments, and licensed non-emergency ambulance providers. Under Medical Direction, the system receives 9-1-1 calls, dispatches resources, provides care, and transports patients to the appropriate facility.

Program Summary

MCEMS plans, procures, contracts, regulates, monitors, and coordinates EMS system activities to comply with the Multnomah County Ambulance Service Plan, MCC 21.400, and Oregon Administrative Rules. MCEMS regulates all ambulance business in accordance with the above, including licensing and inspection of ambulances, monitoring of ambulance contractor operations, supervising medical care, and levying fines for substandard performance and/or violation of administrative rules.

MCEMS provides medical supervision, oversight and guidance to 9-1-1 dispatchers, fire and ambulance emergency medical personnel, and non-911 ambulance providers. This includes setting medical protocols and standards of emergency, pre-hospital care, as well as the provision of real time medical guidance to first responders through a subcontract with OHSU Medical Resource Hospital. MCEMS provides pre-hospital system regulation and coordination of 911 medical first response and dispatch personnel for Multnomah County. The City of Portland's Bureau of Emergency Communications, a.k.a. 911 Dispatch Center, dispatches emergency personnel. Fire departments of Portland, Gresham, Portland International Airport, and volunteer fire districts throughout the County provide medical first response to all 911 calls, accounting for more than 100,000 calls annually. American Medical Response (AMR) provides 911-ambulance service through an exclusive ambulance contract with the County. MCEMS:

- Assures that 911 medical dispatch protocols are consistent with care provided by EMS providers across multiple agencies;
- Maintains county contracts for first response services and responds to concerns from the public regarding EMS care;
- Monitors and enforces ambulance response and performance metrics;
- Coordinates and supervises joint training annually to assure fire and ambulance paramedics interpret and use medical protocols consistently across EMS agencies;
- Establishes quality standards and metrics for the provision of EMS and uses a Continuous Quality Improvement (CQI) process to monitor and improve service quality across the system; and
- Coordinates major event planning, medical equipment specifications, liaison and communication with local hospitals, as well as EMS disaster planning.

Performance Measures

Measure Type	Primary Measure	FY18 Actual	FY19 Purchased	FY19 Estimate	FY20 Offer
Output	Ambulance response time for urgent, life threatening calls in the Urban zone is < or equal to 8 minutes. 90% of	90.51%	90%	90.2%	90%
Outcome	Ambulance response time for urgent, life threatening calls in rural areas is < or equal to 20 minutes. 90% of th	92.4	90%	91%	90%

Performance Measures Descriptions

The exclusive ambulance service contractor has response time standards, by geographic zones, for all 911 dispatched medical calls. Life threatening calls in Urban zones shall receive a response within 8 minutes, and in Rural areas, 90% within 20 minutes time.

Legal / Contractual Obligation

The County is responsible under ORS 682 to have an Ambulance Service Area Plan. The governing law and contractual obligations include the Multnomah County Ambulance Service Plan; ORS 682; OAR Chapter 333, County ordinances 21.400-21.433; County rules, medical policies, procedures, protocols, the franchise agreement with AMR, contracts with OHSU, and intergovernmental agreements with local fire and rescue jurisdictions.

Revenue/Expense Detail

	Proposed General Fund	Proposed Other Funds	Proposed General Fund	Proposed Other Funds
Program Expenses	2019	2019	2020	2020
Personnel	\$1,106,127	\$828,562	\$1,236,380	\$800,059
Contractual Services	\$679,134	\$0	\$609,146	\$92,360
Materials & Supplies	\$194,938	\$3,153	\$43,123	\$10,096
Internal Services	\$234,172	\$167,481	\$215,968	\$109,405
Total GF/non-GF	\$2,214,371	\$999,196	\$2,104,617	\$1,011,920
Program Total:	\$3,213,567		\$3,116,537	
Program FTE	6.55	7.05	7.00	5.80

Program Revenues				
Indirect for Dept. Admin	\$81,282	\$0	\$0	\$0
Fees, Permits & Charges	\$1,619,316	\$0	\$1,943,680	\$0
Intergovernmental	\$280,055	\$0	\$72,194	\$0
Other / Miscellaneous	\$120,000	\$999,196	\$0	\$1,011,920
Total Revenue	\$2,100,653	\$999,196	\$2,015,874	\$1,011,920

Explanation of Revenues

License fees, the ambulance franchise fee, contracts, and fines pay MCEMS administration costs. Fees are established and collected through agreements with the exclusive emergency ambulance contractor and other jurisdictions. The County's exclusive ambulance services contract and MCC 21.400 provide authority for MCEMS to levy fines for substandard performance. Any fees collected are to fund system oversight and support functions provided by MCEMS. Any fines collected pay for one-time system improvements.

TC911-Social Work Program: \$ 1,011,920 from a Health Share of Oregon grant to serve Medicaid members
County general funds: \$ 2,104,617 to serve non-Medicaid clients using EMS frequently.

Significant Program Changes

Last Year this program was: FY 2019: 40004-19 Ambulance Services (Emergency Medical Services)

The County's updated Ambulance Service Plan and Code changes (approved by the Board in Dec. 2016) became effective on Sept. 1, 2018. MCEMS issued a new, five-year, exclusive emergency ambulance contract to AMR on Sept. 1, 2018, after a competitive request for proposal process. The new contract has the ambulance contractor paying patient care medical supply reimbursements directly to fire agencies and includes innovative organizational and patient-centered equity metrics.