

# Health Department

## EMERGENCY MEDICAL SERVICES

October 28, 2016

### **Multnomah County Emergency Medical Services Report on Public Comment on Draft Ambulance Service Plan**

Multnomah County is in the process of reviewing and revising its Ambulance Service Plan (ASP). The ASP guides the structure, functions and implementation of the County's Emergency Medical Services (EMS) system. Revising the ASP is a foundational part of a larger process that also includes the following:

- The Board of County Commissioners considering and adopting the ASP,
- revising the Multnomah County Code (local law) as necessary in light of the revised ASP,
- procuring the services of a single, franchised provider of emergency ambulance services; this provider is selected through a competitive bid process (Request for Proposals - RFP), and
- developing and executing a franchise contract with the selected ambulance provider.

This Report is part of the process of moving from the October 7 Draft ASP to a Proposed ASP to be considered by the Board of County Commissioners.

This Report represents the Multnomah County EMS Program's response to input (comments, questions, and suggestions) regarding the Draft Ambulance Service Plan (ASP) released on October 7, 2016. The Report responds to input received in writing (by email, the EMS webpage, and hard copy) through October 21, 2016. It also responds to oral input received at the EMS Administrator's Public Comment Meeting on October 19, 2016

For each issue raised, this Report presents:

- The comment, question, or suggestion. Where different people or organizations raised similar or closely related issues, the input is grouped into a single issue.
- The County EMS Program's response to the individual issue or issue group. Each response provides:
  - A statement regarding whether the issue will be addressed through revisions to be incorporated into the proposed ASP that will be considered by the Board of County Commissioners, and
  - A brief explanation for why the issue was included or not included in the proposed draft.

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In reviewing each comment, question, or suggestion, the EMS Program used the following framework:

1. Does the proposed change improve the EMS system goals: equitable access to service, high quality of care and improved health outcomes, and EMS system stability?
2. Does the proposed change support the pillars of the system?
  - A single ambulance service area (ASA)
  - A single accountable ambulance provider
  - Fire first response as a distinct added-value component of the system
  - Unified medical direction, and
  - A transport component that is supported by user fees with no explicit subsidy
3. Does the proposed change represent a major restructuring of the system? This factor is considered because, in conversations with key stakeholders, there was no advocacy for major system restructuring.

### Issues Raised

#### **1. First Responder Services**

##### Issue:

The Draft ASP continues the current system's approach that only fire departments or fire districts are authorized to provide medical first response services. This can be a financial burden for the County's small communities that do not have a fire

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agency. These communities must contract with another jurisdiction for first response services. In other communities in the US, there are existing models and models under development that allow public or private organizations other than fire agencies to provide first responder services. Commenters requested that the ASP include a process that allows for consideration of alternate first response models that are able to provide high quality service at a lower cost.

## EMS Program Office Response/Recommendation:

The EMS Program has modified the Draft ASP and related documents to include a process that supports thoughtful consideration of alternative approaches to first response.

## Rationale for Decision:

First response is a key feature of the County ASP. In many calls, it results in initial on-scene medical assessment and care of a patient sooner than can be achieved by an ambulance response alone. This creates an opportunity for more effective care and better health outcomes, particularly in situations involving serious illness or injury.

It is desirable and necessary to continually look for ways to lower EMS costs. So the idea of lower-cost alternative approaches to first response is appealing. Given this, it is reasonable to have a thoughtful process for consideration of alternate approaches.

At the same time, it is important to note that thoughtful consideration of alternate approaches to first response requires addressing a variety of real-world challenges. These include operational challenges - e.g., communications and dispatch, and coordination with other services such as patient rescue/extrication. It also includes infrastructural challenges - e.g., investments in equipment, training, and medical supervision - that are necessary to achieve effective integration of alternate first responders into the larger EMS system. There are also challenges in the financial realm. These include potential disrupted economies of scale, duplication of response resources, additional costs of necessary infrastructure, and differences in financial perspective. Lastly, there are important policy considerations - e.g. whether to allow differences in service based on jurisdictional lines.

## **2. Call Triage**

### Issue:

Under the Draft ASP, the County intends in the future to support adoption of an updated approach to triage of 9-1-1 medical calls - one that utilizes a nationally-validated system for questioning a caller requesting an emergency medical response ("caller interrogation"), classifying the call ("call triage"), dispatching appropriate responders, and evaluating and improving EMS system performance.

A provision of the Draft ASP creates a potential complication in this approach. The Draft ASP specifies how calls providers receive by ordinary phone or similar channels are to be handled. This includes calls that appear to be emergencies, and those that involve a request for non-emergency service (such as a transfer from a hospital to a nursing home). The Draft ASP requires that all EMS provider agencies:

- Evaluate such calls using the same nationally-validated call interrogation and call triage system used by 9-1-1, and
- hand over calls that are classified as emergencies to 9-1-1 for further management.

In effect, the Draft ASP would require that either each provider purchase the triage and dispatch software system, or that the County purchase the system for each provider's use. Either approach could be prohibitively expensive (for providers or for the County).

## EMS Program Office Response/Recommendation:

The EMS Program has modified the Draft ASP and related documents to address this concern. For calls providers receive through channels other than 9-1-1, the ASP will allow call interrogation, triage and referral to be carried out using tools that are: a) aligned with the adopted nationally-validated system, and b) are approved by the EMS Medical Director.

## Rationale for Decision:

This approach addresses the unintended consequence inherent in the draft ASP language. It also minimizes future costs to providers and the County.

## **3. Call Notification Time**

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## Issue:

The draft ASP calls for the 9-1-1 dispatch center to process 90% of medical calls in 80 seconds or less. In some circumstances, this requirement could be in conflict with one goal of nationally-validated call interrogation and triage systems - i.e., dispatch of responder resources that are appropriate to medical needs of the call. Specifically, these nationally-validated systems incorporate more extensive and prolonged caller interrogation scripts in some circumstances. This occurs particularly on calls that are less medically acute. Imposing a uniform 80 second call processing time can interfere with accurate call classification and response.

## EMS Program Office Response/Recommendation:

The EMS Program has modified the ASP and related documents to take into account future needs to adjust call notification standards. This adjustment will be done in a way that is aligned with operation of the nationally-validated call triage system that is selected and implemented.

## Rationale for Decision:

Inaccurate call classification can compromise appropriate and selective assignment of responder resources, including types of units dispatched and mode of response (e.g., rapid response with lights and siren vs. other modes). Modifying the ASP will avoid these compromises, and maintain potential to decrease system costs, assure appropriate medical response, and improve responder and public safety.

## **4. Response Time Standards**

### Issue:

The Draft ASP specifies an ambulance response time of 8 minutes or less in 90% of time-critical urban calls, and 12 minutes or less in 90% of non-time-critical urban calls. Similarly, the Draft specifies an ambulance response time of 20 minutes or less in 90% of time-critical rural calls, and 30 minutes or less in 90% of non-time-critical rural calls. The plan also applies the respective non-time-critical standards to urban and rural calls that are classified by 9-1-1 dispatch as non-emergency. Under the current ASP, these calls have no response time requirement.

The following concerns were raised:

- It is unclear which calls will fall into the time-critical and non-time-critical classifications and response times.
- Placing a response time on non-emergency calls will:
  - a. require more ambulances to be deployed and therefore drive system costs higher,
  - b. create a disincentive for re-assigning an ambulance on a non-emergency response to a higher priority (more emergent) call.

### EMS Program Office Response/Recommendation:

The EMS Program recommends retaining the response time standards in the Draft ASP, and has clarified ASP language describing time-critical and non-time critical classifications.

### Rationale for Decision:

Changing to response time standards based on time-critical and non-time critical classifications is included in the Draft ASP largely in anticipation of future implementation of nationally-validated approaches to call interrogation and triage. The County intends to utilize validated determinant codes as the basis for call classification when the new interrogation and triage methods are fully implemented. This is anticipated to be at least two years into the contract cycle that begins in 2018.

In the meantime, the County's ambulance effective response time standard will not be changed for most calls. Prior to implementing validated determinant codes, it will be the EMS Medical Director's (EMSMD's) responsibility to classify sets of calls as non-time-critical. Absent reliable determinant code data, we anticipate that the EMSMD will make small and cautious changes to call classifications. We also anticipate that such changes will center on calls that are clearly low-acuity. As a result, the great majority of calls will be considered time-critical, and will continue to fall under the 8 minute/90% standard that is currently in place.

With regard to non-emergency calls, our EMS system has changed over time. Based on data in the 2005 Emergency Ambulance RFP, an estimated 4-5 calls per day were run as Code 1 responses (no lights, no siren). Since then, our triage methods, and our understanding of the risks associated with emergency response have evolved. In the Annual Contract

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Compliance Report for the September 2009 to August 2010 contract year, the number of Code 1 responses averaged 13 per day (4,857 for the year). In comparison, the Annual Contract Compliance Report for 2014-15 showed an average of 27 Code 1 responses per day (9,971 for the year). Based on this, we estimate that approximately 12% of our current call volume is Code 1 responses.

Response to a Code 1 call may be deferred up to three times, leaving some calls unanswered by ambulance for long periods of time. Applying the non-time-critical standard to these calls is intended to assure a reasonable response for the patient who is in enough distress to call 9-1-1, even though it is unlikely that his or her life or long-term health is threatened in the short run. Having a response time for these calls is also aligned with the approach in the Portland metro area counties.

## 5. Workforce - Ambulance Staffing

### Issue:

The Draft ASP continues the current system's ambulance staffing standard of two paramedics on all emergency ambulances. The Draft ASP also creates a process for changing to a different staffing standard (e.g., one EMT-Basic and one Paramedic) in the future. Such a change may be considered only if there is sufficient clinical, operational and economic justification, and the process requires:

- notifying the Board of County Commissioners, and informing the Board about the reasons for the proposed change, alternatives considered, how quality of care will be maintained, and how adverse impacts will be managed, and
- obtaining the Board's approval.

The following issues were raised:

- Staffing with two Paramedics is important for maintaining quality of care. This approach allows for mutual learning and support, and helps Paramedics to gain experience in ways that are helpful to building knowledge and skills. It also decreases Paramedic stress.
- Draft ASP language is unclear regarding who is authorized to propose a change in staffing, and to whom is the change proposed.

### EMS Program Office Response/Recommendation:

The EMS Program recommends retaining the possibility of making future staffing changes. The Program has offered ASP language to clarify how the process to propose and consider staffing changes will operate.

### Rationale for Decision:

The County has long required and supported staffing ambulances with two Paramedics, and agrees that there are quality of care and workforce benefits to this staffing pattern in the current environment. The Draft ASP language that allows considering changes in staffing pattern is included to allow for flexibility in differing future environments. Changes in Paramedic availability, evolving knowledge about paramedic practice and quality of care, and severe financial stresses on the system are examples of environmental factors that might justify consideration of a staffing change.

## 6. Workforce - Protections for Incumbent Workforce

### Issue:

The Draft ASP includes language that provides for preferential hiring of the incumbent provider's workforce if a new ambulance provider is selected by the County. Based on ORS 682, the ASP language is: "When the replacement ambulance service hires EMS providers to fill vacant or new positions during the six-month period immediately following the date of replacement, the ambulance service must give preference to qualified comparably-licensed employees of the previous ambulance service."

Concerns were raised that this level of protection is inadequate, and that preference should be modified. Specifically it was suggested that:

- A new provider should be required to give preference for hiring of relevant positions in the provider's operations in the Portland metro area.
- The time period for preference should be extended - beginning with the County's selection of a new ambulance provider, and ending six months after the new provider has begun to provide service.

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- Employees hired by the new provider should not be forced to leave employment with the previous provider until the new provider has begun to provide service.
- Employees hired by the new provider should be hired at a salary, and with benefits, that are at least comparable to those provided by the previous provider.
- The EMS Program Administrator should be responsible for investigating complaints and enforcing violations that are found.
- Specified penalties should be included in the contract between the County and the contracted ambulance provider, and should include major breach of contract for extensive or egregious violations.

## EMS Program Office Response/Recommendation:

The EMS Program recommends modifying the language extending the duration of preference to start at the time of notice of the intent to award. The duration to include the six month after the new provider begins providing service is statutorily required. The EMS Program additionally agrees that the EMS providers should be able to work for the existing provider until the new provider begins providing service without fear of not having a comparable position with the new provider.

The EMS Program recommends not extending protection to additional worker groups not included in the statutory protections.

The EMS Program recommends not including the required salary, and benefits provisions.

The EMS Program recommends not including the additional language regarding investigation, enforcement, or penalties.

## Rationale for Decision:

Having protections in place for EMS providers through any procurement process is beneficial for the employees and the county. The EMS providers provide a valuable service with a knowledge and skill base that is necessary for any provider of this service. The county has invested in the existing EMS providers through training and there is a finite supply of EMS providers. Including employee protections beginning with the announcement of a provider and continuing for 6 months after the new contract begins contributes to system stability. The specifics regarding wages, benefits, and negotiation of compensation is an area with its own laws and protections that is outside of the scope of the ambulance service plan. The county is not party to the negotiation of the current wages, benefits, and other compensation and this is an area that labor and employers have the right to negotiate directly with each other.

## **7. ALS Ambulance Equipment**

### Issue:

The Draft ASP requires the EMS Medical Director (EMSMD) to set requirements for equipment and supplies to be carried on ambulances based on the level of service provided, i.e., Advanced Life Support - ALS, Basic Life Support - BLS, Critical Care Transport - CCT, and emergency or non-emergency use.

A suggestion was made that all ALS ambulances, whether operated by the contracted emergency ambulance provider or another entity, must carry the equipment and supplies specified by the EMSMD. This would require a subset of ambulances - those that provide non-emergency ALS transfers and some BLS transfers - to meet the same equipment standard as contracted emergency ALS ambulances. There would also be a significant cost impact (estimated at \$20,000 to \$50,000 per ambulance, largely a one-time expenditure).

### EMS Program Office Response/Recommendation:

The EMS Program recommends not including the suggested change in the ASP or related documents.

### Rationale for Decision:

Under the Draft ASP, emergency ambulance services are extensively shaped by the ASP, and regulated through licensure and the franchise contract. The contract incorporates extensive requirements beyond those for licensure, and also sets fixed charges for service. In contrast, non-emergency transfers are less regulated. They use ambulances which are licensed, but which are not required to carry the full set of emergency equipment carried on contract ambulances. Non-emergency transfers are subject to an open market for reimbursement.

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Contracted ALS emergency ambulances carry equipment that is important in the response to serious emergencies, and allows interoperability with first responders. The proposal to require emergency-capable equipment on all ALS ambulances would extend the capabilities of non-contracted non-emergency ambulances that provide ALS transfers. However, non-emergency ALS ambulances do not have the imperatives to respond to emergencies or to work across agencies. So it is not clear that the increase in capability resulting from an expanded set of equipment would be particularly relevant to the non-emergency services provided by these ambulances.

In addition, upgrading to an enhanced equipment standard for non-emergency ambulances would increase costs for non-contracted providers significantly. Because the added equipment is not essential to the usual functions of these units, the increased cost is not important to system stability and could have the effect of increasing the market rate for non-emergency transport services.

## 8. **Emergency Ambulance Provider Selection**

### Issue:

The Draft ASP utilizes a competitive bid process (Request for Proposals - RFP) to select a single exclusive provider of emergency ambulance services for the County. This process was originally used in 1995, and was used again in 2005. These processes were carried out in accordance with County purchasing policies and rules, and have resulted in a stable, high-quality system of EMS care for the people of Multnomah County.

The EMS Program has received numerous comments and suggestions that, given the 20+ year history of success with the current provider (AMR), a competitive bid process is not necessary or desirable, will add little or no value, will engender necessary costs, and will expose the County and its people to a variety of risks. Specific risks cited include:

- disrupting a well-functioning system with good operational relationships,
- exposing the County to litigation,
- diverting resources from providing service to carrying out an RFP, and
- exposing the EMS workforce (and their families) to job insecurity and potential job loss.

There was also a concern expressed that the following ASP language re: renewals are unclear: "At the end of the term of the contract, the Board may exercise its option of renewing the contract or seeking a replacement Provider."

### EMS Program Office Response/Recommendation:

The EMS Program recommends maintaining the current approach to emergency ambulance provider procurement. It has also clarified ASP language around renewals to make it clear that the Board of County Commissioners has the option to renew or not renew the contract at the end of the initial term and the end of each contract extension.

### Rationale for Decision:

It is the policy of the County to procure important and costly services through competitive bid. This policy is in alignment with State of Oregon laws and policies, and is clearly articulated in the Multnomah County Public Contract Review Board Rules. (Multnomah County Public Contract Review Board Rules 47-0250 Methods of Source Selection (1) Methods of Source Selection. Except as otherwise permitted by these Rules, Awards of Public Contracts for Goods or Services shall be based on Offers received in response to either Competitive Bids pursuant to Rules 47-0255 and 47-0257 or Competitive Proposals pursuant to Rules 47-0260 to 47-0263.)

In October, 2013 Multnomah County Board Resolution 2013-0138 referred staff to Multnomah County Code 21.425 which requires a competitive process to select an exclusive provider of emergency ambulance services for the County.

While the expressed concerns about an RFP process for ambulance services have merit, they do not override the county's central policy direction on this issue.

With regard to contract extension, under the Public Contract Review Board Rules, the Board of County Commissioners is required approve contract extensions. This policy has been consistently exercised by the Board in approving each previous ambulance provider contract extension since the first contract was excited in 1995.



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## 9. Role of the City of Portland

### Issue:

Currently, fire departments and districts in the County contribute to the EMS system primarily by providing medical first response services as well as a range of complementary services when needed. Complementary services include rescue, extrication, fire suppression, hazardous material response, and scene safety management. The fire agencies are also important contributors to activities involving protocol development, training, and quality improvement. Historically, fire agencies in the County have had an extremely limited role in direct provision of ambulance services.

While supporting the Draft ASP in general, the Portland Bureau of Fire and Rescue (PF&R) has raised a number of concerns. They have expressed that:

- PF&R should be allowed to provide a small volume of ambulance services in specified areas and/or under certain circumstances.
- PF&R should be able to provide these services under a direct agreement with the County - not as part of a negotiated agreement involving the contracted ambulance provider.
- The Draft ASP needs to go farther in providing opportunities for EMS system innovation, especially in the area of low acuity calls.
- The Draft ASP fails to recognize and integrate recent Oregon legislation that could lead to increased federal reimbursement for EMS provided by fire agencies under the federal Ground Emergency Medical Transport law - GEMT.

### EMS Program Office Response/Recommendation:

Throughout development of the ASP, the EMS Program has actively sought input from PF&R. The EMS Program has already incorporated or confirmed existing ability for PF&R to perform the majority of the suggestions made to the Program. The suggestions and requests described above are not amenable to further action at this time, so they will not be further incorporated into the ASP.

### Rationale for Decision:

The request that PF&R should be allowed to operate a small volume of ambulance services in specified areas and/or under certain circumstances has been incorporated into the ASP. It is allowed as a service provided under a subcontract with the County's contracted emergency ambulance provider. This approach arises from restrictions posed by Oregon's ambulance service planning laws.

GEMT has not been incorporated into the Draft ASP because there is a legislatively-mandated committee that has just begun its work on potential ways for Oregon to implement a GEMT reimbursement approach. This process has not progressed far enough for specific incorporation into the ASP.

## 10. Workforce - Notification of Labor Organizations

### Issue:

Outreach to labor unions representing EMS personnel regarding development of the Draft ASP has been limited. A number of suggestions were made to improve accessibility of ASP development and related processes for organizations representing the EMS workforce. These include:

- adding professional and labor representatives to the list of parties that can notify the County that they wish to be consulted when the County is adopting or amending an ASP,
- expanding the scope of activities about which notified parties must be consulted to include: a) adopting or amending an ASP, b) drafting or issuing an RFP for ambulance services, c) changing ambulance staffing requirements, d) considering any request to subcontract any amount ambulance services, e) any modification to the contract for ambulance services, and f) any amendment of the Multnomah County EMS Code.
- ensuring that there is reasonable period of time for interested parties to provide input prior to the county taking action.

### EMS Program Office Response/Recommendation:

The EMS Program will develop administrative procedures that promote effective and timely notification of relevant professional and labor representatives about opportunities for input. These procedures will not be a formal part of the ASP. They will focus on:

- obtaining appropriate input from various interested parties, including professional and labor representatives, and

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- avoiding activities that would: a) give any interested party inappropriate standing in any phase of ASP development or implementation, or b) be in violation of, or create potential or real conflicts related to collective bargaining or other aspects of employer/union relationships.

## Rationale for Decision:

The EMS Program recognizes and respects the unique relationships of employers, employees and professional and labor representatives. The EMS Program emphasizes the importance of open and accessible planning and EMS system development. It also embraces the principle that accessible planning is not the sole responsibility of government - it involves work on the part of both government and interested parties. Thus, in developing its administrative procedures, the County intends to emphasize its responsibilities to: a) use appropriate and efficient methods to notify interested parties, and b) use varying communication and outreach methods as it judges to be necessary and appropriate for a given process c) request that labor representatives maintain up-to-date contact information with the EMS Program office.

The County has chosen to utilize EMS Program administrative procedures to guide future notification and consultation activities. The state-mandated ASP format requires only that a county certify that it met relevant aspects of Oregon laws that address ASP development and adoption. It does not require the county to explain consultative procedures used in developing the Ambulance Service Plan.

## **11. Prearranged Non-Emergency Transfers and Inter-facility Transfers**

### Issue:

A concern was raised that section 5(b) of the ASP did not reference the requirement for provider agencies to use the County-approved triage guide to triage calls they receive directly (e.g., through a 10-digit phone number rather than 9-1-1). It was suggested that this could be addressed by cross-referencing sections. This was identified as a housekeeping issue.

### EMS Program Office Response/Recommendation:

The EMS Program has modified the ASP to address this concern by cross-referencing the relevant sections.

### Rationale for Decision:

While the issue is addressed elsewhere in the ASP (Section 6(f)(B) Dispatch Procedures), adding a cross reference could clarify the requirements of the ASP.