

Program #40004A - Ambulance Services (Emergency Medical Services)

6/19/2017

Department:Health DepartmentProgram Contact:Darrell Knott

Program Offer Type: Existing Operating Program Program Offer Stage: As Adopted

Related Programs:

Program Characteristics:

Executive Summary

Multnomah County Emergency Medical Services (MC EMS) plans, regulates, coordinates, and provides medical supervision, system quality improvement, and quality assurance for all pre-hospital care provided by an exclusive emergency ambulance contractor, fire departments, and licensed non-emergency ambulance providers in the County.

Program Summary

The MC EMS Program has the following major functions: 1. Administration of the exclusive emergency ambulance contract to assure that the performance criteria are met by the ambulance provider under franchise with the County.

- 2. Medical supervision of all medical care provided by 911 dispatchers, 911 EMS providers and non-911 ambulance providers, including Emergency Medical Technicians and Paramedics. Immediate medical advice for responders is provided via a contract with OHSU and the County under the direction and coordination of the MC EMS Medical Director.
- 3. MC EMS establishes quality standards for EMS services provided to the public and uses the Continuous Quality Improvement (CQI) process to monitor and improve the quality of service provided by the system.
- 4. Regulation of all ambulance business in the County in accordance with the ambulance service plan ordinance, MCC 21.400, and administrative rules. 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. This includes planning activities to maintain the Ambulance Service Plan, County Code, Administrative Rules, and subsequent procurement, contracts and agreements.
- 5. Coordination of medical first response and 911 medical dispatch. All 911 fire and EMS responders in the County are dispatched by the City of Portland 911 Dispatch Center (Bureau of Emergency Communications). MC EMS assures that the 911 medical dispatch protocols are consistent with the care provided by the EMS provider agencies. 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). 6. MC EMS provides coordination of major event planning, medical equipment specifications, liaison and coordination with local hospitals, and EMS disaster planning in the County with Emergency Medical Service provider agencies.
- 7. MC EMS provides supervision and coordination of the Tri-County 911 program. This includes coordination of care for the frequent users of the medical 911 system in Clackamas, Washington, and Multnomah County EMS systems.

Performance Measures									
Measure Type	Primary Measure	FY16 Actual	FY17 Purchased	FY17 Estimate	FY18 Offer				
Output	Ambulance response times ≤ 8 min. 90% of calls	90.9%	90%	90.2%	90%				
Outcome	Cardiac arrest survival to hospital	49%	35%	37%	35%				

Performance Measures Descriptions

A 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.

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 ASA 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, IGAs with local fire and rescue jurisdictions.

Revenue/Expense Detail

	Proposed General Fund	Proposed Other Funds	Proposed General Fund	Proposed Other Funds	
Program Expenses	2017	2017	2018	2018	
Personnel	\$981,298	\$693,996	\$1,108,860	\$674,761	
Contractual Services	\$836,085	\$89,542	\$809,124	\$76,608	
Materials & Supplies	\$168,647	\$45,952	\$172,507	\$13,751	
Internal Services	\$105,823	\$126,235	\$143,880	\$220,263	
Total GF/non-GF	\$2,091,853	\$955,725	\$2,234,371	\$985,383	
Program Total:	\$3,04	\$3,047,578		\$3,219,754	
Program FTE	6.35	6.13	7.03	5.92	

Program Revenues								
Indirect for Dept. Admin	\$65,652	\$0	\$63,898	\$0				
Fees, Permits & Charges	\$989,913	\$0	\$1,860,811	\$0				
Intergovernmental	\$0	\$0	\$263,132	\$0				
Other / Miscellaneous	\$114,225	\$955,725	\$109,882	\$985,383				
Service Charges	\$814,790	\$0	\$0	\$0				
Total Revenue	\$1,984,580	\$955,725	\$2,297,723	\$985,383				

Explanation of Revenues

Program costs are recovered from licenses, fees, and fines. The fees are established and collected through agreements with AMR and other jurisdictions. The County Ambulance Services contract and MCC 21.400 provide the authority for MC EMS to levy fines for substandard performance. The fines fund system improvements.

Ambulance License Fees: \$1,106,396 Medical Direction contracts: \$261,744 Charges for Services: \$392,988 Ambulance Fines: \$109,882

Coordinated Care Organization grants of TC911 Program:

Health Share: \$662,049

Significant Program Changes

Last Year this program was: FY 2017: 40004A Ambulance Services (Emergency Medical Services)